

# The Impact of North Carolina Local Public Health Agency Accreditation on Public Health Performance

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# Background

- National and state accreditation programs aim to improve and protect the health of every community by advancing the quality and performance of public health departments
- North Carolina was the first state to enact legislation requiring mandatory accreditation of local health departments
- More than 50% of North Carolina's population currently reside in communities served by an accredited local public health agency

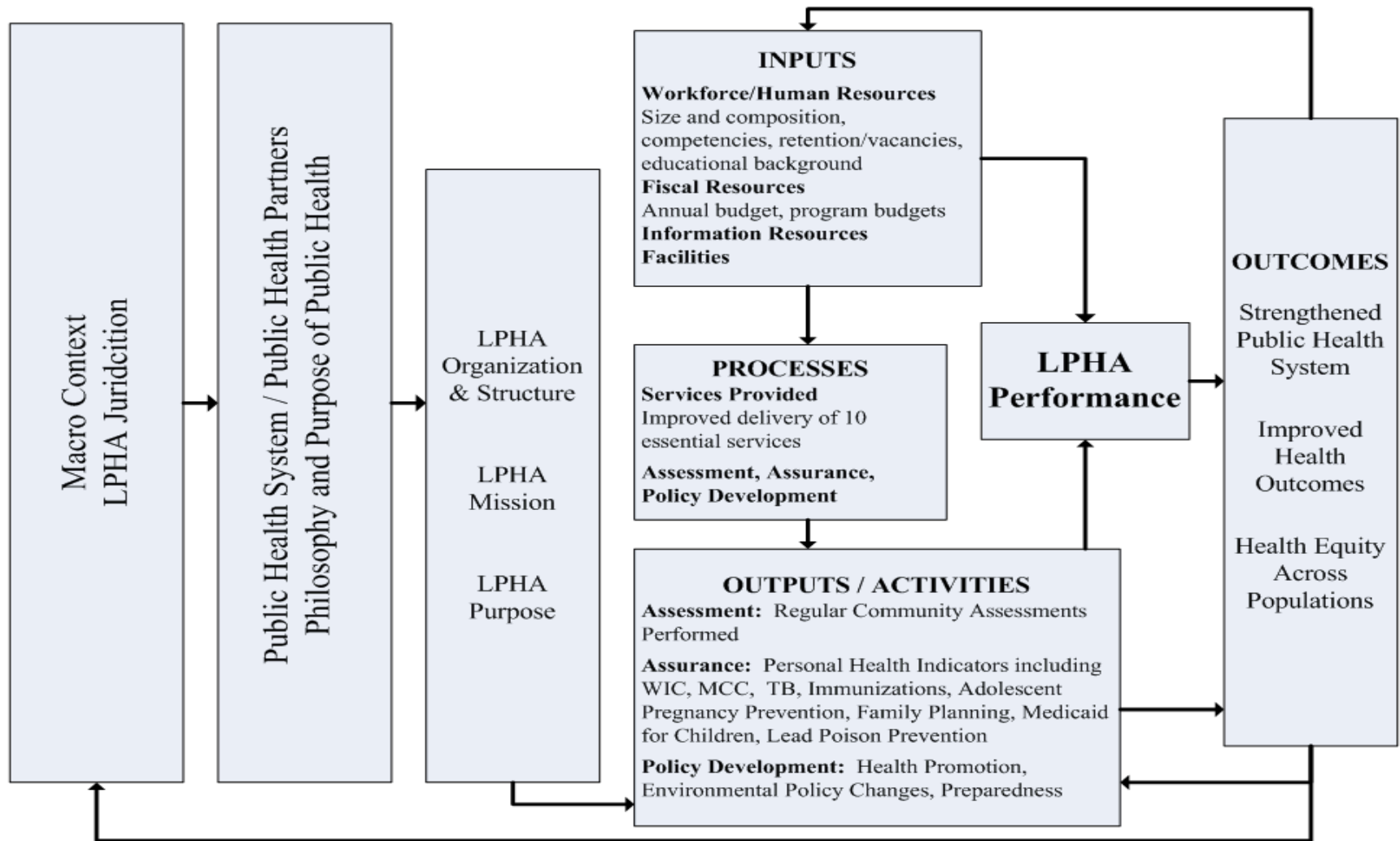
# Objectives of Research

- Determine the extent and nature of performance differences between accredited and non-accredited local public health agencies in North Carolina with respect to:
  - implementation of public health policies and plans,
  - community engagement, and
  - leadership

# Accreditation

- Available evidence concerning the impact of accreditation programs in health industry remains limited
- In public health, the relationship between LPHA accreditation, agency effectiveness, and community health outcomes needs to be explored further

