



SNOHOMISH
HEALTH DISTRICT

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2020 Strategic Plan

Acknowledgments

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Executive Summary

Mission

The Snohomish Health District's mission is to spearhead efforts to protect, promote and advance the collective health of our community. It will continue to do this by focusing on activities that are grounded in a set of foundational public health services, which include:

Communicable Diseases & Notifiable Conditions	Chronic Diseases & Injuries
Environmental Health	Maternal, Child & Family Health
Vital Records	Ongoing, Critical Public Health Issues
Access to Medical, Dental & Mental Health Care	Build a Sustainable Organization

Current Activities

The District is using these foundational public health services as the basis for its goals. To address those goals, the District maintains services provided by its Administrative Services, Environmental Health, and Prevention Services divisions. The Administrative Services division provides all of the District's internal business services.

The Environmental Health division mostly addresses activities that are required and regulated by law. Those programs include providing vital records, school and child safety at facilities, and safety at water recreation facilities. The division also addresses food safety, smoking in public places, onsite sewage, solid waste, drinking water wells, pests, and shellfish safety. Lastly, it is responsible for planning and preparation for public health emergencies.

The Prevention Services division provides services in three general areas: maternal and child health, communicable and vaccine preventable diseases, and healthy choices. The maternal and child health program provides a variety of programs that address children and youth with special needs, developmental screening, childhood trauma, low-income pregnant women, breastfeeding, nutritional issues, blood lead screening, child dentistry, and support to low-income families facing health challenges.

The communicable disease program addresses conditions and diseases that are notifiable by law to state authorities. It focuses on disease surveillance as well as response to and prevention of diseases that may be a risk to public health, including tuberculosis, hepatitis, sexually transmitted diseases, HIV, and vaccine-preventable diseases. The tuberculosis program also conducts refugee health screening.

Through its healthy communities program, it addresses a variety of specific issues, including: opioids, marijuana, tobacco and vaping, suicide, immunization, exercise and physical activity, and nutrition. It is also responsible for conducting community health assessments and takes the lead on partnering with other organizations.

Potential Future Activities

The District faces ongoing, critical public health threats, needs, and challenges, including opioids and illicit drug use, suicide prevention, emergency preparedness and response, assessing health trends and planning responses, tobacco use and vaping, and marijuana use. It must also face newer or more urgent problems, including homelessness and its related public health problems, mental/behavioral health issues, and growing hepatitis C issues.

In the environmental arena, it must consider how best to collaborate in planning and adapting to emerging environmental issues that can impact public health. These might include sewage impacts to water quality as the use of onsite systems increases with new development in areas not served by sewers, how the built environment impacts public health, how climate change might impact public health, and other challenges.

The District intends to link with and participate in health care coalitions with direct service providers. It believes this can be a way to help increase access to medical, dental/oral, and mental health care by the District's service populations. It could also work with and support other organizations' efforts to advance nutrition and access to healthy food, children's oral health, and exercise and other healthy activities.

Internally, the District intends to build a sustainable organization, by developing adequate and sustainable funding, building leadership and policy development capacity, cultivating and supporting an expert workforce, applying cutting-edge technology, raising public awareness of its programs and services, ensuring accountability, and implementing its new division of responsibilities policy.

District Values

The District intends to root its programs, services and activities in a set of organizational values. Those values include commitment to our community; advancing clear, open and honest communication; responsible use of resources; driven by diversity, equity and inclusion; and operating as a team.

Constraints and Uncertainties

The District faces several organizational challenges that it intends to address to build a sustainable organization. These include funding, workforce/workplace issues, technology needs, raising awareness of the District's programs and services, accountability, and implementing its new division of responsibilities policy.

They will need to use evidence-based methods to address public health threats. Those potential threats include emerging diseases, newly resistant diseases, emerging drug abuse threats, environmentally based threats, and other as-yet-unidentified concerns. These uncertainties will require a variety of responses and currently unforeseeable future programs and services that may be needed.

Ultimately, these constraints, needs and uncertainties argue for retaining flexibility for policy-makers. This flexibility is needed in the realm of funding, organizational structure and functioning, as well as adaptability to respond to a variety of potential threats.

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I. Introduction, History and Context

Introduction

The Snohomish Health District's Board of Health has directed that this new strategic plan be developed. It is intended to focus the District's efforts to help safeguard and improve the health of the Snohomish County community over the next five years. It acknowledges the contributions of the District's 2009 and 2014 Strategic Plans but charts a more pragmatic course. That course is based on changed circumstances at the local, state and national levels, as well as continued uncertainties about the future and its unforeseen needs.

History¹

Origin of Public Health in Washington State

The effort to address public health in Washington State is as old as statehood. It began in 1889 when a state Board of Health was established in the Washington State Constitution. That Board's role was to provide recommendations to the governor and legislature to improve health and regulate many health-related activities. To extend that effort to the local level, the state enacted a law in 1903 that created county health officers and boards of health. Larger, first-class cities, such as Everett, were required to have their own health officers. That law was revised later

to require those health officers to be licensed physicians.

Origin of Public Health in Snohomish County

At the local level, a health department was officially created in 1923 within the Snohomish County government. It adopted its first sanitary code in 1957 (the first local government to do so). In 1959, the county government established the new, independent Snohomish Health District by merging the Snohomish County and Everett health departments into this new entity.

History of Local Public Health Events

Local public health efforts in Snohomish County, under both the County Health Department and later the independent Health District, have a history of undertaking a variety of activities. In the early part of the twentieth century, public health efforts focused on tuberculosis and later a Spanish flu epidemic.



Activities also included running a mobile x-ray clinic, administering skin tests and providing support to the Aldercrest Tuberculosis Sanatorium in Snohomish.

Mid-century public health efforts included inspecting dairies and slaughterhouses, addressing smallpox and polio outbreaks, and attending to sanitary issues related to building, plumbing, septic tank, solid waste, etc. In transitioning to a health district, public health actions included

¹ The events in this history section are excerpted from the Snohomish Health District's *Portraits of Public Health in Snohomish County* document.

running a mobile dental hygiene unit for preschool children, working with the Emander Community Club to turn the Emander Road landfill into McCollum Pioneer Park, and installing and maintaining an air-sampling machine as a part of an air-quality initiative. The District also began testing samples from the Everett sewage lagoon.

