



National Survey on Public Health Shared Administrative Services

With financial support from the Robert Wood Johnson Foundation through the Center for Sharing Public Health Services (CSPHS) at the Kansas Health Institute, ICMA conducted a national study of the types of shared services arrangements for administrative services that exist among local government public health offices. In addition to a national survey, ICMA co-produced with CSPHS three in-depth case studies of jurisdictions that had adopted such practices.

For the purposes of the survey, “administrative services” refers to back-office operations required to run an organization. Program-related work and services for residents are not being explored in this survey.

Survey Methodology

The survey was mailed to 4,716 city-type and county governments in states where local governments are known to have some responsibility for public health services. The response rate is 24%, with 1,119 local governments responding. Response rates were lowest in local governments with over 1 million population (3%), and in the East South-Central geographic division (9%).

Please note that the terms “department” and “agency” were used interchangeably throughout this survey.

Does your local government have any responsibility for providing public health services? (n=1,119)

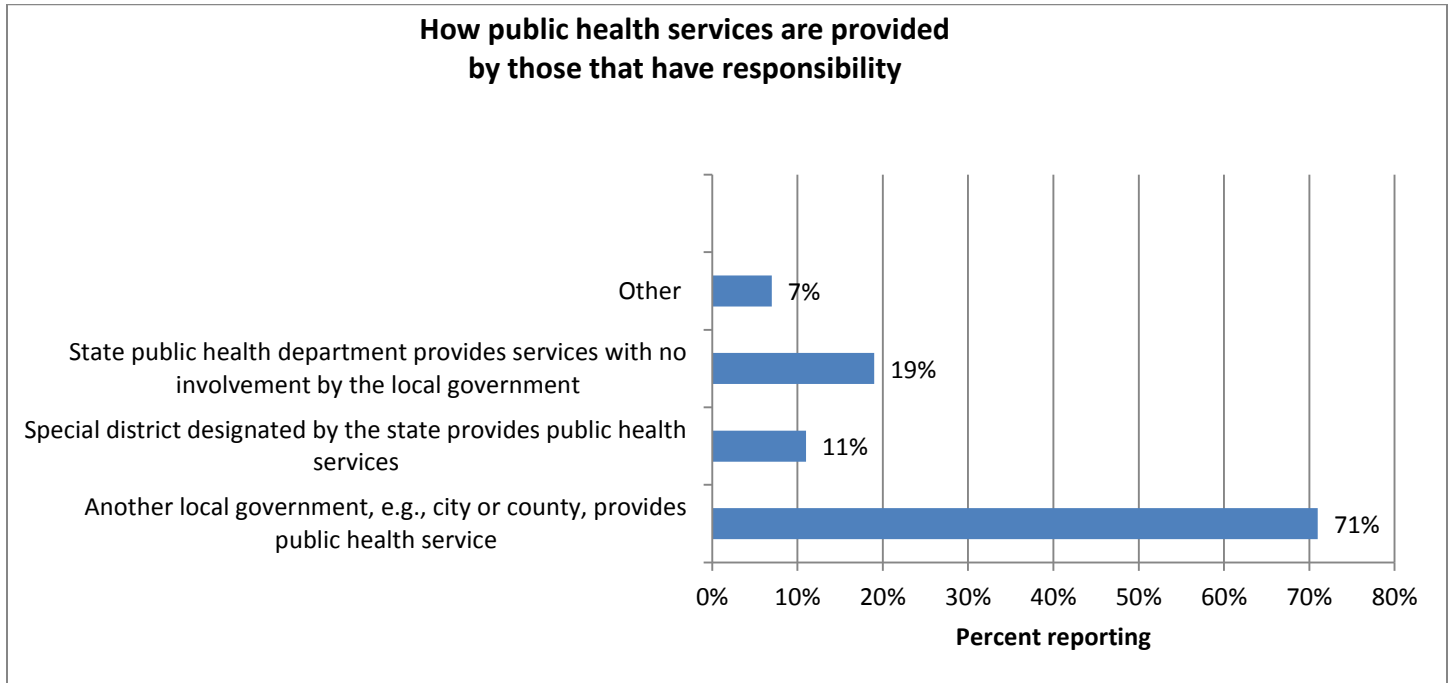
Local governments under 10,000 population show a majority indicating they do not have responsibility for providing public health services. In addition, local governments reporting in the North Central and South geographic regions show that a majority do not have responsibility for providing public health services. Seventy percent of local governments reporting in the Northeast and 83% in the West report responsibility for providing public health services.

