



State and Local Health Department Governance Classification System

- **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: AR, DE, DC, HI, MS, NM, RI, SC, VT

Largely centralized states: AL, LA, NH, SD, VA

- **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: FL, GA, KY

Largely shared states: MD

- **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: AK, ME, OK, PA, TN, WY

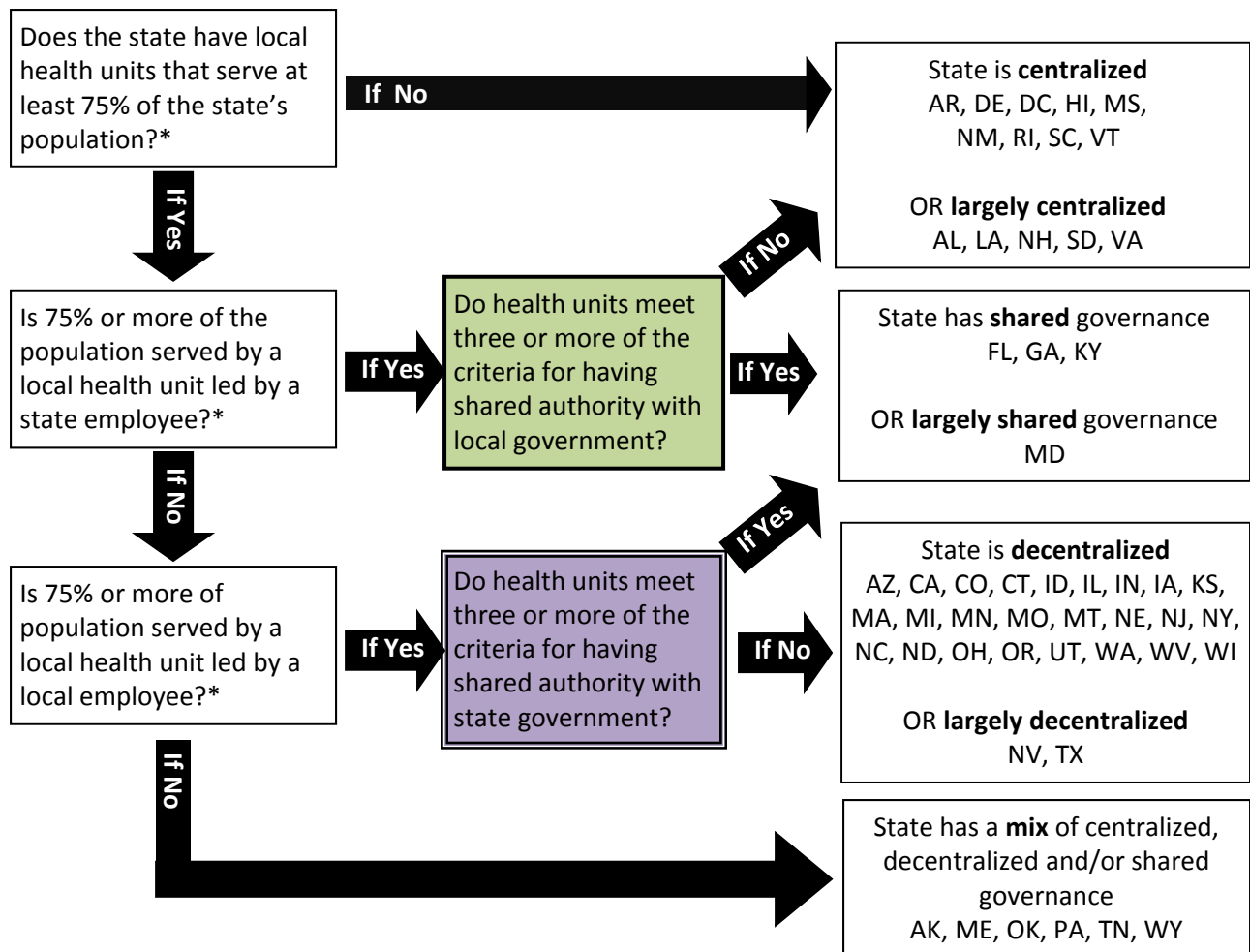
- **Decentralized/Largely Decentralized** – Local health units are primarily led by employees of local governments and the local governments retain authority over most fiscal decisions.

Decentralized states: AZ, CA, CO, CT, ID, IL, IN, IA, KS, MA, MI, MN,

MO, MT, NE, NJ, NY, NC, ND, OH, OR, UT, WA, WV, WI

Largely decentralized states: NV, TX

Leadership of Local Health Units + Authorities = Classification of Governance



* If the majority (75% or more) but not all of the state population meets this designation, then the state is largely centralized, decentralized, or shared.

- Criteria for state-led health units having shared authority with local government**
- Local governmental entities have authority to make budgetary decisions
 - Local government can establish taxes for public health or establish fees for services AND this revenue goes to local government
 - 50% or less of local health unit budget is provided by state public health agency
 - Local governmental entities can issue public health orders
 - Local chief executives are appointed by local officials
 - Local chief executives are approved by local officials

- Criteria for local-led health units having shared authority with state government**
- State governmental entities have authority to make budgetary decisions
 - Local government can not establish taxes for public health nor establish fees for services OR this revenue goes to state government
 - More than 50% of local health unit budget is provided by state public health agency
 - Local governmental entities can not issue public health orders
 - Local chief executives are appointed by state officials
 - Local chief executives are approved by state officials