



Supported and Sustainable: The Future of Public Health in Snohomish County

April 8, 2015

OVERVIEW

In its 2014 Strategic Plan Update, the Snohomish Health District signaled a number of upcoming organizational changes that are necessary in response to the Affordable Care Act, ongoing budgetary shortfalls, and continued shifts in public health at the federal and state levels. The Update included eight strategic initiatives, which are currently being implemented. While this "Future of Public Health in Snohomish County" document is aimed at addressing Initiative 7: Improve Health District Funding and Governance, it is our hope that the holistic evaluation and recommendations will benefit the entire agency.

The Update also referenced ongoing efforts at the state level to draw clear distinctions around the minimum level of capabilities and programs needed throughout the state in order for the public health system to work. As shown in Figure 1, the Foundational Health Programs and Capabilities framework identifies those programs, capabilities and services that are required or authorized by state law. It also identifies those services that public health can deliver most effectively due to its expertise, community connections, or objectivity/neutrality.

The goal of the state's effort is to provide consistency across local health jurisdictions in Washington, ensuring that everyone is provided with similar core services from one community to the next. In other words, the foundational health definitions are designed to channel staff, funding, and resources into those programs that are most critical to be performed by public health. This is because of either legal requirements, that no other community providers are equipped to take on the role, or that public health has the highest quality expertise and information to carry out the program.

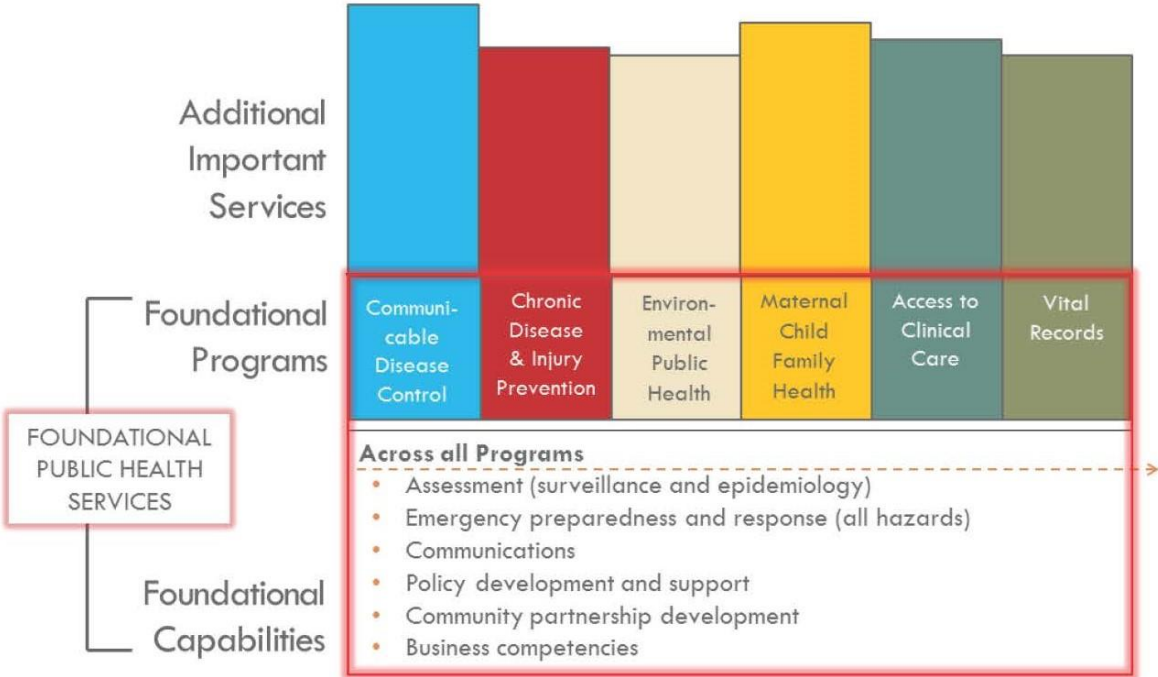


Figure 1. Public Health Framework Developed by the Foundational Public Health Services Policy Workgroup's "A New Vision for Washington State" Report (January 2015)

In line with the state's efforts, the Board of Health recently endorsed a similar proposal from the District's senior leadership. The directors evaluated all programs and services in light of the framework. While foundational services are unique to public health, others are viewed as "additional important services." These are areas where we have an opportunity to grow the overall number of providers available to provide those services, such as federally qualified health clinics and non-profits. Some of these services may be best suited for the Health District to continue providing. However, there are services that can be transitioned to the community over time.