- Yes = 48%
- No = 52%

If “yes,” please identify how public health services are provided to your residents. (Check all applicable.) (N=535)

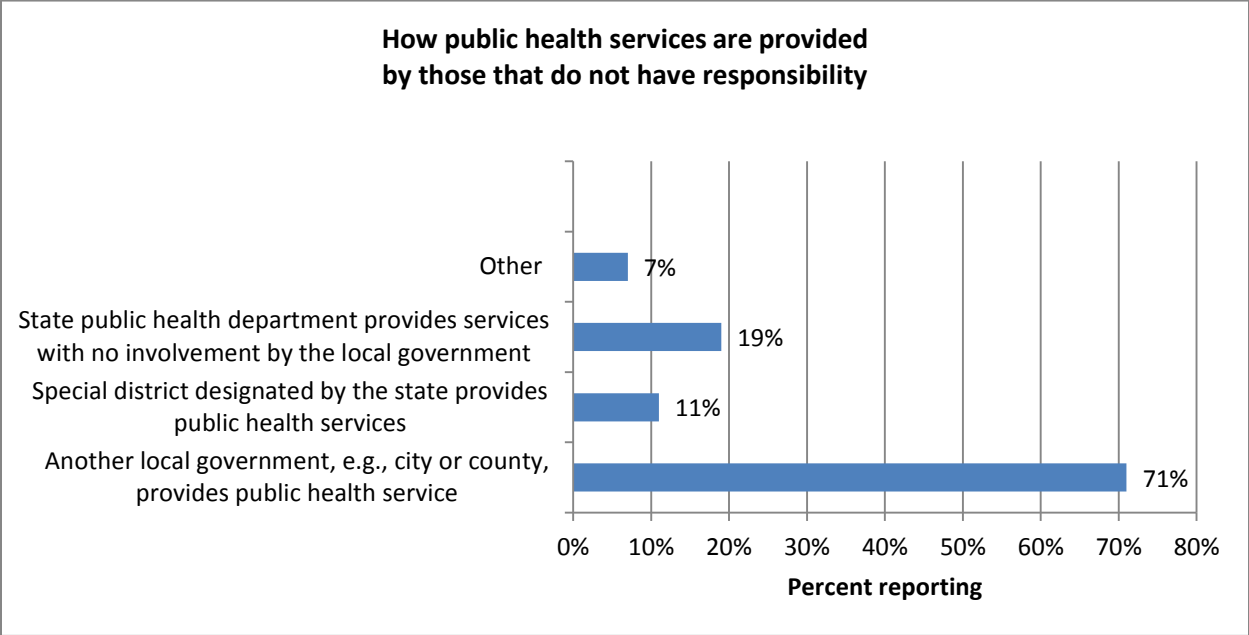
All 14 local governments with a population 500,000 and above report that their public health department provides the services. Several of them contract with another entity as well, and one reports that the state public health department operates locally with involvement of local government staff. Forty-one percent of local governments under 2,500 population contract with another local government or non-governmental entity to provide public health services.

Regional public health services are reported by higher percentages of smaller local governments, especially in the Northeast.



If “no,” your local government does not have responsibility for providing public health services, please identify how they are provided to your residents. (Check all applicable.) (N=568)

The South and West geographic regions show the highest percentages reporting that the state public health department provides services with no involvement by local government. The Northeast and North Central regions show the highest percentages reporting that another local government provides the service.



