



APPROACHES TO DELIVERING GOVERNMENTAL PUBLIC HEALTH SERVICES

March 19, 2014

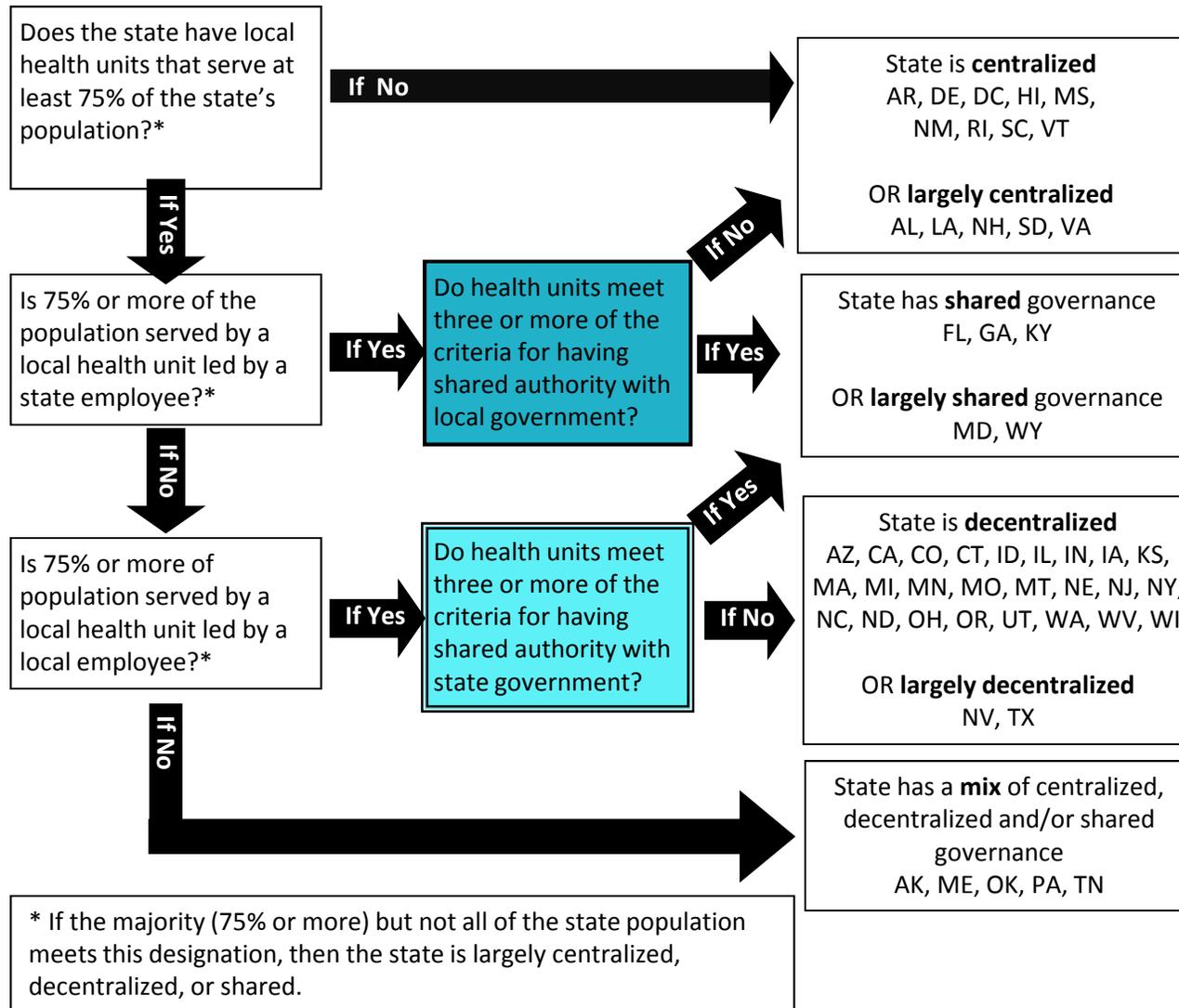
Oregon Future of Public Health Task Force

