

THE WILLIAM D. RUCKELSHAUS CENTER

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Snohomish Health District Situation Assessment

Conducted by the William D. Ruckelshaus Center

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The Assessment Team is deeply grateful to the many individuals who gave their time and energy to be interviewed, and to otherwise inform this report.

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Table of Contents

EXECUTIVE SUMMARY	5
I. INTRODUCTION.....	10
II. THE ASSESSMENT PROCESS.....	10
A. Interview Process and Protocol	10
B. Data Analysis and Synthesis	11
III. KEY THEMES FROM THE INTERVIEWS	12
A. Vision for Public Health.....	12
i. Current Successes	13
B. Service Delivery and the Role of the Health District.....	14
i. One-On-One, Population-Based, and Foundational Service Models	14
C. Public Engagement.....	15
D. Partner Engagement	16
E. Funding	17
i. Sustainability and Stability.....	17
ii. City and County Funding.....	18
iii. Strategic Direction and Communications	18
iv. Revenue Source Suggestions	18
F. Board of Health	19
i. Structure and Membership.....	20
ii. Roles, Responsibilities and Accountability	20
iii. Engagement	21
iv. Meetings and Operations	21
v. Engagement with the Public Health Advisory Council.....	21
G. Internal Operations	22
H. Organizational Structure	22
I. Interest in a Collaborative Process.....	24
IV. CONCLUSIONS.....	25
V. RECOMMENDATIONS	26
A. Formalize Governance and Enhance Collaborative Leadership Capacity	27
i. Formalize Governance Structure, Functions, and Operations	27

- ii. Resource Stewardship and Funding Strategy 28
- iii. Collaborative Capacity and Skill Building 28
- B. Build Agreement between Health District Leadership and Staff 29**
- VI. Appendices..... 30**

DISCLAIMER

The following report was prepared by the William D. Ruckelshaus Center, a joint effort of the University of Washington and Washington State University whose mission is to act as a neutral resource for collaborative problem solving in the State of Washington and Pacific Northwest. University leadership and the Center’s Advisory Board support the preparation of this and other reports produced under the Center’s auspices. However, the key themes contained in this report are intended to reflect the opinions of the interviewed parties, and the findings are those of the Center’s assessment team. Those themes and findings do not represent the views of the universities or Advisory Board members.

EXECUTIVE SUMMARY

The Snohomish Health District (Health District) is an independent special purpose district responsible for providing a range of programs and services that protect and promote public health in Snohomish County. The public health landscape in Snohomish County is in a state of change and transition due, in part, to healthcare reform efforts, ongoing budgetary shortfalls, continued shifts in public health at the federal and state levels, and a growing and changing county population. The Health District believes that it is at a critical juncture related to important delivery of care, funding and governance issues. In the spring of 2016, Health District staff and Board of Health members contacted the William D. Ruckelshaus Center (Center) to help them determine whether and how to best engage interested parties in addressing these issues.

Based on conversations with Board of Health members and Health District leadership, the Center was tasked with conducting a situation assessment to capture a range of perspectives on how the Health District should provide public health services, fund those services, provide effective and efficient governance, and identify opportunities for collaboration.

The Assessment Team conducted semi-structured interviews with 73 individuals involved with public health in Snohomish County. The overall goal of the assessment and this report was to provide a summary of key themes, issues, and perspectives identified from the interviews, and to describe potential process options to better achieve desired outcomes regarding public health service provision, funding, and effective governance.

This report begins with an explanation of the assessment process and methods. The report then provides a summary of information gained through the interviews, focusing on key themes. The last sections of the report present the Assessment Team's conclusions and process recommendations. Supplemental information is provided in appendices.

Key Themes

The Assessment Team conducted interviews with 73 individuals who have or represent an interest in the Health District provided a rich diversity of perspectives, opinions, and ideas. To identify key themes, the Assessment Team paid close attention to themes that arose frequently across interviews, as well as those that were notable for their diversity, uniqueness, or originality. It is important to note that the key themes summarized in this report can be associated with a fairly wide range of responses in interviews, due to the qualitative nature of the review and the analysis process. It is also important to note the number of interviewees that mentioned an issue or shared a perspective does not define its legitimacy, importance, or merit. This section of the report must be read in its entirety to get a full picture of the assessment themes and how they influence the conclusions and recommendations that follow. The following is a distilled list of a few central points from this section.

Vision for public health: While responses varied in scope and content, in general interviewees envisioned a future in which public health would be recognized, relevant, and of value to the people of Snohomish County. Nearly all described success as seeing the health needs of the people of Snohomish County being met – that people would be healthy and living in a healthy,

safe community. Many envisioned a future where services and the entities providing them were less siloed, less reactive, and less focused on temporary fixes. Nearly all expressed a desire for financial viability and the ability to be adaptive and resilient within a changing public health system.

Service delivery and the role of the Health District: Visions of success for service delivery and the Health District's role in providing services varied. Many interviewees connected the success of public health services to the service delivery model of the Health District and responsibility for providing needed services of public health. For some, a future where service delivery was successful meant the Health District was a direct service provider. Others envisioned the Health District as community-based and focused more on policy, outreach, and education. Many interviewees commented on how there is both confusion and disagreement about the Health District's transition to a population-based service delivery model.

Public and partner engagement: Many talked about the importance of the Health District's work and how it is often unnoticed or taken for granted by the public. More proactive public education, maintaining direct services to form personal relationships with the public, and engaging the Board of Health in public outreach were mentioned as possible approaches to increasing public awareness of the Health District's work.

Most interviewees also talked about partner engagement and offered suggestions for expanding the Health District's relationships with existing and potential partners. Interviewees emphasized that these partnerships are not only important for serving the public, but also for educating partners on the role of the Health District in the community.

Funding: Most interviewees identified funding shortfalls as the main obstacle to achieving their vision of public health success in Snohomish County. Many expressed a desire for increased sustainability and stability of funding.

Interviewees frequently mentioned that the cities do not contribute financially to the Health District. Dedicated revenue from cities was frequently mentioned as a source of Board of Health tension and conflict.

Many talked about how funding issues and potential solutions cannot be effectively addressed until the Health District more clearly defines and reaches agreement on purpose, roles, responsibilities and future direction. Some stated that if these issues were not resolved, funding trends will continue to decline, necessitating further service and staffing reductions.

Board of Health: Most interviewees, including a number of Board of Health members, identified Board of Health governance as a key issue. Interviewees identified a variety of issues associated with the Board of Health's structure, including its size, composition, high membership turnover, and the challenge of competing with other demands for members' time as elected officials. Many expressed a lack of clarity about roles and responsibilities of the Board of Health. Several suggested increasing interaction between the Board of Health and the Public Health Advisory Council (PHAC) to engage with community partners represented on the PHAC and provide subject expertise to the Board of Health.

Internal operations: Several interviewees suggested that improved communication between Health District leadership and staff, as well as increased opportunities for staff to interact with and provide input to the Board of Health, would help to build trust, social capacity and alignment within the Health District. Others felt that as the Health District shifts away from direct services, communication between program staff and leadership is essential to ensure a smooth transition. Some suggested that more direct interaction between staff and board members may create positive trends, including knowledge of Health District work functions, and enabling staff with field experience to inform decisions.

Organizational structure: The vast majority of interviewees were either in support of the stand-alone model for the Health District, indifferent, or ambivalent. Organizational structure was frequently considered to be subservient to the importance of effective governance. Many talked about how the issues facing the Health District were connected to a lack of understanding, clarity, and agreement on vision; role of the Health District in service delivery and priorities; strategic planning and future direction. Many thought these governance issues could be addressed under the current model.

Interest in a collaborative process: When asked about the potential for using a collaborative process to address issues outlined in this assessment, nearly all responded positively and many said it was the only way to make progress. Many interviewees suggested collaboration to build clarity and agreement around the roles of the Health District and the Board of Health. Some also suggested collaboration to address funding issues and build commitment for funding public health. They expressed optimism about an approach that would include both political and administrative leadership from the Health District, as well as community partners.

Conclusions

Provided below are the Assessment Team's conclusions based on the perspectives gathered through the interview process:

- **There is support for collaboration** as well as a willingness and desire for a collective vision for public health in Snohomish County.
- Public health is expansive and difficult to define, especially in the current changing public health and healthcare environment. **While visions of success varied in both scope and content, interviewees generally envisioned a future where public health in Snohomish County was valued, services were adequately funded, available, accessible, and coordinated among the entities providing them, and that people would be healthy and living in a healthy, safe community.**
- **There is confusion around one-on-one, population-based, and foundational service models and disagreement about the Health District's role in service delivery.**
- Many shared stories of positive experiences receiving direct services from the Health District and linked the Health District's current successes to the provision of direct services. **There is a sense of identity and purpose attached to directly serving individuals, which makes it difficult for many to accept a transition towards population-based services.**

- **There is little support or desire for changing the Health District’s current organizational model at this time. There was instead a great deal of support for improving governance** and gaining clarity and agreement on the vision, mission, future direction, priorities, and service delivery role of the Health District to ensure the future success of public health in Snohomish County.
- **The Board of Health’s decision-making process and membership structure conflict with one another**, as majority voting does not work without a balanced representative group. The lack of shared agreement on structure and governance functions, in particular the lack of Board agreement around the County and cities’ responsibilities for funding public health, drives the perception that the Board of Health consists of two opposing coalitions: County versus cities.
- **There is no lone entity or single option that can provide the funding necessary to support public health needs in Snohomish County. Funding solutions will require the combined leadership and commitment of all parties**, including the Health District, Board of Health, Snohomish County, the cities, federal and state governments, and other partners. In addition, there is a link between understanding the value of public health and willingness of the public and partners to support funding.