Local governments that do not have responsibility for providing public health services did not need to complete the rest of the survey. The number of local governments that have some responsibility is 535.

Does your local government public health agency share administrative functions (e.g., back office) with another governmental or non-governmental entity? (N=501)

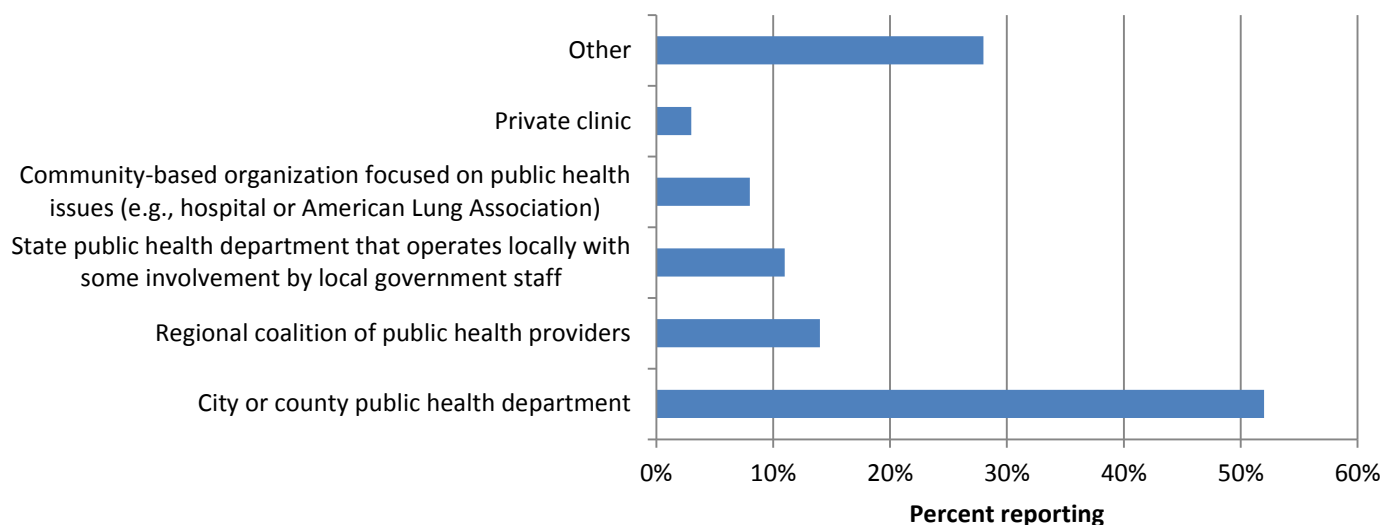
- Yes = 36%
- No = 64%

The highest percentage reporting shared back-office functions are below 25,000 population and those in the Northeast region.

If “yes,” please identify with which type of organization you share administrative services. (Check all applicable.) (N=160)

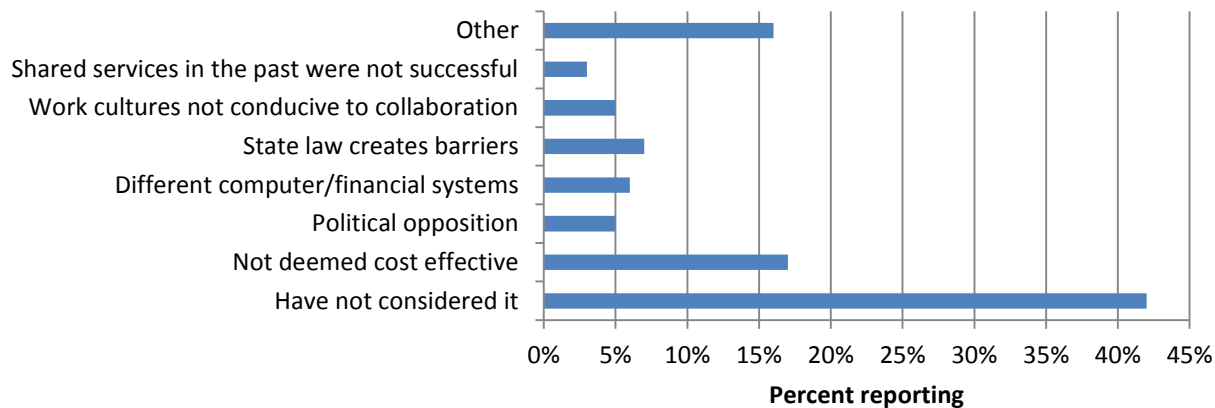
Under “other,” local governments wrote in other departments in their local government, such as human services and transportation.