Later, the District opened a clinic in south county that offered x-rays, immunizations and other services. It established a birth control clinic in Mountlake Terrace. Toward the latter part of the century, the District helped vaccinate children against rubella. It managed Snohomish County's detoxification facility at Paine Field. And it reviewed and issued its first operating permit for the county landfill.

In the twenty-first century, the District addressed swine flu. It responded to the Oso mudslide with assessing water contamination and the safety, hygiene and decontamination of responders working at the site.



The District also completed its first Community Health Improvement Plan in 2000 to address youth physical abuse, suicide and obesity. It began addressing tobacco and marijuana smoking in public, and was the fifth in the state to prohibit public vaping. It was the second in the state and eighth in the nation to enact a pharmaceutical stewardship ordinance for

the safe and secure disposal of unwanted medicines. The District addressed emerging infections such as Zika, and it responded to outbreaks of diseases, including measles and *E. coli*. It conducted an opioid overdose survey, then participated in a collaborative effort to address the problem with other agencies.

As this history indicates, public health efforts in the county encompassed a wide variety of issues and activities to respond to the critical issues of the day. It is possible that some of those activities would be undertaken by other agencies or groups today, rather than the District. However, this history shows that the issues and activities that are considered within the realm of public health has varied widely in the past and might vary significantly into the future, as circumstances and needs change.

Local Organizational Changes

As the District's activities have changed over time to meet the county's most pressing public health needs, its organizational structure as well as its financing methods have also changed over the years. Some notable highlights include:

- ▷ Formation in 1966 of a city-county cooperative for funding (the first of its kind in the state). Eleven of 18 cities and towns in Snohomish County agreed to pay 50 cents per capita for public health services.
- ▷ Opening of the District's first satellite office in Lynnwood in 1972 and its second in Sultan in 1974.
- ▷ State repeal of county-dedicated tax millage for public health in 1978. This changed the District's financing from a dedicated funding source to discretionary appropriations from the county government. The District began

seeking additional support from the county and cities.

- ▷ State enactment of the Health Care Act of 1993, which established the motor vehicle excise tax (MVET) (also known as the car-tab fee) with a portion dedicated to funding local public health jurisdictions.
- ▷ Amending of the District's charter in 1997 to allow for its Board of Health to be composed of 15 members. Those members include all five Snohomish County council members and 10 mayors or city council members from its cities. This made it the largest local Board of Health in the state.
- ▷ Repeal by initiative of the MVET in 1999, which resulted in the loss of a significant source of revenue for local health jurisdictions.
- ▷ Reinstatement of per capita contributions from the county and its cities to help fund the District. The County and 13 of its 20 cities and towns agreed to contribute between \$0.50 to \$2.00 per resident to help fund public health.
- ▷ Restructuring of the District's leadership structure in 2017 from a health officer as director to an administrative officer and a health officer.
- ▷ Further fine-tuning of this change in leadership structure in 2019 to focus the administrative officer internally on the management of staff and the health officer externally to address substantive public health issues.

Context

Previous Strategic Planning

In the last ten years, the District has completed two strategic plans, one in 2009 and one in 2014. The 2009 plan set the District's vision and mission statements, which were carried forward in the 2014 plan. The 2009 plan also articulated seven "strategic directions", which it recommended the District pursue. Those directions included two that were focused on services: assuring access to public health services and addressing chronic disease and injury by supporting healthy lifestyles and environments. The other five strategic directions were more akin to strategies to advance those services. They encompassed the issues of funding, partnerships, information about disease and injury prevention, applying technology and increasing public involvement.²

The 2014 strategic plan built upon the 2009 plan by incorporating its vision, mission and "strategic directions". It also began a shift in effort from direct services to more population-based approaches.³ An example of a direct service could be addressing vaccine preventable diseases (VPDs) by having District staff vaccinate individuals, procure and distribute vaccines, or coordinate vaccine responses. A population-based approach, using the same example of addressing VPDs, could have District staff providing information and education about the value and effectiveness of vaccines in preventing diseases, as well as undertaking outreach to the most vulnerable groups affected by the disease in question.

² *Snohomish Health District 2009 Strategic Plan*, p. 6.

³ *Snohomish Health District 2014 Strategic Plan*, pp 13-15.

This proposed shift from providing direct service to using population-based approaches in the 2014 plan was based on the assumption that the vast majority of individuals would eventually have their own private health insurance. The 2010 Federal Affordable Care Act phased in a requirement for 2014 that made obtaining individual health insurance mandatory for those who could pay for it and offered subsidies to those who could not.⁴ That assumption has not held up. The Affordable Care Act has been divisive during its enactment and implementation. Philosophical differences about requiring individuals to have health insurance have led to significant oscillations in policy-making around it. As one example, a cornerstone of the act, the requirement for an individual to have health insurance, was rescinded for 2019.⁵ As a result, the number of individuals with health insurance has begun to decline.⁶

In summary, several of the issues and strategic directions in both the 2009 and 2014 plans have shown up in this new plan. That is because they have been newly raised by the District's current policy-makers, advisors and staff, and because they involve problems that are persistent and very difficult to solve.

Funding and Financing Constraints

Another issue that has plagued the District, as well as most other local public health efforts throughout Washington State and the nation, is how to fund its work. There has been a shift over time in the

responsibility for providing public health services. Throughout the early and mid-twentieth century, the federal government was in the lead of directing and funding public health efforts. This federal lead shifted over time to the states and then to local governments. Along with that shift, the responsibility and burden of funding public health efforts have also shifted to the states and ultimately to local governments.⁷

This local burden for funding public health comes as local governments face generally increasing service costs that are rising faster than their revenues.⁸ When car tab fees (which provided substantial, dedicated



local public health funding) were repealed, attempts at replacement funding (e.g., the MVET backfill account and the Governor's Blue Ribbon Public Health Fund) have never even achieved half of those previous levels of funding.⁹

Diminished funding from federal and state sources increases the pressure on local governments. Public health needs at the local level must also compete with the vast array of other local priorities for funding (e.g., law enforcement, courts and

⁴ HealthCare.gov website at: <https://www.healthcare.gov/fees/fee-for-not-being-covered/>.