Recommendations

The recommendations in this section are based on analysis of what was heard and learned from interviews, exploration of and experience with similar governance and organizational structures, and the Assessment Team’s expertise in effective collaborative and multi-party processes.

At this time, a key prerequisite to addressing any of these issues is a decision regarding the organizational model of the Health District. Given interviewees’ responses and the uncertainty of the potential social, political, and economic impacts, the Assessment Team believes that now would be a challenging time for the Health District to transition to the authority of Snohomish County. If the decision is to stay with the current organizational model at this time, the Assessment Team has identified elements of the current organizational and governance structure that, if addressed, would help the Health District reach its full potential. The following recommendations provide an approach to addressing these elements.

According to the Health District’s 2014 Strategic Plan update, the Health District will need to update its plan for 2017/18. The Assessment Team has identified potential opportunity for collaborative action regarding the future strategic plan and recommends building collaborative capacity for this planning effort. A collaborative planning process would engage involved parties internally and externally to promote mutual understanding, foster inclusive ideas and solutions, build sustainable agreement, and cultivate shared responsibility and commitment to public health in Snohomish County. This will require the collective commitment and support of the Board of Health, PHAC, Health District leadership and staff. Each has a key role in ensuring the success of the Health District and public health in Snohomish County.

However, the Board of Health and Health District will need to take the following initial actions to build the capacity to undertake such a process:

A. Formalize Governance and Enhance Collaborative Leadership Capacity

The Assessment Team recommends the Board of Health and Health District leadership consider a facilitated process to clarify and agree on purpose, roles, responsibilities, authorities, commitments, and accountability. The following will demonstrate both internally and externally a willingness and commitment to more collaborative and actionable governance of public health.

- i. Clarify, develop, and agree on governance structure, functions, and operations of the Board of Health and the Health District.
- ii. Agree on resource stewardship and a funding strategy for the Health District.
- iii. Include collaborative skill-building and the use of less formal processes to build the spirit of collaboration with the PHAC, Health District staff, and the larger public health community.

B. Build Agreement between Health District Leadership and Staff

The Assessment Team perceives a lack of internal clarity and agreement on the Health District's strategic direction and decision-making processes. Although internal Health District operations were outside the scope of this project's assessment, concerns arose around internal organizational functions that could impede strategic progress. The Assessment Team recommends that Health District leadership and staff agree on a process to promote mutual understanding, foster inclusive ideas, build agreement and commitment, and cultivate shared responsibility. The process could include facilitation, internal development, and team building exercises to enable progress towards the 2017/18 Strategic Plan.

I. INTRODUCTION

The Snohomish Health District (Health District) is an independent special purpose district responsible for providing a range of programs and services that protect and promote public health in Snohomish County. A 15-member Board of Health, composed of county and city officials, oversees the policy and budget development of the Health District, while staff oversee programming and delivery of services.

The public health landscape in Snohomish County is in a state of change and transition due, in part, to healthcare reform efforts, ongoing budgetary shortfalls, continued shifts in public health at the federal and state levels, and a growing and changing county population. The Health District believes that it is at a critical juncture related to important delivery of care, funding and governance issues. In the spring of 2016, the Health District staff and Board of Health contacted the William D. Ruckelshaus Center (Center) to help them determine whether and how to best engage interested parties in addressing these issues. The Center is a neutral resource for collaborative problem solving in the State of Washington and the Pacific Northwest, dedicated to assisting public, private, tribal, non-profit, and other community leaders in their efforts to build consensus and resolve conflicts around difficult public policy issues. It is a joint effort of Washington State University hosted and administered by WSU Extension and the University of Washington hosted by the Daniel J. Evans School of Public Policy and Governance (for more information visit www.ruckelshauscenter.wsu.edu).

Based on conversations with Board of Health members and Health District leadership, the Center was tasked with conducting a situation assessment. A situation assessment is an interview-based process undertaken to better understand and explore relevant issues and interests of involved parties and situation dynamics (see Appendix A). An Assessment Team composed of Center-affiliated faculty and staff carried out the assessment using an interview-based process. The Assessment Team conducted interviews with 73 individuals involved with public health in Snohomish County. The goal was to capture a range of perspectives on how the Health District should provide public health services, fund those services, provide effective and efficient governance, and identify opportunities for collaboration.

This report begins with an explanation of the assessment process, followed by a summary of key themes, issues and perspectives identified from the interviews, and concludes with recommendations and process options based on the information gathered from interviewees.

II. THE ASSESSMENT PROCESS

A. Interview Process and Protocol

The Assessment Team conducted interviews and conversations with 73 individuals involved with public health in Snohomish County and familiar with the service delivery, funding, organization model, and governance of the Health District (see Appendix B). Interviews took place from mid-May through August 2016. Interviewees included current and past Board of Health members; Health District administration and staff; Public Health Advisory Council (PHAC) members; healthcare providers; healthcare payers; union representatives; NGOs;

representatives from regulated entities, and leaders in city, county, state and tribal governments.

The process for identifying individuals to interview was iterative. To develop a broad list of potential interviewees, the Assessment Team used membership lists from various councils and committees; online sources; input from Health District personnel, Board of Health members and informed observers; and Assessment Team discussions. The Assessment Team then applied the following criteria to guide the selection of specific individuals to be interviewed:

- Broadly representative of the interests affecting and affected by the issues (how the Health District should provide public health services to the citizens of Snohomish County, fund those services, and provide effective and efficient governance)
- Geographically dispersed
- Representative of the diverse perspectives and views on past and future efforts
- Representative of varied tenure
- Organizational and/or subject matter expertise and leadership
- Interview fits within project time and resource constraints

The Assessment Team used a chain referral method to identify additional potential interviewees. In accordance with this method, each interviewee was asked to identify individuals, interests, or groups they thought would be important to interview. A portion of interview slots was reserved for interviewees identified via this method. As part of this method and in addition to individual interviews, the Assessment Team conducted a series of informal group interviews with staff members from each of the Health District's three divisions as well as administration. The interview list is not meant to be exhaustive, but rather representative. The goal is for all interested parties to have confidence that, whether they were interviewed or not, their perspective is represented on the interview list and in the assessment.

The Assessment Team developed a set of protocols to govern the interview process, based on university research principles and best practices in the field of collaborative decision-making. A consistent sets of interview questions was used for all individual interviews and for informal group interviews (see Appendix C) Interviewees were invited by email and/or phone to participate in an interview and received the interview questions; background information explaining the process, purpose, and how the interview would be used (see Appendix A); and a case statement prepared by the Health District (see Appendix D). The preliminary information emphasized that the interview was voluntary, that the results would be aggregated in a summary report and that specific statements would not be attributed to individual interviewees. Per research protocol, interview notes were not retained beyond the drafting of this report.

B. Data Analysis and Synthesis

The assessment process was qualitative and the analysis involved the identification, organization, and interpretation of key themes from the interviews. After each interview, the Assessment Team entered summaries into an anonymous spreadsheet to enable the assessment of the results of all the interviews in combination. Individual members of the Assessment Team analyzed the interview results separately and then convened as a team for

discussions of observations, key themes and recommendations.

III. KEY THEMES FROM THE INTERVIEWS

The interview questions covered six general areas:

- Interviewees' vision of success for public health and delivery of services in Snohomish County, how to achieve that success, and issues to be addressed along the way
- Challenges and opportunities to addressing those issues
- Approaches to securing dedicated and sustainable funding for public health
- An effective organizational structure for the Health District
- Updates to the Health District's governance model to support that structure
- Strategies for public engagement
- Potential for using collaborative processes to address identified issues

Key themes summarized in this section of the report cover the above general areas as well as other important findings that arose from the interview process. Conducting interviews with 73 individuals who have or represent an interest in the Health District provided a rich diversity of perspectives, opinions, and ideas. To identify key themes, the Assessment Team paid close attention to themes that arose frequently across interviews, as well as those that were notable for their diversity, uniqueness, or originality. It is important to note that the key themes summarized in this report can be associated with a fairly wide range of responses in interviews, due to the qualitative nature of the review and the analysis process. It is also important to note the number of interviewees that mentioned an issue or shared a perspective does not define its legitimacy, importance, or merit. The goal of this section is to provide a summary of key themes and not an exhaustive list or detailed explanation of all perspectives and ideas shared during the interview process.

A. Vision for Public Health

Before responding to a series of vision-related questions, interviewees were asked to share their definition of public health. Many gave an expansive definition that can be broadly summarized as the health and safety of people and communities, using terms such as *assure*, *ensure*, *promote*, *prevent*, *protect*, and *respond* to describe the role of public health.

Interviewees were then asked to share their vision of success for public health and delivery of services in Snohomish County and milestones by which success could be identified. While responses varied in scope and content, in general interviewees envisioned a future in which public health would be recognized, relevant, and of value to the people of Snohomish County. Nearly all described success as seeing the health needs of the people of Snohomish County being met – that people would be healthy and living in a healthy, safe community.