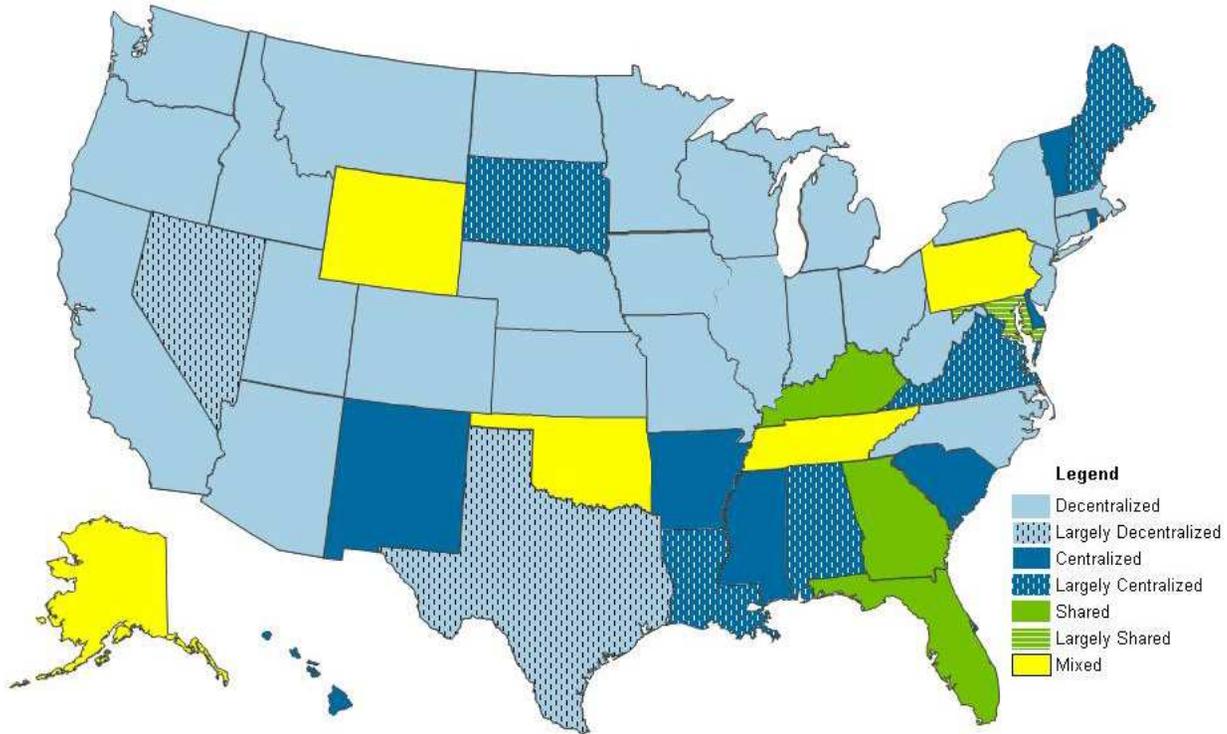
Patrick Libbey



State and Local Health Department Governance Classification System

Leadership of Local Health Units + Authorities = Classification of Governance







Decentralized/Largely Decentralized – Local health units are primarily led by employees of local governments and the local governments retain authority over most fiscal decisions.

Decentralized states:

- ARIZONA
- CALIFORNIA
- COLORADO
- CONNECTICUT
- IDAHO
- ILLINOIS
- INDIANA
- IOWA
- KANSAS

Decentralized states:

- MASSACHUSETTS
- MICHIGAN
- MINNESOTA
- MISSOURI
- MONTANA
- NEBRASKA
- NEW JERSEY
- NEW YORK
- NORTH CAROLINA



Decentralized/Largely Decentralized - Continued

Decentralized states:

- NORTH DAKOTA
- OHIO
- OREGON
- UTAH
- WASHINGTON
- WEST VIRGINIA
- WISCONSIN

Largely decentralized states:

- NEVADA
- TEXAS



Centralized/Largely Centralized – Local health units are primarily led by employees of the state and the state retains authority over most fiscal decisions

Centralized states:

- ARKANSAS
- DELAWARE
- DISTRICT OF COLUMBIA**
- HAWAII
- MISSISSIPPI
- NEW MEXICO
- RHODE ISLAND
- SOUTH CAROLINA
- VERMONT

Largely centralized states:

- ALABAMA
- LOUISIANA
- NEW HAMPSHIRE
- SOUTH DAKOTA
- VIRGINIA



Shared -- Local health units may be led by employees of the state or of local government. If they are led by state employees, then local government has authority to make fiscal decisions and/or issue public health orders.

