

Public Health Grand Rounds  
**The Clean Sheet Exercise: A Tool for Local Health Department Planning**  
**March 24, 2009**

**Discussion Forum Transcript**

Gene Matthews: Greetings, I would like to welcome you all to this discussion forum. Feel free to step up with your comments, discussion, or questions. Gary Cox, thank you so very much for what you are doing in Tulsa.

Gary Cox: Thanks Gene, there is a lot of good work going on in local public health around the country.

weissshb: I guess I'll get things rolling. Thanks for today's talk. I would like to ask; "Why did you focus on the #1 killer based on simple death rates rather than years of life lost or disability days lost or some econometric indices? Haven't you biased your priorities away from children with a simple mortality index? Doesn't this leave many problems with long term impact or developmental impact harder to gain traction and priority? Doesn't it leave open the possibility that you are not targeting problems that can have more bang for the buck over the lifespan?"

Gary Cox: We started with CVD because it is the #1 killer as you stated and it seemed to be affecting the African American population disproportionately and we thought that from a health equity standpoint we could have the greatest impact. But you point is well taken. We are looking at all health initiatives in these five zip codes, but had the funding to start with CVD. We have since broadened our approach.

Scott Lindquist: What programs were given up as part of the clean sheet exercise?

Gary Cox: We opted out of Medicaid dentistry and are opting out of direct service in our prenatal clinic and shifting that to another community partner who wants that caseload.

fschwartz72: Hi Gary, what were some of the health department program and position realignments that were necessary to enable the four initiatives?

Gary Cox: We worked with the state health department to shift some money from clinical service to more population based services. We also sought some private money and we reassigned some of our staff time to work in the field team in those five zip codes. We hope to find funds to put them full time in the area of greatest need.

Tim Kelso: Thank you for the program! Question: what is the relative (approximate) proportion of your funding: tax dollars vs. grants/private funds? Seems like that might affect one's ability to be nimble/flexible.

Gary Cox: Tim, our funding is about 50% ad valorem tax and the rest from federal grants, state health department \$\$, private foundation grants and fees. We have actively sought private foundation funding as well as partnerships where we each contribute to the effort.

fschwartz72: Gary, would you comment on how PHNs are being utilized on the outreach teams, etc.?

Gary Cox: We have outreach workers and nurse case managers that are reaching out to the community, letting the community know what we're doing and getting feedback from them on what they need from public health. They are making community presentations and are the "face" of the health department, you might say more "community workers" but in their field of expertise.

RebeccaBerg: Gary, can I get in line to ask a question?: Did environmental health have a role in the project? If so, what? If not, what kind of impacts were there to environmental health programs as a result of the clean sheet exercise?

Gary Cox: Rebecca, yes we have an environmental sanitarian on the team, since we are taking a "global" approach to this community and its issues. We have found thru our community planning engagement that the thing most often mentioned by the public is that they want safe walking and biking trails.

jmatsuyama: What about mandated programs either from funding sources (like grants) or regulatory requirements?

Gary Cox: J, are you referring to environmental programs?

Gene Matthews: Excellent question. Many programs are mandated under state law, yet they are going to have to be hollowed out as resources crash. All of NACCHO is struggling with this issue.

jmatsuyama: Yes for regulatory but community health has grant mandates.

Gene Matthews: Unfortunately the version of the Economic Stimulus Bill, as required by the Senate, took much of the non-categorical money out of the Health and Wellness Fund, so we have a funding shortfall that puts pressure on the categorical grants remaining, like immunization.

Gary Cox: Our public health laws mandate certain programs, but don't say how much we are to provide or if we have to provide them in a clinical setting or a community setting. Where we have the latitude we are shifting more towards population based and letting others who are willing to pick up the rest. It has always been our philosophy that in the area of most services we will fill the gap until someone else steps up and fills that gap. At that time we will put our resources where we think they will have the greatest chance of improving health.

Scott Lindquist: How did your budget change before and after the clean sheet exercise?

Gary Cox: Scott, I would say that we are fortunate, so far, in that we have more funds overall, due to partnerships and foundation \$\$\$. That could change as the economy worsens and probably will. That makes prioritization of our work even more important.

veronicag: Question regarding the "clean sheet exercise" process: what evaluation tools do you have in place to show program outcomes are measured as well as accountability?

Gary Cox: We are in the process of implementing performance improvement process which has metrics that will be followed so that we can evaluate. Most of our programs are evaluated, but not all currently. Even our social marketing campaign is evaluated regularly. We still have work to do on this.

Laurie Call: When you catch your breath...another question on process.... Did you use any particular tools/worksheets etc. that you can share? Do you have the process you took your staff through outlined in a document?

Gary Cox: Laurie, just the summary that we posted that lists the process. We did go thru accreditation (ceremony tomorrow) as well as the community national performance standards as well as mapp planning community process. I'll see if we can find anything else.