Many talked about a future where services would be accessible and available to all people in the county. This included medical care, behavioral health services, dental services, healthy food and lifestyle choices, clean and safe food and water, information and educational resources, youth and family services, housing, and transportation, to name a few. Many envisioned a future where services and the entities providing them were less siloed, less reactive, and less

focused on temporary fixes. Nearly all expressed a desire for financial viability and the ability to be adaptive and resilient within a changing public health system.

Interviewees provided a number of things they would see happening 5, 10, or 20 years into the future if they were to determine that public health and the delivery of services was successful. While not an exhaustive list of all the measures of success, some of the more frequently mentioned include:

- Acknowledgment of public health as a key public service function, similar to law enforcement and emergency management;
- Lower mortality and morbidity rates of chronic health conditions such as obesity and heart disease;
- Reduced incidence of opioid and heroin use, addiction, overdose, and death;
- Fewer emergency room visits;
- Increased vaccination rates;
- Fewer maternal and child health emergencies;
- Reduction in adverse childhood experiences;
- Reduced incidence of teen and adult suicide;
- Buy-in and accountability on Board of Health and Health District decisions;
- Reduced incidence of communicable disease;
- Reduced incidence of homelessness;
- Increased safe and affordable housing;
- Reduced exposure to environmental health hazards, pollution and unsafe food and water;
- Greater access to healthy food options and people making healthier food choices;
- Increased prevention and intervention services;
- Reduced gun violence; and
- Greater focus and effort being made to reach out and engaging community partners and the public.

i. Current Successes

Many interviewees talked about both current and past successes of the Health District. A high level of customer service and dedicated staff were frequently mentioned. There was a widespread appreciation of the level of commitment and care district staff have for their clients and the people of Snohomish County. Many stated they can call the Health District for assistance and know they will receive an immediate response. Others mentioned effective working relationships and a high level of trust between Health District staff and the individuals and communities they serve.

When asked about what the Health District does well, many interviewees brought up recent mobilizations around disease outbreaks. The Health District's response to the H1N1 outbreak in 2009 was mentioned as an example of successfully working with community partners to provide immunizations. More recent efforts to educate the public about Zika virus and opioid and heroin abuse were also cited as examples of effective work.

Several interviewees also acknowledged an increased level of commitment from the Board of Health, stating that since January 2016, meeting attendance has greatly improved.

During the interview process, the Health District began reaching out to city councils to request a funding commitment from cities in Snohomish County for public health. This process is still underway, but interviews cited this approach as a promising form of outreach and coalition building.

Interviewees emphasized Snohomish County's culture of convening and collaboration, expressing optimism that a collaborative process around the issues facing the Health District could yield effective engagement and constructive solutions.

B. Service Delivery and the Role of the Health District

Visions of success for service delivery and the Health District's role in providing services varied. Many interviewees connected the success of public health services to the service delivery model of the Health District and responsibility for providing needed services of public health. For some, a future where service delivery was successful meant the Health District was a direct service provider. Others envisioned the Health District as community-based and focused more on policy, outreach, and education.

Some interviewees expressed frustration with the perceived notion that one-on-one services and population-based services are mutually exclusive and instead saw success as providing both, based on the public health needs of Snohomish County. Some interviewees envisioned the Health District only providing critical services, some spoke to only providing core services, and others spoke to only providing foundational services. Several stated the Health District would provide the services that no other entities are authorized, capable, or willing to deliver. And some stated they found the models and terms to be confusing and were unclear about how a population-based service delivery model will be implemented and how it will achieve the Health District's mission and vision.

There were services and responsibilities interviewees frequently mentioned the Health District should provide. Many talked about the Health District's regulatory functions in environmental health, including food safety, water quality, and septic inspections, as a key area of service. Others emphasized the Health District's role in educating politicians, service providers, and the public about public health. Some saw the Health District primarily as a supervising entity that ensures access and availability of services for everyone, even if it does not provide these services. The Health District's ability and legal mandate to monitor patients with infectious diseases, including tuberculosis and STDs, was another function that interviewees emphasized as unique and important.

i. One-On-One, Population-Based, and Foundational Service Models

There were notable inconsistencies in the way interviewees described one-on-one and population-based service delivery models. There were also notable inconsistencies in interviewees' use of terms to describe the services within each of these models. Foundational, individual, direct, critical, core, clinical, and essential were all used to describe the type of services the Health District should provide; however, the distinction among these terms and

their pairing to the delivery models varied across interviews. There were also notable variations in the use of these terms and description of service delivery models in Health District materials. Many interviewees commented on how there is both confusion and disagreement about the Health District's transition to a population-based service delivery model and how this model connects with the responsibility for providing foundational services, as specified by the State Department of Health and Washington State Association of Local Public Health Officials (WSALPHO).

While some interviewees commented that the transition of some services to other community providers was aligned with the Health District's mission and vision for public health, others did not. Some commented there was a lack of clarity around why some services are being transitioned to other providers and others are not, whether the decision was in the best interest of clients receiving services, and what the impact will be on them as well as the Health District. Several said the decision-making process around determining which services to keep and which to transition was slow and not always transparent, which causes stress among staff.

Some interviewees expressed concern and confusion over the quality of services that have been transferred to other providers, mentioning a lack of data on the quality, accessibility, and availability of these services. Many stressed the importance of the Health District's responsibility to monitor and evaluate services provided by community partners to ensure high quality. Some stated that since the Health District's clinics have closed, clients have experienced difficulty scheduling appointments with other providers promptly due to a lack of their clinic's capacity, as well as geographic challenges to access. Some mentioned that services such as home visits are key for some populations to receive appropriate care, expressing skepticism that other agencies have this capability.

Many interviewees linked the Health District's shift away from individual service provision to a lack of funding. Many thought that other community agencies and healthcare providers can provide direct services more inexpensively than the Health District. Others stated that long-term funding for sustaining the Health District's direct service provision is difficult because grants often focus on creating new programs, rather than supporting existing programs.

C. Public Engagement

Interviewees were asked about the effectiveness of the Health District and Board of Health's public engagement efforts and invited to provide suggestions for improving public engagement. Many talked about the importance of the Health District's work and how it is often unnoticed or taken for granted. While some reflected that this lack of visibility is endemic to local government, others felt Health District messaging has primarily focused on educating people about specific public health issues, such as disease outbreaks, and therefore too narrowly topical to communicate the value of the Health District in a comprehensive way.

Direct services like restaurant inspections, vaccinations, and well child visits were frequently identified as an effective form of public engagement. Several interviewees emphasized the high quality of the nurses and other direct service providers at the Health District, stating that their service delivery work serves a public outreach function as well. There was a widespread perception that clients of direct services would be more likely to value the work of the Health

District and understand the role of public health in their daily lives. Reductions to individual services were seen as a potential visibility issue, because fewer people would have personal interactions with the Health District.

For many interviewees, it was unclear how the Board of Health interacts with the public and what the role of the Board is in public engagement efforts. Several did not think the Board of Health was involved in the Health District's public engagement efforts. Others expressed that, while members often interact with the public, they do so primarily as representatives of their city or the County, rather than as members of the Board of Health.

There were many suggestions for increasing opportunities for the Board of Health to engage with the public, including:

- Board members relaying messaging from the health district back to their cities, raising awareness of the Health District's work among city governments and enlisting them as allies in publicizing this work;
- Board members attending public events such as health fairs and restaurant openings as Health District representatives to raise awareness of the Health District's role;
- Health District leadership informing board members when media and news articles are to be released to ensure distribution to their constituents; and
- Increasing opportunities for the public to interact with the Board of Health at their meetings, such as moving the time for public comment earlier in the agenda.

D. Partner Engagement

Most interviewees talked about partner engagement and offered suggestions for expanding the Health District's relationships with existing and potential partners. The Snohomish County Health Leadership Coalition, healthcare providers, payers, community service organizations, school districts, transportation, food service providers, and the media were all mentioned as underutilized partners in education, outreach and service provision. Interviewees emphasized that these partnerships are not only important for serving the public, but also for educating partners on the role of the Health District in the community.

Interviewees cited past partnerships that were successful. These partnerships often revolved around disease outbreaks and emergency preparedness, including H1N1 and MRSA outbreaks and the SR 530 landslide. Interviewees also frequently commented that the Health District is considered a trusted source for public health information and known for its responsiveness to partners.

Some suggested that a focus on the Health District's analytical and monitoring functions could increase partnership possibilities. They thought that greater communication of the Health District's work in epidemiology, surveillance, and analytics could demonstrate the Health District's value as a partner in informing the work of community providers that place greater emphasis on direct services.

Some also suggested that partnership and potential funding opportunities may exist between the Health District and businesses in Snohomish County, with the Health District acting as a broker of health information and bringing partners within the healthcare continuum together

with employers to identify top priorities around community health, wellness challenges, social determinants, quality and access, emphasizing the value of a healthy workforce.

Some interviewees mentioned communication barriers between the Health District, the cities, and the County as an obstacle to partnerships. Some identified confusion about which jurisdiction to approach for a particular problem or question, reporting that the Health District and the County are not always in agreement about which is responsible for handling certain issues. Interviewees felt that this communication gap leads to inefficiencies that may deter potential partners from establishing connections with the Health District.

