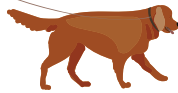




**SNOHOMISH
COUNTY** 
HEALTH DEPARTMENT



Snohomish County, WA 2025-2029
**HEALTH DEPARTMENT
STRATEGIC PLAN**

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Land Acknowledgement



We acknowledge the original inhabitants of this place, the Sah ku mehu (Sauk-Suiattle Tribe), the stuləgʷábš (Stillaguamish Tribe), and the sduhubš (Snohomish) Skykomish, Snoqualmie and their successors the Tulalip Tribes.

Since time immemorial, they have hunted, fished, gathered on, and taken care of these lands and waters. We respect their sovereignty, and their right to self-determination and honor their sacred spiritual connection with the land and water. We will strive to be honest about our past mistakes and bring about a future that includes their people, stories, and voices to form a more just and equitable society.

With this tribal acknowledgment, we open our time together by honoring the ancestors whose feet first knew these lands, and whose paddles still know the waters of what we now call Snohomish County.

Message from the County Executive



Dear Snohomish County residents,

As County Executive, the health and safety of all who live, work, and play here is of the highest importance to me. The Snohomish County Health Department does vital work to promote and protect the health of the public, and I am grateful for the many contributions of our public health team.

It has been a privilege to be involved in sharing some ideas and priorities that helped shape this strategic plan. I know many more of these ideas and priorities came straight from employees who know this work well and the communities they serve. In this plan, the Health Department looks to the future and sets tangible goals for advancing the health and wellness of all people in Snohomish County.

This document lays out a path to focus on key areas, from improving day-to-day healthy living to being ready for health-related needs in an emergency, and from strengthening our public health workforce to improving equitable health services for diverse communities. Strategic plans like this one are important because they keep us pulling together in the same direction. When we pull together, we achieve so much more than when we work apart.

This plan envisions a Snohomish County where “all people have the opportunity to live a life of good health and wellbeing.” This is a vision I wholeheartedly support..

Sincerely,

A handwritten signature in black ink, appearing to read 'Dave Somers', written over a horizontal line.

Dave Somers
Snohomish County Executive

Letter from the Director



Dear Community,

It is with great enthusiasm that I introduce our strategic plan for the next five years. First, because I sincerely believe this is a way forward to strengthen and provide advantages for our communities, but also because this is a product of the people in the county, coming together and giving input on what is important to them. We are incredibly grateful for their time and insights. At the Health Department, we believe that public health is for everyone, and our goal is to provide services and resources without barriers.

Each day, teams at the Snohomish County Health Department (SCHD) work to find solutions for the challenges the county faces. With our new strategic plan, these efforts will come together to align with six priority areas as we all move toward a concrete set of goals. Knowing that there are people who have been disproportionately impacted by health inequities, whether it is the person who has trouble accessing care due to a disability, or a parent whose time and finances are stretched thin when her children can't attend school, this plan lays out strategies that account for people whose needs often go underserved or unrecognized.

This plan articulates a set of underlying principles that ground our strategic plan in improvement, transparency, engagement, and belonging. We believe that each of these elements are essential to build a department that is responsive and intentional to the varying needs within the county. We acknowledge the challenges unique to Snohomish County, and unique to communities within the county. While our hope would be to address and solve all the challenges immediately, we do believe that with further listening, collaboration, and commitment, we can make significant progress in the next five years.

Snohomish County is the third largest county in the state, and with that, we bring an incredible number of assets to our people. When we all come together, I sincerely believe that we can accomplish anything. This plan was built in partnership with our community partners staff, and stakeholders we know that by working together we will achieve better outcomes.

Respectfully,

A handwritten signature in black ink, appearing to read "Dennis E. Worsham".

Dennis Worsham, Director
Snohomish County Health Department

* Dennis Worsham served as Snohomish County Health Department Director during the development of this strategic plan. At time of publication, he is serving as Washington State Secretary of Health.

Mission, Vision, Values



Our mission and values both guided us and compelled us to create our strategic plan guided by our values.

MISSION

To promote and protect the health and well-being of people in our community.

VISION

We work with members of our community and our partners to ensure all people in Snohomish County have the opportunity to live a life of good health and wellbeing.

VALUES

Our values represent the core principles that define health department culture and how we interact with communities:

Transparency

~

Improvement

~

Engagement

~

Belonging

About Snohomish County Health Dept



After operating as the Snohomish Health District since 1959, The Snohomish County Health Department was established in 2023, integrating as a new department within Snohomish County government. The goal of the transition was to improve public health services within the county.

Public health is the science and art of promoting health and preventing disease and premature death of a population by systematic efforts of society, communities, or individuals. Our work strives to do that through a blend of health protection, health promotion, and disease prevention efforts. The Health Department focuses on communicable disease control, chronic disease prevention, environmental health, family health, and emergency preparedness and response.

The Health Department serves over 849,000 people, representing:

- 21 cities and towns
- 15 School Districts
- More than 20,200 employers
- Over 16 languages
- 40,000+ veterans

In addition to providing information and striving to increase health literacy, the department provides services within the community, including:

- Providing vital records, such as birth and death certificates
- Restaurant and food safety inspections
- Pollution prevention assistance to businesses and help with hazardous waste removal
- New parent resources
- Refugee Health Resources
- Community vaccines

The Snohomish County Health Department continues to look for growth opportunities, piloting programs such as the Community Navigators program and a clinic focused on sexually transmitted infections (STI). Our aim is to be an accessible resource for everything from environmental toxins to child nutrition, making sure people have the information they need to make informed choices about their health.