Shared states:

- FLORIDA
- GEORGIA
- KENTUCKY

Largely shared states:

- MARYLAND
- WYOMING

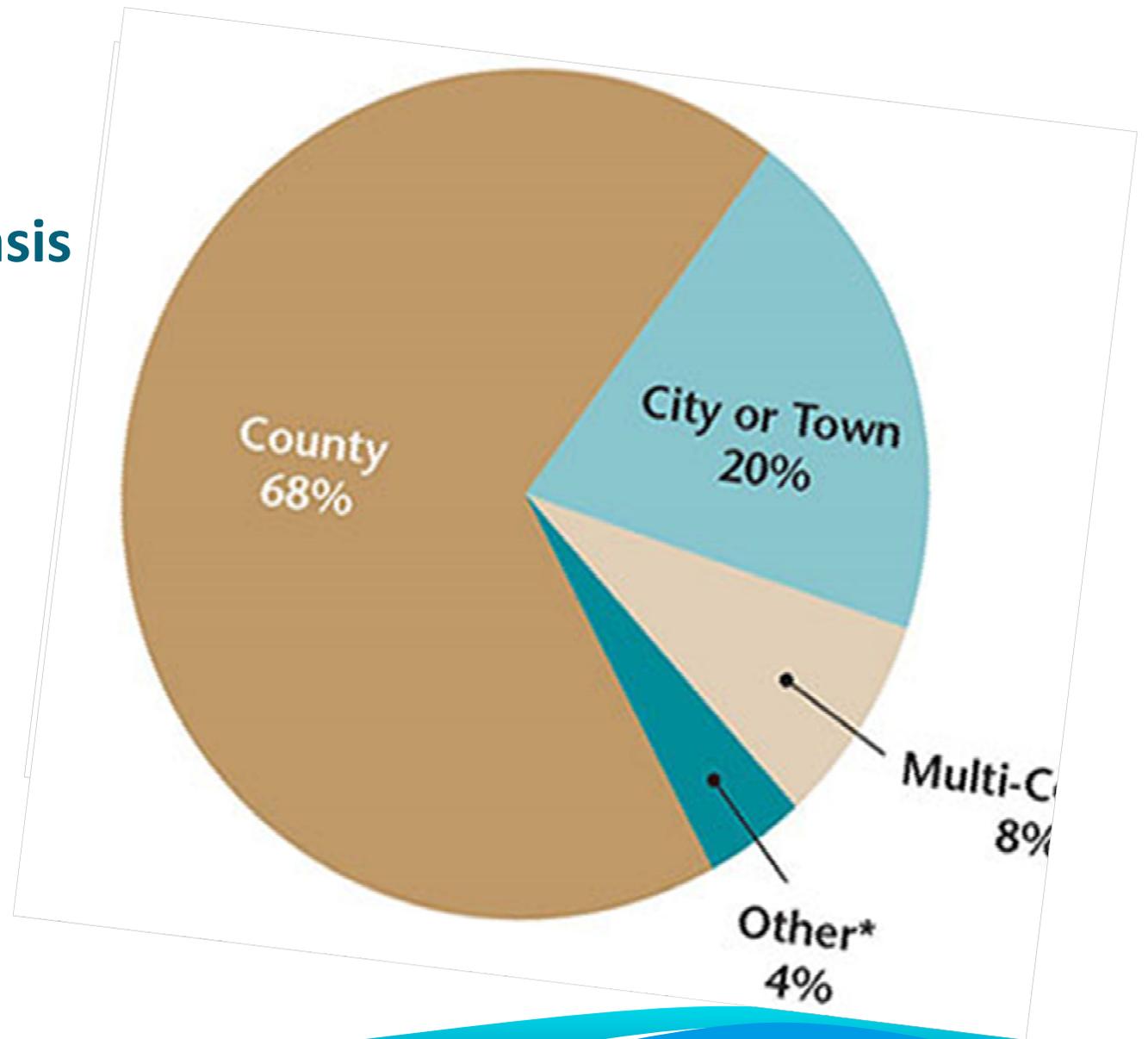


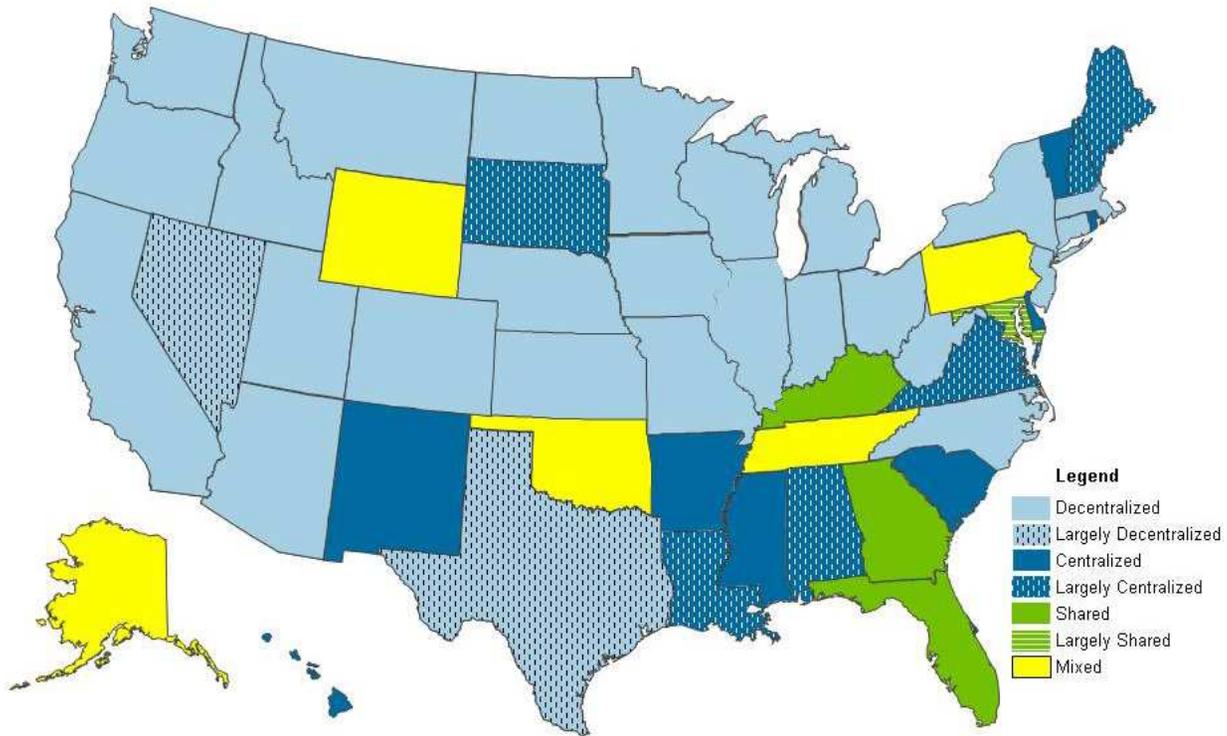
Mixed – Some local health units are led by employees of the state and some are led by employees of local government. No one arrangement predominates in the state

- **Mixed states:**
- ALASKA
- MAINE
- OKLAHOMA
- PENNSYLVANIA
- TENNESSEE

Jurisdictional Basis of Service

All local public health agencies regardless of classification type (2,532)







As Many Differences Within a Type as Between Types!

- Decentralized
- Centralized
- Shared



Decentralized

- Unit of government:
 - ✓ County
 - ✓ City
 - ✓ District form
- Multiple public health agencies – city and county
- Geography and history matter
- Services and capabilities
- Governance and authorities
 - ✓ Boards of Health
 - ✓ Elected general government officials/bodies
- Health & Human Services models
- Idaho and Nebraska
- Nevada and Texas



Centralized

- Jurisdictional service focus
 - ✓ County
 - ✓ State regions
 - ✓ Whole state
 - ✓ Other
- Greater emphasis on personal health services in the South
- Roles and responsibilities of local jurisdictions served by the state
- Services and capabilities