Benefits to Snohomish County

Currently the District provides direct clinical service to a relatively small percentage of the Snohomish County population. Because we are devoting such a significant portion of our funding and resources toward clinical services, we are limited to providing those services to a small number of people who come to the District for care. We recognize, however, that there is a much larger percentage of Snohomish County residents who may also be at risk, but are not seeking the services we offer.

Framing the Future

"No matter where they live, all residents of our state should be able to rely on the governmental public health system to possess specific skills to detect and remedy public health hazards, deliver an essential set of services that protect their health, and demonstrate their ability to do so by meeting specific standards. Without this underlying foundation the public health system cannot operate equitably and optimally for every resident throughout the state of Washington."

Public Health Improvement
Partnership Foundational Public
Health Services
June 5, 2013

The Board of Health supports a new model where the community is the client, rather than being individual-focused. With the entire community in mind, the Health District will:

- **Track a wide variety of health issues and risks, targeted to specific inequities within the county.** Staff will maintain and analyze data, working with community partners to explore inequities and other health priorities in greater depth.
- **Ensure critical services are delivered to those with the greatest need** by supporting other agencies and community groups delivering clinical services.
- **Protect the public as a whole from disease and preventable injury** by maintaining ongoing surveillance, evaluation, and outreach efforts.
- **Improve access to healthy food, physical activity opportunities, and healthy starts** in the early years of childhood development by leveraging public policy, health planning, education, and promotion efforts in the community.

Initial efforts at building direct clinical services capacity in the community started in mid-2014 by identifying community partners willing to provide immunization services for our clients. These clients will benefit significantly by getting those immunizations from providers that can also become a true "medical home." This transition is now feasible because of the Affordable Care Act making health care insurance more widely available. In addition to

the obvious benefits of immunizations, being cared for by medical professionals allows for the ability to track a wider range of individual health concerns and issues not addressed in our clinics.

First laid out in the 2014 Strategic Plan Update, we are pleased to report that the immunization services transition effort is going well. Federally qualified health clinics have availability to provide services to uninsured individuals who have been receiving their immunizations through the Health District. We have also identified adequate healthcare providers and pharmacy resources to immunize insured clients, which typically have made up about half of our total immunization clients at SHD. As we transition away from immunization services, we will continue to provide oversight, consulting, and expertise to providers in the community. These early successes further bolsters our confidence that we will be able to make similar transitions with other program areas in the not too distant future.

Our goal is to build the capacity among our partners so that together we can deliver a full slate of programs to Snohomish County's underserved and most vulnerable. While we certainly recognize that not all services can be—or should be—delivered by other organizations, the board and senior leadership believe that the community would ultimately benefit from collaborative partnerships and further service shifts to more appropriate providers. By increasing this capacity and transitioning such services, District personnel can bring together community organizations and work in a consultative manner in order to fully implement these very important services. This work will require close collaboration with other agencies to ensure the programs successfully address health issues at the community level.

Figure 2 provides simple distinctions between one-on-one and population-based delivery models. This document outlines potential opportunities for transitioning to the population-based model, as well as expansions of existing outreach programs to better serve the community.

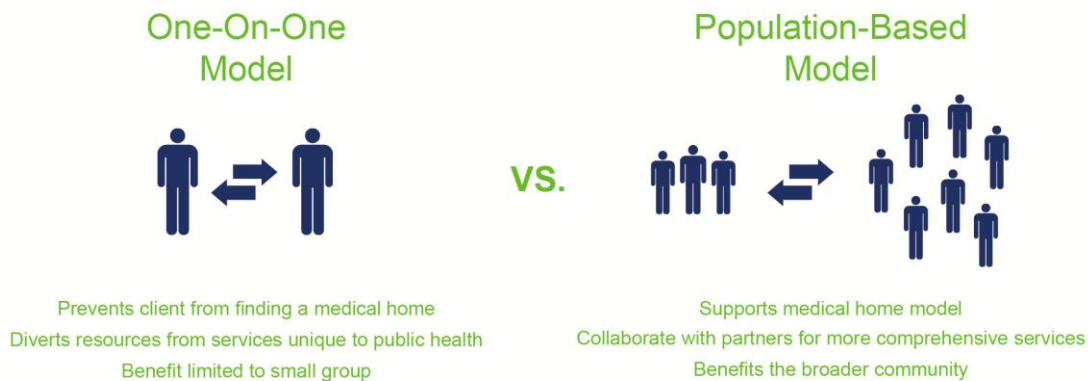


Figure 2. Comparison of Delivery Models

Anticipated District Financing Implications

The changes proposed do not necessarily translate directly into financial savings, nor are they intended to move toward a “bare bones” model of operations. Any potential savings from further transitioning clinical services will likely occur in concert with increased funding to successfully implement the community health initiatives outlined in this document.

