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Editorial Comment: Patterns of Interaction Among Local Public Health Officials and the Adoption of Recommended Practices

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A large and expanding body of research on social networks shows how the composition and structure of these networks may influence information flow, decision-making and behavior in ways that ultimately affect health. For example, networks among community members and peer groups may influence the spread of health risks such as smoking, obesity, and substance abuse[1,2,3], and networks among physicians may influence professional consultations, technology adoption, and practice patterns [4]. The current study is the first to examine patterns of interaction among the leaders of local health departments across the U.S., and in doing so it demonstrates the feasibility and utility of applying the methods of network analysis to study the behavior of public health leaders.

Networks of local public health leaders are important because of the information they can convey and the actions they can mobilize. These leaders shape the activities undertaken by their agencies and the allocation of human and financial resources within these agencies.   These leaders also use their regulatory authorities and powers of persuasion to influence the health-related decisions and actions of other stakeholders within the community. As such, the networks that exist among local public health leaders may provide productive mechanisms for diffusing desirable public health strategies across the nation.

The authors find that agencies led by the most "connected" local health department directors are more likely to undertake community health assessment and community health improvement activities as compared to agencies led by their less connected counterparts. These two activities are widely regarded as important elements of public health practice, are required by the national public health agency accreditation program established by the Public Health Accreditation Board (PHAB), and are promoted and incentivized through several provisions in the federal Affordable Care Act. The findings imply that denser connections among local public health leaders may facilitate the spread of these recommended practices. Although this exploratory, cross-sectional study cannot determine the existence, direction or magnitude of any causal relationship between network connectedness and practice adoption, several practical implications emerge from these findings and the larger literature on networks. First, public health professionals should seek to engage influential and highly-connected public health leaders when attempting to spread the adoption of recommended public health practices. Second, strategies that increase the connections among local health leaders—such as learning collaboratives, research networks, information and communication systems, and leadership development programs—may offer the added benefit of facilitating the adoption of recommended practices. Researchers and practitioners should continue to experiment with the use of network analysis methods to better understand patterns of interaction among public health leaders and their influence on the public health system.

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