Type of organization local gov't shares admin. services



If “no,” your local government does not share administrative services which reason below best describes the reason? (Select only one.) (N=295)

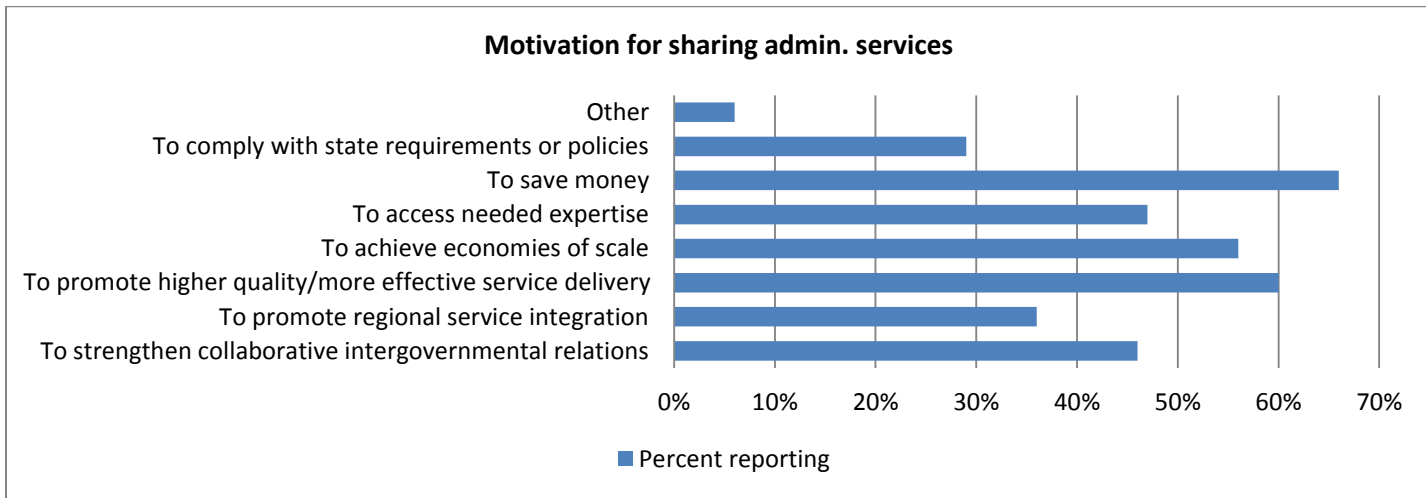
Reason for not sharing admin. services



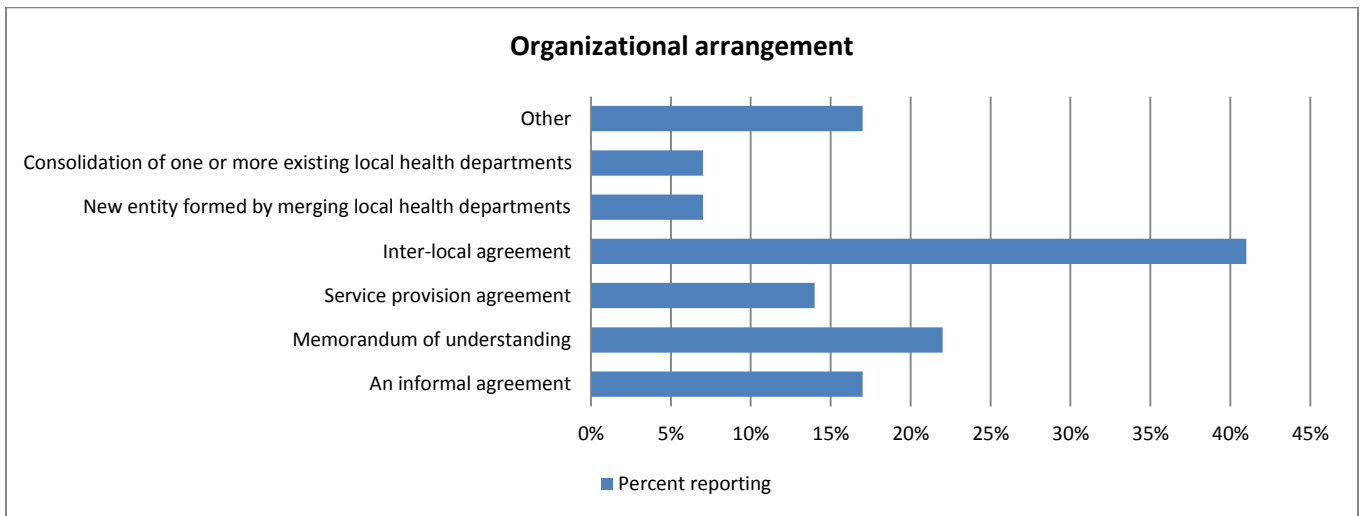
Local governments that do not share public health administrative (back office) functions did not to complete the survey. The 182 respondents who share back office functions completed the survey, although not all answered each question.

If your local government shares administrative services with another local government or a non-governmental entity, please identify the motivation for doing so. (Check all applicable.) (N=154)

“To save money” was reported by the highest percentage of local governments in the Northeast (76%) and West (73%) geographic regions.