Funding for public health continues to be a challenge to maintain, let alone grow. It is also important for people to see public health funding as a shared responsibility, with support from state and local levels. A diverse policy workgroup published *Foundational Public Health Services: A New Vision for Washington State* in January 2015. This report lays out a new vision for the governmental public health network in our state, while recommending state funding for foundational services increase from \$175 million to \$305 million annually. Unfortunately, as shown in Figure 3 on the next page, state funding has failed to keep up with the pace of inflation and population growth. This leaves local health jurisdictions such as ours struggling to maintain services.

State funding for the District is unlikely to increase in the immediate future. However, the public health community, via the Public Health Improvement Partnership, believes that dedicated state funding for public health is feasible and can be achieved over time.

New Revenue Sources Are Needed

Even restoring funding levels to the \$3.3M historically funded by the County will not address the continued structural deficit the District faces. New revenues will be needed to sustain the services proposed.

We must look to the county and cities assure the funding needed to enable us to provide the foundational services of public health.

Planning for a sustainable public health model

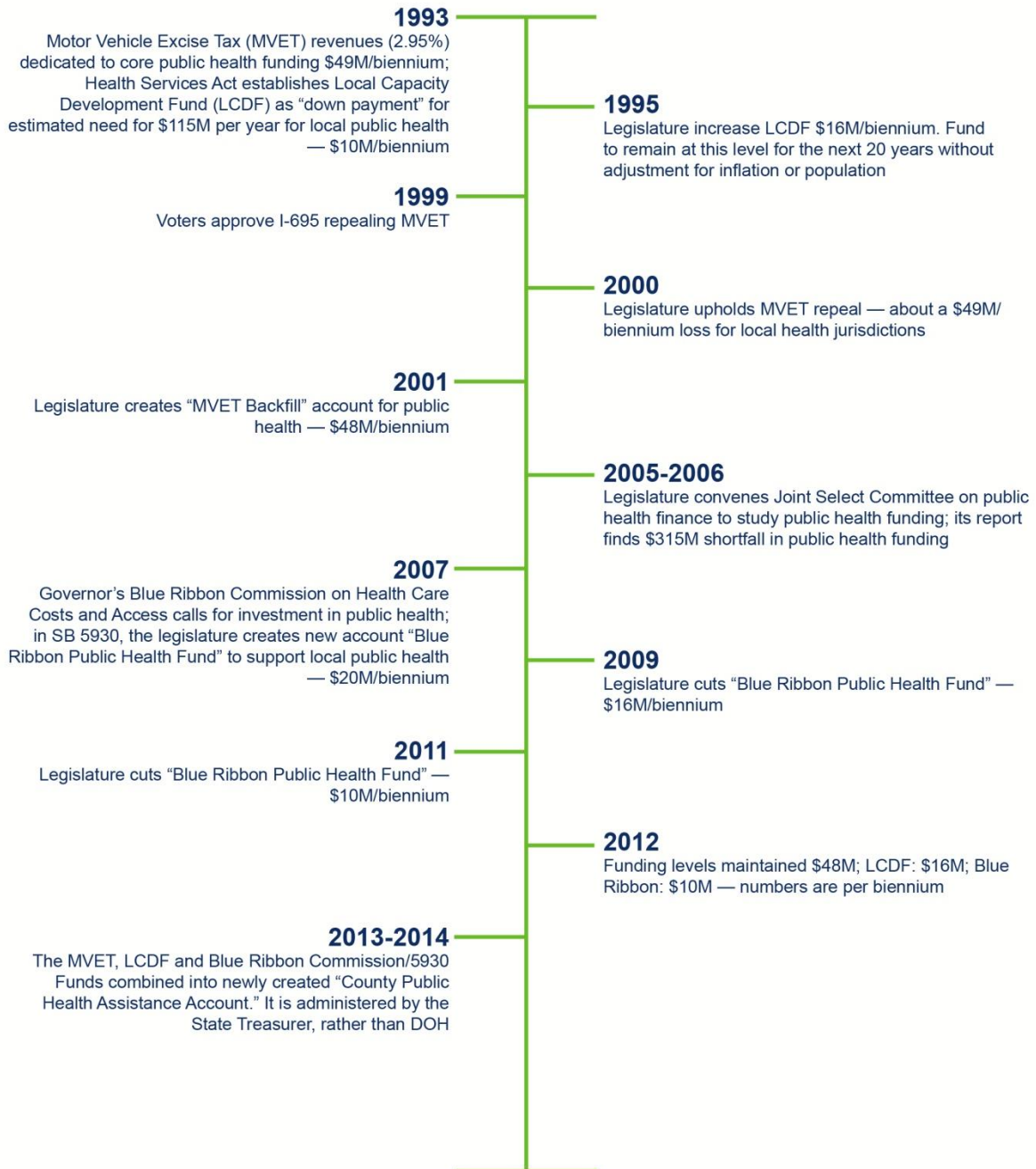
requires both short- and long-term adjustments. One way we are actively working toward this transition is to carefully evaluate vacancies as employees move or retire. We are looking at each position to analyze not only the job description as it is currently written, but to also determine the skills and expertise that may be required of this position in the future. This is enabling us to recruit new employees who are well-suited to help move the District in new directions.