Shared

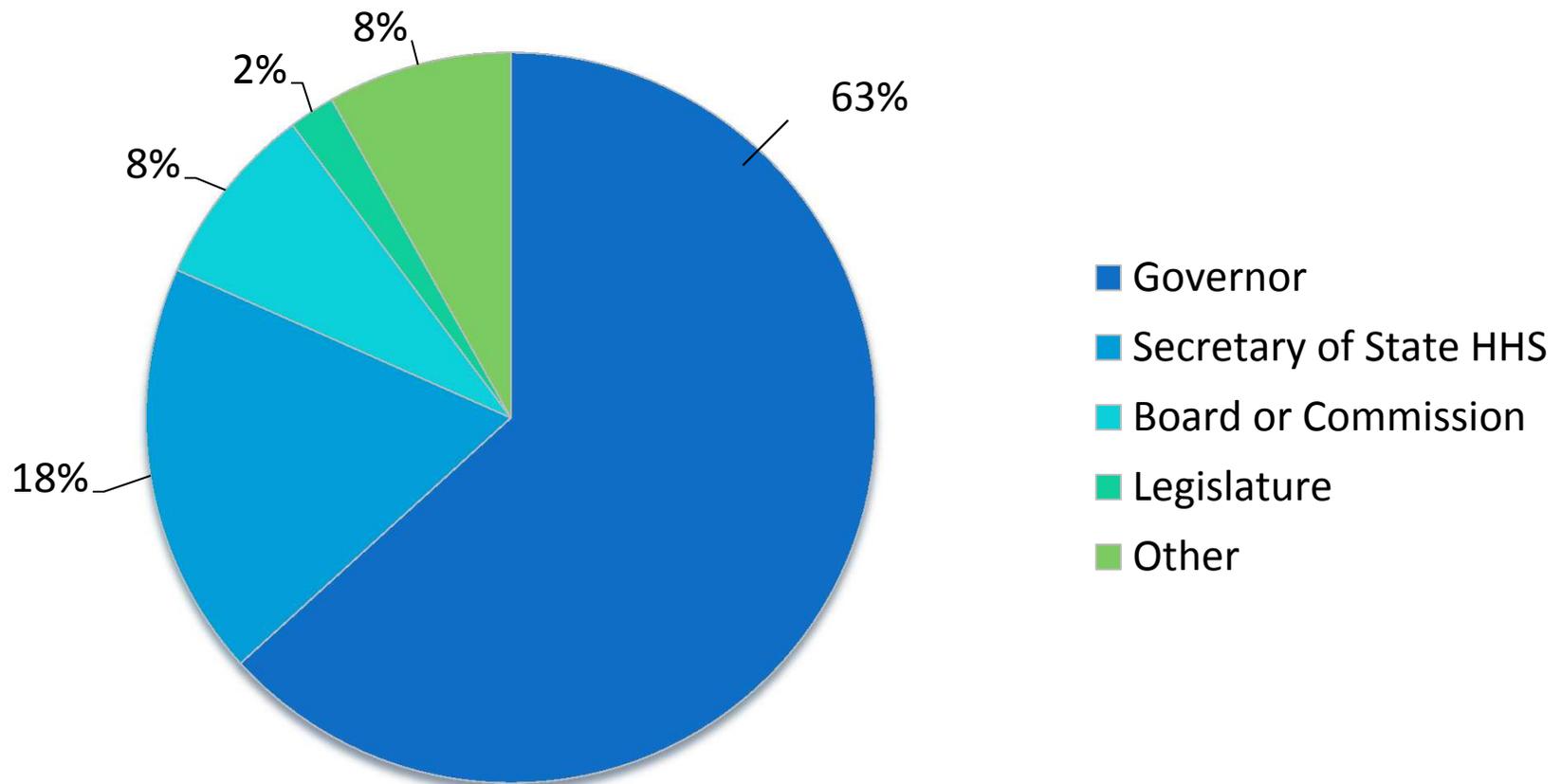
- Differences between state regional structures and local (usually county) health departments
- Services and capabilities