What is your organizational arrangement for sharing public health administrative services? (Check all applicable.) (N=170)



In what year did your local government begin sharing public health administrative services? (N = 111)

- The responses range from 1950 to 2014.

How many formal agreements do you have for shared public health administrative services? (N = 122)

- The responses range from 1 to 20, with an average of 2.

For the FIRST agreement for shared administrative services that your local government undertook, approximately what length of time did it take to move from the idea of sharing administrative services to actual implementation of shared services? *(Select only one.)* (N = 125)

Length of time	Percent reporting
Fewer than 3 months	28%
4-6 months	12%
6-12 months	38%
More than 12 months	22%

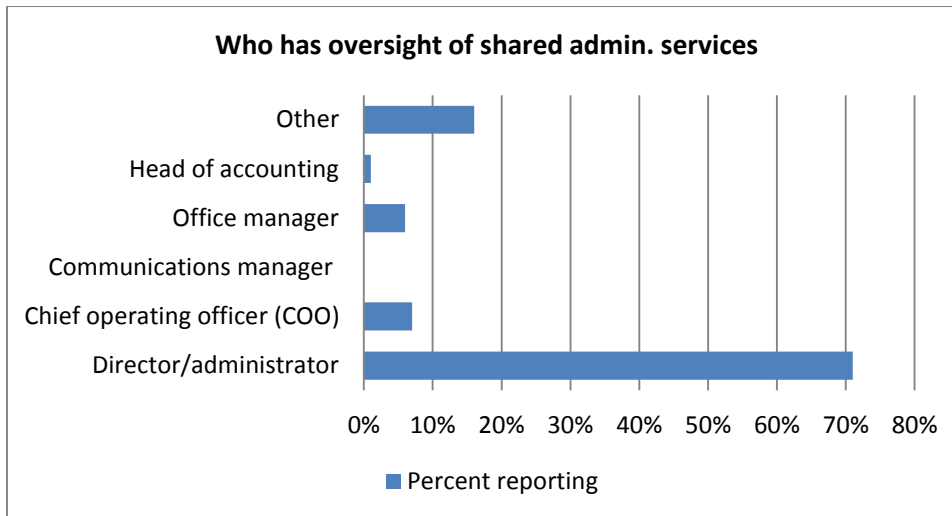
What processes were used to negotiate the terms of the arrangement for shared administrative services? (Check all applicable.) (N = 143)