E. Funding

While interviewees were asked a number of specific questions about funding as part of this assessment, funding was also a consistent theme in responses to questions about vision, governance, organizational structure, and public engagement. Most interviewees identified funding shortfalls as the main obstacle to achieving their vision of public health success in Snohomish County. However, few interviewees specified the amount of funding the Health District receives, how much more is required, and what this additional revenue would fund.

i. Sustainability and Stability

When discussing sustainability and stability, interviewees often talked about the history of funding for public health and how it has impacted the Health District's ability to maintain direct services. When telling this history, interviewees described initial city per capita contributions, a portion of the Motor Vehicle Excise Tax, County contributions, the backfill provided by the Washington State Legislature, and the 2008 recession's impact on public health funding. Most identified adequate and stable government funding as being critical to sustainability. However, many discussed the decline of governmental revenue streams and were not optimistic about a reversal of this trend in the foreseeable future.

Some expressed frustration with an increasing reliance on grants as a funding source, mentioning the inflexible and restrictive nature of many grants and how they may limit the Health District's ability to react quickly to emergency situations, as well as plan proactively. There were also concerns about the impact of unstable funding sources on clients and organizations who rely on particular Health District programs, as well as the stability of Health District staff positions.

Many mentioned that the Environmental Health Division is financially sustainable, based on its fee-for-service funding. However, a number of interviewees noted that while these fees are able to cover the cost of permit reviews and inspections, they do not cover the cost of other necessary services, such as responding to complaints and water or septic systems failures.

Some interviewees were skeptical of the Health District's representation of funding issues and questioned whether the situation was in fact serious. They stated that while messaging about funding is portrayed as a crisis situation each year, the Health District continues to provide most services. Other felt there is a lack of transparency around financial data and raised questions about its accuracy.

ii. City and County Funding

Interviewees frequently mentioned that the cities do not contribute financially to the Health District. Dedicated revenue from cities was frequently mentioned as a source of Board of Health tension and conflict. Most thought that cities should contribute because city residents receive and benefit from Health District services. Others acknowledged that while cities' contributions would not solve the Health District's overall funding issues, it would help fill some revenue gaps and demonstrate cities' commitment to public health. Most of these interviewees advocated a commitment to per capita funding for the Health District from all of the cities in Snohomish County. Others viewed a per capita contribution from cities as a measure that would unfairly impact smaller cities, given issues related to access and availability of services.

Many interviewees referenced Snohomish County's Proposition 1, which was on the 2016 primary ballot, as a potential catalyst for increased local funding. Proposition 1 highlighted public safety, specifically increasing law enforcement and prosecutorial resources. While there was skepticism about whether the measure would pass, interviewees suggested that if it did, cities may be willing to dedicate a portion of their new sales tax revenue to public health; however, Proposition 1 failed to pass during the interview period of this assessment.

Perspectives varied on the County's capacity to fund the Health District. Several interviewees thought that Snohomish County lacks the funding capacity to absorb the Health District. Others felt that the County has adequate resources, but is not currently willing to prioritize them towards public health needs without receiving a compelling message and evidence of strong strategic direction from the Health District.

iii. Strategic Direction and Communications

Several interviewees underscored the need for clearer vision and strategic direction in order to resolve the Health District's funding issues. Many talked about how funding issues and potential solutions cannot be effectively addressed until the Health District more clearly defines and reaches agreement on purpose, roles, responsibilities and future direction. Some stated that if these issues were not resolved, funding trends will continue to decline, necessitating further service and staffing reductions.

Interviewees linked a public health culture of quiet work to a lack of political capital and leverage, especially when election cycles create competition between agencies for public funding votes. Some suggested the Health District work to develop and communicate a compelling story with a clear and concise message about why funding support is needed and the impact of the Health District's services. Some suggested the Health District try to convey benefits, efficiencies, and cost savings, perhaps linked to population health outcomes or other strategic directives, such as the Health District's unique epidemiological role, or the benefits of population data analytics.

iv. Revenue Source Suggestions

While most interviewees focused on current revenue sources and their inherent limitations, the following is a brief summary of additional suggestions and ideas for increasing revenue:

- Develop an improved public or partner message that clearly describes the Health District’s unique attributes and ability to add value to larger team reform efforts, such as the Accountable Communities of Health. These types of transformation efforts depend on integrating and coordinating care between providers. The Health District’s provision of population health analytics to integrated provider teams could help direct and coordinate resources more efficiently to specific areas in the county providing the Health District with potential shared funding or fee-for-service revenue.
- Continue conversations with cities around funding public health and explore a city funding contribution model. Interviewees suggested the Health District leadership continue its efforts to reach out to cities through presentations to city governments and include messaging about the Health District’s value and funding needs in existing educational efforts.
- Identify grant opportunities that can be consistently relied on annually.
- Build capacity to allow full implementation of grants that already sustain important programs.
- Pursue establishment of a junior taxing authority.
- Create more funded partnerships with the private sector, including Snohomish County employers who may see value in expanding employee health and wellness programs.
- Explore Medicaid provider status to begin billing the Health Care Authority for eligible services. However, there was also an indication that the Health District currently bills all Medicaid-eligible services.
- Consider the various taxing options that many interviewees mentioned to fund public health, including:
 - A countywide or city retail sales tax;
 - A countywide or city property tax;
 - A tax on cannabis products; and
 - Taxes to fund mental health or public safety, with a portion designated for public health.

F. Board of Health

Most interviewees, including a number of Board of Health members, identified Board of Health governance as a key issue to be addressed. Some expressed a lack of confidence in the board members’ collective depth and breadth of knowledge of public health and group ability to make informed decisions. Many saw the Board of Health as unengaged and too political. Some attributed this lack of engagement to the competing demands for member’s time as public officials. Some questioned their understanding of the services provided by the Health District and how their decisions impact Health District clients and staff.

i. Structure and Membership

Interviewees identified a variety of issues associated with the structure of the Board of Health. Many stated the Board of Health is too large and that its size makes it difficult for members to reach a quorum and have meaningful discussions during meetings. Given the busy schedules of elected officials, interviewees acknowledged that it can be challenging for staff to schedule meetings and engage with Board of Health members between meetings. Some suggested reducing the size of the Board of Health by including only one or two county council members, or by reducing the number of city members and having city members represent multiple cities or geographic areas.

Many mentioned the frequent and high turnover of board members and difficulties it presents for cultivating a common vision, maintaining focus on long-term planning, and building trust, working relationships, and institutional knowledge. Many expressed frustration with one or two year terms, especially given the large time and energy investment required for new members to become familiar with public health and Board of Health work. Some talked about how it can be difficult to engage in meeting discussions and decision-making, given this steep learning curve.

Some interviewees recommended diversifying the membership of the Board of Health beyond elected officials, to improve board education around public health issues, needs, and concerns in Snohomish County. Many suggested adding representatives of public health interests in the county, such as physicians and environmental health interests. Some expressed the belief that adding non-elected members with longer terms would improve both the Board of Health's public health subject matter expertise and its members' collective institutional knowledge.

ii. Roles, Responsibilities and Accountability

A lack of clarity about roles and responsibilities was an issue that arose repeatedly throughout the interview process. Many were unclear about whether the Board of Health served as the governing body of the Health District or functioned in an advisory role. Some admitted they did not know that the Board of Health existed. Many expressed a lack of clarity around the priorities of the Board of Health and how its decisions aligned with the vision of the Health District.

A majority of interviewees mentioned the role and responsibilities of cities represented on the Board of Health. Many thought it unfair that city representatives constituted a majority vote in funding decisions, yet did not directly contribute financially. Many strongly recommended that the cities financially contribute to the Health District. Nonetheless, many placed a high degree of value on representation by both the County and cities, and emphasized the importance of their ability to inform both county and city governments about Health District efforts.

Some thought the Board of Health lacked functional accountability. For example, interviewees communicated that there is no process to hold members accountable for missed meetings or not informing their peers and constituents about Health District topics and issues. Others mentioned a lack of an entity or structure to hold the Board of Health accountable for making decisions.

iii. Engagement

Many perceived that the Board of Health was unengaged and disconnected. A lack of past meeting attendance was frequently mentioned, although many stated that there were improvements in attendance this year. Many wanted to see both County and city members take greater initiative in educating themselves and their communities about the role of public health and the value of the services provided by the Health District. In addition, many recommended ongoing education and opportunities both on- and off-site for Board of Health members to interact with program staff and learn more about the work of the Health District.

There was a lack of understanding about whether and how Board of Health members representing cities engaged with their respective councils on public health issues. Many suggested that focused direction and guidance be given to Board of Health members about what input they should be seeking from their councils and how that information should be communicated back to the Board of Health and Health District staff. Some suggested that staff provide a brief summary of issues and a list of questions with meeting materials, so members know what to ask their councils. There were also suggestions to have a set time on each agenda for members to update each other on the input they have gathered.

iv. Meetings and Operations

Some interviewees expressed dissatisfaction with Board of Health meeting procedures and preparation. For example, many mentioned the limited time to review Health District materials, sometimes receiving 50 or more pages one to two days prior to a board meeting. Interviewees noted that this short notice limits members' ability to gather input, in particular for city representatives who must communicate with multiple city councils prior to monthly meetings. Some felt the Board of Health did not meet often enough and that a two-hour meeting, once a month, at the end of the workday did not offer the time required for adequate discussion and deliberation prior to making important decisions.