⁵ Ibid.

⁶ US Census 2018 health care coverage data at: census.gov/library/publications/2019/demo/p60-267.html.

⁷ "Governmental Public Health in the United States: The Implications of

Federalism." at:

<https://www.healthaffairs.org/doi/full/10.1377/hlthaff.21.6.68>.

⁸ Snohomish County 2019 Budget Summary, Executive Recommended, p. 1, at:

<https://snohomishcountywa.gov/DocumentCenter/View/58228/2019-Exec-Rec-Budget-Book?bidId=>

⁹ Bronnum. *Public Health Finance & Governance*, p. 38.

corrections; emergency services; human services; parks and recreation; planning and community development, conservation programs and government operations.)¹⁰

Additionally, while the District is an independent unit of local government, it has no taxing authority of its own. This limits its ability to fund itself directly.

Lastly, local public health needs for funding must also contend with conflicting priorities for that funding among local, state and federal agencies. Funding from federal and state sources often comes from a variety of agencies (e.g., U.S. Department of Agriculture, Centers for Disease Control and Prevention, Health Resources and Services Administration, Environmental Protection Agency, Food and Drug Administration, Department of Homeland Security, etc.).¹¹ At the state level, Washington State funds local health jurisdictions (and the District specifically) through its Departments of Health, Ecology, and Health and Human Services, and through allocations from its general fund.¹² These funds are often “categorical”, which means they are earmarked for a specific service, program, disease, etc. They are often inflexible and based on problems defined at the federal or state level, with restrictions on their use that can involve defined levels of effort or practices that may not meet local public health needs.¹³

Building a Focused and Sustainable Organization

The District faces the challenges of working within tight financial limits and the often-inflexible constraints that come with their funding sources. Within those constraints, the District has to provide effective delivery of its core services, while maintaining flexibility for policy-makers to be able to adapt to new threats, requirements and financial circumstances. To achieve this, they must attempt to provide internal stability within an externally unstable context.



The District will also begin implementing its new division of responsibilities policy, which further fine-tunes the structural change made in 2017 that moved the district from the “health officer-as-CEO” to “an administrative officer/health officer” model of management. This document will focus the administrative officer on internal operations and management and the health officer as the external face of the agency.¹⁴

¹⁰ Snohomish County Executive’s 2020 Budget Proposal at: <https://www.snohomishcountywa.gov/DocumentCenter/View/68565/2020-Exec-Rec-Budget-Book?bidId=>

¹¹ NORC at Univ of Chicago. *An Examination of Public Health Financing in the United States*, pp 3-4. At:

<https://www.norc.org/PDFs/PH%20Financing%20Report%20-%20Final.pdf>.

¹² Snohomish Health District 2019 Budget.

¹³ *An Examination of Public Health Financing in the United States*, p 15.

¹⁴ Snohomish Health District’s *Division of Responsibilities* document.

Uncertainties and Future Threats



Around 60 percent of all infectious diseases in humans are zoonotic (transmitted to humans from animals) as are 75 percent of all emerging infectious diseases. On average, one new infectious disease emerges in humans every four months.¹⁵ Ongoing research has identified a variety of potential, new, or recurring conditions that could occur over the next five to ten years in the U.S. Those diseases and incidents could include dengue, chikungunya, yellow fever, influenza, malaria, Japanese encephalitis, MDR-gram negative bacilli, tuberculosis (both multidrug-resistant [MDR-TB] and extensively drug-resistant [XDR-TB]), and/or acts of bioterrorism.¹⁶



Other possibilities may include *Trypanosoma cruzi* from ingesting contaminated, imported foods; progressive multifocal leukoencephalopathy from immunoactive drugs; prion disease (such

as Creutzfeldt-Jakob disease [CJD]); and common vaccine preventable diseases, if vaccination levels fall.¹⁷ There is also the potential of the introduction of a currently unknown or rare disease into the U.S., most likely from an animal origin in another country.¹⁸

As Yogi Berra once said, “It’s tough to make predictions, especially about the future.” While that is literally true, it doesn’t mean that nothing can be anticipated or that no planning for the future should be attempted.

Using Evidence-Based Approaches



The District will need to use evidence-based methods to address those previously listed public health threats. While those threats are possibilities, their probabilities are not known. Robust public health surveillance and assessments to gain actionable evidence are the only ways to determine which, if any, of those diseases or conditions might become local public health threats.

The District believes that evidence-based methods are the way to address threats that may result in a variety of responses and currently unforeseeable future programs and services.

¹⁵ UNEP Frontiers 2016 Report, p. 16, at: http://wedocs.unep.org/bitstream/handle/20.500.11822/7664/Frontiers_2016.pdf?sequence=1&isAllowed=y

¹⁶ Healio, Infectious Disease News journal, at: <https://www.healio.com/infectious->

[disease/news/print/infectious-disease-news/%7B5bf419ec-097c-4f1f-9411-18fb0704eb86%7D/potential-emerging-diseases-in-the-united-states-in-the-next-five-to-10-years](https://www.healio.com/news/print/infectious-disease-news/%7B5bf419ec-097c-4f1f-9411-18fb0704eb86%7D/potential-emerging-diseases-in-the-united-states-in-the-next-five-to-10-years).

¹⁷ Healio, Infectious Disease News journal.

¹⁸ Ibid.

Retaining Flexibility

Ultimately, these constraints, needs and uncertainties argue for retaining flexibility for policy-makers. This flexibility is needed in the realm of funding, organizational structure and functioning, as well as adaptability to respond to the variety of potential threats.



II. Vision, Mission and Values

In this plan, the District's previous vision and mission statements were revisited by the Board of Health.

Vision Statement:

By leading and partnering with our communities we create a resilient and healthy community throughout Snohomish County.