Gene Matthews: Open question, How does this shorter "Grand Rounds" format meet your needs?

fschwartz72: Gene, Short format followed by chat is useful. The first 30 minutes was very similar to what is in the posted summary PDF, so I would suggest weaving in a few challenging questions (such as you are getting here) and maybe expanding the 30 to 45 minutes or so.

Gene Matthews: Schwartz, thank you for your input. We continue to tinker with the format.

LHlavacek: As part of your reorganization process, did you spin off any of your existing programs to other agencies and/or have you brought outside agencies under your umbrella?

Gary Cox: We are spinning off the prenatal program in a couple of months and are looking at the dental program as well. We have spun off the child health program, because others were doing that work as well. We are trying to get our workforce out in the community as much as possible as well as beefing up our health assessment and community engagement efforts.

Tim Kelso: It 'sounds' to me, in some fashion or another you espoused a 'priority-based' budgeting system. In setting your priorities for the current year(s) did you establish your priorities internally (your department and perhaps your Board of Health) or did you also engage/involve your County Board, the public, stakeholders, etc., in the process of determining the priorities?

Gary Cox: Tim, we did engage the public in our mapp community planning process and have engaged our partners as well.

melba120: In developing your partnerships, if you found duplication of services did you bring those programs to discussion for consolidation/partnership?

Gary Cox: Melba, we have done that in the past but not in this particular exercise. Our board of health and our health department staff regularly engage in strategic planning, often with our primary partners. We also get considerable feedback from our "Pathways to Health" community planning.

jmcveigh: I'm interested in cost benefit analysis of public health programs in light of this economy, any takers?

Gary Cox: I think what we are trying to do is to refocus our agency so that we can be more nimble and ready to take advantage of opportunities that are sure to come our way in public health, as well as to try to be more accountable as well as to focus on those things that are killing us and making us sick, with particular focus on health equity and "health in all policies"- cost free prevention.

Gene Matthews: McVeigh, do you have any thoughts on cost benefit in a falling resource market?

jmcveigh: Gene, doing some research on this issue one can see direct costs relative to direct benefits such as in immunization. The costs are upfront and measurable but I find in public health the benefits of programs are largely indirect / intangible and not easy to generate a concrete number. Sometimes the complexity of a programs benefits can be overbearing i.e. ( lost work days, hospital costs, mortality rate vs. tax base, mental health etc...) This is the dilemma.

Gene Matthews: I have one thought. It is always easy to document cost benefit for immunizations. But it is much harder to do cost benefit for prevention and other longer range programs. This is the classic quandary in our health care reform debate. I have no easy answer.

jmcveigh: Gene, I agree bean counters want results now or within the budget year but many public health preventative programs may take decades to realize their true economic value. We need to change the short sightedness of our officials, maybe a comparison would be to an a 401k investment =future benefits( except in this market).

Sarah\_tulare: Gary, In our county it does not seem that we have a strong history of collaboration with the public health system. We are beginning a strategic planning process now and find that this lack of collaborative history is a challenge, (a challenge indeed!). What would you advise our health officer, our media specialist, or myself (epidemiology) to do to work on these relationships so that community and system partners can be part of our strategic planning? I like the ideas of pathways to health and just wonder how much we could do to modify the process.

Gene Matthews: Sarah has the topic of another public health grand rounds!

Gary Cox: Sarah, good questions. A good place to begin collaboration would be regarding emergency preparedness. This opened the door for us to work with the hospital systems.

Gene Matthews: Sarah, I would also recommend your private health care providers, who also are going to get hammered when more people fall through the safety net and show up at ER's. Another possible partner is your school board. Ultimately your major employer has a vested interest in the health of the community. Gary had luck with a local non-profit to get some funding. Sarah, if you send me your email, I can send you a couple of slides that may help.

Gary Cox: Much of our discussion internally really focused on the need for our organization to take a look at ourselves and to prepare us for a culture of change and not to be intimidated by change. Many times an urgent situation like our economy can offer great opportunities to reorganize to be more effective.

Sarah\_tulare: I won't get into details, but hospitals have been a no show even with us developing our pheap. I'm learning there's a history of antagonism. Another topic for future grand rounds might be how to utilize new tools for community to participate/engage with public health (blogs, etc.), practicing what we preach regarding transparency. Will send email thanks!

Gene Matthews: Sarah, part of our mantra in these hard economic times is some version of "we cannot have an economically viable community if our leading community health indicators crater." You can make it more diplomatic if you want....but that's the socio.

Gary Cox: The business community is a great potential partner. Most people work and since with increasing insurance costs, employers are more interested in working with public health on workplace wellness partnerships. We have a fairly new initiative called "Working for Balance".

fschwartz72: Sarah, your PHI can discuss with colleagues at CA Conf of Local Health Officers (CCLHO). There are many examples of this type of collaboration. Healthy Marin Partnership is one--local foundation, hospitals, county Office of Education, Health Dept., Community Clinics, and other CBOs. Needs assessment, epi analysis of local data, increasing focus on upstream causes of chronic disease.

Gene Matthews: It is hard when there is a history of bad blood. You have to reach out to a number of alternative potential partners before the synergy starts. In public health we kiss many a frog before we find Prince Charming, unfortunately.