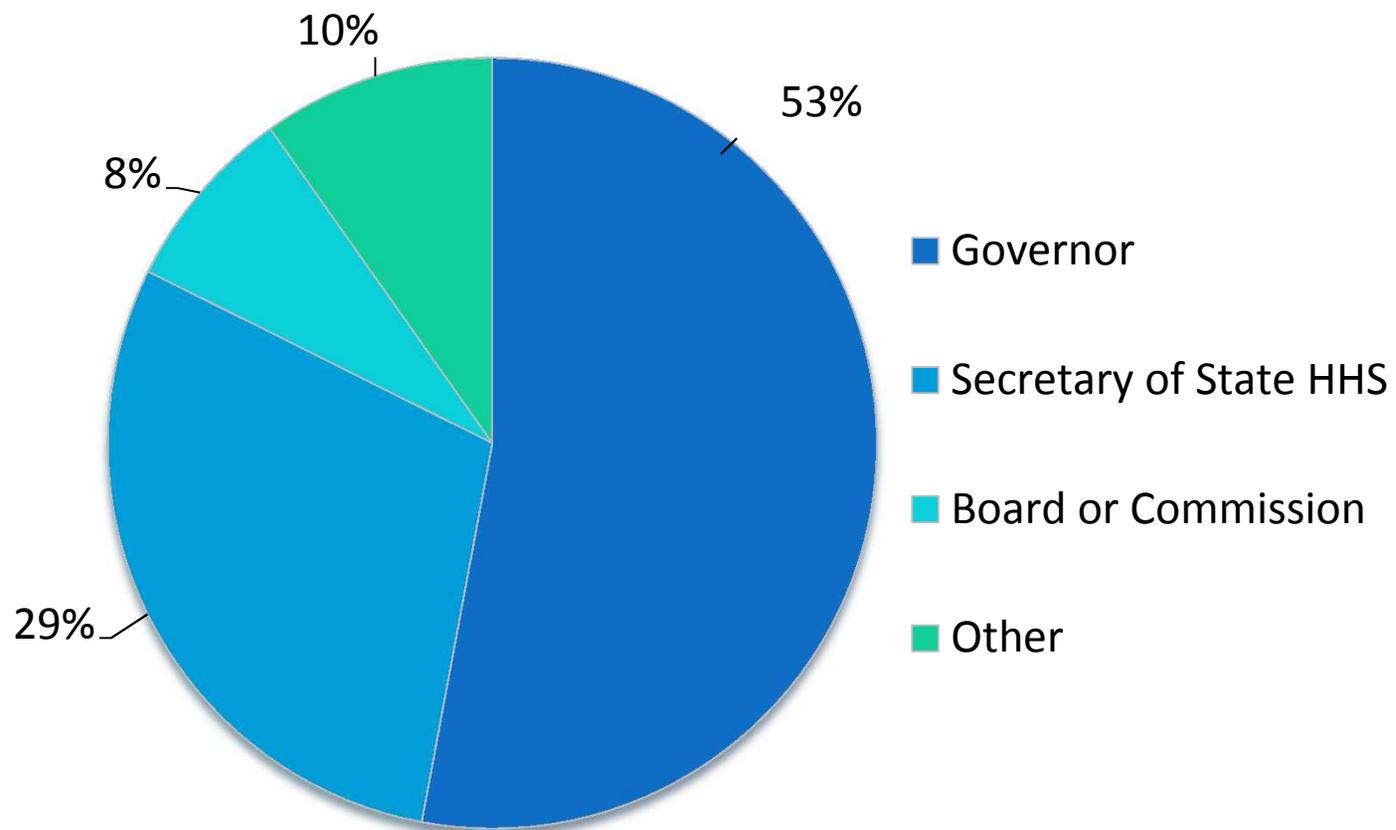
State Health Agency Structure

- Fifty-five percent of state health agencies are free-standing, independent agencies
- Remaining state health agencies are part of a super or umbrella agency

