



**SNOHOMISH  
HEALTH  
DISTRICT**

## **Snohomish Health District Strategic Plan**

**July 2009**

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*With the assistance of*  
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## EXECUTIVE SUMMARY

### Approach

The Snohomish Health District (SHD) undertook the development of a strategic plan that will provide both near and long term guidance to policy makers, managers, and the Board of Health. The process involved and engaged the community to greater extent than ever before with the intent of seeking broad and insightful community involvement and building a cadre of community leaders who will be advocates for public health and will partner with SHD to improve community well-being.

To develop the strategic plan, a Steering Committee of senior leadership from across the community used the work of community members who participated in five Advisory Groups representing Health Services, Human Services, Business and Labor, Early Childhood Development and Education, and other Public Agencies, or who attended community meetings held in each of the five Board of Health Districts, as well as input from SHD staff.

### A Vision for the Snohomish Health District in 2020

The Steering Committee recommends the following vision to guide the aspirations and actions of the Snohomish Health District:

*In 2020, Snohomish County will be the healthiest community in Washington State and its residents will aspire to lead still healthier lives. Snohomish Health District will play a critical role in improving the health of the community by preventing illness and injury through:*

- ❖ *Protecting the public's health*
- ❖ *Demonstrating leadership*
- ❖ *Offering partnership*
- ❖ *Providing value*
- ❖ *Education and promotion*

## **Strategic Directions**

To move towards the vision for Snohomish County, it is recommended that the Snohomish Health District pursue seven strategic directions over the next five to ten years. The first two delineate the programmatic directions:

- I. Assure provision of basic public health services to protect the population's health and safety.
- II. Support healthy lifestyles and environments for the prevention of chronic disease and injury.

The remaining strategic directions provide the primary means by which the programmatic directions will be achieved:

- III. Create support for stable and adequate public health funding.
- IV. Expand partnerships to share resources and responsibility for the public's health.
- V. Improve the quality of and access to information and education about disease and injury prevention across the community.
- VI. Leverage technology to broaden community outreach and to improve the public's health.
- VII. Increase public involvement in public health policy and direction.

The Strategic Plan also offers recommendations for near-term priorities to be pursued in 2010 – 2011.

## I. INTRODUCTION

### **Why a Strategic Plan Now?**

The Snohomish Health District (SHD) last completed a Strategic Plan in 2006. Since that time District leadership has changed and SHD has been affected by enormous financial challenges. It has become vividly apparent that the District needs greater clarity about priorities. In order to be successful the District must explore new approaches to addressing the priorities, and must involve and engage the community to a greater extent than ever before.

Therefore, the desired outcomes of the planning process were to:

- seek broad and insightful community involvement
- build a cadre of community leaders who will be advocates for public health and will partner with SHD to improve community well-being.

### **Who Participated?**

The strategic planning process was designed to engage local leaders, the general public and District staff in providing their insights and perspectives about the health of the community.

Five Advisory Groups were established representing Business and Labor, Health Services, Human Services, Early Childhood Development and Education, and other Public Agencies. They met three times each to explore current trends and issues affecting public health, develop a vision for a healthy community, identify priority strategic directions, and discuss the role of the Snohomish Health District and its potential partners.

Community meetings were advertised and held in each of the five Board of Health Districts. Participants were asked to discuss the meaning of community, their vision of a healthier Snohomish County, barriers they experience to leading a healthier life, and, when time permitted, future directions for the Snohomish Health District.

SHD Staff Input was collected via an online survey and through facilitated staff discussions to identify priorities and potential strategic directions and to explore the role of SHD and community partners.

The work of these various groups, which in many arenas shared similar concerns and voiced similar opportunities, provided the foundation for the development of the strategic plan by a Steering Committee. The Steering Committee brought together senior leadership from health care, schools, business, labor, county and tribal governments, and the Board of Health. This group met four times to discuss and finalize the components of the final plan.

### **What will the reader find?**

The Strategic Plan, developed by the Steering Committee, delineates:

- a vision which the District and community as a whole can aspire to;
- broad strategic directions which the District can work towards over the next five to ten years;
- and near term priorities that are economically feasible but move the District forward in its affirmed directions.

For readers who want more detail the Appendix provides a list of resources developed or used in the planning process including summaries of the stakeholder input.

