Collaboration Between National Network of Local Health Departments

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Background of Study

Objective:

 Investigate whether certain local health department (LHDs) attributes create stronger or weaker ties within LHDs network.

Data¹:

- 2016 data from National Association of County and City Health Officials (NACCHO)
- Survey assesses LHDs infrastructure, finance, staffing, jurisdiction, and services provided.



Asymmetric & Symmetric ties:

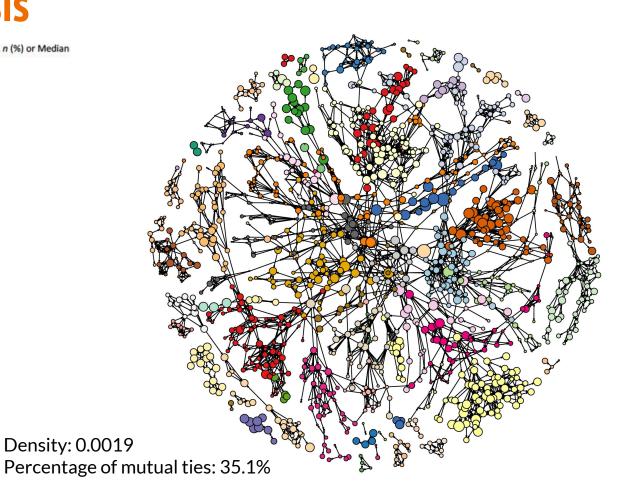
- State
- Population Size
- Full-Time Equivalents
- Top Executive Tenure
- Nutrition program
- Tobacco prevention program

Full-time Equivalent Staffing Among NACCHO 2016 Local Health Departments

Network analysis

Table 1. Local Health Department network characteristics (n= 1397), n (%) or Median

Characteristics	LHDs, n (%)			
Population				
<25000	474(33.9)			
25000-49999	306(21.9)			
50000-99999	233(16.7)			
100000-499999	295(21.1)			
>=500000	89(6.4)			
FTE				
0-25	822(58.8)			
25.01-50	221(15.8)			
50.01-100	181(13.0)			
≥100	173(12.4)			
Jurisdiction type				
City	193 (13.8)			
City-county	4 (0.3)			
County	1024 (73.3)			
Multi-city	53 (3.8)			
Multi-county	123 (8.8)			
Top executive tenure (years)			
1-2	381(27.3)			
3-5	345(24.7)			
6-10	280(20.0)			
≥11	391(28.0)			
Missing data				
Names missing	25			
Listed their own LHD	50			
Missing survey response	586			
Prevention programs				
Nutrition				
Yes	1065(76.3)			
No	332(23.8)			
Tobacco				
Yes	1058 (75.8)			
No	339(24.3)			



Model Results

Table 2. Strong and weak tie predictors among local health department network, b (SE).

	Null		Model 1		Model 2		Model 3	
	b(SE)	p-value	b(SE)	p-value	b(SE)	p-value	b(SE)	p-value
Edges	-6.25(0.02)	<0.001*	-5.67(0.04)	<0.001*	-9.85(0.16)	<0.001*	-9.74(0.15)	<0.001
Asymmetric								
State			4.26(0.05)	<0.001*	6.34(0.11)	<0.001*	5.67(0.12)	<0.001
Population Size			-0.08(0.05)	0.11	0.37(0.10)	<0.001*	0.29(0.12)	<0.02*
Full-Time Equivalents			-0.70(0.05)	<0.001*	-0.22(0.09)	<0.01*	-0.10(0.11)	0.36
Jurisdiction Type			-0.78(0.05)	<0.001*	0.03(0.09)	0.71	0.12(0.11)	0.87
Top Executive Tenure			-0.50(0.06)	<0.001*	0.17 (0.10)	0.08	0.08 (0.08)	0.32
Nutrition			-0.77(0.05)	<0.001*	0.11(0.10)	0.28	-0.12(0.11)	0.89
Tobacco			-0.67(0.05)	<0.001*	0.09(0.09)	0.32	0.08 (0.12)	0.46
Symmetric								
State					15.21 (1.00)	<0.001*	12.65(0.96)	<0.001
Population Size	**			**	1.17(0.74)	0.11	0.87(0.28)	<0.002
Full-Time Equivalents					0.14(0.62)	0.82	0.04(0.46)	0.93
Jurisdiction Type			_	_	0.51(0.58)	0.38	0.66(0.51)	0.20
Top Executive Tenure					0.28(0.60)	0.64	-0.22(0.56)	0.69
Nutrition				***	0.03(0.55)	0.96	-0.35(0.63)	0.58
Tobacco				-	-0.10(0.45)	0.82	0.41(0.38)	0.27
GWESP (α=0.2)					_		0.98(0.07)	<0.001
Model AIC	52,082		43,933		38,102		38,170	

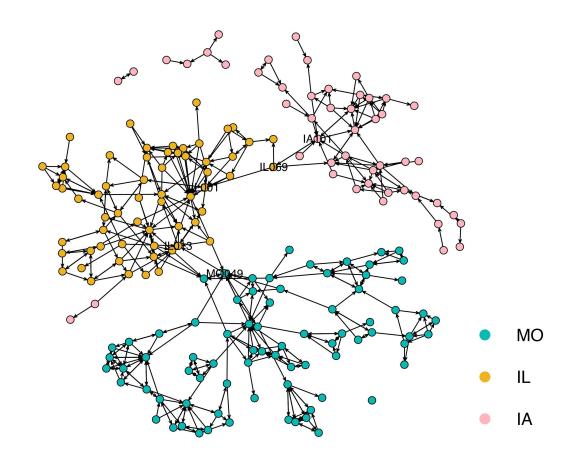
Note: boldface indicates significance. *p<0.05

Investigation of three states

Top 5 betweenness centrality values:

- **IL001**: Adams County Health Department, IL
- IL013: Cook County Department of Public Health, IL
- **IL069**: Schuyler County Health Department, IL
- MO049: Kansas City Health Department, MO
- **IA101**: Siouxland District Health Department, IA

Local Health Departments Network in Missouri, Illinois, and Iowa



Conclusion

- The density of the 2016 NACCHO network analysis of LHDs has increased since the 2010 NACCHO network analysis.
- Asymmetric, or weak ties:
 - Being in the same state
 - Serving same population size
 - o Full-time equivalent staff
- Symmetric, or mutual ties:
 - Being in the same state

- Suggestions for LHDs:
 - LHDs can create mutual ties with other LHDs of varying population sizes and staffing.
 - LHDs should create mutual relationships with other LHDs.

Help with dissemination and implementation strategies between LHDs.

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