Interviewees recommended a more standardized and structured approach for recruiting city representatives and for orientation and onboarding of new members. Interviewees recommended the Board of Health spend time each year, preferably during orientation, to review and agree upon an annual work plan and operation procedures, including:

- Creating a work plan that articulates the Board of Health's vision, goals, objectives, and how the work of the Board of Health supports the Health District's strategic plan;
- Identifying decisions to be made and how agendas will be structured;
- Clarifying roles, responsibilities, and expectations for individual members, the full Board of Health, the chair and vice chair, the Health Officer, Health District staff, and Board of Health committees; and
- Determining how the Board should engage with District staff, city councils, partners and the public.

v. Engagement with the Public Health Advisory Council

Interviewees spoke favorably of the PHAC and many thought it was an underutilized asset to the Health District. They talked about how members are fairly active and engaged, meet

bimonthly with Health District leadership, and represent a diversity of public health perspectives. Many interviewees were unsure of how the Board and the PHAC interacted and what lines of communication existed between them. There was also a lack of clarity on what was actually done with the PHAC's suggestions and guidance.

Many interviewees suggested the Board of Health interact more with the PHAC. Interviewees noted that the PHAC represents sectors with a stake in public health delivery, and as such holds potential as a means of engaging with community partners, providing subject expertise to the Health District, and spreading awareness of the Health District's work.

Several interviewees suggested ways to improve the integration of the PHAC into the Health District's decision-making processes. Some suggested including procedures for interactions between the PHAC and the Board of Health and clarifying the roles of each in their respective governing documents. Others suggested organizing a yearly orientation or retreat, or periodic joint meetings. Some mentioned the possibility of including some PHAC members on the Board of Health.

G. Internal Operations

An overwhelming number of interviewees spoke to the pride and commitment of the people who work at the Health District. Interviewees both internal and external to the Health District observed negative impacts from recent staff layoffs, clinic closures and funding challenges, including additional workload, less face time with clients, and a heavier administrative burden. Some felt that decreasing the number of staff designated to certain programs and functions limits their ability to build relationships with Health District clients and threatens to compromise quality of service, despite the strong personal commitment of individual staff members. Some interviewees also raised concerns related to succession planning as many staff members are near retirement, leaving institutional experience gaps.

Several interviewees suggested that improved communication between Health District leadership and staff, as well as increased opportunities for staff to interact with and provide input to the Board of Health, would help to build trust, social capacity and alignment within the Health District.

Some expressed concerns about staff morale as a result of a perceived lack of transparency in decision-making. Some mentioned that discussions around cutting programs can last for months, creating staff uncertainty about job stability. Others felt that as the Health District shifts away from direct services, communication between program staff and leadership is essential to ensure a smooth internal transition, as well as maintaining service quality and accessibility provided by others. Some suggested that more direct interaction between staff and board members may create positive trends, including knowledge of Health District work functions, and enabling staff with field experience to inform decisions.

H. Organizational Structure

Interviewees were asked to share perspectives about the effectiveness of the Health District's current stand-alone district model and perceptions around comparisons to the other three

possible public health jurisdiction models, including county department, multi-county and city/county options.

Most responses focused on comparisons between the current stand-alone model and the proposed county department model. A few interviewees offered reasoning against a city/county or multi-county model, citing the lack of a major urban center like Seattle or Tacoma and the differences between Snohomish and neighboring counties' demographic mix and needs.

The vast majority of interviewees were either in support of the stand-alone model for the Health District, indifferent, or ambivalent. Organizational structure was frequently considered to be subservient to the importance of effective governance. Many talked about how the issues facing the Health District were connected to a lack of understanding, clarity, and agreement on vision; role of the Health District in service delivery and priorities; strategic planning and future direction. Many thought these governance issues could be addressed under the current model.

Regardless of model type, most interviewees indicated they seek a structure that:

- Maintains a strategic mission and vision of public health delivery in Snohomish County;
- Encourages effective functional leadership and governance;
- Provides efficient and effective, high quality services to the citizens of the county;
- Supports stable and predictable funding to provide those services;
- Provides accountability and transparency;
- Promotes service flexibility and responsiveness;
- Limits bureaucracy and political interference; and
- Enables effective and collaborative partnerships.

Few interviewees supported a county department model for public health in Snohomish County. Reasons given in support of a county department model included the following:

- **Efficiency:** Some interviewees anticipated gains in efficiency by combining administrative functions, including information technology and accounting. Others suggested there may be redundant or compatible services, such as septic and well inspections, that might be co-located and streamlined to reduce both redundancy and confusing multiple public entry points between the Health District and the County.
- **Stable Funding:** Some suggested that functioning as a county department would address the Health District's base budget issue, and provide more sustainable funding by prompting the County to contribute a greater share of the funding for public health efforts. Others commented that the current stand-alone model can no longer function effectively due to inadequate funding.
- **Accountability:** Some stated there would be greater political accountability under a county-based model. Some suggested that a transition would provide greater clarity about roles, responsibilities, and authority for public health.
- **Career Advancement:** Some anticipated that Health District staff may have greater job security as well as lateral flexibility and promotion potential within a county department

model. Others stated that staff would benefit from greater compensation under County collective bargaining agreements.

- Integration: Several interviewees believed that transitioning to the County would promote alignment of public health services with the County's human services, resulting in more integrated planning and delivery of a services.

Reasons given in support of a stand-alone district model included the following:

- Flexibility and Responsiveness: Many interviewees mentioned that the Health District's independence allows it the flexibility to provide more personalized and responsive services to clients. This speed and flexibility are important for functions like permitting and inspecting, which rely on quick access to legal assistance from outside council. They worried that a shift to the County might impede this flexibility and responsiveness by requiring public health to function within a larger bureaucracy. Many interviewees expressed general uncertainty around a move to another model and the belief that a smaller organization provides more personal service.
- Autonomy and Integrity: Many were concerned about the risk of public health becoming subservient to other political priorities if transitioned to a county department model. Some worried about dividing public health into multiple county departments. Several mentioned that the Health District currently maintains a degree of political insulation that promotes integrity around program delivery. Some suggested that a county-based model might require the Health District leadership to shift their time and focus away from public health priorities.
- Greater Funding Options: Some interviewees thought that the stand-alone model remains a better option to re-attract city funding participation. Interviewees also thought that the current independent status makes the Health District eligible for a wider array of grants. In addition, some expressed skepticism that a shift to a county-based model would result in additional public health funding, given the county's current overall financial position. Others questioned whether the County has the internal resources necessary to absorb and maintain public health functions.
- Assumed Cost Savings: Many were skeptical about assumed economies of scale and cost savings under a county-based model. Several expressed the belief that any programmatic and administrative cost savings would be negated by increases in staff salaries. Others stated that any savings would be far less than the gaps in funding for essential programs. A few interviewees expressed concern about potential liabilities the County would incur in the event of a transition to a county department. As an alternative to becoming a county department, several supported the notion of the Health District working with others through inter-local agreements to outsource relevant functions and administrative services.

I. Interest in a Collaborative Process

When asked about the potential for using a collaborative process to address issues outlined in this assessment, nearly all responded positively and many said it was the only way to make

progress on these issues. Many interviewees stated that there is a strong culture of convening and collaboration in Snohomish County.

Many interviewees suggested collaboration to build clarity and agreement around the role of the Health District and the Board of Health. Some also suggested collaboration to address funding issues and build commitment for funding public health. They expressed optimism about an approach that would include both political and administrative leadership from the Health District, as well as community partners. Many stated that education about the functions of the Health District and the importance of public health would be a good place to start. Others suggested trust and relationship building as a first step.

IV. CONCLUSIONS

The Assessment Team conducted interviews with 73 individuals involved with public health in Snohomish County. The purpose of this assessment was to gather perspectives on how the Health District should provide public health services, fund those services, provide effective and efficient governance, and identify opportunities for collaboration. Provided below are the Assessment Team's conclusions.

- **There is support for collaboration** as well as a willingness and desire for a collective vision for public health in Snohomish County.
- Public health is expansive and difficult to define, especially in the current changing public health and healthcare environment. There was broad diversity of opinions, perspectives, interests, and values regarding both the current and future direction of public health and the role of the Health District. **While visions of success varied in both scope and content, interviewees generally envisioned a future where public health in Snohomish County was valued, services were adequately funded, available, accessible, and coordinated among the entities providing them, and that people would be healthy and living in a healthy, safe community.**
- **There is confusion around one-on-one, population-based, and foundational service models and disagreement about the Health District's role in service delivery.**
- Many shared stories of positive experiences receiving direct services from the Health District and linked the Health District's current successes to the provision of direct services. **There is a sense of identity and purpose attached to directly serving individuals, which makes it difficult for many to accept a transition towards population-based services.**
- **There is little support or desire for changing the Health District's current organizational model at this time. There was instead a great deal of support for improving governance** and gaining clarity and agreement on the vision, mission, future direction, priorities, and service delivery role of the Health District to ensure the future success of public health in Snohomish County.
- **The Board of Health's decision-making process and membership structure conflict with one another**, as majority voting does not work without a balanced representative

group. The lack of shared agreement on structure and governance functions, in particular the lack of Board agreement around the County and cities' responsibilities for funding public health, drives the perception that the Board of Health consists of two opposing coalitions: County versus cities.