Gary Cox: We had some success with hospitals with syndromic surveillance, since they got something from the partnership, which was some almost real-time information on what was going on in the community re: illness.

Gene Matthews: We could do a whole grand rounds program on these local partnerships....and maybe that should be our next priority.

rmhart: We have 2 questions from Pat Doyle:  
1. Please offer suggestions for using this approach on a program level within a health department. There is an effective program in place, but funding deficits loom and changes will be necessary.

Gary Cox: On a program level? Similar to zero based budget only look at community data related to program, get input from staff and community, identify interventions that will give you the biggest bang for the buck, id what things you must by law do, create urgency for change, implement and evaluate, seek partners for you effort and keep it simple.

rmhart: 2. Did any of the four initiatives come from discussions with staff and managers or were they decided by the leadership and board?

Gary Cox: The priorities were a combination of community, board, director, management, and staff. I have to say most was driven by management and board, but we did get considerable input from staff.

rmhart: From Jacqueline Douge:  
Did Tulsa Health Department reassign staff to work in new priority areas?

Gary Cox: We have reassigned staff to work new duties. Most have volunteered because they have a heart for the work.

rmhart: From Jacqueline Douge:  
Did Tulsa Health Department have to lay off staff?

Gary Cox: We did not lay off any staff. We make a concerted effort to keep staff and just give new duties.

rmhart: From Jacqueline Douge:  
Has Tulsa Health Department made decisions not to continue certain programs or functions based on priorities and budget?

Gary Cox: We have discontinued our child health program, and Medicaid dentistry and will transfer our prenatal clinic in a couple of months. Others in the community are picking up these services so that we can focus on our priorities. We mainly closed programs that had a decreased demand due to Medicaid managed care (the private sector was picking up) as well as the demand for services was dwindling.

Sarah\_tulare: How much response have you received from your pathways to health survey? How representative (diverse?) has the response to the Community Health Ambassador been? What are some of their specific activitie? How much interaction do they have with the health dept (with whom do they have direct contact)?

Gary Cox: Sarah, we have a website for Pathways to Health: <http://www.pathwaystohealthtulsa.org> gives an outline of governance assessment, community health status assessment by region, community blogs by region. about 350 online surveys (zoomerang.com). We have a link to the survey if you want to look. Pathways to Health focused on mobilizing volunteers, next step is regional town hall to talk about priorities further.

Laurie Call: For the Pathways to Health Survey....did you only do online outreach? I was wondering about mobilizing volunteers in some of the areas you serve without access to computers/internet.

Gary Cox: Laurie, not only online, but neighborhood association, coalitions and parent-teacher, rotaries. The survey is online at [pathwaystulsa.org](http://pathwaystulsa.org). The link is on that home page.

rmhart: From Jacqueline Douge:  
Were there any conflict of interest issues that came up in seeking to work with private businesses?

Gene Matthews: Probably the best general medicine for conflict of interest is transparency.

Gary Cox: No conflict of interest to date with businesses.

Gene Matthews: Before we leave, I want to remind folks to check out the Channel 6 news clip that the Tulsa TV station did on one of the initiatives. Gary, tell us how that reporter came to do that story.

Gary Cox: On partnerships we try to let partners do what is their core business. Ours is population health and protection, others in our community are primary care, behavioral health, job training, etc. TV reporters were present when we were making a presentation to the county commissioners about trying to get stimulus funds for the proposed health and wellness center. They liked the concept and did a nice story.

Tim Kelso: Did you adopt any particular 'model' from another jurisdiction or retain any consultants in your transformation process?

Gene Matthews: I believe Gary and Tulsa made this process up as they went along. Pretty amazing.

Tim Kelso: Yes. I agree. And I wish to thank you for sharing your thoughts and experiences on the subject!

rmhart: From Jacqueline Douge:  
Do you all have a grant writer to apply for funds from foundations or use your partners?

Gary Cox: The only consultants that we used were in the national performance standards process and the performance improvement process. We paid for one and got a grant for the other.

Gene  
Matthews: How about your grant writing elves?

Gary Cox: We have a staffer who is a recent MPH grad, who does our accreditation, performance improvement, program evaluation, and grant writing. She's a keeper.

Gene  
Matthews: Well, we are about out of time and Gary is about out of fingers.

Gene  
Matthews: Kudos to Gary for a masterful job.

Gene  
Matthews: Reminder that this chatroom log will be cleaned up and posted.

Gary Cox: Thanks Gene and thanks to all who shared your questions and advice.

Gene  
Matthews: Please give us your evaluation before you completely log out.

Tim Kelso: Thank you Gary and Gene for your time. Difficult times demand extraordinary efforts...and this is exceptional. Thanks for sharing Gary!

Gene  
Matthews: Thank you Tim.

Sarah\_tulare: Thank you Gary & Gene for the helpful program & discussion.

Gene  
Matthews: That's all for today from Tulsa OK and from the People's Republic of Chapel Hill. Take care.....