Mission Statement:

The Snohomish Health District spearheads efforts to protect, promote, and advance the collective health of our community.

Organizational Values Statement:

The District also conducted exercises with its staff and the Board of Health to identify its commonly held core values. These values signify basic principles with which the District intends to conduct its business, both internally in its operations and externally with its customers and the populations it serves.

Those values include:

✧ Commitment to our community



Dedicated to those we serve and pursuing the common good. We engage our community and partners to help solve problems, share new ideas, and explore perspectives. Holding a very inclusive and broad view of the entire community and its needs, we focus our collective energy on producing positive benefits.

✧ Advancing clear, open and honest communication



Prioritizing good communication with the Board of Health and the community is fundamental to the effective operation of the District. This includes speaking openly, practicing active listening and prioritizing timely internal and external communications, not only ad hoc, but also through formalized processes and channels. An environment that strives to be free of surprises, helps build trust and fosters teamwork across the organization and with the community.

✧ Responsible use of resources



We are deliberate stewards of the public resources with which we are entrusted. We commit to employing evidence-based strategies, careful deliberation and transparency of decisions. We demonstrate integrity through smart spending of time and money and establishing measurable and attainable expectations.

✧ Driven by diversity, equity and inclusion



We are open to different opinions and ideas, inclusive of everyone, and committed to understanding the inequities that are barriers to healthy lives and living. We adapt to changes in the community, its composition and demographics, its needs and concerns, and strive to provide services equitably. The organization celebrates and respects the uniqueness of cultures, communities and diverse ideas, and strives to reflect the community's demographics.

✧ Operating as a team



The District works as a team and is accountable to each other in improving the health of the community (achieving our goals) by taking pride and ownership in our work, meeting our agreed timelines and celebrating our successes. We trust and respect each other and can acknowledge our mistakes, and we individually and collectively strive to deliver quality services.

III. Foundational Public Health Services

The driving force behind the development of foundational public health services was the desire by federal, state and local public health policy-makers to define a universal set of minimum, basic public health services that should be available to all persons across the U.S., no matter where they are. This plan builds on the results of these efforts. It uses the foundational public health services as its goals.

governmental organizations; and private foundations. Its mission was to create a minimum package of public health services based on what was deemed needed in health departments everywhere for the public health system to work anywhere and for which costs could be estimated. The result of that work was the development of a suite of skills, programs and activities (called foundational public health services or FPHS) that were determined to be the minimum services that no health department should be without.¹⁹



What are Foundational Public Health Services?

The seeds of forming a public health baseline of services were sown during and in the aftermath of the 2007-2009 recession. Local governments, and especially local public health agencies, saw drastic cuts to their budgets that resulted in cuts to vital public services.

In the spring of 2013, a Public Health Leadership Forum was convened at the national level. That forum included recognized public health experts from local, state and federal public health agencies and associations; academia; non-

Foundational Public Health Services in Washington State

Additional work was done in Washington State to build on that national work. It resulted in 2019 with the articulation of Foundational Public Health Services in state statute. Revised Code of Washington Chapter 43.70.515(4)(a) states, “For purposes of this section, foundational public health services means a limited statewide set of defined public health services within the following areas:

- (i) Control of communicable diseases and other notifiable conditions;

¹⁹ FPHS Planning Guide, p. 2.

- (ii) Chronic disease and injury prevention;
- (iii) Environmental public health;
- (iv) Maternal, child, and family health;
- (v) Access to and linkage with medical, oral, and behavioral health services;
- (vi) Vital records; and
- (vii) Cross-cutting capabilities, including:
 - (A) Assessing the health of populations;
 - (B) Public health emergency planning;
 - (C) Communications;
 - (D) Policy development and support;
 - (E) Community partnership development; and
 - (F) Business competencies.”

These foundational public health services have not yet been formally defined in rule-making; however, the Washington State Department of Health (DOH) listed some of the activities (prior to the passage of that state law) that they believe can help clarify what needs to be done to implement these services. Those activities are listed in *Washington Foundational Public Health Services Functional Summary Definitions Version 1.3*, November 2017.

In that document, both foundational programs and foundational capabilities are delineated. These activities can also be considered by the District as ways to advance its goals locally (they will be revisited in the Implementation Considerations Chapter in this plan). They are described below.

Foundational Programs

The DOH document says that foundational programs (i through vii above) have several common activities associated with them. Those activities include:

- ▷ **Communicating** - provide timely, locally relevant and accurate information to communities about the issue;
- ▷ **Partnering** - identify local community assets, develop and implement prioritized control plans addressing the issue;
- ▷ **Assessing/Investigating** - promote evidence-based strategies, ensure surveillance, investigation and assessments are undertaken;
- ▷ **Funding** - seek resources;
- ▷ **Policy-making** - advocate for high priority prevention and control policies and initiatives;
- ▷ **Regulating/Enforcing** - improve safety through inspections, licensing, monitoring and taking enforcement actions as appropriate; and
- ▷ **Coordinating Efforts Overall** - assure that these services are well coordinated with the other foundational services.

Foundational Capabilities

The document says that foundational capabilities are the crosscutting capacities and expertise needed to support public health programs, including abilities regarding:

- A. Assessment (Surveillance and Epidemiology),
- B. Emergency Preparedness (All Hazards),
- C. Communication,
- D. Policy Development and Support,
- E. Community Partnership Development, and
- F. Business Competencies (leadership; accountability; quality assurance; quality improvement; info. technology; human resources; fiscal mgt.; contract and procurement; facilities and operations; and legal).

IV. Current Programs and Services

This chapter describes the suite of programs and services that the District currently provides. Many of these directly address the foundational public health services that were previously described. To provide its services, the District organizes itself into three divisions: Administrative Services, Environmental Health, and Prevention Services.

Administrative Services

The Administrative Services division provides all of the District's internal business services, such as human resources, finance and accounting, communications and policy, facilities maintenance and fleet management, technology and information systems, equipment, supplies, etc., for all the District's programs and services.