### **How will the plan be used?**

The Plan will serve as a guide for decision making in making both near term and long-term policy, and financial and programmatic decisions. In that way it will provide a road map for the District in the challenging years to come.

## II. THE ENVIRONMENTAL CONTEXT

### The Community

The Snohomish Health District serves the 704,300 residents<sup>1</sup> of Snohomish County. Key demographic features of the County include:

- a population that has grown rapidly and become more diverse. The County has grown 16.2% since 2000<sup>2</sup> and is expected to increase to 862,000 by 2020<sup>3</sup>. Hispanics were the fastest growing ethnic group.
- an aging County, with its population of middle-aged adults (45-64 years) having increased by 48% since 1990.
- a growing population of vulnerable residents (as measured by the percent of births paid for by Medicaid and percent of County residents without health insurance) is increasing as well<sup>4</sup>.

All of these factors will have an impact on the type and scope of public health services that will be needed in the future.

Challenges for residents were identified with the help of participants in the community meetings, who were asked to describe the barriers that prevent them and others from leading healthier lives. They described life patterns of commuting, busy children, rainy weather, money constraints, a lack of connection within communities, a lack of knowledge about healthy habits, and lack of access to health care – all of which conspire to be barriers for prevention. They also voiced concerns about how best to meet the special needs of minority groups, especially foreign born residents, who experience isolation, may have little understanding of preventive care, and come with different cultural habits around diet, exercise, and seeking support.

In thinking about the future many participants in both the community meetings and Advisory Groups discussed the need for communities designed to support physical activity as well as a greater sense of community and involvement in the life of the community.

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<sup>1</sup> Official April 1, 2009 Population Estimates, Office of Financial Management, Released June 29, 2009

<sup>2</sup> *ibid*

<sup>3</sup> 2006 Sub-County (Small Area) Forecasts of Population and Employment, Central Puget Sound Region, Puget Sound Regional Council

<sup>4</sup> Snohomish Health District, *Signals 2*, 2009

## The Health of the Community

In 1904, five of the top ten leading causes of death in the United States were due to infectious disease. Today in Snohomish County, only one of the ten leading causes of death is due to infectious disease. This is a remarkable public health success. However, chronic diseases and injuries remain a challenge.

One way to understand the impact of chronic diseases and injuries is to assess the years of potential life lost before age 65. Unintentional injuries, cancer, and heart disease stand out as the greatest contributors to years of life lost accounting for more than 2/3 of the years of potential life lost from the top causes of death. The underlying causes of these deaths are related to health behaviors and are therefore preventable. The predominant underlying causes of death include tobacco, diet, and levels of physical activity, poisons, firearms, sexual behaviors, motor vehicles, and substance abuse.

We have also come to understand the relationship of early childhood development to the prevention of chronic disease and injury in adults. Adverse childhood experiences including abuse, neglect, and household dysfunction are directly related to the risk of heart disease, diabetes, hypertension, obesity, and depression as adults. Early childhood interventions have been shown to have long term social and health benefits.

To further understand the health of the community, ten-year trends provide a broad perspective on patterns of health over time. In Snohomish County over the past decade, areas that have shown significantly improving rates include: deaths overall, heart disease deaths, current smoking in adults, teen pregnancy, smoking during pregnancy, and infant mortality. Key areas that demonstrate significantly worsening trends over the last 10 years include: obesity in adults, diabetes in adults, heavy alcohol use, unintentional poisoning deaths, adults who have had no health care exam in the prior 2 years, lack of

Leading Causes of Death	
1904	2006
1. Pneumonia & influenza	1. Cancer
2. Tuberculosis	2. Heart Disease
3. Heart Disease	3. Unintentional injuries
4. Diarrhea, enteritis, & intestinal ulcerations	4. Chronic lower respiratory diseases
5. Stroke	5. Alzheimer's Disease
6. Nephritis	6. Stroke
7. Accidents	7. Diabetes mellitus
8. Cancer	8. Influenza & pneumonia
9. Senility	9. Suicide
10. Bronchitis	10. Chronic liver disease

prenatal care in the 1<sup>st</sup> trimester, and Chlamydia and Gonorrhea<sup>5</sup>. The data shows that while there has been progress locally in some areas, other key areas demonstrate troubling trends.