Executive Summary

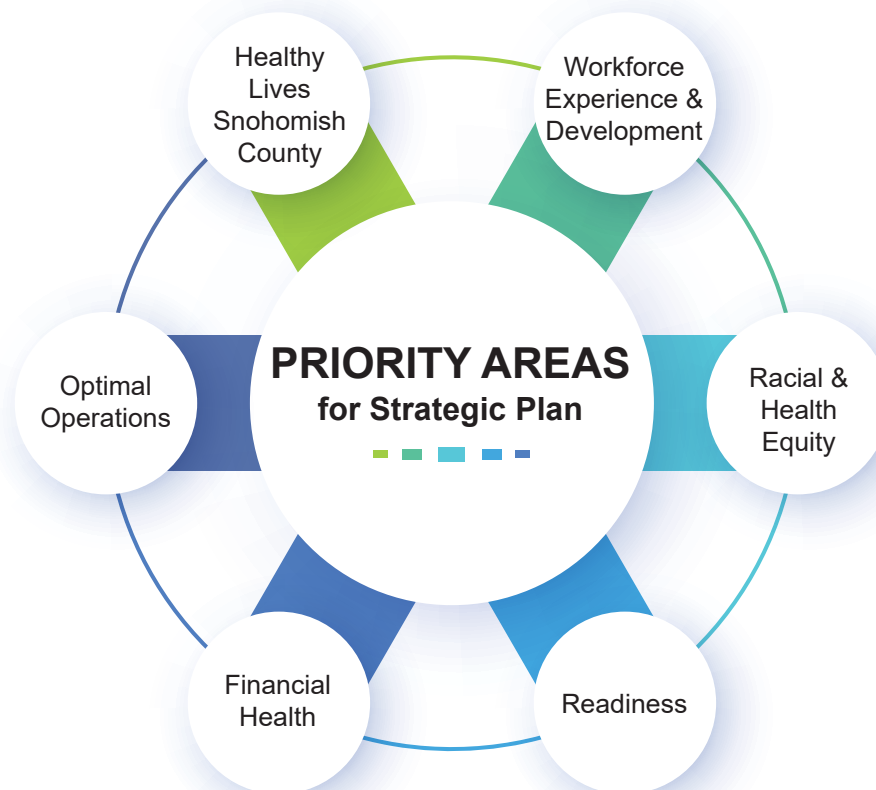


Strategic planning has provided us an opportunity to come together with intentionality to put into practice our values to the community, our staff, and partners. The plan lays out a path forward that aligns with our mission and values – and will improve our practices which will create a healthier Snohomish County, staff, and set a course for the coming years.

Over the next five (5) years, efforts will be aimed at building on successes gained as a Health District and Department, improving our public health practices, and centering community across our work so that all people will be able to achieve optimal health. We will do this by strengthening our organizational foundations and positively improving the health and lives of Snohomish County residents.

There are many challenges on the horizon for public health. These challenges are best identified and addressed through meaningful community engagement, a diversity of perspectives, and a commitment to listening. Our plan was formulated with these values in mind. Input from the community, our staff, elected officials, county departments with aligned purpose, and leaders of major Snohomish County health care systems are at the core of this plan.

Our strategic planning resulted in the following six (6) priority areas with associated goal, strategies, and objectives. Through collaboration, goals and strategies have been prioritized for action. Items with more immediate impact on those we serve and to lay necessary foundational steps for upcoming initiatives will be implemented first, others implemented in subsequent years.



This plan is both directional and purposeful. This is also a living document that requires learning from our work, making purposeful choices and adjustments over time and responding to the ever-changing landscape of funding and needs of the community. This is a dynamic plan.

Commitment to Community



The department is committed to removing barriers that limit the ability of many in Snohomish County to fulfill their health potential. As a leader in our county and authority on public health, we have a unique responsibility to identify and address assumptions and structural constraints to achieving health. We strive to deepen our understanding of how our communities are impacted by power and fairness and how our role in policies, practices and systems can influence change.

The department's work toward leading and centering community is continuing to evolve. For years, this work has been led by numerous passionate staff through largely opportunistic means. With this plan we strive with intentionality to lead by engaging in relationships across our communities to improve health by leaning into our values of transparency, improvement, and belonging.

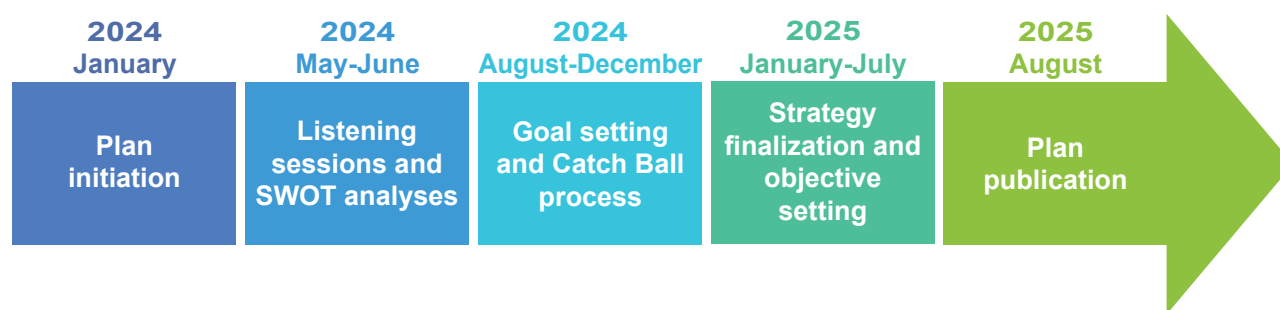
One example is this plan. Robust conversations focused on how community voices are represented in and throughout this plan and process of its creation. We intentionally asked questions such as: Who is involved in the creation of this plan? What does involvement mean? How is leading with experiences of power and fairness best shown -- by weaving it throughout the plan or as a standalone priority area? We chose to both imbue these values and have a priority area. We acknowledge that without putting these commitments into action our trust and integrity with Snohomish County communities is not fully realized.

Plan Development Process



In early 2024, department leadership initiated a strategic planning process. The process was designed with several key guideposts:

- Be a leader in addressing power and fairness in achieving health and co-creating public policies, programs, and services with those who have lived experience.
- Moving the department closer to achieving Public Health Accreditation Board (PHAB) standards and measures.
- Reach Washington State Foundational Public Health Services required service levels.
- Alignment with the Snohomish County Executive strategic goals.
- Have clear and transparent accountability of our public health services and practices.



Plan development was divided into phases. Phase I advanced a deeper process planning. Phase II focused on listening and information gathering that included a strength, weakness, opportunities, and threats (SWOT) analysis. Phase III built on the information gathered in the previous phase and used a catch ball process to iteratively create and confirm the plans content.