Environmental Health

The Environmental Health Division mostly addresses activities that are required and regulated by law. Those programs include the:

- Provision of birth and death certificates.
- School and Child Care Facility Safety focuses on injury prevention for infants and children in facilities and students in classrooms, shops, labs and playgrounds; secondarily on

maintaining adequate learning environments by looking at lighting, air circulation, etc.

- Water Recreation - Injury Prevention emphasizes injury prevention for all ages by ensuring barriers exist to restrict youth access to pools and spas for drowning prevention.

- Food Safety permits and inspects permanent and temporary food service establishments.

- Onsite Sewage reviews designs and permits all new and repaired septic systems. It also reviews relevant county and city land use and development proposals.

- Complaint Investigations and Enforcement are undertaken as needed for failing septic systems, improper garbage disposal, and any other

environmental health issue (e.g., pests and zoonotic issues.)

- Solid Waste
 - Facility Permitting and Inspections of solid waste handling facilities (e.g., transfer stations and recycling facilities) and open and closed landfills.
 - Local Source Control provides waste-reduction strategies to local businesses.
- Smoking in Public Places initiative provides educational materials to business owners as a follow-up to complaints.
- Drinking Water Wells
 - Inspections of new and decommissioned water wells during construction.
 - Reviews water quantity and quality data prior to the issuance of a well drilling permit.
- Shellfish harvest safety harvests clams and mussels for lab testing to ensure they are safe for consumption.
- Planning, preparedness and response for emergencies.

Prevention Services

The Prevention Services division provides services in three general areas: maternal and child health, communicable and vaccine preventable diseases, and healthy communities. Within the maternal and child health area, the division provides or coordinates the provision of:

- Maternal and Child Health Block Grant programs:
 - Children and Youth with Special Health Care Needs includes infants, children and youth from birth to age 21 who have one or more chronic physical, developmental,

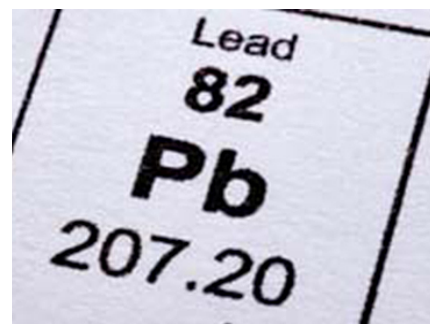
behavioral, or emotional conditions and require special health and support services.

- Universal Developmental Screening supports the early identification of children at risk for developmental delays.
- Adverse Childhood Experiences



addresses potentially traumatic events that occur in childhood (0-17 years), such as experiencing violence, abuse, or neglect; witnessing violence in the home; or having a family member attempt or die by suicide.

- Breastfeeding support.
- Blood Lead Program addresses childhood lead poisoning by screening children for elevated blood lead levels and helping ensure that they receive appropriate medical and environmental follow-up.



- Work First is a program to assess low-income families for issues that may prevent them from being able to work.

- Access to Baby and Child Dentistry connects low-income families with dentists who know how to care for young kids, preventing tooth decay early and educating parents about how to take good care of their children's teeth.

The division also addresses a variety of communicable and vaccine preventable diseases that currently include:

- Tuberculosis (TB);
- Perinatal Hepatitis B;
- Human Immunodeficiency Virus/Acquired Immuno-Deficiency Syndrome (HIV/AIDS);
- Sexually Transmitted Diseases (STDs) such as Hepatitis C (Hep C), chlamydia, gonorrhea, syphilis, sexually transmitted HIV, and court-ordered HIV testing;
- Diphtheria, tetanus, pertussis (whooping cough), polio, measles, mumps, rubella, hepatitis A and B, varicella (chickenpox), and others;²⁰; and
- Refugee Health Screening to improve health outcomes and protect public health.



²⁰ CDC reported cases in the US at: <https://www.cdc.gov/vaccines/pubs/pinkbook/appe/ndix/appdx-e.html>.

With regard to other communicable and vaccine preventable diseases, this division investigates and develops responses to new, emerging or recurring diseases of concern. Past examples of outbreaks of these types of diseases and conditions in Snohomish County include tuberculosis (TB), small pox, polio, swine flu (H1N1), zika, and *E. coli* infections.²¹ In addition to these, other areas in the U.S. have experienced outbreaks that have included severe acute respiratory syndrome (SARS), West Nile virus and monkey pox, as well as terrorism attacks using biological agents such as anthrax.²²

An additional program in this division promotes healthy choices. Those efforts address undesirable and destructive behaviors and encourage more healthy behaviors with regard to:

- Opioids,
- Marijuana,
- Tobacco and vaping,
- Suicide,
- Immunization,
- Exercise and physical activity, and
- Nutrition.

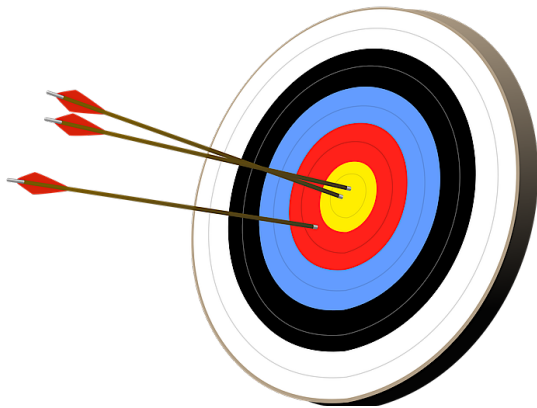
The division is also responsible for conducting assessments of health trends and the planning of responses to address those trends. It also leads the efforts in the development of community partnerships with a variety of groups, organizations, and other agencies.

²¹ *Portraits of Public Health in Snohomish County*.

²² Healio, Infectious Disease News journal.

V. Goals

The goals described in this chapter are aligned with the foundational public health services listed in state law and described previously in the Foundational Public Health Services Chapter. The current focus activities listed under each of these goals are derived from the District's relevant current programs and services, described in Current Programs and Services Chapter. The new or changed focus activities are new direction from the Board of Health about what they believe will need to be addressed in the future.



Goals.