The District will also re-evaluate its fees and charges to assure such revenues cover the cost of service delivery to the maximum extent possible/allowable. In addition to evaluating our programs, services, costs, and staffing needs, we must also secure financial commitments locally from Snohomish County and the cities served by the District.

Continued dedicated county funding—at current

levels or higher—is essential to the District not only maintaining current services, but enhancing population-based services and programs.

Public Health Funding in Washington State



Source: Washington State Public Health Association, in partnership with the Public Health Roundtable.

Figure 3. The Steady Decline of Public Health Funding

Countywide Support Requested

The District strongly believes that the proposed direction outlined in this document is the right course of action for the long-term viability of public health in Snohomish County. Throughout 2015, the board and staff will need to consider questions like:

- Should these proposed actions be pursued?
- For those selected, what is a reasonable timeframe to accomplish them?
- Is public health in Snohomish County best served by the current governance structure of the District?
- If not, what changes should be made to that governance structure?
- How can public health in Snohomish County best be financed?
- Is it equitable to expect that the County will continue to fund the District?
- Given the public health benefits to all of the Snohomish cities, should those jurisdictions share in the costs of providing public health county-wide?
- What should the state contribute and how can the cities and county influence state financing of public health?

These and other issues will be explored, not by the Board of Health, but also through a stakeholder engagement process. The Board of Health asks for the County's commitment to carefully examine this proposal, participate in the discussions related to this future direction, and be prepared to take the actions needed to ensure that all necessary measures are taken for a fully supported and sustained future public health program for Snohomish County.

PROGRAM AREAS

We believe the Snohomish Health District is uniquely positioned to serve as an overseer, protector, and regulator of the public's health throughout the County. The District can also serve as a convener and facilitator for a wide variety of community health needs. **This is the direction the board has adopted for the future of the District.**

The Snohomish Health District can best be understood through three broad areas, each of which contains a number of programs, services, and functions.

Snohomish Health District Program Areas



Healthy People



Healthy Environment



Foundational Capabilities

Most of what is proposed here includes services already being offered by the District. However, there are some cases where we feel programs could be combined or enhanced in ways that will make them both more efficient and effective. We are proposing to transition other programs out of the purview of the District over time to other providers, and those potential transition areas have also been detailed.

Programs for Healthy People

Communicable Disease Surveillance and Outreach

These programs address many infectious diseases, ranging from influenza to whooping cough to sexually transmitted diseases, HIV and hepatitis, to name just a few. The District investigates cases, assures that exposed persons get appropriate preventive treatment, and informs the medical community and the public about outbreaks. The District also provides information and outreach related to those diseases that can be prevented through vaccination, promotes the importance of these vaccinations, and maintains quality assurance over much of the vaccines being stored and delivered throughout the County. Finally, the District provides training and technical assistance to child care providers to ensure facilities are protected from infectious disease.

Snohomish County is one of five counties within the state that have been identified as having relatively high rates of HIV. The District has transitioned low- and moderate-risk HIV testing to other community partners. We will continue the District's efforts, including targeted testing, to reduce disease rates in high-risk populations in coordination with the Washington State Department of Health.

Tuberculosis Tracking and Prevention

The Tuberculosis (TB) Control program focuses on prompt evaluation and treatment of individuals who either have or are suspect of having TB, as well as contact investigations to assure that people who have been exposed to TB are offered appropriate screening. Approximately 25 individuals in Snohomish County are treated for active tuberculosis each year. Many clients have other health risks, including substance abuse, homelessness, and chronic illnesses. The District provides treatment monitoring and case management to individuals diagnosed with TB in order to mitigate side effects, eliminate barriers to treatment adherence, and assure treatment completion. We also provide preventative treatment to individuals who have latent TB infection and are at high risk of developing active disease.

Proposed Changes:

The Communicable Disease Outreach program will be expanded beyond its current role, which is to provide information about disease prevention and control to child care facilities.

Staff resources will be assessed to ensure that the District is also providing information related to early childhood development, nutrition, physical activity and other important community health factors.