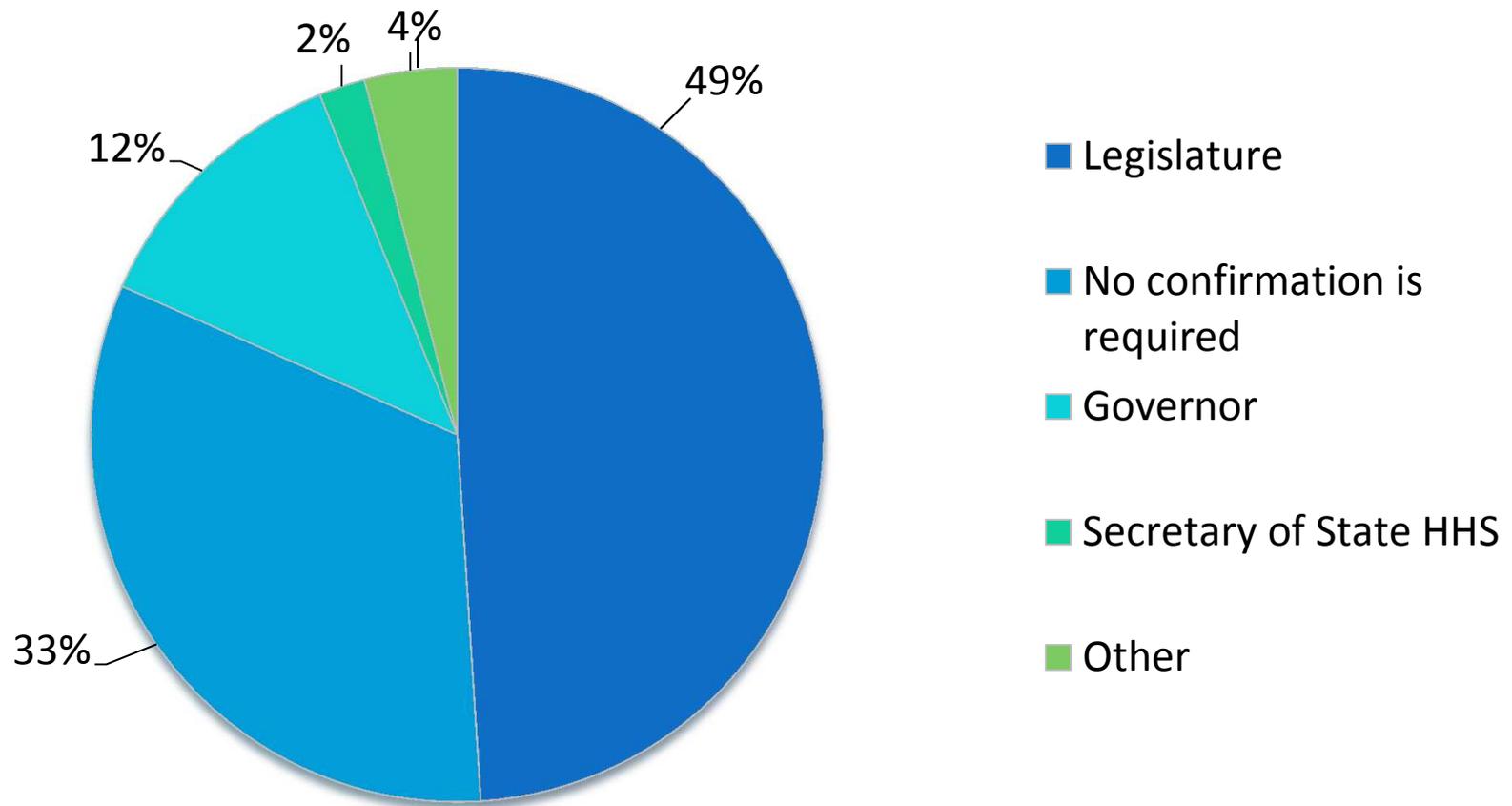
Appointment of State Health Official (n=49)



Individuals/organizations to whom the state health official directly reports; n=51



Confirmation of State Health Official Appointment (n=49)





Similarly, Differences Across State Health Agencies

- Service and capabilities differences regardless of structural type
- Differences in adjudicatory roles and responsibilities regardless of structural type
- Differences in roles, responsibilities, authorities (even presence) of state board of health
- Differences in rule making role and responsibilities regardless of structural type
- With some exceptions no consistent assignment to public health authority of oversight and responsibilities for services within an umbrella organization



Questions to consider

- What is the purpose of organization and structure?
 - ✓ Public administration perspective generally – maximize efficiency, effectiveness, and provide for public engagement and accountability
 - ✓ Does this hold for public health?
- Does “form follow function?”
 - ✓ Do (or can) the approaches to delivering public health services described today support essential services and foundational capabilities as are being envisioned?
 - ✓ Were the forms developed and enacted when the functions of public health departments were different?
 - ✓ Who is considering changes currently?
- What can change; what should change?



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Rethinking Boundaries for Better Health*

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