A. Communicable Diseases and Notifiable Conditions	B. Chronic Diseases and Injuries
C. Environmental Health	D. Maternal, Child and Family Health
E. Vital Records	F. Ongoing, Critical Public Health Issues
G. Access to Medical, Dental and Mental Health Care	H. Build a Sustainable Organization

Snohomish Health District Goals:

The District will address the following strategic public health goals:

A. Reduce the rate of communicable diseases and other notifiable conditions:

Current efforts: Focus on communicable diseases and other notifiable conditions as a priority. Some of those current diseases and conditions include tuberculosis (TB); sexually transmitted diseases (STDs) such as chlamydia, gonorrhea, syphilis and human immunodeficiency virus (HIV); a variety of vaccine preventable diseases (VPDs), such as chickenpox, Hepatitis A and B, flu, measles, mumps, pertussis/whooping cough, tetanus, and others; and perinatal Hepatitis B. The District will also continue its current immunization education efforts.

New or changed focus: Focus attention on Hepatitis C as a growing problem.

B. Prevent or reduce chronic diseases and injuries:

Current efforts: Current efforts for addressing chronic diseases focus on providing general information about these conditions in its other related education, communications, and outreach efforts. For injury prevention, continue its current programs for school and child care facility safety, pool and spa injury prevention, food safety at facilities and events, and fighting smoking in public places.

New or changed focus: Focus attention on suicide prevention, opioids and illicit drug use, and work with and support other partners who are lead

agencies with specific populations (e.g., seniors, etc.).

C. Provide high-quality environmental health services:

Current efforts: Continue provision of required services in addition to looking for increased efficiencies. Some of those services include regulating onsite sewage treatment, solid waste facilities, drinking water wells, etc.



New or changed focus: Support planning and adaptation, in collaboration with other agencies, to address other environmental issues such as sewage impacts to water quality, public health impacts of the built environment, potential public health impacts from climate change, etc.

D. Improve maternal, child, and family health outcomes:

Current efforts: Continue current programs such as children and youth with special health care needs, universal developmental screening, adverse childhood experiences, breastfeeding support, blood lead program, Work First, physical activity promotion, and healthy nutrition.

New or changed focus: Focus attention on mental health, nutrition and access to healthy food, and children's oral health; work with and support other agencies' efforts to promote nutrition, exercise and other healthy activities.

E. Provide legally required vital records:

Current efforts: Continue current provision of birth and death certificates, as required by law.



C. Address ongoing, critical public health issues:

Current efforts: Continue current programs to address these ongoing, critical public health issues, including:

- a. Opioids and illicit drug use,
- b. Suicide prevention,
- c. Emergency preparedness and response,

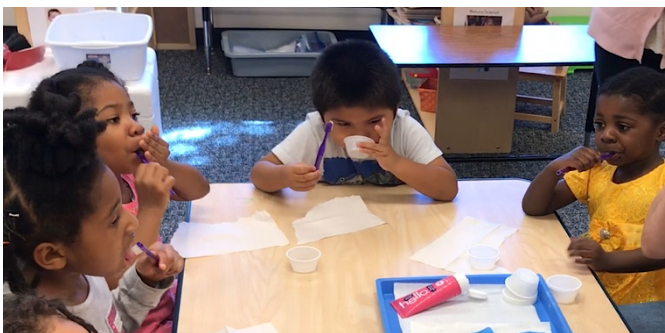
- d. Assessing health trends and planning responses,
- e. Tobacco use and vaping, and
- f. Marijuana use.



New or changed focus: Focus attention on:

- g. Homelessness and related public health problems, working in the District's specific areas of its competency while supporting other agencies and groups that are the recognized leads in this field.
- h. Mental/behavioral health for the general population, vulnerable populations, locally incarcerated persons, etc.
- i. Other/emerging issues as current issues may be brought under control or become a lesser threat, and as other new and/or emerging issues become more critical.

D. Support increased access to medical, oral and mental health care services:



Current efforts: Continue current programs such as access to baby and child dentistry, refugee health screening, community partnerships, etc.

New or changed focus: Linking with and participating in health care coalitions with direct service providers, and providing access information to the District's service populations.

E. Build a more sustainable organization:

New or changed focus: Support and/or work toward:

- a. Funding stability, predictability and sustainability;
- b. Leadership and policy development capacity;
- c. Workforce recruitment, retention, succession planning, training, capacity, staffing levels and a quality workplace;
- d. Investing in emerging technology;
- e. Increasing awareness of the District's programs and services among the public, businesses, and institutions;
- f. Accountability for assignments and outcomes using agreed metrics and reporting timeframes; and
- g. Implementation of the new division of responsibilities policy.

VI. Strategies

This chapter lists a menu of potential strategies that might be applied to each of the goals described in Chapter V, Goals. These strategies were derived from currently successful efforts used by the District, recommendations by Board of Health members, and information from a variety of other public health sources.



Strategies.

1.	Lead on an issue
2.	Partner with other agencies, groups and organizations
3.	Use regulation and enforcement
4.	Provide direct service
5.	Use education, outreach, and communication efforts
6.	Secure and allocate funding
7.	Expand the application of technology
8.	Undertake policy development
9.	Conduct assessments

1. Lead on an issue.

This strategy has the District heading efforts to address the issue in question. Employing this strategy, the District will accept or acknowledge responsibility for the issue and direct appropriate District resources toward it.

The District will take the lead on an issue when it is either required by law to do so, if the District is uniquely qualified to address the issue, or if it is the desire of the District's policy-makers to take the lead.

2. Partner with other agencies, organizations or groups.

This strategy has the District working with other agencies, groups, or organizations to convene, catalyze, advocate, and/or support potential partner agencies. This strategy may include a range of methods from informal collaborations, contracting, co-delivery of services, or more formal partnerships or consortia, etc.

Using this strategy suggests that the District recognizes that it cannot sufficiently address the issue on its own. It may not have the resources, expertise, or authority needed to fully address the issue. It may also be used in specific cases when the District may more effectively play a supportive role when it is not the appropriate agency to lead on the issue.