Phase I: Process Development

In preparation for plan development, senior leadership met to agree on planning aspirations and identify key contacts and groups for participation in plan development. A scan was conducted to identify local public health department strategic plan models and best practices to assist in planning process development and increase knowledge of SWOT analysis and other planning tools. One key guide from the National Association of County and City Health Officials, [Developing a Local Health Department Strategic Plan: A How-To Guide](#), was used as a framework to move closer to Public Health Accreditation Board (PHAB) standards and measures. A plan hierarchy emerged.

Plan Development Process



Phase II: SWOT

A Strengths, Weaknesses, Opportunities, and Threats analysis was conducted using facilitated conversations with internal and external collaborators. External collaborators included representatives from healthcare, the Community Equity Advisory Board, the Snohomish County Board of Health, and the County Executive's Office.

Facilitated departmental conversations were open to all employees and hosted by main programming areas. Additional discussions were held with the Health Department's internal Equity & Trauma Informed Leadership (ETILT) Committee. ETILT members are individuals from within existing programs resulting in the opportunity to provide input both within their home programming area and in the ETILT space. Documents considered during this analysis were the 2020 Community Health Assessment, initial Gold Standard Assessment findings, and the 2024 Snohomish County High-Level Goals.

Phase III: Goals, Strategies, & Objectives

The Goal Setting Phase used a catch ball process with iterative cycles of input gathered from staff and leadership. Catch ball is much like it sounds. Department leadership and staff took turns passing the strategic planning ball back and forth. With each hand-off of the strategic planning ball, information and ideas were reviewed and revised, and new levels of ideas and information added until the plan was realized. Staff sessions were open to all employees, held at varying times of day and days of the week, and in differing structures (in-person, virtual, and hybrid) to facilitate participation. Leadership sessions were generally in person. Facilitated conversations were augmented with a virtual scoring system to assist in prioritizing efforts.

More than sixteen (16) opportunities were provided for non-senior leadership participation. In addition, input was received from the Community Equity Advisory Board, the Snohomish County Board of Health, and the County Executive at routine intervals.

Following completion of the catch ball process, small groups of subject matter experts were convened to finalize goals, strategies, and objectives. Subject matter groupings considered multiple points of information in the development and finalization process including, SWOT findings, catch ball generated ideas and comments, and linkages to Snohomish County 2024 High Level Goals (SC), 2020 Community Health Assessment (CHA), Public Health Accreditation Standards and Measures (PHAB), and Foundational Public Health Services Capabilities and Competencies (FPHS). Additional linkages and considerations may have included U.S. Centers for Disease Control and Prevention and Washington State Health Department recommendations, Healthy People 2030, and/or industry standards. These additional linkages, if referenced, are available at the division or program level.

Dave Somers, Snohomish County Executive, and Dennis Worsham, Health Department Director provided approval of the plan and its contents.

SWOT Findings

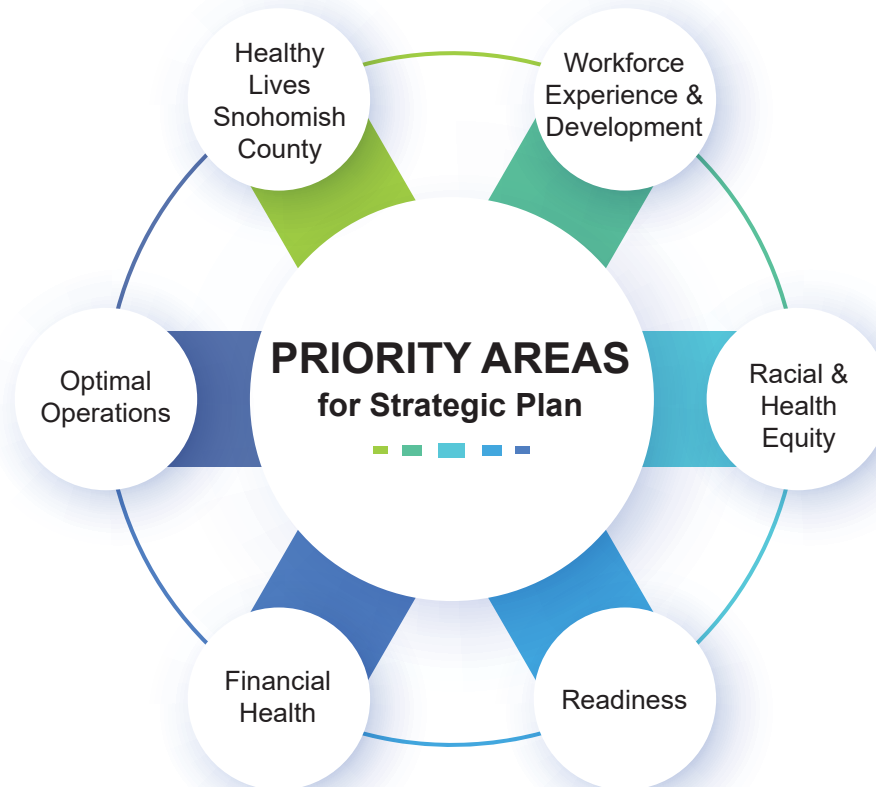


Common themes were expressed across conversations and interviewees (see Appendix). As in most SWOT analysis, concepts can be in more than one category. For example, collaboration was a major theme in the strengths, opportunities, and threats categories, and the related opposing concept of silos was prominent in the weakness category. By analyzing and viewing responses across all categories the following themes emerged. In ranked order,

- 1) **Funding:** Public health funding is heavily grant dependent. With government support uncertain and waning post-COVID, funding concerns and their potential impacts to programming are rising. The launch of the Sound Foundation for Public Health is viewed as a hopeful strategy to supplement the unknown and often restrictive nature of grant funding.
- 2) **Workplace Experience:** Staff are the department's biggest asset. A strong culture of work-life balance is felt and appreciated. Simultaneously, multiple areas to increase belonging and job satisfaction were spoken to. These include competitive wages, workplace safety, up-to-date technology, building conditions, balance of work with available staff, and onboarding and training
- 3) **Collaboration:** Collaborative efforts bridging internal programming areas is a strength that has benefited public health work. To yield improved health outcomes we must strive for expanded and deeper collaboration with communities and organizations outside of the public health system. Collaboration does not always mean leading. Our mindset and actions need to center roles as convener, listener, and partner.
- 4) **Access to Resources That Meet Community Need:** Staff and community partners recognize that key components to advancing a community-centered organization have been established such as the Community Equity Advisory Board and the internal ETILT committee. And that there is more work to be done to imbed and continue a high level of commitment to organizational change. Areas spoken to for growth include language access and health literacy, hiring and promotion practices that reflects the community, development of tools, and trainings.
- 5) **Housing, Substance Abuse, and Mental Health:** Across several community health assessments, health outcomes related to these topics are consistently identified. Snohomish County public health does have work or connection in some of these areas, specifically in addressing the opioid crisis and youth suicide. These topics were identified as areas for expansion or growth for the department.
- 6) **Emergency Preparedness:** Emergency preparedness will need to be ready in all emergencies that impact human health, as it did in our successful response to COVID-19. Because of this, staff identified the need for continued growth in departmental response structures, capacity, trainings, and resiliency.