- **There is no lone entity or single option that can provide the funding necessary to support public health needs in Snohomish County. Funding solutions will require the combined leadership and commitment of all parties**, including the Health District, Board of Health, Snohomish County, the cities, federal and state governments, and other partners. In addition, there is a link between understanding the value of public health and willingness of the public and partners to support funding.

V. RECOMMENDATIONS

The recommendations in this section are based on analysis of what was heard and learned from interviews, exploration of and experience with similar governance and organizational structures, and the Assessment Team's expertise in effective collaborative and multi-party processes.

At this time, a key prerequisite to addressing any of these issues is a decision regarding the organizational model of the Health District. Given interviewees' responses and the uncertainty of the potential social, political, and economic impacts, the Assessment Team believes that now would be a challenging time for the Health District to transition to the authority of Snohomish County. If the decision is to stay with the current organizational model at this time, the Assessment Team has identified elements of the current organizational and governance structure that, if addressed, would help the Health District reach its full potential. The following recommendations provide an approach to addressing these elements.

According to the Health District's 2014 Strategic Plan update, the Health District will need to update its plan for 2017/18. The Assessment Team has identified potential opportunity for collaborative action regarding the future strategic plan and recommends building collaborative capacity for this planning effort. A collaborative planning process would engage involved parties internally and externally to promote mutual understanding, foster inclusive ideas and solutions, build sustainable agreement, and cultivate shared responsibility and commitment to public health in Snohomish County. This will require the collective commitment and support of the Board of Health, PHAC, Health District leadership and staff. Each has a key role in ensuring the success of the Health District and public health in Snohomish County.

However, the Board of Health and Health District will need to take the following initial actions to build the capacity to undertake such a process:

- A. Formalizing the Board of Health governance structure, functions, and operations, and enhancing collaborative leadership capacity of the Board of Health and Health District leadership through facilitated development and engagement activities.
- B. Relationship building and enhancement of collaborative capacity between Health District leadership and staff.

These recommendations are discussed in greater detail in the sections below.

A. Formalize Governance and Enhance Collaborative Leadership Capacity

The Assessment Team recommends the Board of Health and Health District leadership consider a facilitated process to clarify and agree on purpose, roles, responsibilities, authorities, commitments, and accountability. The following will demonstrate both internally and externally a willingness and commitment to more collaborative and actionable governance of public health.

- iv. Clarify, develop, and agree on governance structure, functions, and operations.
- v. Agree on resource stewardship and a funding strategy for the Health District.
- vi. Include collaborative skill-building and the use of less formal processes to build the spirit of collaboration with the PHAC, Health District staff, and the larger public health community.

These recommendations are discussed in greater detail below.

i. Formalize Governance Structure, Functions, and Operations

The Board of Health's Charter was last updated in 1997. The Assessment Team recommends that the Board of Health update its Charter and include more robust operating procedures that include at least the following:

- Purpose, duties, and governance functions: Clarify and codify the purpose, responsibilities, and governance functions of the Board of Health. For example, the National Association of Local Boards of Health (NALBOH) offers a model for six functions of public health governance:
 - Policy Development
 - Resource Stewardship
 - Legal Authority
 - Partner Engagement
 - Continuous Improvement
 - Oversight

Whether the Health District uses the NALBOH model or another approach, determining the functions of the Board of Health will be essential to building effective governance and collaborative capacity.

- Roles: Define the roles of Board of Health members and Health District staff, as well as corresponding authorities and responsibilities.
- Membership structure and decision-making processes: If the stand-alone district model is retained, the Board of Health should consider ways to streamline and possibly rebalance its membership in order to address the County/city dichotomy, support more collaborative decision-making, and build continuity that withstands eventual member turnover. In addition, the Assessment Team recommends adding non-elected subject matter experts to the Board of Health to add a diversity of experience in public health.

- Ground Rules: These may include agreements for meeting attendance, interaction with the PHAC, Health District leadership and staff, media, and guidance for Board of Health members when discussing or representing the Health District outside of Board of Health meetings.
- Member Terms: Formally agree to minimum terms of service and explore options to mitigate the impact of member turnover and maximize the continuity of educational investment and decision-making. This will likely require ongoing communication with city governments to align with the various methods used to assign Board of Health membership. Additionally, adding non-elected officials to the Board of Health may help to lessen turnover if those individuals serve longer or more terms.
- Amendment Process: The Charter should be revisited annually and include a process for amending both the Charter and operating procedures.

ii. Resource Stewardship and Funding Strategy

The Assessment Team recommends the Board of Health formalize a financial strategy, teaming with Health District leadership to assure the availability of resources to support the agreed-to direction of public health services in Snohomish County. For example, the NALBOH governance function documentation notes the following resource stewardship suggestions, including availability or development of:

- Legal, financial, human, technological and material resources;
- Agreements to streamline sharing of resources with other government entities;
- A budget aligned with Health District needs;
- Sound long-range planning as part of strategic planning efforts;
- Fiduciary planning and care of Health District funds; and
- Funding advocacy to sustain public health agency activities, when appropriate, from approving/appropriating authorities.

This approach includes considering funding from a variety of available and emerging revenue sources. As part of this strategy, contention over County and city funding needs to be openly and collaboratively addressed.

This stewardship and funding strategy should align with the Health District's strategic planning processes by promoting integration and communication between the Board of Health and Health District leadership and staff. For example, Board of Health members from relevant subcommittees, such as finance or funding, might pair with the Health District's financial and operational leadership.

iii. Collaborative Capacity and Skill Building

In addition to formal and structural adjustments, the Assessment Team recommends developing an environment where Board of Health members, PHAC members, and Health District leadership and staff can learn from one another, share interests and concerns, and create a common base of information in a more informal setting. The process to formalize

governance could include information sharing sessions, informal dialogue and discussion sessions, and dedicated time for team building.

The Assessment Team recommends annual orientation and onboarding that emphasizes team building and provides opportunities to acquire skills in the practice and application of collaborative leadership principles. Joint orientation with the Board of Health and the PHAC, as well as joint meetings throughout the year should also be considered. Team building can increase trust, improve working relationships, and increase capacity to carry out tasks and make informed decisions.

The Assessment Team also recommends that the Board of Health increase its monthly meeting frequency to create more opportunities for engaging with Health District staff, the PHAC, and the public to learn about the work of the Health District and public health needs of the community. A number of processes could be used to support this greater engagement. For example, the Board of Health could convene a “study session” meeting each month that provides a forum for learning, sharing and discussing information, as well as inviting input from interested parties, but where no decisions are made. Meetings or processes convened by the Board of Health which promote collaborative learning experiences and build a habit of collaborative action can serve as the foundation for any approach to strategic planning in 2017/2018.

B. Build Agreement between Health District Leadership and Staff

The Assessment Team perceives a lack of internal clarity and agreement on the Health District’s strategic direction and decision-making processes. Although internal Health District operations were outside the scope of this project’s assessment, concerns arose around internal organizational functions that could impede strategic progress. The Assessment Team recommends that Health District leadership and staff agree on a process to promote mutual understanding, foster inclusive ideas, build agreement and commitment, and cultivate shared responsibility. The process could include facilitation, internal development, and team building exercises to enable progress towards the 2017/18 Strategic Plan.

THE WILLIAM D. RUCKELSHAUS CENTER

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VI. APPENDICES

APPENDIX A.

Snohomish Health District Assessment

What is a Situation Assessment?

A situation assessment is the first step to addressing complex public policy issues. The purpose of a situation assessment is to develop a common understanding of the issues, the needs and interests of the parties affected and potentially affected, and the challenges and opportunities associated with different options for addressing the issues. Assessments are typically conducted by a neutral, third-party who interviews a range of people who are knowledgeable about or affected by the issue. Information gathered from the interviews helps to better understand:

- Procedures and substance of the situation.
- Who is affected by or potentially affected by the situation.
- Needs and interest of the parties.
- Issues, challenges, and opportunities associated with different options for addressing issues.
- Whether circumstances are right for collaboration and whether people are ready to collaborate.
- How a collaborative process may be designed and structured.

Based on the information gathered, the third party provides a report summarizing key themes and recommendations on how to proceed. While the assessment report includes a list of who was interviewed, specific statements and key themes are not attributed to individual interviewees.

The report is made available to everyone who participated in the assessment and any other interested parties. The assessment report is meant to inform, rather than dictate a particular course of action and to help parties decide whether to proceed with a collaborative approach.

What is the William D. Ruckelshaus Center?

The William D. Ruckelshaus Center is a neutral resource for collaborative problem solving in the State of Washington and the Pacific Northwest, dedicated to assisting public, private, tribal, non-profit, and other community leaders in their efforts to build consensus and resolve conflicts around difficult public policy issues. It is a joint effort of Washington State University (WSU), hosted and administered by WSU Extension, and the University of Washington (UW) hosted by the Daniel J. Evans School of Public Policy and Governance. More information is available at <http://ruckelshauscenter.wsu.edu/about/>.

If you have questions about the assessment process, please contact Project Co-Managers Amanda Murphy at Amanda.g.murphy@wsu.edu or 206-219-2490 or Kevin Harris at kevin.harris2@wsu.edu or 206-292-2387.