Proposed Changes:

Only the Health District can investigate tuberculosis exposure and assure prevention. These are foundational services and will continue. We will explore strategies to improve the efficiency of monitoring and to recover costs for clients who have insurance.

Policy and Planning

The District is involved with a multitude of policy and planning efforts at all levels—local municipalities, county- and state-wide, and nationally. Whether it be implementing smoking in public places and drug take back programs, or understanding the lifelong effects of adverse childhood experiences, this work underscores the importance of supporting the entire community as a key strategy for preventing disease and promoting life-long health.

There are a number of avenues where we can make an impact. For example, **options for bridging primary prevention, social policy and intervention in order to improve health outcomes for young children include:**

- Integrating the District's expertise into existing child, adult, and neighborhood platforms and programs.
- Targeting communities within the County where children are at a higher risk of compromised care and development, including insufficient family income, food insecurity, and unstable housing.
- Collaborating with groups working with children 0-3 years of age. Children are at the greatest risk of being victimized by abuse, neglect and toxic stress before the age of 3—a point when the brain is undergoing rapid neuronal proliferation and development.
- Focusing on creating opportunities for children and parents to succeed together. Programs should recognize parents' strengths and help them take an active role in their child's education and development by incorporating ways for parents to interact with fellow parents and build peer support systems.
- Connecting with schools, a logical nexus to reach families and children to provide school-based initiatives that implement trauma-focused interventions, develop parenting skills, and address barriers to health services.

Proposed Changes:

District personnel will work more with community agencies and businesses on issues affecting pregnant and parenting families, such as early access to prenatal care. Another focus is on changes to community programs and policies to reduce and prevent the effects of adverse childhood experiences. We will continue to leverage our partners in work centered on preventing suicide, youth abuse, and obesity.

Health Education and Promotion

There are a number of unique opportunities where county residents—especially the most vulnerable and underserved—can benefit from education and group dynamics. For instance, District staff could provide on-site outreach at agencies providing other services to target populations in order to improve health knowledge and behaviors. Other examples include:

- *Growing Healthy Together*: This initiative will be designed to strategically focus on supporting the needs of pregnant and parenting women who face challenges that put their health and the health of their infants and children at risk. These challenges include poverty, social or geographic isolation, recent arrival to the U.S., alcohol or substance

Proposed Changes:

District staff will begin to provide health education in a group setting, rather than with individual clients. Given its neutrality and oversight capabilities, the Health District is in a unique position to bring together a variety of organizations that may not be typically working together.

abuse, mental health, past trauma, and family violence. The District has already identified four zip code areas in the County that have a higher percentage of pregnant women and parents who are exposed to these risks. Working with community partners and service providers, a team of District personnel will provide nutrition, health, and pre-natal counseling, breastfeeding education and food preparation training, education and support for infant care and child development, health and wellness messaging. District personnel will also serve as advocates to make sure this population finds the help they need at local service agencies and systems. Potential partners for this work include the Lynnwood Food Bank, YWCA, Silver Creek Family Church, ChildStrive, Catholic Community Services, and Snohomish County's extension project "Growing Groceries."

- *Partnership to Serve Pregnant, Chemically Dependent Women:* Therapeutic Health Services has expressed interest in partnering with the Snohomish Health District. Their mission is to work with individuals and families affected by alcohol dependence, drug dependence, and/or mental illness. Specifically, their Pregnancy and Family Recovery Program provides services to pregnant women suffering from substance abuse. Therapeutic Health Services wants to explore the integration of the District's knowledge of pregnant and parenting families in a group setting with the population of women they serve who are chemically dependent. Should the partnership prove viable, District staff will provide First Steps services with the goal of reducing premature births and low birth weight infants, promoting breastfeeding, educating the women about pregnancy issues and resources, and supporting health parenting.

Community Capacity Building Will Likely Take Several Forms

The District will be developing detailed work programs outlining how outreach and partnerships can occur. The approaches may vary based on the needs of agencies and the population served. An intentional course of action will be developed by laying out timeframes and key milestones for transitions in service delivery.

Examples may include:

- Evaluating vacancies to identify skills needed for potential new roles
- Develop skill sets in staff to foster engagement and partnership-building
- Co-location or transition staff to another agency for a period of time
- Multi-year sponsorships to assist partners in developing the in-house capabilities
- Unique space sharing and/or lease agreements
- Grants or startup/expansion funding for non-profits in a niche market

Regardless of structure or options, we will maintain an appropriate role to ensure the community continues to receive consistent or improved levels of care.

Community Health Assessment and Action Teams

The 2014 Strategic Plan Update called for the implementation of health action teams to focus on community conditions that can be changed. Barriers such as a lack of safe places for people to be physically active, limited access to healthy food, and the proliferation of establishments selling fast food and tobacco are all contributing factors.