### **About the District**

The Snohomish Health District is a municipal corporation established in 1959 under state law to deliver public health services throughout Snohomish County. SHD provides a wide range of programs and services that protect and promote the public's health in many ways. The Health District is divided into three main divisions and a health statistics program that all help to fulfill the agency's role in the public health system. The three divisions are: (1) Communicable Disease & Emergency Preparedness, (2) Community Health, and (3) Environmental Health. Each division is responsible for addressing specific needs of the community, while the Health Statistics & Assessment Program supports the work of the divisions.

The services provided by SHD are determined by mandate, opportunity, and/or local priority. Programming must be structured to meet the needs of a growing population in a time of shrinking resources. Over the past several years, per capita funding has decreased and expenses now exceed existing resources. As resources become increasingly limited, the District will need to identify new ways to protect the public's health.

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<sup>5</sup> Snohomish Health District, *Signals 2 & Supplemental Indicators*, 2009.

### III. A VISION FOR THE SNOHOMISH HEALTH DISTRICT IN 2020

Drawing from the perspectives of community stakeholders the Steering Committee recommends the following vision to guide the Snohomish Health District.

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**In 2020, Snohomish County will be the healthiest community in Washington State and its residents will aspire to lead still healthier lives.**

**Snohomish Health District will play a critical role in improving the health of the community by preventing illness and injury through:**

**Protecting the public’s health**

Providing public health services that no other organization is authorized to provide and/or is able to provide.

**Demonstrating leadership**

Implementing community assessment to monitor progress, offering and educating about best practices in the prevention of illness and injury, and working to shape public policies in areas that affect the health of the public.

**Offering Partnership**

Seeking, creating, and willingly participating in partnership with both public and private agencies to use community resources well in the prevention of disease and injury.

**Providing Value**

Carrying out our work in ways which are innovative, effective and use resources wisely.

**Education and Promotion**

Communicating what it means to be actively seeking to be a healthier community and healthier individual, while deepening the public’s understanding of the role and importance of public health in their daily life.

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## IV. STRATEGIC DIRECTIONS

### Overview

To move towards the vision for Snohomish County, the Snohomish Health District will pursue seven strategic directions over the next five to ten years. The first two delineate the programmatic directions:

- I. Assure provision of basic public health services to protect the population's health and safety.
- II. Support healthy lifestyles and environments for the prevention of chronic disease and injury.

The remaining strategic directions provide the primary means by which the programmatic directions will be achieved:

- III. Create support for stable and adequate public health funding.
- IV. Expand partnerships to share resources and responsibility for the public's health.
- V. Improve the quality of and access to information and education about disease and injury prevention across the community.
- VI. Leverage technology to broaden community outreach and to improve the public's health.
- VII. Increase public involvement in public health policy and direction.

## **Strategic Directions and Near Term Priorities**

The context and rationale for each strategic direction is described below. In order to provide guidance in implementation planning, a set of near term priorities for 2010 – 2011 are recommended.

### **I. Assure provision of basic public health services to protect the population's health and safety.**

#### ***Background***

*Public Health carries out its work through population-based prevention of disease and injury. SHD is mandated by state law to provide specific environmental health services, lead the community in planning for and responding to public health emergencies and to monitor and respond to more than 50 reportable communicable diseases. These mandates are considered by some to be the “basic public health services.” However, core public health services over the last thirty years have also included ongoing assessment and reporting of the community's health, as well as initiatives to influence factors known to lead to premature and preventable deaths such as individual health behaviors, socio-economic conditions, and access to medical care.*

#### ***Near Term Priorities***

- A. Assure food and water safety and environmental health protections and other mandated services.
- B. Continue communicable disease surveillance, investigation, and exposure management.
- C. Continue to promote immunizations and to assure all residents have access to immunizations.
- D. Continue support of at-risk pregnant teens, young parents and other vulnerable patients by linking individuals and families to community resources.

