Strategies to Achieve Alignment, Collaboration, and Synergy across Delivery and Financing Systems

Classifying Multi-Sectoral, Multi-Organizational Health Communication Networks

Research-in-Progress Webinar
Wednesday, August 22, 2018
12:00-1:00 pm ET/ 9:00 am-10:00 am PT

Funded by the Robert Wood Johnson Foundation
Welcome: Shana Moore, PhD
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Commentary: Danielle M. Varda, PhD
CEO and Co-Founder
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Q & A: Moderated by Shana Moore, PhD
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S4A Research-in-Progress  
22 August 2018
Agenda

• Background
• Methodology
• Emerging Findings
• Next Steps
Background: Research Translation, Dissemination, and Implementation
Background: The Importance of Multi-Sectoral Communication Networks

- **Health Communication:** the study and use of methods to inform and influence individual and community decisions that enhance health. (Freimuth & Quinn, 2004)

- Organizational Sensemaking Capacity
  - Increased Number and Diversity of Organizations
  - Recognize More Communication Opportunities and Challenges

- Expanded Reach
  - Amplify, complement, and reinforce messages
  - Different Audiences
  - Different Channels

- Varying Levels of Organizational Credibility with Key Stakeholders
Many sectors play critical roles in communicating evidence-based health information and deploying related health promotion and prevention programs.

Fragmentation of information flows across and generated by these sectors can inhibit the dissemination and implementation of evidence-informed strategies for improving population health and well-being, while collective efforts could amplify key messages and programs.
Methodology: Data Source

National Longitudinal Survey of Public Health Systems

- Cohort of 360 communities with at least 100,000 residents
- Local public health officials report:
  - **Scope**: availability of activities
  - **Network density**: organizations contributing to activity
  - **Network centrality**: strongest central actor
  - **Quality**: perceived effectiveness of activity

** Expanded sample of 500 communities <100,000 added in 2014 wave
Methodology: Analytic Strategy

• Health communication networks were classified based on their density, i.e. the proportion of organizations that contribute to these activities in each community.

• Identify how different kinds of organizational health communication networks are associated with the probability of routinely provide community health information to elected officials, lay publics, and mass media.

• Control variables: existence of board of health, unemployment rate, poverty rate, percent uninsured, percent non-white, percent with college education, and percent over 65 years old.
Emerging Findings: Network Types

**Minimal Networks** (*Network density* 0-0.25)
- Few organizational communicators
- Hospitals, state health agencies, other local agencies

**Expanded Networks** (*Network density* 0.25-0.50)
- Increased number and diversity of organizational communication partners
- Include more non-faith-based nonprofits, community health centers, schools, physician organizations

**Robust Networks** (*Network density* 0.5-1)
- Many communication partners across sectors
- Include more employers, faith-based organizations, and universities
- Most common network type, especially in urban areas
Emerging Findings: Organizations that Contributed to Community Health Communication Activities in 2016

- Local Public Health: 81.5%
- Hospitals: 64.2%
- Other Local Govt: 53.8%
- Other Nonprofits: 51.5%
- State Public Health: 46.0%
- Schools: 42.1%
- CHCS: 38.4%
- Physician Orgs: 32.5%
- Faith-Based Orgs: 28.4%
- Employers: 27.1%
- Universities: 26.5%
- Health Insurers: 14.3%
- Other: 10.7%
- Federal Govt: 7.3%
Emerging Findings: Longitudinal Change in Prevalence of Communication Network Types

Legend
- Minimal
- Expanded
- Robust

![Graph showing longitudinal change in prevalence of different network types](image)
Emerging Findings: Rural and Urban Variation in Prevalence of Communication Network Types

Network Density
- Minimal
- Expanded
- Robust

Percent of Health Communication Networks

Rural
- Minimal: 39.9%
- Expanded: 31.3%
- Robust: 28.8%

Urban
- Minimal: 31.9%
- Expanded: 25.1%
- Robust: 43.1%
Emerging Findings: Network Variation in Communication Activities by Audience

- Minimal: 72.2%
- Expanded Mass Media: 83.5%
- Robust: 85.0%
- Minimal: 73.5%
- Expanded Elected Officials: 81.8%
- Robust: 84.2%
- Minimal: 73.1%
- Expanded Lay Publics: 81.3%
- Robust: 82.2%

95% Confidence Intervals
Emerging Findings: Variation in Perceived Effectiveness of Communication Activities by Audience and Network Type

Average Perceived Effectiveness

- Minimal: 2.76
- Expanded Elected Officials: 3.08
- Robust: 3.15
- Minimal Lay Publics: 2.78
- Expanded Lay Publics: 3.04
- Robust: 3.09
- Minimal Mass Media: 2.94
- Expanded Mass Media: 3.32
- Robust: 3.45

95% Confidence Intervals
Limitations

• Self-report data from a single community organization may not fully capture breadth of organizations’ involvement in community health communication activities

• Networks are constructed from participation in key activities
  – Strength and directionality of connections among network members are unclear
  – It is unclear whether organizational communication activities are amplifying, complementing, or competing with each other’s messages

• “Perceived Effectiveness” of community health communication activities is subjective but does provide an important barometer of attitudes and beliefs about community communication success
Next Steps

• Expand longitudinal analysis to incorporate additional survey waves
• Examine variation in *actual* policy and media outcomes for comparison with “perceived effectiveness”
• Move from “what” to “why” and “how”
  – Collaborate with other network researchers to examine strength and directionality of organizational ties across a subset of the three community health communication constellations
  – Conduct qualitative interviews in this subset to examine overlap and variation in the kinds of communication products and activities being generated across the different network types
  – Conduct “member checks” of interpretations of emerging data with key organizational stakeholders

• Dissemination Activities
  – 2018 APHA Annual Meeting Presentation (11/13 from 5-6:30pm)
  – Manuscript Highlighting Descriptive Findings being Finalized
Questions?

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| Wednesday, Sept 19, 2018, 12 p.m., ET | Systems for Action Intramural Research Project | Rural-Urban Differences in Delivery Systems for Population Health Activities  
John Poe, PhD, Systems for Action National Program Office, University of Kentucky College of Public Health |
| Wednesday, Oct 3, 2018, 12 p.m., ET | Systems for Action Individual Research Project | Testing a New Terminology System for Health and Social Services Integration  
Miriam Laugesen, PhD, and Sara Abiola, PhD, JD, Columbia University Mailman School of Public Health |
| Wednesday, Oct 17, 2018, 12 p.m., ET | TBA |
| TBA |
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