Through regular community health assessments and development of community health improvement plans, the Health District works with community partners, agencies, and coalitions to address the major causes of illness and death in Snohomish County. The District has had success in this convener role, and will continue to pursue these opportunities.

In addition, the District's recently completed Community Health Improvement Plan includes three priority health issues—youth physical abuse, child and adult obesity, and suicide—that require a community-wide response. Our partners rely on us to identify best practice strategies for programs, systems, policies, and environmental changes to impact the three priority areas.

For example, part of the plan to address obesity in Snohomish County includes the incorporation of health issues into transportation and comprehensive planning. The Health District is partnering with the Snohomish County Planning Department to contact all planners working for Snohomish County cities and towns that are required to update their comprehensive plans. The District has also worked with many smaller jurisdictions, especially those without full-time planners, providing assistance in the review of their draft plans.

Another effort is underway with the Healthy Communities Coalition, led by Health District staff. The "5-2-1-0" marketing campaign is providing a consistent nutrition message County-wide regarding greater fruit and vegetable consumption and reduced consumption of sugary beverages. The District has partnered with the City of Lynnwood, Everett Parks, Community Transit, and Snohomish County Parks and Recreation to get signage around public buildings, parks, and trails.

Proposed Changes:

Public health is uniquely qualified to inform and educate community leaders on policy, systems, and environmental changes that make it easier, more convenient, and more affordable for people to make healthy decisions. Much like proposed changes in Health Education and Promotion, the District will further develop roles where we serve as a coach or advocate on a particular topic. Furthermore, we can leverage the pre-existing relationships with community groups to keep the momentum of past efforts moving forward.

Healthy Starts

The District does not currently have programs organized under a “Healthy Starts” umbrella. However, as we were evaluating the primary outcomes for many of our services, a common theme emerged. **Each of the services highlighted below strive to offer people the healthiest start in life possible.**

Refugee Health. The District manages a refugee program, which is an important effort to ensure that refugees get a positive health foothold as they move to the United States. We will continue to manage this program and will work collaboratively with other community agencies that can provide the required immunizations for these refugees.

- Services for Special Populations. The District currently offers oral health assessment and fluoride varnish applications to young children served by the WIC/First Steps Clinics. As other providers assume these clinical services, District personnel will continue in an advisory role to ensure that low-income children and adults have increased access to dental care, reduced emergency room visits for dental emergencies, an increased awareness of the importance of prevention measures, and the integration of dental with other health services. In addition, the District will continue in its unique role of assessing the oral health of our residents through mechanisms such as the SmileSurvey and the Dental Health Provider Shortage Area Survey. Staff also work with the Washington State Department of Health on specialized health assessment.
- Women, Infants and Children (WIC). Through assessment, counseling, education, and referral to resources of pregnant and postpartum women, the WIC program addresses the leading underlying causes of death for tobacco, poor diet and physical inactivity, alcohol consumption, and sexual behavior, as well as CDC's “Winnable Battles” of smoking, obesity/nutrition, and teen pregnancy. WIC also helps clients make a lifelong difference in the health of their young children with monthly checks to buy healthy foods, nutrition and health screenings, and assistance in finding health care and community programs.
- First Steps. The program assists women with targeted risk factors—mental illness, alcohol and substance abuse, smoking, domestic violence, hypertension or diabetes—in order to deliver full term, health infants. Public health nurses, a behavioral health specialist, and nutritionists identify and screen the high risk, low-income women in order to provide services designed to draw them into appropriate care. First Steps is a preventive health service that supplements medical coverage for Medicaid eligible women.

Proposed Changes: While we do not envision significant changes to the Refugee Health program, there are always opportunities to partner with local community groups and providers. Additionally, we believe the oral health assessments and fluoride varnish applications for young children would be more efficiently provided by private partners and other organizations. The District will continue to work with these providers in an advisory capacity.

Potential changes for WIC and First Steps are detailed in the case study on the following pages.

Expanding WIC and First Steps Services to the Community

As discussed earlier, funding for public health continues to be challenging. This is even more apparent with services like the Woman, Infants & Children (WIC) program and First Steps. The table on the next page highlights the similarities and differences between the programs, but the common thread is providing healthy starts through pregnancy and beyond.

Funding

WIC is funded by federal monies, passed through to us by the Washington State Department of Health. First Steps is primarily funded by Snohomish County, and last year's budget process demonstrated the significant challenges.

