State Health Agency Governance

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Overview

• Discuss public health agency governance and structure

• Share historic and socio-political influences on the development of public health agency structure

• Refer you to resources for additional information
Comprehensive survey of state and territorial health agency activities, structure, governance, and resources
The survey is fielded every 3 years.

Survey respondents include Senior Deputies/Health Officials, Chief Financial Officers, and HR/Workforce Directors.

In 2019, there was a 100% response rate from all 50 states and DC.

Secondary data sources include data from de Beaumont Foundation, PHAB, CDC, health agency websites, and ASTHO member data.
State health agency governance categorization
### Structure of state health agencies, 2007-2019 (n=48-51)

<table>
<thead>
<tr>
<th>Year</th>
<th>Free-Standing/Independent Agency</th>
<th>Under a Larger Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>59%</td>
<td>41%</td>
</tr>
<tr>
<td>2016</td>
<td>58%</td>
<td>42%</td>
</tr>
<tr>
<td>2012</td>
<td>58%</td>
<td>42%</td>
</tr>
<tr>
<td>2010</td>
<td>56%</td>
<td>44%</td>
</tr>
<tr>
<td>2007</td>
<td>56%</td>
<td>44%</td>
</tr>
</tbody>
</table>
Who appoints the health official in each state?

The governor appoints the health official in more than half of all states.

- Governor (n=35): 69%
- Secretary of State HHS (n=8): 16%
- Board or Commission (n=3): 6%
- Other (n=5): 10%
Who confirms the health official’s appointment in each state?

The legislature appoints the health official in half of all states.

- Legislature (n=26): 51%
- No confirmation required (n=14): 27%
- Governor (n=5): 10%
- Secretary of State HHS (n=3): 6%
- Board or Commission (n=2): 4%
- Other (n=1): 2%
To whom does the health official directly report?

The health official reports to the governor in half of all states.

- Governor: 53% (n=27)
- Secretary of State HHS: 31% (n=16)
- Board or Commission: 6% (n=3)
- Other: 10% (n=5)
What do state boards of health do?

- Adopt Rules Only (12)
  CO, IN, IA, MA, NE, NJ, NY, NC, OH, VT, VA, WA

- Reject Rules Only (1)
  IL

- Enforce Rules Only (1)
  MD

- Oversee Agency Only (1)
  GA

- Adopt and Enforce Rules (3)
  AR, NV, ND

- Adopt and Enforce Rules, Oversee Agency (1)
  ID

- Adopt and Enforce Rules, Oversee Agency, Appoint STHO (3)
  AL, MS, SC
Governance and Structure

No matter what organizational construct is used, public health agencies should work to ensure that the construct supports provision of the 10 Essential Services of PH to all people in the jurisdiction’s (health equity), public health functions and capabilities, and that the agency is in a position to meet national public health standards for public health practice and other relevant public health accrediting bodies such as CLIA (public health labs) and CMS (regulation of nursing homes) as applicable.
Foundational Public Health Services

Foundational Public Health Services

Foundational Areas
- Communicable Disease Control
- Chronic Disease & Injury Prevention
- Environmental Public Health
- Maternal, Child, & Family Health
- Access to & Linkage with Clinical Care

Foundational Capabilities
- Assessment & Surveillance
- Community Partnership Development
- Equity
- Organizational Competencies
- Policy Development & Support
- Accountability & Performance Management
- Emergency Preparedness & Response
- Communications

Equity

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Governance and structure highlights

- Around 60% of state health agencies are free-standing/independent agencies.

- Most health officials are appointed by the governor, confirmed by the legislature, and report to the governor.

- Many states have reached out to ASTHO to inquire about other states considering changes to their SHA structure in 2021.
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