One capability that wove throughout the above themes is communication. First, throughout the pandemic and organizational changes staff looked to leadership within the department and the county enterprise for transparency, clarity, and collaboration. These efforts need to continue and grow as we evolve and work more with our county colleagues. Second, the impact from social media and AI has been challenging for public health. This is particularly true for misinformation during the pandemic. Our ongoing challenge will be how to utilize these tools while building trust and resiliency.

Priority Areas

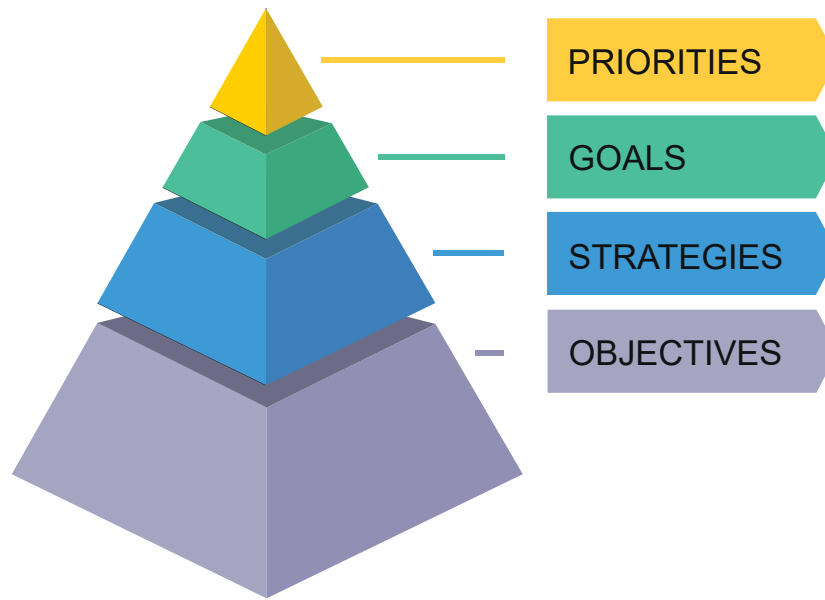


Priority areas are the highest level of structure for our planning and selected based on strength of mission and values alignment and responsiveness to SWOT analysis results. Six areas were chosen to focus our work to improve the health and wellbeing of our communities. These areas, in no order of importance, are:

- Healthy Lives Snohomish County
- Workforce Experience & Development
- Optimal Operations
- Racial & Health Equity
- Financial Health
- Readiness

Through these priority areas we strive to improve the health of our community, create a sustainable foundation for our services, improve the quality of the experience of our valued staff, and to ensure our operations are prepared to meet the current and future challenges facing Snohomish County. Bridging, belonging, inclusion, and equity are foundational pillars of our practice.

Goals, Strategies, and Objectives



Goals are the plan's second highest organizing structure and speak to broad, long-term, and high-level statements of what we want to accomplish in a priority area. Strategies sit below goals and reflect plans or approaches designed to achieve the identified goals. Followed by objectives presenting measurable process or outcome results of the work. Within this framework are six (6) strategic priority areas, fourteen (14) goals, seventeen (17) strategies, and thirty-four (34) SMARTIE objectives.

SMARTIE modeled (Specific, Measurable, Achievable, Relevant, Time Bound, Inclusive, and Equitable) objectives provide actionable and community centering impacts. SMARTIE formatting intentionally embraces and puts into practice the knowledge of inclusivity and power between peoples, communities, and organizations. Our goals are aimed at achieving increased population-level health; by including these components we can produce more efficient and effective outcomes.

