

# Public health study documents the power of strong community networks in improving health

November 10 2016, by Kara Richardson And Elizabeth Adams

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A national study published by researchers in the University of Kentucky College of Public Health provides strong evidence that community networks can lead to long-term population health improvements.

Since the turn of the century, the American population has declined in [health status](#), longevity and, in some groups, life expectancy. Health policy officials across the country are testing strategies for reversing these trends. The study, conducted by UK College of Public Health researchers and funded by the Robert Wood Johnson Foundation (RWJF), indicates that communities can reduce deaths from multiple preventable causes by building multi-organizational networks that support a set of [population health](#) improvement activities.

The researchers followed a national cohort of more than 300 communities over a 16-year time period to examine the extent to which community organizations work together in implementing a set of activities designed to improve health status in the community at large.

These activities recommended by the National Academy of Medicine and other scientific and professional advisory groups included conducting assessments of health status and needs in the local area, developing shared priorities and plans for health improvement, educating community residents and leaders about health priorities, investing resources in shared health priorities, and evaluating the results of these

investments. By analyzing data spanning 16 years, the study found that deaths from preventable causes such as cardiovascular disease, diabetes, influenza and infant mortality declined significantly among communities that implemented a broad spectrum of population health activities through dense networks of collaborating organizations.

Preventable deaths were more than 20 percent lower in the communities with the strongest networks supporting population health activities, compared to communities with less comprehensive networks. These differences in mortality persisted after controlling for a wide range of demographic, socioeconomic, and health resource characteristics in the communities, including using methods to control for unmeasured community differences.

"These results give us the clearest picture yet of the health benefits that accrue to communities when they build broad, multi-sector networks to improve population health," said Glen Mays, the Scutchfield Endowed Professor of Health Services and Systems Research and lead author of the study. "It's not simply a matter of implementing widely-recommended activities involving assessment, planning, and improvement – it's about engaging a full range of partners in these activities."

Mays suggested that strong networks of collaborating organizations may help communities arrive at the best decisions about how to invest limited resources in high-impact health solutions.

The population health activities examined in the study include those now incentivized through the federal Affordable Care Act and related health reform initiatives. Tax-exempt hospitals are required to conduct community health needs assessments in their local service areas, develop community health improvement plans, and report annually on their expenditures related to community benefit activities. And state and local

[public health](#) agencies are required to undertake similar activities in order to meet voluntary national accreditation standards. The communities that achieved significant reductions in mortality in this study, however, progressed beyond health assessment and planning activities to include shared investment of resources along with monitoring and evaluation activities.

Perhaps most importantly, the [communities](#) that achieved sizable reductions in mortality appeared to do so by engaging broad networks of organizations in implementing population [health](#) activities rather than relying on independent and uncoordinated efforts.

"The network effects appear to be major drivers of these results," said Cezar Mamaril, a co-author on the study and a University of Kentucky assistant professor. "Our results are consistent with a growing body of research indicating that community networks can be force multipliers."

**More information:** Preventable Death Rates Fell Where Communities Expanded Population Health Activities Through Multisector Networks. *Health Affairs*, November 2016. [DOI: 10.1377/hlthaff.2016.0848](https://doi.org/10.1377/hlthaff.2016.0848)

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