APPENDIX B.

Snohomish Health District Assessment Interview List

The Ruckelshaus Center contacted, interviewed, or otherwise obtained input from the following people in preparing this report:

Anne Alfred	Snohomish Health District, Environmental Health Division
John Amos	Snohomish County Finance Department
David Bayless	Snohomish Health District, Communicable Disease Division
Jason Biermann	Snohomish City Emergency Management
Mark Bond	City of Mill Creek*
Doug Bowes	United Healthcare
Mary Jane Brell Vujovic	Snohomish County Human Services
Debra Cartmell	Snohomish Health District, Community Health Division
Judy Chapman	Snohomish Health District Administration
Terry Clark	Child Strive
Gary Cohn	Everett School District Superintendent
Christine Cook	City of Mukilteo*
Bryan Cooper, DNP, ARNP	Tulalip Clinic
Cristin Corcoran	Snohomish Health District, Communicable Disease Division
Annie Costello	PTE Local 17
Federico Cruz-Uribe	SeaMar Community Health Centers
Jane Dale	QFC
Bob Drewel	Washington State University
Hans Dunshee	Snohomish County Council*
Chanda Emery	City of Lynnwood Human Services
Albert Fisk, MD	Everett Clinic
Adrienne Fraley-Monillas	City of Edmonds*
Nancy Furness	Snohomish Health District, Communicable Disease Division
Gary Goldbaum, MD	Snohomish Health District
Benjamin Goodwin	City of Lynnwood*
David Gossett	Snohomish County Council, ret.**

Brent Hackney	Brent Hackney Designs***
Kurt Hilt	City of Lake Stevens*
Jeff Hutchison	Snohomish Health District, Environmental Health Division
Hil Kaman	City of Everett Public Health and Safety
Naomi Kern	Snohomish Health District, Communicable Disease Division
Jefferson Ketchel	Snohomish Health District, Environmental Health Division
Ken Klein	Snohomish County Council*
Dan LeFree	Snohomish Health District Administration
Wayne Liao	Snohomish Health District, Environmental Health Division
Mara Marano-Bianco	Snohomish Health District, Community Health Division
Julie Martin	Snohomish Health District, Environmental Health Division
Peter Mayer	Snohomish Health District
Scott Murphy	City of Everett*
Mary O’Leary	Snohomish Health District, Communicable Disease Division
Timo Ochmann	Snohomish Health District Administration
Carrie Parker	Snohomish Health District, Community Health Division
Kent Patton	Snohomish County Executive’s Office
Lisa Pederson	Snohomish Health District, Communicable Disease Division
Debbie Pennell	Snohomish Health District Administration
Martha Peppones	Senior Services of Snohomish County***
Kevin Plemel	Snohomish Health District, Environmental Health Division
Dan Rankin	Town of Darrington*
Jeff Rasmussen	City of Monroe*
Elise Reich	Molina Healthcare
Mark Richardson	Snohomish County Sheriff’s Office***
Terry Ryan	Snohomish County Council*
Daniel Selove	Snohomish County Medical Examiner
Charlene Shambach	Snohomish Health District, Community Health Division
Barbara Sheets	Snohomish Health District, Community Health Division
Preston Simmons	Providence Regional Medical Center
Mary Sinker	Snohomish Health District Administration

Patric Slack	Snohomish County Sheriff's Office
Dennis Smith	United Way of Snohomish County
David Somers	Snohomish County Executive**
Leonard Sorrin	Premera Blue Cross
Brian Sullivan	Snohomish County Council*
Heather Thomas	Snohomish Health District
Yuan-Po Tu, MD	Everett Clinic
John Weisman	Washington State Secretary of Health
Hanna Welander	Washington State Nurses Association
Jim Welsh	Child Strive***
Brant Wood	Snohomish County PUD #1***
Fred Worthen	Community Transit***
Donna Wright	City of Marysville*
Stephanie Wright	Snohomish County Council*
Patricia Yepassis-Zembrou	Snohomish Health District, Communicable Disease Division
Carl Zapora	Verdant Health Commission

*Denotes current Board of Health member

**Denotes former Board of Health member

***Denotes Public Health Advisory Council member

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APPENDIX C. Interview Questions

Snohomish Health District Assessment Interview Questions

Assessment Background and Overview:

The Snohomish Health District (Health District) is an independent special purpose district responsible for providing a range of program and services that protect and promote public health in Snohomish County. A 15-member Board, composed of county and city officials, oversees the policy and budget development of the Health District, while staff oversee programming and delivery of services.

The public health landscape, both in Snohomish County and nationally, is in a state of change and transition due, in part, to healthcare reform efforts, ongoing budgetary shortfalls, continued shifts in public health at the federal and state levels, and growing and changing county population. The Health District staff and Board contacted the William D. Ruckelshaus Center¹ to help them determine whether and how to best engage interested parties in addressing these significant issues.

The Health District believes that they are at a critical juncture related to important delivery of care, funding and governance issues.² The Ruckelshaus Center met with Board members and staff and, based on those conversations, suggested conducting a situation assessment. A situation assessment is an interview-based process undertaken to better understand and explore relevant issues and interests of involved parties and situation dynamics. It is a typical first step in designing a collaborative process that reveals useful information to inform next steps forward, whether that involves a collaborative process or not. The product of such an assessment is typically a report articulating the major issues and key parties involved, documenting their interests and perspectives, and analyzing/exploring the prospects for a collaborative process to address those issues.

The Center is conducting interviews to gather perspectives regarding how the Health District should provide public health services to the citizens of Snohomish County, fund those services, and provide effective and efficient governance. The Center will also gather input on opportunities for a collaborative process.

As an individual or representative of an organization with a particular role or interest in, or knowledge of public health, you have been identified as an interview candidate. We hope you will agree to participate, or assist by identifying the most appropriate person to speak with us.

Interviews take approximately 60 minutes, and participation is voluntary. Interviewees can choose at any time during the interview to decline to answer a question or end the interview. A copy of the assessment interview questions will be provided ahead of time to interviewees.

¹ The William D. Ruckelshaus Center (Center) is a joint effort of the University of Washington and Washington State University, created to foster collaborative public policy in Washington and the Pacific Northwest. The Center assists public, private, tribal, nonprofit, and other leaders to build consensus, resolve conflicts, and develop innovative, shared solutions.

² Note: Attached Snohomish Health District 'Case Statement'

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The assessment report will include a list of who was interviewed and key themes that emerged from the interviews. Specific statements will not be attributed to individual interviewees. The final report is expected to be completed by the end of August 2016.

More information about the Ruckelshaus Center is available at:

<http://ruckelshauscenter.wsu.edu/about/>.

Questions

1. What organization(s) or entity(s) do you represent? What are your title, role and responsibilities?
2. Please briefly describe your experience and interest with respect to public health services in Snohomish County.
3. We would like to ask a few visionary questions. Imagine it's sometime in the future (5, 10, 20 years) and the delivery of public health services in Snohomish County has been successful. How will you know? What will you see (or not see) happening? What will be the same? What will be different?
4. What do you see as the major issues that would need to be addressed to achieve this level of success?
5. What are the challenges or barriers to addressing these issues?
6. How might these challenges or barriers be overcome? Do you have suggestions for approaches or processes to address those issues and fulfill your vision?

Funding Options

7. What would successful and sustainable financing of public health in Snohomish County look like over the long term? What will you see happening or not happening? What will be the same as today or different?
8. What are the major challenges to achieving that success? Where are the opportunities for progress?
 - a. Would the 'status quo' need to change to make progress? Why or why not?
9. What additional options could be considered for financing public health in Snohomish County? What are the 'benefits' of those options? What are the 'costs' of those options?
10. Which options do you think are most likely to be supported and why? What options do you think are least likely to be supported and why?

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Organizational and Governance Structure Options

The Health District is interested in reviewing its current organizational and governance structures, including the process the Board uses to conduct its business, to promote greater engagement, accountability, more effective decision making, and efficiency.

11. What is your impression of the effectiveness of the current 'single stand-alone district' model? Is public health in Snohomish County best served by the current organizational structure? If yes, why? If no, why not and what should the model look like?
12. What is your overall impression of the effectiveness of the current 15-member Board governance structure³? What are the most effective features? What, if any, changes or improvements could be made? Is public health in Snohomish County best served by the current governance structure of the District? If yes, why? If no, why not and how should the District be governed?

Public Engagement

13. How does the District and Board interact with the public? What's working well? Why? What's not working well? Why?
14. What suggestions do you have for creating effective public engagement?

Opportunities for Collaborative Process

15. In a typical collaborative process, involved parties are brought together as a group to share perspectives, define issues, identify interests and common ground, generate options for addressing issues, and seek agreement.

Do you feel there is potential for using a collaborative process to address any of the issues you've identified during this interview? If yes, who would need to be involved and why? If no, how do you think the issues could be resolved?

Wrap-up

16. Is there anyone else you think we should be interviewing? Why is it important to speak to them?
17. What should we have asked that we did not? Do you have any questions for us?