Phase 1 Implementation



PRIORITY AREAS

Childhood & Adult Vaccinations

Water Quality Protection

Employee Satisfaction

Policies & Procedures

Financial Health

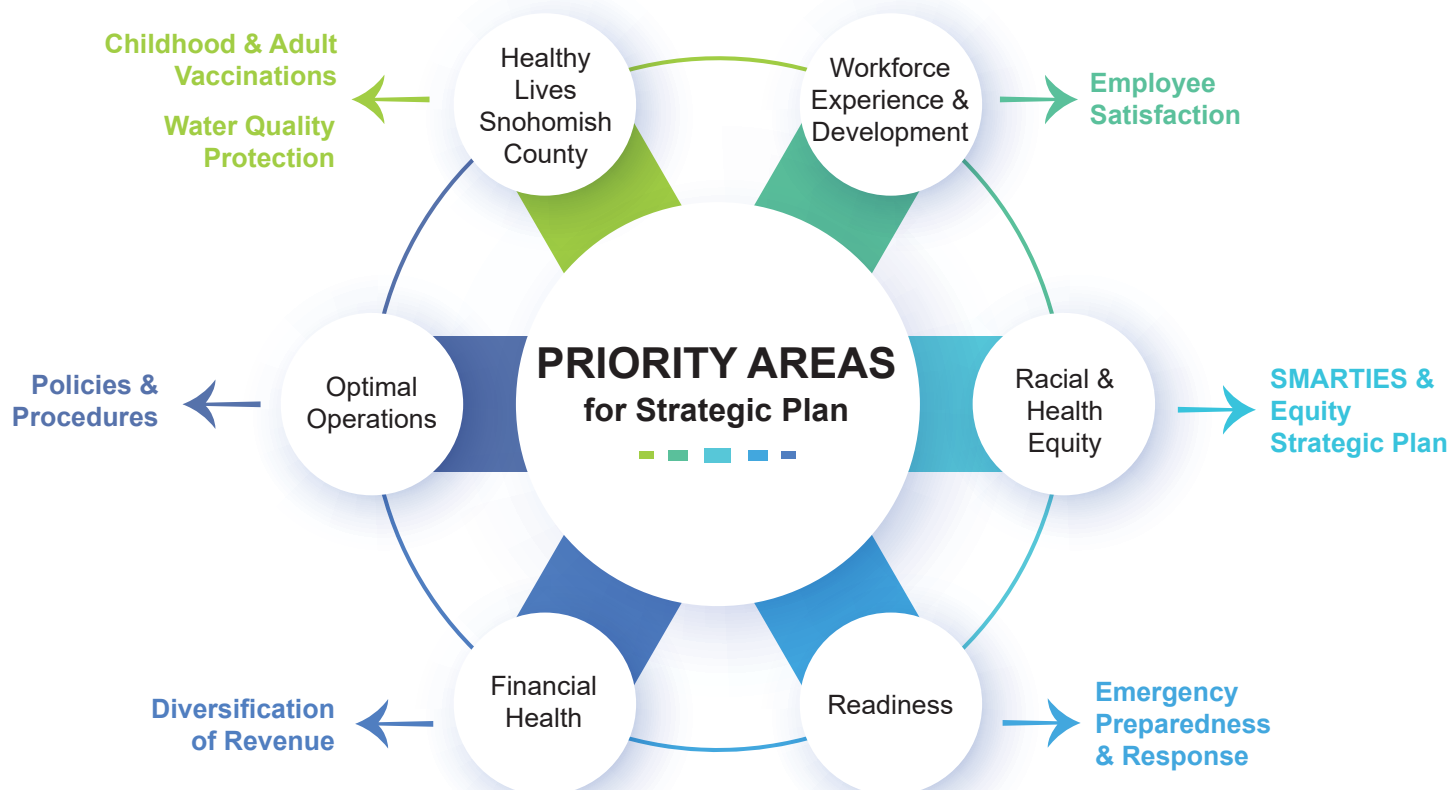
Emergency Preparedness & Response

To balance staff passion and acknowledge capacity limitations, a process of voting and ranking assisted senior leadership in determining go-first efforts. A phased implementation allows teams to begin their work to achieve immediate impact for the community and to lay the foundation for other strategies in subsequent phases. As the deployed strategies reach stable operations, leadership will deploy additional strategies based on evolving needs and available resources. Additional criteria used in determining phased plan implementation efforts are:

- Areas of commitment and importance to the community.
- Importance to improving health outcomes and addressing health disparities.
- Alignment with Snohomish County government priorities.

Strategies for Phase I implementation are:

- Childhood & Adult Vaccinations
- Diversification of Revenue
- Employee Satisfaction & Engagement Survey
- Policy & Procedures
- Readiness
- Water Quality Protection



Healthy Lives: Childhood & Adult Vaccinations



PRIORITY AREAS

Childhood & Adult Vaccinations

Water Quality Protection

Employee Satisfaction

Policies & Procedures

Financial Health

Emergency Preparedness & Response



GOAL 1.3: Protect Snohomish County from infectious disease and environmental threats

Strategy 1.3.1: Increase childhood and adult vaccines.

Objective 1.3.1.1: By September 15, 2029, 90% of all children entering kindergarten will have received all recommended vaccines.

Objective 1.3.1.2: By February 28, 2029, 65% of adults over the age of 65 will have received one dose of annual flu vaccine.

Linkages:

- Snohomish County Goals (2024): 1
- Community Health Assessment (2020): N/A
- Public Health Accreditation Standards & Measures (2022): N/A
- Foundational Public Health Services Capabilities & Competencies (2019): C.3

Healthy Lives: Water Quality Protection



PRIORITY AREAS



GOAL 1.3: Protect Snohomish County from infectious disease and environmental threats

Strategy 1.3.3: Protect the water quality of Snohomish County from bacterial and chemical pollutants.

Objective 1.3.3.1: By 2030, work with WADOH and Tulalip Tribes to achieve an “Approved” classification authorizing commercial and Tribal subsistence shellfish harvest for one of the three unclassified shellfish growing areas on the shoreline of the Tulalip reservation.

Linkages:

- Snohomish County Goals (2024): 1, 2, 3
- Community Health Assessment (2020): N/A
- Public Health Accreditation Standards & Measures (2022): 2.1.6
- Foundational Public Health Services Capabilities & Competencies (2019): B.3.e

Workforce Experience & Development: Employee Satisfaction



PRIORITY AREAS

Childhood & Adult Vaccinations

Water Quality Protection

Employee Satisfaction

Policies & Procedures

Financial Health

Emergency Preparedness & Response



GOAL 2.2: Cultivate and sustain an environment of belonging to enhance employee satisfaction and retention

Strategy 2.2.1: Implement an employee satisfaction survey strategy/tool.

Objective 2.2.1.1: By September 30, 2026, the first department employee engagement survey will be published, results received and shared with all employees.

Objective 2.2.1.2: By the end of March 2029, the employee survey participation rate will be at least 85%.

Objective 2.2.1.3: By March 31, 2029, employee satisfaction increased by 5% as measured by the survey.

Linkages:

- Snohomish County Goals (2024): 5
- Community Health Assessment (2020): N/A
- Public Health Accreditation Standards & Measures (2022): 8.2.1
- Foundational Public Health Services Capabilities & Competencies (2019): N/A

Optimal Operations: Policies & Procedures



PRIORITY AREAS

Childhood & Adult Vaccinations

Water Quality Protection

Employee Satisfaction

Policies & Procedures

Financial Health

Emergency Preparedness & Response



GOAL 3.1: Adopt and utilize industry-standard policies and procedures for efficient operations

Strategy 3.1.1: Update and streamline policies and procedures.

Objective 3.1.1.1: Department will develop a standardized process to review and update policies and procedures by June 2026 and will revise or add at least six policies/procedures each year thereafter.

Linkages:

- Snohomish County Goals (2024): 5
- Community Health Assessment (2020): N/A
- Public Health Accreditation Standards & Measures (2022): 10.2.1
- Foundational Public Health Services Capabilities & Competencies (2019): L.2

Financial Health



PRIORITY AREAS

Childhood & Adult Vaccinations

Water Quality Protection

Employee Satisfaction

Policies & Procedures

Financial Health

Emergency Preparedness & Response



GOAL 5.1: Increase and diversify revenue sources to meet current and future strategic and operational needs

Strategy 5.1.1: Develop a comprehensive funding plan that aligns funding and spending with the overall strategic plan.