**Figure 1: A Conceptual Framework for Local Public Health Agency (LPHA) Performance Improvement**



Adapted Conceptual Framework from Handler, Issel and Turnock 2001

# Methods

- Quasi-experimental research design comparing accredited and non-accredited health departments in North Carolina
- Developed survey instrument based on health department self-assessment tool
- Used existing performance indicator data from North Carolina Division of Public Health
- Conducted interviews with selected health directors and management teams

# Dependent Variables

- Implementation of Policies and Plans (includes actions that ensure policies are implemented, rules are explored to advance public health goals and strategic plans are executed and measurable)
- Community Engagement (includes actions that reach out to diverse group of partners to assess community health needs, set priorities and deliver services)
- Leadership Behavior (includes actions to inform policymakers of public health matters)

# Survey Results

- Survey response rate 94% (n=80)
- Accredited agencies more likely to serve larger jurisdictions, employ more staff, have larger public health budgets
- Non-accredited agencies more likely represented low-income, uninsured, rural communities

# Results

## Survey Scores on Selected Domains

Domain	Accreditation Status		
	Accredited (at time of survey) (N=37)	Not Accredited (at time of survey) (N=43)	P-value
Policy Development & Implementation	25.7/42 (61%)	20.8/42 (50%)	.0006
Community Engagement	22.5/48 (47%)	18.8/48 (39.2%)	.02
Leadership Behavior	28.2/55 (51.3%)	28.2/55 (51.3%)	.99
Total	76.5%/145 (52.8%)	67.6/145 (46.6%)	.03

# Results

## Policy Implementation

Percentage of Proposed Activities Implemented in the Most  
Recent Strategic Plan  
(P=0.0002)

Percentage Activities Implemented	Number of Agencies	
	Accredited	Not Accredited
None/Do not have strategic plan	1 (2.8%)	16 (37.2%)
Less than 50%	18 (48.6%)	16 (37.2%)
More than 50%	18 (48.6%)	11 (25.6%)
Total	37 ( 100%)	43 ( 100%)

# Results

## Policy Implementation

### Percentage of Training Plan Implemented

(P=0.04)

Percentage of Training Plan Implemented	Number of Agencies	
	Accredited	Not Accredited
None/Do not have workforce training plan	3 ( 8.1%)	11 (26.2%)
Less than 50%	15 (40.5%)	14 (33.3%)
More than 50%	19 (51.4.%)	17 (40.5%)
Total	37 (100%)	42 (100%)

# Results

## Policy Implementation

Percentage of Diversity Plan Implemented in Past 12 Months

(P=0.001)

Percentage of Diversity Plan Implemented	Number of Agencies	
	Accredited	Not Accredited
None/Do not have diversity plan	6 (16.2%)	22 (52.4%)
Less than 50%	10 (27.0%)	10 (23.8%)
More than 50%	21 (56.8%)	10 (23.8%)
Total	37 (100%)	42 (100%)

# Results

## Policy Implementation

Percentage of Quality Improvement Plan Implemented in Past 12 Months  
(P=0.002)

Percentage of QI Plan Implemented	Number of Agencies	
	Accredited	Not Accredited
None/Do not have quality improvement plan	0 ( 0.0%)	9 (21.4%)
Less than 50%	11 (29.7%)	13 (31.0%)
More than 50%	26 (70.3%)	20 (47.6%)
Total	37 (100%)	42 (100%)

# Results

- Community Engagement

Accredited agencies more likely to:

- Involve more community partners in community health assessment work,
- Hold more community health steering committee meetings with partners, and
- Bring community partners to the Board of Health meetings to speak on public health matters

# Results

- Leadership Behavior

Health director of accredited agencies more likely to:

- Deliver more public health presentations to the general public, and
- Utilize Board of Health meetings to highlight important public health matters

# Conclusion

- Accredited health departments in North Carolina appear to demonstrate policy development and implementation, community engagement, and leadership to a greater extent than health departments not yet accredited.
- Further research is needed to better understand the nature of the relationship between accreditation and these performance domains

# Thank You!

- Center for Public Health Systems and Services Research
- The Robert Wood Johnson Foundation
- Project Advisory Committee: Dr. Edward Baker (Chair), Dr. Suzanne Havala-Hobbs, Dr. Joy Reed, Dr. Rachel Stevens, Dr. Barney Turnock
- Project Practice Committee: North Carolina Division of Public Health Consultants, Local Health Directors, North Carolina Division of Public Health Performance Improvement and Accountability Unit
- North Carolina State Center for Health Statistics
- North Carolina Institute for Public Health

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