3. Use regulation and enforcement.

The District has regulatory and enforcement authority that it may use in appropriate cases to achieve public health goals. This authority includes the ability to stop work from being performed, such as construction or food service. It can quarantine individuals to stop the spread of

communicable diseases. It can levy fines or suspend licenses and certificates. It can also pursue civil remedies, depending on the urgency or severity of the issue.

4. Provide direct service.

In some cases, the District is required to provide specific services, such as provide birth and death certificates or onsite sewage development review and permitting. In other cases, District policy-makers may desire the District to provide other services directly for the sake of efficiency, to ensure the work gets done under their authority, or to more directly control the outcomes.

5. Use education, outreach and communication efforts.

The District may employ education, outreach, and communication efforts to elicit behavior change related to public health issues. These efforts might include providing warnings about a hazard or threat, along with alternatives and approaches to avoid or address the hazard or threat.

It might mean providing information to help guide and direct members of the public to access District services. It might also mean providing information about other related services provided by other agencies, nongovernmental organizations, affinity groups, or medical, dental or mental health providers.

6. Secure and allocate funding.

This strategy could include using or directing District funds. It could include seeking grants from a variety of sources, such as federal, state and local agencies, nongovernmental organizations, businesses, etc. It might also involve the establishment of a public health foundation for Snohomish County to further encourage the development of additional funding for public health efforts.

7. Expand the application of technology.

This strategy is aimed at increasing efficiency of the District's operations. It might include updating data and information systems, expanding education, outreach and communications methods, or speeding general customer service, permit issuance, records requests, or any other area to which technology can be applied.

8. Undertake policy development.

This strategy could include making changes to the District's policies or codes, working to modify other local policies or ordinances, or initiate changes to existing state legislation.

9. Conduct assessments.

This strategy focuses on developing data, facts and evidence through assessments, investigations, and tracking and monitoring public health issues.

VII. Matching Strategies to Goals

This chapter links higher priority strategies from the previous Strategies Chapter to the goals in the Goals Chapter. The boxes in the following table with checkmarks (✓) indicate primary/higher priority strategies for the goal in the same row. The shaded boxes (■) suggest secondary/lower priority strategies for the goal in that row.

These strategies should be considered guidelines for the District and should not constrain staff if a lower priority strategy, indicated in this chapter, might actually be more effective or applicable in a specific case or situation. Regardless of which strategy is used, it is critical to apply the strategy that best fits the specific issue being addressed.

Matching Strategies to Goals

GOALS	STRATEGIES								
	1. Lead	2. Partner	3. Regulate & Enforce	4. Direct Service	5. Communicate/ Educate/Outreach	6. Secure/Allocate Funding	7. Apply Technology	8. Develop Policy	9. Assessments
A. Reduce rate of communicable diseases & notifiable conditions	✓	✓	✓	✓	✓	✓	✓	✓	✓
B. Prevent/reduce chronic diseases & injuries	✓ (i)	✓ (i,ii)	✓ (i)	✓ (i)	✓ (i,ii)	(iii)	✓	✓	✓
C. Provide high-quality environmental health services	✓	✓	✓	✓	✓	(iv)	✓	✓	✓
D. Improve maternal, child & family health outcomes	✓	✓	■	✓	✓	✓	✓	✓	✓
E. Provide vital records	✓	■	■	✓	✓	(iv)	✓	■	✓
F. Address ongoing, critical public health issues (v)	✓	✓	✓	✓	✓	✓	✓	✓	✓
G. Support increased access to medical, oral & mental health care services	■	✓	■	■	✓	■	✓	■	✓

Cont'd., Matching Strategies to Goals

GOALS	STRATEGIES								
	1. Lead	2. Partner	3. Regulate & Enforce	4. Direct Service	5. Communicate/ Educate/Outreach	6. Secure/Allocate Funding	7. Apply Technology	8. Develop Policy	9. Assessments
H. Build a more sustainable organization									
○ Funding Stability	✓	✓		✓	✓	✓	✓	✓	
○ Leadership & Policy Development	✓				✓			✓	
○ Workforce/Workplace Development	✓					✓		✓	
○ Invest in Technology	✓	✓				✓	✓	✓	
○ Communicate about Programs	✓	✓		✓	✓	✓	✓	✓	
○ Accountability	✓				✓	✓	✓	✓	
○ Implement <i>Division of Responsibilities</i> policy	✓				✓		✓	✓	

Notes:

✓ A primary/higher priority strategy.

■ A secondary/lower priority strategy.

- (i) *Injury Prevention – The District’s focus in this goal area is on injury prevention within its specific regulatory requirements (e.g., pools and spas, food preparation and handling, and other regulated areas).*
- (ii) *Chronic Diseases – The District’s focus regarding this portion of the goal is on partnering and communications.*
- (iii) *The majority of funding for injury prevention work is from fees; the funding for work on chronic diseases is from non-fee sources.*
- (iv) *This effort is fee-funded.*
- (v) *Because this goal includes addressing new and emerging issues, any of the listed strategies might be appropriate, as well as new strategies that are not currently foreseen.*

VIII. Implementation Considerations

This chapter lists actions that have been gleaned from discussions with the Board of Health, Public Health Advisory Council and District staff, and suggested in the *Washington Foundational Public Health Services Functional Definitions Manual*. To implement this plan, these actions should be considered for inclusion in the annual or biennial program work plans of the appropriate District's divisions and programs and ultimately, staff. Those work plans will also require the development of metrics, assignments of lead staff, the determination of which additional staff should be involved/assigned, and projections of work into timeframes with appropriate milestones and reporting deadlines.