³ Note: Attached Snohomish Health District 'Case Statement', page 2

Staff Interview Questions

1. Tell us about your roles and services provided? What's your typical day look like?
2. Have roles/responsibilities changed over time? If so, why?
3. Think back over your time at SHD and all the things SHD has accomplished. What went particularly well? What services are you most proud of?
4. If you could make one change that would make SHD better, what would you do and why?
5. Imagine it's sometime in the future (5, 10, 20 years) and the delivery of public health services in Snohomish County has been successful. How will you know? What will you see (or not see) happening?
6. What is the role of SHD in your future vision? What is the role of your division/department in your vision?
7. What are the major challenges to achieving that success? Where are the opportunities for progress?
8. What is your impression of the effectiveness of the current single stand-alone district model? Is public health in Snohomish County best served by the current organizational structure? If yes, why? If no, why not and what should the model look like?



Case Statement: Public Health Funding and Structure Challenges in Snohomish County

The Snohomish Health District is undergoing significant transitions in its delivery of public health services countywide—a result of a growing and changing county population, declining revenues to support public health, a larger health system transformation occurring nationally and health care innovation initiated at the state level.

The agency has been responding over the last several years by streamlining, forming new partnerships with other health care providers and non-profits, and moving toward a provision of foundational services and capabilities. These moves transition the District out of direct, one-on-one clinical interactions, to a more appropriate role of ensuring that the county population as a whole is benefitting from public health services.

To provide the greatest impact for the greatest number of people and achieve better health outcomes, four central issues must be resolved:

- Finding agreement on public health's fundamental role in Snohomish County;
- Determining the best organizational structure to fulfill that role;
- Updating governance configuration that supports that structure; and
- Securing dedicated and sustainable funding that preserves local public health.

Given that **Snohomish County ranks 34th among the 35 local public health jurisdictions in Washington in terms of per capita health spending**, any delays in addressing these issues further erodes our ability to address major public health conditions and significant health disparities across the county.

The People of Snohomish County are at Risk

Without a concerted focus on carrying out public health's fundamental responsibilities, with the dedicated funding and structures in place to support it, our residents and communities will suffer. We will be forced to decide which is more important: preventing disease or preventing injuries; providing healthy starts for kids or assuring safe places to live and work; stopping the cycle of violence or preventing suicides. What is the right decision for Snohomish County?

There shouldn't be a choice. We all deserve better.

Agreement on Public Health's Role in Snohomish County

The declining financial resources dedicated to public health in our community have been at the forefront of many discussions with the Board over the last 18-24 months. Closely tied to this is a strategic focus on the local, state and national efforts designed to channel staff, funding, and resources into those programs that must be performed by public health.

While direct one-on-one programming will always be an essential need in the community, many of these services are no longer arenas where the Health District is the sole service provider, nor are they aligned with the future vision of public health in Snohomish County. This approach is consistent with aligning our resources where public health is uniquely qualified, and identifying ways that the Health District can affect the greatest good for the greatest number of people in our community.

Moving forward, it is imperative that we are aligned internally, politically and with our many partners on where our role is in the variety of issues facing Snohomish County.

Organizational Options for Local Public Health in Washington

Councilmember Ken Klein provided a proposal in September 2015 to transition the authority of the Health District to Snohomish County government in a process to be completed by January 1, 2017. Several board members expressed interest in moving forward with an assessment, including other options.

Within Washington's 39 counties, there are 35 local health jurisdictions. They are currently arranged in the following five ways:

- Single county standalone district (like Snohomish Health District)
- Multi-county district (like Chelan-Douglas Health District)
- Public health department (like Clark County Public Health)
- Public health and human services department (like Cowlitz County Health and Human Services or Grays Harbor Public Health and Social Services)
- City-County public health agencies (like Public Health—Seattle & King County and Tacoma-Pierce County Health Department)

Evaluating a Nearly 20-Year Old Governance Structure

The current governance structure and process the Snohomish Health District Board of Health uses to conduct its business needs to be reviewed. **The initial Health District Charter was first crafted in 1959, with the most recent amendments made in 1997.** The existing charter stipulates a 15-member board comprised of one county councilmember from each of the five districts, one member from the largest city in each district, and the other cities within each district electing one representative. Given the significant changes that have taken place over the last 20 years, a fresh review and consideration of its governance structure and procedures is overdue.

State law (RCW 70.05.030 and RCW 70.46.031) prescribes minimum requirements for the composition of local boards of health. For instance, the Snohomish County Council retains authority to specify the membership and representation of the Health District, as well as appointing elected officials from cities and towns and persons other than elected officials as members of the health district board so long as persons other than elected officials do not constitute a majority. As part of the exploration of new or expanded funding sources, the County Council and fellow board members may determine that a different structure will serve the District's needs more effectively.

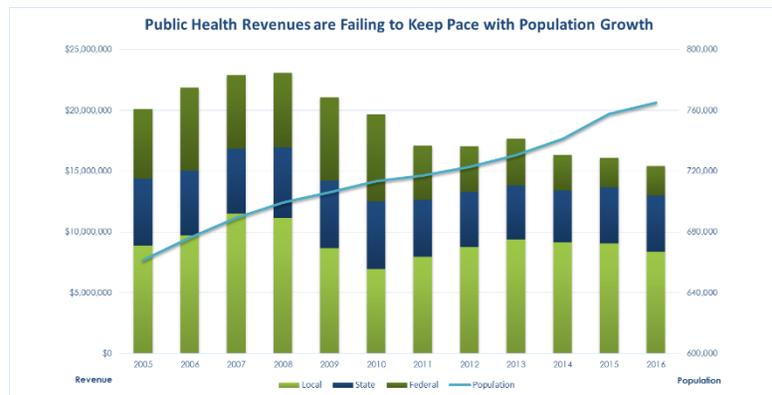
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Declining Resources to Meet Health Disparities of Growing Population

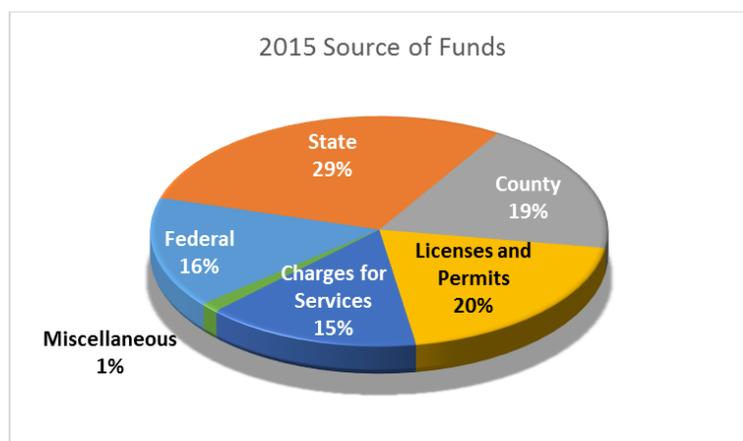
The Snohomish Health District was funded at \$16 million in 2015—a **22 percent decrease from the funding level of 2005**—yet the population has increased by 14 percent in the same 10 year period. Our

job of promoting and preventing healthy behaviors, communities and environments becomes increasingly difficult without the resources to keep pace with the changing and growing population. **Since 2005, the agency has eliminated 74 FTE—a reduction of 34 percent due to static or declining revenues in the face of increased costs.**



The agency relies heavily on 64 percent of its funding coming from intergovernmental revenue (federal, state and county sources) to support public health services. With 65 percent of the District's revenue being "restricted" or "categorical," **the majority of the agency's funds can only be used for specific purposes.** In addition to these sources remaining static or declining, **these funds are limited term, unpredictable and fluctuating grants that limits the District's ability to institute change.** Grant funding, in particular, does not provide the District with the flexibility needed to begin delivering public health services through broader, more community-based mechanisms.

Future funding of public health is anticipated to be a combination of increased state support, dedicated and sustainable local funding from new or expanded sources, and fees for services. There are options to achieve sufficient local funding, but none of them have an easy path forward. Current funding mechanisms include traditional voted and non-voted mechanisms (i.e. sales tax; utility tax, property tax) available to cities and counties, self-generated revenues (i.e. fees, licenses, permits, leases) and intergovernmental revenues (i.e. county, state and federal grants and contracts).



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Summary

Snohomish County has been in the news lately for being part of one of the fastest growing regions in the state. This exponential growth certainly has implications to costs and services for all government agencies, but it also means we are responsible for protecting the public health for nearly 760,000 clients (and climbing). While we are adding “clients,” we are also experiencing compounded cuts in funding.

Failing to address the fundamental issues mentioned earlier, coupled with continued funding cuts, leads to ripple effects across other programs and service offerings, including diminished partnership opportunities with Snohomish County Human Services, the Regional Drug Task Force, the medical community, and many non-profit organizations. Not only are these partnerships that we value, but they have brought significant benefits to the community.

Ultimately, it is the public's health that is in jeopardy. The Health District's reduced staffing over the years means less capacity to address ongoing and emerging health issues like the opioid epidemic, vapor devices, youth and adult injury prevention, stopping the spread of tuberculosis, and responding to measles and pertussis outbreaks. It restricts our ability to adequately prepare for and respond to emergencies of all kinds, like H1N1, Ebola, and the SR 530 Slide. It limits our ability to know what is happening in the community, develop public policy, communicate important messages to our partners and the public at large, and to mobilize other community resources. Finally, the declining revenues and restricted funding sources significantly limits our ability to nimbly invest staff and programming where it is most needed.

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