Services Critical to a Healthy Community

Both programs address critical gaps in prenatal and early childhood service, especially for some of our most vulnerable populations. While such programming will always be an essential need in the community, it may not always be best served primarily by the Health District. With the continued shrinking of budgets, and without changes to our service delivery methods, the program benefits will also dwindle. **Instead, we must look for creative ways to assure that the outcomes we seek—healthy pregnancies and first years of life—can still be achieved across the community.**

District personnel will work to build community capacity to deliver comprehensive WIC and First Steps programs over the next 2-3 years. We envision staff to begin initial efforts now and act as conveners, bringing together a variety of partners and services to strengthen and enrich the network of clinical services. The District's ongoing role will evolve over the course of the remaining years and beyond this transition, likely working to coordinate, facilitate, and evaluate the efforts of partner agencies. For example, staff might work with managed care organizations to assist in meeting their contract requirement to coordinate and refer pregnant enrollees to First Steps services.

This will not happen overnight. Many of these changes will take years to fully implement, and what might be the best course today may change as our community evolves. However, ensuring comprehensive care for these services will be the top priority.



	Women, Infants, & Children (WIC) Program	First Steps Program
<i>Program Goal(s)</i>	<i>Improve nutrition and health for women, infants, and children.</i>	<i>Promote healthy birth outcomes, increase access to early prenatal care, and reduce infant morbidity and mortality.</i>
<i>Offered by District Since</i>	2005	1989
<i>Target Population</i>	Pregnant, postpartum, and breastfeeding women, infants and children under 5 years of age. <i>(Parents, step-parents, guardians and foster parents can receive benefits on behalf of infants and children under 5 years)</i>	Low-income pregnant, postpartum, and parenting women and infants.
<i>Eligibility Requirements</i>	Nutrition risk and low-income (income at or below 185% of federal poverty guideline)	Qualify for Washington Apple Health (Medicaid)
<i>Services Provided</i>	Provides nutrition education, supplemental nutrition, and screening and referrals to other health and social services.	Provides access to medical and health care, social, and health services for pregnant and postpartum women and infants, care coordination, case management, health education, emotional and parenting support.
<i>Participants</i>	6,640 authorized WIC caseload (as determined by the state and Medicaid)	3,700
<i>Trends</i>	Declining; likely due to improving economy and easier access to food stamp programs	Slight decline; eligibility is for a shorter duration than WIC
<i>Annual Expenses</i>	\$1.5 million (Includes direct and indirect expenses)	\$1.6 million (Includes direct and indirect expenses)
<i>Funding Source(s)</i>	84% federal <ul style="list-style-type: none"> • US Department of Agriculture 16% local <ul style="list-style-type: none"> • Snohomish Health District 	100% local <ul style="list-style-type: none"> • Snohomish County Chemical Dependency/Mental Health Sales Tax • Medicaid fee-for-service • Snohomish Health District
<i>Other Providers in the County</i>	Pregnancy Aid/WIC (6 locations) Tulalip Tribe (1 location)	SeaMar Community Health Centers (3 locations) Step by Step (Pierce County-based, serves part of Snohomish County)
<i>Agency Oversight</i>	Washington State Department of Health	Washington State Health Care Authority

Programs for a Healthy Environment

Environmental Health Services

The District oversees compliance with a number of regulations that are designed to protect the public from health risks. Although current services are relatively limited to inspections and the dissemination of educational materials, these could be expanded to include greater emphasis and awareness related to healthy communities, including outreach to schools, food service organizations, planning, and policy development. Likewise, there is a noticeable gap in enforcement and education related to indoor air quality. No County agency has the responsibility to respond to citizen requests related to poor indoor air quality, nor is any agency charged with the dissemination of information related to this issue.

Proposed Changes:

The District will leverage the expertise of staff who are already working in the field to participate in a more integrated way with community health and outreach programs. The District will pursue the possibility of leading the efforts to inform public policy about indoor air quality.

These services are currently being provided and clearly meet the Foundational guidelines. They will continue to remain under the purview of the Health District.

Solid Waste – Staff inspect landfills and other solid waste sites and facilities to ensure that materials are being handled and disposed of safely and that they do not constitute a hazard to public health.

Septic/Land Use – District personnel inspect septic systems to keep the community safe from human waste. Personnel also provide advice on land use decisions that could impact the safe operation of septic and other waste systems.

Food Safety – District inspectors make certain that restaurants and other food service providers are complying with food handling regulations, keeping the community safe from food borne illnesses.

Drinking Water – the District works with individual and public drinking water sources to ensure they are free from contamination.

Living Environment – The District is responsible for inspections of water recreation areas (beaches and pools), campgrounds, and schools. This program is especially aimed at keeping children safe.

Foundational Capabilities

The District will maintain the levels of support needed internally to ensure that the organization runs smoothly and is in compliance with all state and federal regulatory requirements. In addition, the District has recently implemented a number of customer service initiatives aimed at improving service at all levels of the organization. This includes the regular solicitation of customer feedback, streamlined work processes, reduced transaction times, and investments in e-commerce capabilities.