Processes	Percent reporting	Processes	Percent reporting
Meetings among local government staff	55%	Contract negotiations for fee-for-service or other service arrangement	19%
Meetings among elected officials and other policymakers	46%	State-mandated framework	15%
Secured through a request for information/proposals	6%	Other	8%

**Which of the following administrative services do you share with another entity?
(Check all applicable.)**

Services	Percent reporting	Services	Percent reporting
Executive leadership	46%	Office and facility maintenance	35%
Fund raising and grant writing	29%	Purchasing	37%
Finance and accounting	44%	Communications and outreach	43%
IT support	33%	Billing	25%
Human resources	35%	Other	22%

Which position within your local government public health organization has responsibility for oversight of the shared administrative services? (Select only one.) (N = 163)



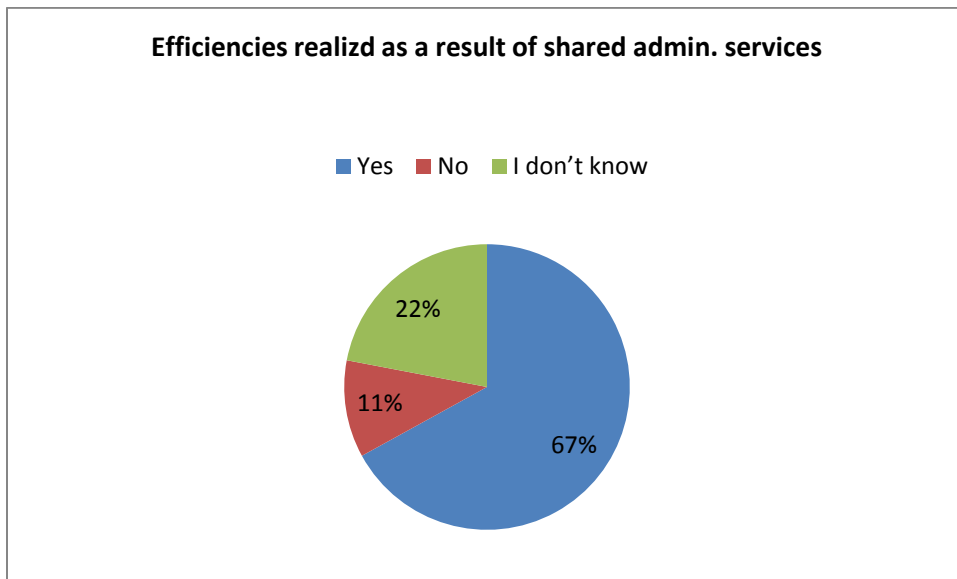
What obstacles, if any, has your local government encountered to sharing administrative services for public health? (Check all applicable.) (N = 155)

The majority of local governments reporting with a population under 50,000 reported no obstacles. Restrictive labor contracts were reported by a higher percentage of local governments in the Northeast (14%) Legal restraints were reported by a higher percentage in the West (10%) than in other regions. The west also showed the highest percentages reporting institutional rigidities (15%), lack of precedent (15%), and incompatible organizational

cultures (15%). The West and Northeast show the highest percentages (35% and 33%, respectively), reporting concerns about decision authority/control.