Objective 5.1.1.1: By the 2029-2030 biennial budget, the department has a balanced budget without the use of fund balance.

Objective 5.1.1.2: By end of March 2026, department leadership adopts procedures and budget models with objectives of:

- Maintaining risk-based optimal levels of fund balance.
- Agreed prioritization measures tied to strategic plan priority areas.
- The appropriate use of fund balance to address public health priorities that informs the biennial budget process.

Objective 5.1.1.3: By end of December 2028, the department collaborates with funding partners on achieving annual revenue streams from private, grant and non-grant sources equal to 5% of budgeted annual revenue.

Linkages:

- Snohomish County Goals (2024): 2, 5
- Community Health Assessment (2020): N/A
- Public Health Accreditation Standards & Measures (2022): 10.2.7
- Foundational Public Health Services Capabilities & Competencies (2019): L.6.c

Readiness: Emergency Preparedness & Response



PRIORITY AREAS



GOAL 6.1: Our health department is ready and prepared to respond to public health emergencies

Strategy 6.1.1: Develop a comprehensive funding plan that aligns funding and spending with the overall strategic plan.

Objective 6.1.1.1: By Dec 31, 2025 the department will have implemented a system and processes for identifying emerging priorities.

Objective 6.1.1.2: By Dec 31, 2030 the department will have identified and addressed the top 5 readiness and response priority gap areas.

Linkages:

- Snohomish County Goals (2024): 1, 5
- Community Health Assessment (2020): N/A
- Public Health Accreditation Standards & Measures (2022): 2.2.1
- Foundational Public Health Services Capabilities & Competencies (2019): H.1 & H.3

Performance Management (Accountability)



Strategic planning is the first component in a larger performance management and continuous improvement system. The ability to collect, track, and routinely visualize achievement targets will be supported by the Snohomish County Office of Operational Excellence.

The performance management system will be integrated into operations and practices. Purpose of the system is to:

- Set organizational targets for the department that area aligned with overall agency goals and objectives.
- Provide visible leadership and champions for key strategies and ongoing performance management.
- Ensure that efforts are resourced appropriately and integrated, as needed, with other planning documents and across programming.
- Continuous and routine monitoring and evaluation of achievements toward stated objectives.
- Routine evaluation and purposeful adjustments of the strategic plan's goals, strategies, and objectives based on funding and community needs.

Acknowledgements



The Snohomish County Health Department would like to acknowledge and thank our partners and collaborators who volunteered their time to provide input in listening sessions, interviews, and surveys. Their participation was invaluable and necessary in the creation of this strategic plan.

Community Equity Advisory Board Members: John Agyapong; Kurtis Enick; Van Kuno; DanVon'ique Reed; Clarence Shaw; Lika Smith; Mindy Woods; Rabi Yuguda, PhD; and Giselle Zapata-Garcia.

Snohomish County Executive Office: Dave Somers, County Executive; Lacey Harper, Executive Director; and Alessandra Szebenyi, Chief of Staff.

Snohomish County Departments: Mary Jane Brell-Vujovic, Director, Human Services Department; and Lucia Schmit, Director, Department of Emergency Management.

Snohomish County Board of Health: Councilmember Megan Dunn, Chair; City of Arlington Councilmember Heather Logan, Vice Chair; and Board Members Desmond Skubi, Janet Anderberg, Julie Smith, Lisa George, Summer Hammons, Councilmember Jared Mead, and City of Sultan Councilmember Joseph Hund.

Snohomish County Health Care Leaders: Mary Bartolo, Executive Vice President, Sea Mar Community Health Centers; Jay Fathi, MD, President and CEO, Molina Healthcare of WA; Kristy Carrington, MBA, RN, Chief Exec North Puget Sound, Providence; Lisa LaPlante, MHA, Chief Administrative Officer, Evergreen Monroe; M. Sean Kincaid, MD, CMO, Chief Quality Officer, Evergreen Monroe; and Meagan Wirsching, DNP, RN, Chief Nursing Officer, Evergreen Monroe

Snohomish County Health Department: Our entire staff who participated in multiple sessions. The Equity and the Trauma-Informed Leadership Team co-led by Helen Wong, Health Policy Analyst and Pia Sampaga-Khim, Assistant Director, Prevention Services Division. Leadership by: Dennis Worsham, Department Director with support from, Nicole Thomsen, Manager for Policy, Planning, Partnerships, and Communications and Sarah de Jong, Executive Assistant who provided planning oversight and process implementation; and the Senior Leadership Team: James Lewis, MD, MPH, Health Officer; Pamela Aguilar, Deputy Director; Ragina Gray, Director, Environmental Health Division; Tony Colinas and JR Meyers, Assistant Directors, Environmental Health Division; Katie Curtis, Director, Prevention Services Division; Carrie Parker and Pia Sampaga-Khim, Assistant Directors, Prevention Services Division; Vivian Hawkins, MS, PhD, Manager, Epidemiology and Informatics; Theresa Bengtson, Manager, Finance; and Gabby Hadly, MPH, Manager, Public Health Emergency Preparedness and Response.

Del Beccaro Consulting LLC: Mark Del Beccaro, MD, President.

