



West Virginia Health Officer Strengthens Strategic Planning in Kanawha-Charleston Health Department Using the Operational Definition

Having experience with both hospital administration and the Baldrige process (a National Institute of Standards and Technology performance improvement process), Dr. Kerry Gateley led the Kanawha-Charleston Health Department (KCHD) of West Virginia in a self-assessment and strategic planning effort using the Operational Definition as an innovative framework. His goal was to improve health outcomes through creation of a useful strategic plan.

Introduction

The Executive Team is the entity responsible for strategic planning at KCHD, and consists of directors from each division within KCHD. When Dr. Gateley approached the Executive Team in December 2005 with the idea of using the Operational Definition as a framework for developing a strategic plan, they were interested. In response, they dedicated a one-day meeting to reviewing the Operational Definition standards point by point. Dr. Gateley attributed the Team's willingness to engage in the conversation in part because implementation of the Operational Definition is an external, national level effort. In this context, the Team viewed the Operational Definition as both relevant and credible.

The Process

Though the Team felt that the standards are clearly worded, they discussed each one to ensure a shared understanding of the language. They worked through the 10 domains, citing concrete examples and data to illustrate how KCHD successfully met each standard. Since the degree to which any standard is met must be measured, discussions around concrete indicators were integral. For example, to meet the Fourth Standard, local health departments (LHDs) must "Engage the community to identify and solve health problems." The Executive Team noted that KCHD engages the community in areas such as working with them directly and talking to community leaders, but they had difficulty in quantifying specific indicators. Through continued

discussion, they determined that their engagement in the community is best exhibited through participation in state agencies including West Virginia Immunization Network, Kanawha Coalition for Community Health Improvement and the Regional Family Resource Network. In addition, they decided that the Department's relationships with other local health departments and the Bureau for Public Health ensure a constant dialogue aimed at identifying and solving health problems; thus KCHD felt that they meet this standard.

Outcomes

The Executive Team's assessment concluded that KCHD successfully meets most of the outlined standards. Because of KCHD's high ratings in their self-assessment, the process served as an unexpected morale booster. The areas identified for improvement were areas already being looked at by the department, such as allocating funding to improve outreach and education, and formalizing staff training. The process contributed to the realization that health departments around the country face similar challenges, and the KCHD is further along the road than many others.

Since the original assessment, the Executive Team has focused its efforts on educating the staff about the Operational Definition and completing an organizational assessment. In December 2005, the Executive Team presented the Board of Health with booklets on the Operational Definition and its integration into their work; in September 2006 the Team presented the Board with an organizational assessment and initial strategic plan draft. Future plans involve regular progress reports to the local Board of Health and the full health department.

Lessons Learned

Through self-assessment, KCHD developed several important lessons for health departments to keep in mind when initiating integration of the Operational Definition:

- **Assessment requires translating daily work activities into the language of standards.** KCHD accomplished this by categorizing their existing programs, for example:
 - ◊ **Standard 1:** “Monitor health status and understand health issues facing the community.”
 - ◊ **KCHD Examples:** KCHD has a formal relationship with the Kanawha Coalition for Community Health Improvement, which does a periodic community health needs assessment. The Coalition also conducts focus groups to augment its survey. West Virginia participates in the Behavioral Risk Factor Surveillance System (BRFSS). Also, the Charleston metropolitan statistical area (MSA) is included in the BRFSS subset SMART (Selected Metropolitan/Micropolitan Area Risk Trends).
 - ◊ **KCHD Improvement Areas:** An opportunity for improvement exists in the way they collect and monitor data coming through the clinics. Also, reviewing financial data can also provide indicators of community trends.
- **Effectual communication is a key to success.** When first starting the process, KCHD could not make assumptions about their ability to meet the standards. Executive Team members needed to have open discussions and be comfortable admitting shortcomings. Dr. Gateley noted that there is a certain amount of courage and honesty needed to go through a process of this kind. Good working relationships among team members are a cornerstone to building the necessary environment in which self-assessment can happen.
- **Strategic planning requires leadership.** Dr. Gateley feels strongly that this type of work is his job as a health department administrator. Leaders should be undergoing effective strategic planning in order to assess their current state and plan for the future. As department directors, members of the Executive Team should also expect this sort of work to be a part of their responsibilities. With this perspective, the effort was not looked at as just another chore or task, but rather as a significant effort aimed at building a more effective LHD.

“This is what people in leadership positions in public health ought to be doing.” –Dr. Kerry Gateley

- **Meeting the literal standard of a definition is not enough.** If a particular standard states that the LHD must have a strategic plan, “LHDs may say ‘We have a strategic plan, so yes, we meet the standard because we physically have one,’ even if they don’t use it or know what it says,” Dr. Gateley explained. “That’s not very useful. So in KCHD, what we want is to go beyond passing the checkmark to say we meet it, and satisfy ourselves in knowing that we are actually meeting the standard and the spirit behind it.”
- **Partnerships will improve the ability of health departments to meet the standards.** KCHD correctly understood that the standards in the Operational Definition require constituents to be served by the public health system in general; the Operational Definition does not mean that KCHD is responsible for funding and managing each area or providing services directly. For example, Standard Seven states “Help people receive health services.” In the case of KCHD, very little primary care is offered, but there are a large number of federally qualified health centers in the area that address primary care services. KCHD does not need to offer every service, but it is their responsibility to ensure that the services are available.

Dr. Kerry Gateley left the Kanawha-Charleston Health Department in July 2008, and is currently the Director of the Central Virginia Health District in Lynchburg, VA. For more information, please contact Dr. Gateley at kerry.gateley@vdh.virginia.gov.