Obstacle	Percent reporting	Obstacle	Percent reporting
None	57%	Organizational cultures incompatible	10%
Concerns about decision authority/control	26%	Restrictive labor contracts/agreements	7%
Concerns about potential costs	18%	Legal constraints	6%
Opposition from elected officials or other policymakers	8%	Lack of precedent	8%
Opposition from local health director	5%	Institutional rigidities	8%
Opposition from the public	2%	Other	7%

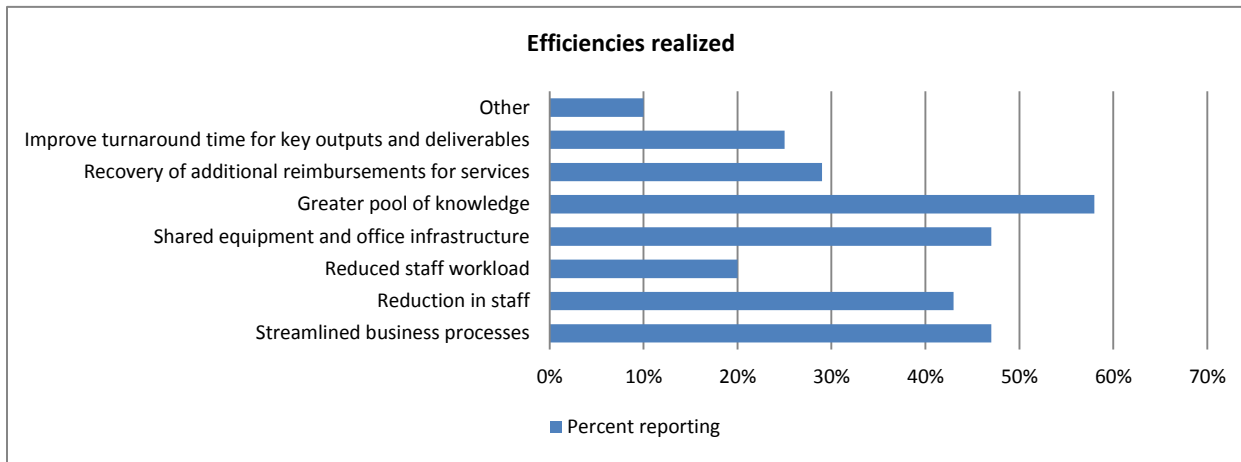
Has your public health service been able to realize new efficiencies as a result of the shared administrative services arrangements? (Cost savings are addressed in question 18.)



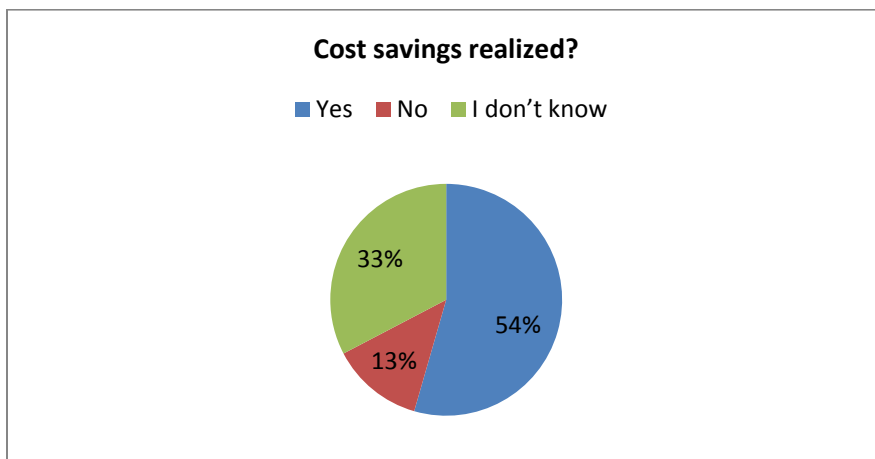
If “yes,” which efficiencies were realized? (Check all applicable.) (N = 108)

There are no discernable patterns among population groups, but the North Central and South regions show the highest percentages reporting streamlined business processes. Approximately 65% of those in the South and West report shared equipment and office

infrastructure. Although the North Central region respondents show the smallest percentage reporting reduced workload (8%), those localities show the highest percentage reporting a reduction in staff (47%).



