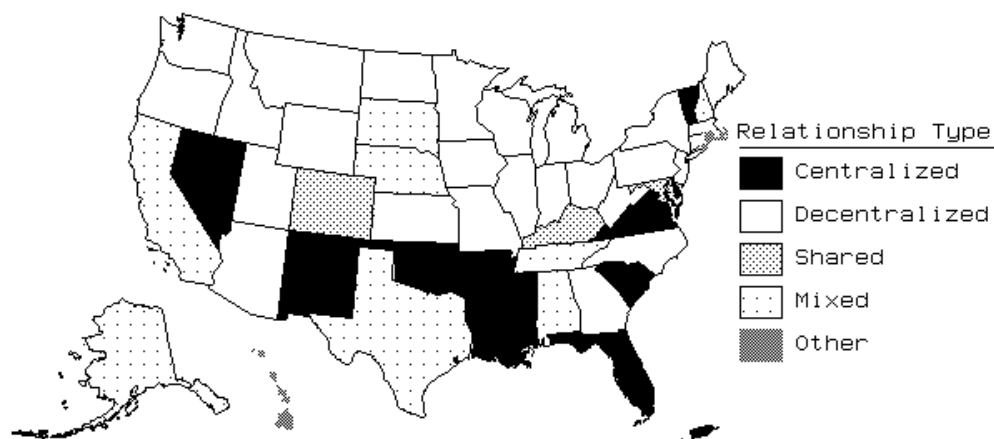


Research Brief



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NACCHO Survey Examines State/Local Health Department Relationships



The relationship between state and local health agencies plays an important role in defining a local health department's responsibilities and authority within their community. As part of a nationwide study of public health infrastructure supported by the Robert Wood Johnson Foundation, NACCHO surveyed state-local health department liaisons nationwide. The fax-back survey questionnaire requested liaisons to indicate the type of state-local relationship that currently exists in their state. Typologies and their definitions were based-upon categories presented in the *1990 Profile of State and Territorial Public Health Systems*, a comprehensive

state-by-state report prepared by the Centers for Disease Control in 1991.

Relationship Types Defined

Liaisons selected from four broad categories. In a centralized system the local health department (LHD) is operated by the state health agency or board of health and the LHD functions directly under the state agency's authority. In decentralized systems, local governments have direct authority over LHDs, with or without a board of health. Mixed systems include states where local health

services are provided by a combination of the state agency, local government, boards of health or health departments in other jurisdictions. In shared systems, the local health department operated under the shared authority of the state health agency, local government and board of health. Another category was created in the current project for the states of Hawaii and Rhode Island, both reported having no local health department or equivalent local public health agency.

Decentralized Systems are Most Common

In addition to surveying the fifty-states, The District of Columbia and Puerto Rico were also included in this study: both reported centralized systems. Half of the states reported that their systems were decentralized (50%, or 26 states). In these systems, the LHD operates under home-rule or local control, for example LHDs in Massachusetts and Ohio. Currently 13 states reported centralized systems. However, as states consider regionalizing or centralizing their public health services future surveys may reveal an increase in centralized systems. Examples of centralized states include Florida, Vermont and Nevada.

Broad Categories May Need to be Refined

Several liaisons noted specific local exceptions to the broad category they selected. This was especially the case in states with large cities that had autonomous municipal health departments, with the state agency providing services to the remaining population. The liaisons noted that these variations did not change the overall state-local relationship type, however, not all jurisdictions had the same relationship to the state. This variation is not captured in the current categorization scheme, and suggests there maybe a need to further refine the four categories listed. For example, in Louisiana (centralized) it was noted that the City of New Orleans operates and has authority over their parish's health department. In Virginia, thirty-two health departments are units of the state health agency and three local units operate autonomously

as granted by the state assembly.

Table 1. Relationship Types

Type	#s	% of total
Centralized	13	25.0%
Decentralized	26	50.0%
Shared	2	4%
Mixed	9	17%
Other	2	4%
Total	52	100%

Continued research using these typologies will help determine how state-local relationships impact the delivery of public health services and public health functions at the local level. The ways in which relationship types determine funding allocations, program development and quality assurance at the local level also need to be addressed in future research on this topic. Current research efforts by NACCHO and other public health partners will add to the growing literature on how state and local agencies work together to strengthen and improve a community's health. □

This report was prepared by: Michael Fraser, Ph.D., Program Manager, with assistance from Keith Downing, Intern and Areana Quiñones, Program Assistant. Funding was provided by a grant from the Robert Wood Johnson Foundation. NACCHO also wishes to thank the state/local liaisons who participated in this project. © 1998 NACCHO.