



Organizational Models to Advance Health

Each state’s government structure is different, and there is no one-size-fits-all rule for organizing state government agencies to advance health and prevention. This chart provides organizational options to help states embed health into their structures.

Organizational structure	How it works	Opportunities	Challenges	Examples
Governor’s statewide office of health transformation	The governor creates an umbrella agency empowered to coordinate cross-cabinet work on upstream health initiatives and implement health-related budget priorities.	Has clear authority. Has a built-in organizational focus on health.	Must clarify roles and authority: How does the governor’s office relate to the cabinet officials, who retain authority over their departments?	Ohio
Governor’s health policy advisor leads health work	The governor tasks a health policy advisor with coordinating cross-agency work on health.	Can help agencies align around governor’s health agenda.	May lack authority over cabinet officials.	
Transformation center within a state agency	The governor creates a center within a health or human services agency to take the lead on upstream health work.	Has a built-in organizational focus on health.	Lacks authority over other agencies and budgets.	Oregon , Connecticut
Lead cabinet official coordinates health work	One or two cabinet officials informally take on responsibility for coordinating health priorities across state agencies.	Builds on existing expertise and organizational structures.	A lack of formal structure or authorization may pose challenges.	Several states
New structure: A health cabinet	The governor’s office creates a new cabinet to advise the executive team on health-related issues.	Builds in a cross-agency organizational focus on health.	Risks becoming process-heavy Requires an investment of time	MN Health cabinet Children’s cabinets in VA , MD

Maintain existing agency structure	Puts health at the center of state priorities by coordinating existing agencies' efforts.	Capitalizes on what currently works well.	Leaves embedded silos in place Informal structure may change based on demand for resources	
Reorganize departments and agencies	Reorganize state agencies to better put health at the center of state priorities. Some agencies may be combined, others created anew.	Builds in an organizational focus on health. Could reduce duplication of efforts.	Could slow progress while reorganization takes place. Diverts health policy resources to support the reorganization process.	