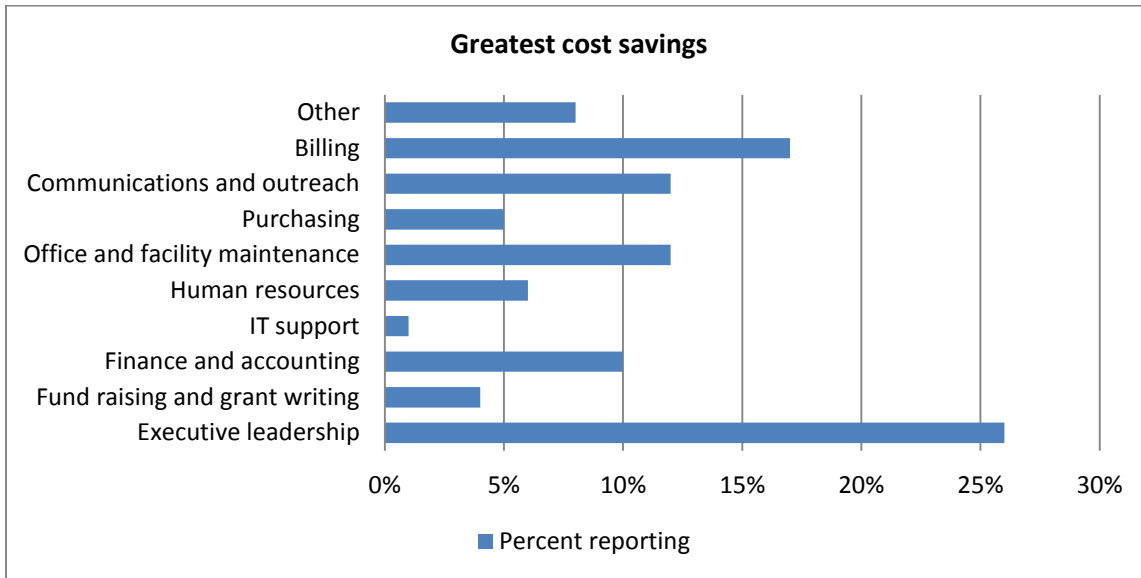
Has your public health agency realized any cost savings as a result of the shared administrative services arrangement? (N = 160)



If “yes,” which area listed below provided the greatest costs savings? (Select only one.) (N = 84)

Although there is variation in the responses, smaller local governments showed generally higher percentages reporting the greatest costs savings in billing. The two local government with a population 250,000-499,999 reported fundraising and grant writing (50%) and purchasing (50%).

Localities reporting in the South region show the highest percentage indicating that executive leadership (43%) and office and facility maintenance (21%) provided the greatest cost savings.



Would you recommend a shared service agreement for back-office services similar to what you have to other local health departments? (N = 150)

Classification	No. reporting	Yes		No	
		No.	% of (A)	No.	% of (A)
	150	132	88.0%	18	12.0%
Population group					
Over 1,000,000	-	0		0	
500,000-1,000,000	4	4	100.0%	0	0.0%
250,000-499,999	6	5	83.3%	1	16.7%
100,000-249,999	12	12	100.0%	0	0.0%
50,000-99,999	13	11	84.6%	2	15.4%
25,000-49,999	24	19	79.2%	5	20.8%
10,000-24,999	47	41	87.2%	6	12.8%
5,000-9,999	27	24	88.9%	3	11.1%
2,500-4,999	11	11	100.0%	0	0.0%
Under 2,500	6	5	83.3%	1	16.7%
Geographic region					
Northeast	53	49	92.5%	4	7.5%
North Central	56	45	80.4%	11	19.6%
South	24	23	95.8%	1	4.2%
West	17	15	88.2%	2	11.8%

Summary

The strong majority of local governments that currently share services and would recommend doing so to other local governments make a case for shared administrative services in public health departments. Although the practice is limited throughout the country, there are clear benefits and relatively minimal obstacles. In fact, the reason reported by the highest percentage of

respondents who do not share back-office public health services is that they have not thought of it. Given the benefits identified by survey respondents, exploring shared administrative services for your public health department may be worthwhile.

If your local government has shared administrative services in your public health department, please share your story in the Knowledge Center in the “shared services” topic.