Appendix A: Priorities, Goals, Strategies, and Objectives



Strategic Priority Area	Priority	Goal Area	Goal	Strategic Area	Strategy	Objective Area	Objective	Lead Division & Program	Linkages & Alignment
1.0	Healthy Lives Snohomish County	1.1	Increase equitable access to health care	1.1.1	Enhance healthcare access through targeted public health initiatives and strategic community partnerships.	1.1.1.1	By December 31, 2030 increase by 5% a year the number of clinical outreach visits in the community provided by the department.	D: Prevention P: Clinical Services	SC: 1, 4 CHA: N/A PHAB: 5.2.4 FPHS: N/A
						1.1.1.2	By December 31, 2030, increase public health clinic appointment capacity by 5% annually.	D: Prevention P: Clinical Services	SC: 1, 4 CHA: N/A PHAB: 7.1.2 FPHS: N/A
		1.2	Increase life expectancy and quality	1.2.1	Reduce infant and maternal mortality.	1.2.1.1	By December 2030 Snohomish County will meet the state average for adequate prenatal care.	D: Prevention P: Children & Family Health	SC: 1 CHA: 3 PHAB: N/A FPHS: D.2.i
						1.2.1.2	By December 31, 2030 decrease by 5% the number of pregnant people who are reported to smoke during pregnancy .	D: Prevention P: Children & Family Health	SC: 1 CHA: 3 PHAB: N/A FPHS: D.2.d
		1.3	Protect Snohomish County from infectious disease and environmental threats	1.3.1	Increase childhood and adulthood vaccines.	1.3.1.1	By September 15, 2029 90% of all children entering kindergarten will have received all recommended vaccines.	D: Prevention P: Vaccine Preventable Disease & Immunization	SC: 1 CHA: N/A PHAB: N/A FPHS: C.3
						1.3.1.2	By February 28, 2029 65% of adults over the age of 65 will have received one dose of annual flu vaccine.	D: Prevention P: Vaccine Preventable Disease & Immunization	SC: 1 CHA: N/A PHAB: N/A FPHS: C.3
				1.3.2	Protect Snohomish County from foodborne illness.	1.3.2.1	Strengthen Routine Retail Food Inspection Program using process improvement methodology to be able to complete all required routine inspections at Permitted Retail Food Establishments by 2030.	D: EH P: Food Safety	SC: 1, 2 CHA: N/A PHAB: 6.1.3 FPHS: B.3.b
				1.3.3	Protect the water quality of Snohomish County from bacterial and chemical pollutants.	1.3.3.1	By 2030, work with WADOH and Tulalip Tribes to achieve an "Approved" classification authorizing commercial and Tribal subsistence shellfish harvest for one of the three unclassified shellfish growing areas on the shoreline of the Tulalip reservation.	D: EH P: Land Use	SC: 1, 2, 3 CHA: N/A PHAB: 2.1.6 FPHS: B.3.e
2.0	Workforce Experience and Development	2.1	Increase retention & development of staff	2.1.1	Enhance overall development by identifying training opportunities and creating learning/development tracks for both leadership and non-supervisory staff.	2.1.1.1	Have all department leadership complete between two and ten department assigned courses by January 2029.	D: ODIR P: Human Resources	SC: 5 CHA: N/A PHAB: 8.2.2 FPHS: L.5.c
						2.1.1.2	Department staff interested in advancing non-supervisory leadership skills complete 2-10 department assigned courses by January 2029.	D: ODIR P: Human Resources	SC: 5 CHA: N/A PHAB: 8.2.2 FPHS: L.5.a
		2.2	Cultivate and sustain an environment of belonging to enhance employee satisfaction and retention	2.2.1	Implement an employee satisfaction survey strategy/tool.	2.2.1.1	By September 30, 2026 the first department employee engagement survey will be published, results received and shared with all employees.	D: ODIR P: Human Resources	SC: 5 CHA: N/A PHAB: 8.2.1 FPHS: N/A
						2.2.1.2	By the end of March 2029, the employee survey participation rate will be at least 85%.	D: ODIR P: Human Resources	SC: 5 CHA: N/A PHAB: 8.2.1 FPHS: N/A
						2.2.1.3	By March 31, 2029, employee satisfaction increased by 5% as measured by the survey.	D: ODIR P: Human Resources	SC: 5 CHA: N/A PHAB: 8.2.1 FPHS: N/A

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Appendix A: Priorities, Goals, Strategies, and Objectives



Strategic Priority Area	Priority	Goal Area	Goal	Strategic Area	Strategy	Objective Area	Objective	Lead Division & Program	Linkages & Alignment
3.0	Optimal Operations	3.1	Adopt and utilize industry-standard policies and procedures for efficient operations	3.1.1	Update and streamline policies and procedures.	3.1.1.1	Department will develop a standardized process to review and update policies and procedures by June 2026 and will revise or add at least six policies/procedures each year thereafter.	D: ODIR P: N/A	SC: 5 CHA: N/A PHAB: 10.2.1 FPHS: L.2
		3.2	Create and sustain a culture of continuous improvement	3.2.1	Implement quality improvement projects.	3.2.1.1	By the June 2026 implement Plan Do Check Act cycles for every strategic plan SMARTIE objective.	D: ODIR P: Policy, Planning & Partnership	SC: 5 CHA: N/A PHAB: 9.1.5 FPHS: L.3.a
						3.2.1.2	Train all leadership staff on use of the Plan Do Check Act by end of June 2026.	D: ODIR P: Policy, Planning & Partnership	SC: 5 CHA: N/A PHAB: 9.1.5 FPHS: L.3
		3.3	Create a positive customer experience	3.3.1	Ensure all outward-facing customer portals and communication types are easily navigable, accessible, culturally relevant, and contain up-to-date, accurate, and concise information.	3.3.1.1	By the end of 2026, the phone tree is error free, easy to navigate, and accessible to the top three languages of non-English speaking callers.	D: ODIR P: N/A	SC: 5 CHA: N/A PHAB: 9.1.3 FPHS: L.3.d
						3.3.1.2	By the end of 2028, redesign the website to improve navigation and accessibility by translating top 10 visited webpages and top 20 priority documents into top three languages.	D: ODIR P: N/A	SC: 5 CHA: N/A PHAB: 9.1.3 FPHS: L.3.d
				3.3.2	Create a customer service taskforce to evaluate feedback, develop standards, and increase customer service capacity.	3.3.2.1	By the end of 2026, develop and implement a customer feedback model to collect, analyze, and apply prioritized customer insights.	D: ODIR P: N/A	SC: 5 CHA: N/A PHAB: 9.1.3 FPHS: L.3.d
						3.3.2.2	By the end of 2027, develop an internal customer service taskforce to create an annual action plan and meets quarterly to review and provide recommendations.	D: ODIR P: N/A	SC: 5 CHA: N/A PHAB: 9.1.3 FPHS: L.3.d
4.0	Racial and Health Equity	4.1	Workforce is reflective of the community	4.1.1	Assess current workforce composition and compare to community composition.	4.1.1.1	By January 2026, utilize a process or tool to help us measure the composition of the department workforce.	D: ODIR P: Human Resources	SC: 4, 5 CHA: N/A PHAB: 8.1.2 FPHS: N/A
						4.1.1.2	By January 2027 have a plan in place for our hiring practices to build a workforce that is reflective of the community	D: ODIR P: Human Resources	SC: 4, 5 CHA: N/A PHAB: 8.1.2 FPHS: N/A
		4.2	Fostering community partnerships	4.2.1	Strengthen community partnerships that promote racial and health equity to achieve health justice.	4.2.1.1	By December 31, 2030, community members with lived experience shall be compensated for their participation and expertise on advisory groups.	D: ODIR P: Policy, Planning & Partnership	SC: 4, 5 CHA: N/A PHAB: 4.1.3 FPHS: N/A
						4.2.1.2	By December 31, 2030, there will be a 50% increase in community partnerships meaningfully engaged with the health department.	D: ODIR P: Policy, Planning & Partnership	SC: 4, 5 CHA: N/A PHAB: 4.1.1, 4.1.2 FPHS: K.1
		4.3	Strengthen Department capacity and practices that promote racial and health equity and achieve health justice	4.3.1	Implement accessible, equitable, and culturally responsive policies, processes and practices that address racial and health equity.	4.3.1.1	By December 31, 2030, department will have fully implemented a language access plan.	D: ODIR P: Policy, Planning & Partnership	SC: 1, 4, 5 CHA: N/A PHAB: N/A FPHS: N/A
						4.3.1.2	By end of year 2026, and each year thereafter, at least 25% vital documents will be accessible in the prioritized languages.	D: ODIR P: Policy, Planning & Partnership	SC: 1, 4, 5 CHA: N/A PHAB: 3.2.2 FPHS: I.2
						4.3.1.3	By December 31, 2030, the department will advance equitable policies, processes, and/or practices based on five areas from the Phase I Equity Review & Assessment and the department equity strategic plan.	D: ODIR P: Policy, Planning & Partnership	SC: 4, 5 CHA: N/A PHAB: 10.2.1 FPHS: N/A