Foundational capabilities for the District include:

Administrative Leadership - Directors will remain in key leadership roles to manage and oversee the work of the entire organization.

Information Services - Electronic health information will be maintained to support public health operations and analyze health data.

Communication - Communication functions will be maintained to ensure quick and thorough dissemination of health-related information throughout the County, including a comprehensive communication strategy, press relationships, and the use of electronic media. As the District moves into a different realm of service delivery, marketing and public outreach campaigns will increase significantly. Campaigns emphasizing the importance of exercise, access to healthy foods, and enhanced awareness of preventable diseases and health risks will become a hallmark of new approaches toward public health improvements for all of Snohomish County.

Human Resources - Oversees the development and maintenance of a competent workforce, including recruitment, retention, succession planning, training, employee safety, performance reviews and accountability.

Financial Management – Manages the financial resources of the District, including budgeting, disbursements, contracts, and grants.

Vital Records – The District issues birth and death certificates, and provides education and information about these documents to the greater Snohomish community. These vital records are required for many purposes such as school and sports team enrollment, passports, obtaining a Social Security card, dependent health plan enrollment, and settling estates. District staff work with the Medical Examiner and funeral directors to ensure accurate and complete death certificate information so that certificates can be approved and burial permits issued. The program also provides accurate data needed to monitor and understand the causes of death such as chronic disease, injury, and communicable disease.

Public Health Emergency Preparedness and Response (PHEPR) – The District must be prepared to respond to public health emergencies, including disease outbreaks, storms, earthquakes, and other natural or manmade disasters. In 2014, District staff were activated to the Snohomish County Emergency Operations Center during the SR 530 mudslide and flood response, and had an on-site presence for the rescue and recovery effort. The District is the lead agency to coordinate Emergency Support Function (ESF) 8/Health and Medical response with community partners. Epidemiological surveillance and response is a critical component of SHD's ability to protect the public from communicable diseases such as Ebola or measles. The PHEPR program is also responsible for helping the other local health jurisdictions in Region 1 (Skagit, Whatcom, San Juan, and Island) to prepare for and respond to emergency events. This is a foundational program that will continue to be maintained.

CONCLUSION

As this document has explained, the Snohomish Health District needs to continue its efforts to transition to a population-based model of service. We looked at the different roles the District has in the programs and services we currently offer. We also evaluated areas where we can expand or transform our roles moving forward. **The goal is not to cut the District down to bare bones. Instead, we want to focus on areas where public health is most uniquely qualified and positioned to make an impact.**

“We have an obligation to reach out to the community—especially the low-income and most vulnerable—to make sure they have access to the help they need. We haven’t been able to do this as much as we should because of limited resources. We need to redirect those resources to do better, and to build capacity in the community in order to help us. It will take time to shift to this new model.”
– Dr. Gary Goldbaum, 2/7/15

At its core, **viewing the community as our client** becomes the focus of the District’s work. We have started this with transitioning immunization services into the community. Using that same collaborative framework, we can look to expand resources available for other programs. Looking at grant applications like *Growing Healthy Together*, how can we partner with other organizations to make the biggest impact for the populations we serve? **This will not happen overnight; it will take several years to fully realize.**

However, to achieve this transformation, we need:

- Commitment to the transformation of public health locally
- Sustained funding for us through transition period and to support the vision long-term
- Endorsement of process towards a new governance and structure

With the Board of Health and our senior leadership working together, we will be best positioned to **continue advocating for sustained funding, ensuring that the most vulnerable are served, and communicating the important work that public health does.**



Appendix: Local Public Health Funding Resources

[The Impact of Budget Cuts on Public Health](#). Washington State Budget and Policy Center, October 21, 2009.

“The ability of Washington’s public health system to accomplish its mission has been limited by financial strain even prior to the current recession. **In 2000, public health lost its share of Washington’s motor vehicle excise tax, which would have dedicated revenues from cities to local public health agencies while accounting for inflation and population growth.** After the repeal of MVET, there was some additional funding provided by the Legislature, but large gaps emerged that local governments could not fill.

From 1994 to 2004, in the 34 local health jurisdictions outside of King County, total funding from local sources dropped by 27 percent; between 1998 and 2004, Seattle & King County’s inflation-adjusted funding declined by 19 percent when non-grant, non-categorical state and county funding is considered. **Overall, local health agencies were operating with only half the resources needed for their services, with a shortfall close to \$200 million.**

Additional cuts in public health funding only further diminish the capacity to meet the mandate of improving the health and well-being of all Washingtonians.”