## **II. Support healthy lifestyles and environments for the prevention of chronic disease and injuries.**

### ***Background***

*Chronic diseases are medical conditions that persist over a long time (at least three months) or that progress slowly. While some chronic diseases are caused by age and genetic factors, most occur as the result of health related behaviors. These behaviors include smoking, lack of physical activity, and poor diet. Avoiding such behaviors can prevent the onset of chronic diseases or lessen their impact. Prevention of disease is more effective than treating a disease after it has developed.*

*Prevention of chronic disease and injuries requires changes in individual behaviors as well as changes in public policies and community norms to support these behavior changes. Public Health has an important role to play in guiding public policy development and mobilizing communities to design sustainable healthy communities. Examples from the stakeholder Advisory Groups and community meeting participants included design of walkable communities, increased physical education in schools and access to healthier foods in grocery stores and restaurants.*

### ***Near Term Priorities***

- A. Expand SHD assessment and policy development capacity to prevent chronic disease and injury and to promote wellness.
- B. Develop SHD's role as a convener of community partners and a participant in cross-sector policy and program development, related to community norms and community design in support of healthy behaviors, safety and injury prevention, decreased health disparities, and increased community connection.
- C. Integrate chronic disease and injury prevention into SHD's existing programs, using current services as the foundation for a renewed focus on healthy choices and behaviors.

### **III. Create support for stable and adequate public health funding.**

#### ***Background***

*SHD's revenue comes from state and federal monies, fees and Snohomish County. Even before the economic downturn in 2008, SHD had to tap into reserve funds to meet the public health needs of the growing and diverse community and to address new health challenges such as SARS, AIDS, pandemic influenza, and obesity. Annual revenues from the State and County have remained largely level and cannot keep pace with demand.*

*The State and County are constitutionally responsible for public health and additional statewide funding is urgently needed. Local needs vary widely, however, and stable local funding must also be developed. As Snohomish County has lost revenues to annexation by cities, city contributions and other local options should be considered.*

*Support for increasing financing of public health is limited in part because of a lack of public understanding about the need for and role of public health in assuring the individual's and the community's health. Increased public support will provide elected leaders a platform assuring adequate funding of public health.*

#### ***Near Term Priorities***

- A. Develop a formalized multi-pronged approach to advocacy:
  - i. Implement a campaign about the potential cost savings of public health, using data to develop the messages.
  - ii. Seek community cooperation and support in finding and maintaining public health funding (See also Strategic Direction VII.)
  - iii. Increase political leadership's understanding and involvement in public health issues.
  - iv. Advocate for investment in public health with the legislature.

#### **IV. Expand partnerships to share resources and responsibility for the public's health**

##### ***Background***

*SHD has a history of partnering with other public and private organizations. But the need for public health services has increased at the same time that public health funding has decreased. Therefore the opportunities and the urgency for collaboration across the community have accelerated. No one organization carries the full responsibility or has the full resources. This awareness is shared by Advisory Groups, community meeting participants, and SHD staff, who all urged the development of partnerships to use community resources (whether skills, funds, or space) most effectively and to deepen the understanding of a shared responsibility for the health of Snohomish County residents.*

##### ***Near Term Priorities***

- A. Develop SHD's role as convener and facilitator of community partnerships.
  - i. Work towards engaging and incorporating all cultures, communities, and neighborhoods in the planning, implementing, and monitoring of public health policy and practices.
- B. Increase coordination and decrease duplication between SHD and other health system providers.
- C. Increase integration of program initiatives, strategies, and resources within SHD.

**V. Improve the quality of and access to information and education about disease and injury prevention across the community.**

***Background***

*A strong message from Stakeholder Advisory Groups and community meetings was the need for consistent health messages and greater attention to health education. They envision health education through a wide range of venues including schools and workplaces, beginning early and continuing throughout the course of life. This perspective is shared by SHD staff who also called for a greater role by SHD in sharing its knowledge of evidence-based strategies for prevention with other organizations ranging from business to schools to health care providers. This strategy is critical to SHD's success in both the provision of basic public health services as well the initiatives to support the prevention of chronic diseases.*

***Near Term Priorities***

- A. Improve health education in public schools through outreach and an offer of partnership in the development of improved curricula.
- B. Develop culturally competent strategies and messages for all communities.
- C. Develop Public Health's role in educating other organizations about best practices and evidence-based strategies for prevention and early intervention.
  - i. Help private health care providers expand their role in supporting public health messages (such as the connection of breast feeding to less obesity in children.)
  - ii. Offer coordinated and consistent messages related to healthy lifestyles for use by local organizations.