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Appendix A: Priorities, Goals, Strategies, and Objectives



Strategic Priority Area	Priority	Goal Area	Goal	Strategic Area	Strategy	Objective Area	Objective	Lead Division & Program	Linkages & Alignment
5.0	Financial Health	5.1	Increase and diversify revenue sources to meet current and future strategic and operational needs	5.1.1	Develop a comprehensive funding plan that aligns funding and spending with the overall strategic plan.	5.1.1.1	By the 2029-2030 biennial budget, the department has a balanced budget without the use of fund balance.	D: ODIR P: Finance	SC: 2,5 CHA: P. 21 PHAB: 10.2.7 FPHS: L.6.c
						5.1.1.2	By end of March 2026, department leadership adopts procedures and budget models with objectives of: • Maintaining risk-based optimal levels of fund balance. • Agreed prioritization measures tied to strategic plan priority areas. • The appropriate use of fund balance to address public health priorities that informs the biennial budget process.	D: ODIR P: Finance	SC: 2,5 CHA: P. 21 PHAB: 10.2.7 FPHS: L.6.c
						5.1.1.3	By end of December 2028, the department collaborates with funding partners on achieving annual revenue streams from private, grant and non-grant sources equal to 5% of budgeted annual revenue.	D: ODIR P: Finance	SC: 2,5 CHA: P. 21 PHAB: 10.2.8 FPHS: N/A
6.0	Readiness	6.1	Our health department is ready and prepared to respond to public health emergencies	6.1.1	Establish a framework for disaster readiness.	6.1.1.1	By Dec 31, 2025 the department will have implemented a system and processes for identifying emerging priorities	D: ODIR P: Public Health Emergency Preparedness & Response	SC: 1, 5 CHA: N/A PHAB: 2.2.1 FPHS: H.1
						6.1.1.2	By Dec 31, 2030 the department will have identified and addressed the top 5 readiness and response priority gap areas.	D: ODIR P: Public Health Emergency Preparedness & Response	SC: 1, 5 CHA: N/A PHAB: 2.2.3 FPHS: H.3
		6.2	Support employee and organizational adjustment and resilience in response to change	6.2.1	Develop a comprehensive management approach to support organizational resilience during change.	6.2.1.1	Department will develop a departmental cross-training model to address surge capacity in targeted areas by January 2028. The model will be implemented, and training will begin no later than end of 2028	D: ODIR P: N/A	SC: 1, 5 CHA: N/A PHAB: 8.2.2 FPHS: N/A
						6.2.1.2	Department will implement an organizational change management process and structure by end of 2026. Process improvement methodology will be used to update the plan at least two times a year.	D: ODIR P: N/A	SC: 1, 5 CHA: N/A PHAB: 8.2.3 FPHS: N/A

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Appendix B



SWOT Findings

Strengths (Internal)	Weaknesses (Internal)
- Dedicated and skilled staff representing a diversity of lived experiences. - Collaboration, teamwork & relationships are all highly valued within department & community partners. - Supportive work environment is a lived value, for example: a. Work life balance b. Opportunities for education and skill development - Leadership is supportive, approachable, committed to community & staff, responsive. - Commitment and dedication to continue centering diversity equity and inclusion throughout the department and its work.	- Need better collaboration, communication and/or support around finance and accessing funds. (e.g. grants coordination) - Improvements needed around communication both externally and internally. (e.g. accessibility, languages) - Public health workforce challenges. For example, a. Need for consistent onboarding b. Physical safety c. High burn out & turnover rates d. Regional competitive salaries - Need for updated and integrated administrative policies & procedures. - Need for modernized equipment & software. - Staff overwhelmed from significant changes, growth, and ongoing response to crises.
Opportunities (External)	Threats (External)
- Funding opportunities that fit with public health strategic direction. a. State, local, and federal funding and prioritization of public health b. Grant funding - Increased collaboration & partnerships such as relationships formed in COVID (schools, businesses, healthcare, CBO's). - Participating in local & state policy creation & process. - Technology, social media & growing county population create new challenges but also new opportunities.	- Funding instability & uncertainty. - Changes in public trust and understanding of science & the role of public health. - Misinformation. (AI, social media) - Political uncertainty. - County enterprise and inter-departmental silos. - Future disasters & pandemics. a. Natural disasters b. Severe weather - Community mistrust.



**SNOHOMISH
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HEALTH DEPARTMENT

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