Goals A through G

GOALS	POTENTIAL ACTIONS
A. Reduce rate of communicable diseases & notifiable conditions	<ul style="list-style-type: none"> • Provide information to communities on prevention and control of communicable disease and other notifiable conditions.
	<ul style="list-style-type: none"> • Identify local community assets, develop and implement a prioritized control plan, and seek resources and advocate for high priority prevention and control policies
	<ul style="list-style-type: none"> • Promote immunization through evidence-based strategies and collaboration with schools, health care providers and other community partners to increase immunization rates.
	<ul style="list-style-type: none"> • Ensure disease surveillance, investigation, and control in accordance with legal requirements and guidelines.
	<ul style="list-style-type: none"> • Ensure availability of public health laboratory services for disease investigations and response, and reference and confirmatory testing related to communicable diseases and notifiable conditions.
	<ul style="list-style-type: none"> • Develop a plan for addressing Hepatitis C.
B. Prevent/reduce chronic diseases & injuries	<ul style="list-style-type: none"> • Add information about chronic disease (including behavioral health), injury, and violence prevention into other related education, communications and outreach efforts.
	<ul style="list-style-type: none"> • Focus attention on suicide prevention, opioid and illicit drug use, and work with and support other partners who are lead agencies with specific populations (e.g., seniors, etc.).

Goals A through G, cont'd.

GOALS	POTENTIAL ACTIONS
C. Provide high-quality environmental health services	<ul style="list-style-type: none"> • Continue provision of legally required services in addition to looking for increased efficiencies. Some of those services include regulating onsite sewage treatment, solid waste facilities, drinking water wells, etc.
	<ul style="list-style-type: none"> • Support planning and adaptation in collaboration with other agencies to address other environmental issues such as sewage impacts to water quality, public health impacts of the built environment, potential public health impacts from climate change, etc.
D. Improve maternal, child & family health outcomes	<ul style="list-style-type: none"> • Provide information to the District's service populations (taking into account childhood adversity and health inequities).
	<ul style="list-style-type: none"> • Identify local community assets, develop a prevention plan (using life course expertise and an understanding of health inequities), seek resources, and advocate for high-priority policy initiatives.
	<ul style="list-style-type: none"> • Continue current programs such as children and youth with special health care needs, universal developmental screening, adverse childhood experiences, breastfeeding support, blood lead program, Work First, physical activity promotion, and healthy nutrition. • Focus attention on mental health, nutrition and access to healthy food, and children's oral health; work with and support other agencies' efforts to promote nutrition, exercise and other healthy activities.
E. Provide vital records	<ul style="list-style-type: none"> • Continue to efficiently provide birth and death certificates.
F. Address on-going, critical public health issues	<ul style="list-style-type: none"> • Continue to address as a high priority opioids and illicit drug use, suicide prevention, emergency preparedness and response, assessing health trends and planning responses, tobacco use and vaping, and marijuana use (using MAC/other multi-agency format as appropriate).

Goals A through G, cont'd.

GOALS	POTENTIAL ACTIONS
F. Address ongoing, critical public health issues, cont'd.	<ul style="list-style-type: none"> • Develop plans for addressing new issues, including homelessness and its related public health problems, and mental/behavioral health (using MAC/other multi-agency format as appropriate).
G. Support increased access to medical, oral & mental health care services	<ul style="list-style-type: none"> • Continue current programs such as access to baby and child dentistry, refugee health screening, community partnerships, etc.
	<ul style="list-style-type: none"> • Focus on linking with and participating in health care coalitions with direct service providers, and on providing access information to the District's service populations.

Goal H, Building a Sustainable Organization

Goal H and its sub-goals address internal, organizational issues. This goal and its sub-goals (also listed in the Goals and Matching Strategies to Goals Chapters) include:

Goal H

GOAL	SUB-GOALS	POTENTIAL ACTIONS
H. Building a Sustainable Organization	Funding stability/predictability/sustainability	<ul style="list-style-type: none"> • Reconsider permanent/dedicated funding sources (e.g., per capita, dedicated appropriation %).
		<ul style="list-style-type: none"> • Research other funding methods (e.g., health impact bonds/wellness fund, health impact fees, pooled funding w/other agencies, additional fees for service, advocacy for more flexibility w/state & fed pass-through funding and block-grants, etc.).
		<ul style="list-style-type: none"> • Institute a staff grant/funding development team.
		<ul style="list-style-type: none"> • Institute a public health foundation.
		<ul style="list-style-type: none"> • Lease out unused space.
	Leadership & policy development capacity	<ul style="list-style-type: none"> • Set policy priorities (select issue areas for policy research/making).
		<ul style="list-style-type: none"> • Develop a BOH member "onboarding"/orientation program.
		<ul style="list-style-type: none"> • Develop a responsive process for BOH members who desire critical issues briefings.
		<ul style="list-style-type: none"> • Develop policy to address health disparities.

Goal H, cont'd.

GOAL	SUB-GOALS	POTENTIAL ACTIONS
H. Building a Sustainable Organization, cont'd.	Workforce recruitment, retention, diversity, succession planning, training, capacity and a quality workplace	<ul style="list-style-type: none"> • Develop staffing/recruitment plans based on projected needs to address goals and to reflect community diversity.
		<ul style="list-style-type: none"> • Develop recruitment, retention and succession plans.
		<ul style="list-style-type: none"> • Develop internal personnel communications system.
	Investing in emerging technology	<ul style="list-style-type: none"> • Upgrade electronic health information systems.
		<ul style="list-style-type: none"> • Upgrade communication technology.
		<ul style="list-style-type: none"> • Develop policy regarding most efficient and appropriate uses of technology.
	Increasing awareness of the District's programs & services among the public, businesses and institutions	<ul style="list-style-type: none"> • Design and implement a communication/outreach campaign, using all applicable technologies and targeted at raising community awareness as well as building support for the District.
	Accountability for assignments & outcomes using agreed metrics & reporting timeframes	<ul style="list-style-type: none"> • Develop program metrics.
		<ul style="list-style-type: none"> • Develop work plans.
		<ul style="list-style-type: none"> • Assign reporting requirements for each program.
		<ul style="list-style-type: none"> • Use technology to the fullest extent to increase efficiency.
	Implementation of Division of Responsibilities Policy	<ul style="list-style-type: none"> • Begin implementation w/reorientation of Administrative Officer internally and Health Officer externally.
	Advancing the District's Values	<ul style="list-style-type: none"> • Develop an internal staff and management team to develop recommended ways to integrate the values into operations.
		<ul style="list-style-type: none"> • Recognize employees who embody or take actions to advance the District's Values.

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