**VI. Leverage technology to broaden community outreach and to improve the public's health.**

***Background***

*Technology that is useful for communication, education and outreach as well as for community health assessment is changing, and SHD needs the resources and skills to make the best use of those technologies. Staff in particular called out the need for a user-friendly, more interactive website, the use of social networking technologies for communicating with younger community members, as well as a more unified client record system for SHD. Human Services and Health Care Advisory Groups also placed a priority on the increased use of electronic medical records and related technologies as and seek guidance from SHD in assuring interoperability and a community interface.*

***Near Term Priorities***

- A. Improve use of technology in effective reporting of disease outbreaks, health system integration, and performance management.
- B. Use technology advances for improved communication to younger populations and the general public.

**VII. Increase public involvement in public health policy and direction.**

***Background***

*This strategic planning process is the first outreach to a wide group of stakeholders, including business, labor, schools, health care providers, human services providers, and other public agencies, for help in shaping the direction of the Health District. These groups welcomed the opportunity and provided invaluable insights and perspectives. Continued and increased connection to stakeholders, both formal and informal, will help build advocates for public health as well as provide a view from the ‘outside’ for policy makers and leaders of the District.*

***Near Term Priorities***

- A. Educate the public about the importance and role of Public Health.
- B. Convene community partners to provide periodic advice to the District and the Board of Health.
- C. Tap community partners informally for their expertise, perspectives, and to advocate for the support and maintenance of public health.



## **Appendix: Resources**

## Resource List of Strategic Planning Documents (Reference links updated 6/10/2010)

The following documents were either referenced or generated by participants during the Strategic Planning process:

1. **Local Public Health: A Context**, March 2009.  
Available online: [http://www.snohd.org/Shd\\_MA/Documents/Local\\_Public\\_Health.pdf](http://www.snohd.org/Shd_MA/Documents/Local_Public_Health.pdf)  
*An overview of the environment in which the Snohomish Health District works.*
2. Kickoff Meeting PowerPoint Presentation, Dr. Gary Goldbaum, March 2009.  
Available online: [http://www.snohd.org/Shd\\_MA/Documents/StrategicPlanning4-09.ppt](http://www.snohd.org/Shd_MA/Documents/StrategicPlanning4-09.ppt)  
*An introduction to what Public Health is and the current priorities of the District*
3. Overview of SHD Strategic Planning Process (diagram), March 2009.  
Available online: [http://www.snohd.org/Shd\\_MA/Documents/OverviewPlanningProcess.ppt](http://www.snohd.org/Shd_MA/Documents/OverviewPlanningProcess.ppt)
4. **Signals 2 & Supplemental Indicators**, Snohomish Health District, April 2009.  
Available online: [http://www.snohd.org/Shd\\_HS/Reports/FinalSignals2.pdf](http://www.snohd.org/Shd_HS/Reports/FinalSignals2.pdf)  
*A report on the trends for health indicators for Snohomish County, which includes comparisons to indicators for the State of Washington and brief descriptions of services provided by SHD that address these indicators.*
5. **How Big Are We? Obesity in Snohomish County**, Snohomish Health District, May 2007.  
Available online: [http://www.snohd.org/Shd\\_HS/Reports/ObesityReport.pdf](http://www.snohd.org/Shd_HS/Reports/ObesityReport.pdf)
6. **Chronic Disease in Snohomish County**, Snohomish Health District, May 2009.  
Available online: [http://www.snohd.org/Shd\\_HS/Reports/CDFinalReport5\\_09.pdf](http://www.snohd.org/Shd_HS/Reports/CDFinalReport5_09.pdf)
7. **Communicable Disease Report 2003-2007**  
Available online: [http://www.snohd.org/Shd\\_HS/Reports/CD\\_Report\\_2007.pdf](http://www.snohd.org/Shd_HS/Reports/CD_Report_2007.pdf)
8. Community Meeting PowerPoint Presentation, Community Meetings, April 2009.  
Available online: [http://www.snohd.org/Shd\\_MA/Documents/CommunityPresentation.ppt](http://www.snohd.org/Shd_MA/Documents/CommunityPresentation.ppt)
9. **Compilation and Summary of Stakeholder Input For Snohomish Health District Strategic Plan**, May 2009.  
Available online: [http://www.snohd.org/Shd\\_MA/Documents/StakeholderInputSummary.pdf](http://www.snohd.org/Shd_MA/Documents/StakeholderInputSummary.pdf)  
*A summary of the recommendations and perspectives from Advisory Groups, community meetings, and staff focus groups.*