



Snohomish Health District
Board of Health Minutes
Special Meeting
Aug. 13, 2019

The meeting was held at Snohomish Health District, 3020 Rucker Ave., first floor Auditorium.

Members Present

Scott Bader, Councilmember, Everett
Adrienne Fraley-Monillas, Councilmember, Edmonds (via phone)
Kurt Hilt, Councilmember, Lake Stevens – BOH Vice Chair
Kyoko Matsumoto Wright, Mayor, Mountlake Terrace
Liam Olsen, Councilmember, Bothell
Dan Rankin, Mayor, Darrington
Linda Redmon, Councilmember, Snohomish
Jeff Vaughan, Councilmember, Marysville
Stephanie Wright, County Councilmember – BOH Chair

Members Absent

Christine Cook, Councilmember, Mukilteo
Sam Low, County Councilmember
Nate Nehring, County Councilmember
Terry Ryan, County Councilmember
Brian Sullivan, County Councilmember
Shirley Sutton, Councilmember, Lynnwood

Call to Order

The special meeting of the Board of Health was called to order at 11:50 a.m.

Special Business

Chair Stephanie Wright introduced Tamie Kellogg and Jay Watson of KelloggWatson, our strategic planning consultants. Chair Wright stated that she wants the strategic planning process to be Board-driven. She wants the Board engaged and have a buy-in in the process so that the Board has a plan they own and are behind.

Ms. Kellogg stated that their goal is to help the Board work on a five-year strategic plan that will provide policy-level guidance as well as guidance to the administrator and health officer. It will be Board-driven and should include guiding principles that will inform decisions regarding resources and allocation.

She then asked the Board to divide into pairs and discuss what they hope to give to and get from today's discussion, as well as any challenges or big issues. They're responses included:

Get from:

- Clarity of mission
- How well have we met past strategic goals
- Better understanding of what the health district has done
- Learn from the past
- Hear Board perspectives
- How are we meeting our obligations/where are the challenges



- What is everyone's knowledge of the health district and what health district goals have been and will be
- Where the Board's interest in public health lies.

Give to:

- South County needs and needs of different regions / different perspectives/needs of individual areas in the county
- Fresh eyes from those new to the Board
- Rural perspective
- Stay focuses
- Community perspective / lack of knowledge of what the health district does.

Challenge/opportunity

- Budget, funding, staff resources and constraints
- Business model (opportunity)
- Public outreach, letting the public know what we do
- How do we deal with basic lack of understanding of good health practice
- Other resources to fulfill our mission; look at partnerships for efficiencies.

Ms. Kellogg then reviewed the strategic planning process and the critical issues list that was gleaned from the stakeholder interviews they conducted. This is the first of two work sessions with the Board. KelloggWatson will obtain input from the Executive Committee to ensure they're going in the right direction. The next work session will focus on Board decisions.

Ms. Kellogg reviewed the handouts, What Does Public Health Include and Thematic Representation of SHD's Programs and Services. She stressed that the second was not intended as an org chart, but an attempt to distill services the health district provides. The Board noted that some services are mandated, others are only what the health district can provide, and others could be provided by other agencies in the county.

Break

The Board took a short break at 12:25 p.m. and reconvened at 12:32 p.m.

Exercise

KelloggWatson asked the Board to rate the critical issues list and make the following notations:

- Circle: high priority
- No mark: keep
- Line through it: not a health district issue
- Also can add any issues/priorities not listed.

The Board was then asked to rank and discuss.

Chronic disease and injury prevention

As a service provider, what should the health district's role be regarding provision vs. education?

Healthy environment

Ways to do onsite sewage.

Systems are becoming burdened; reduce burden and look for opportunities.

How much can we address? What's our authority? What's the state's role vs. our role?

Shifts in climate – specific issues and our response to them (like landslides, disease outbreak).



Access to medical/dental/mental health

Underserved populations; American Indian and Alaska Native have other resources.

What does “access” meant?

The CHA mentions a shortage of healthcare and mental health access.

Cross-cutting capabilities

Emergency planning is grant-funded.

Break

The Board took a five-minute break from 1:40-1:45 p.m.

Exercise

SWOT analysis

An internal scan of the agency shows “strengths and weaknesses” and the external scan shows “opportunities and threats.” The Board worked individually then shared comments as a group.

Internal weaknesses

- Unused space in the Rucker Building and in Lynnwood
- Services are difficult to access in a large county
- Information technology, including data vulnerability, reporting, and HIPAA requirements
- Board members advocate for their own jurisdictions
- Board turnover
- Need stronger onboarding for new Board members

Internal strengths

- Core services are on track
- Data-driven
- The Board has multiple communities represented
- Staff accomplishes a lot
- Confidence in the staff during any kind of outbreak
- Potential rental income

The Board reviewed the mission/vision statements. Ms. Kellogg asked that the Board email her with suggested changes.

Exercise

Ms. Kellogg asked the Board to visualize three scenarios:

It's 2025 and the Board chair received an award extolling the virtues of the health district and its accomplishments in the last five years.

A focus group is gathered and is discussing the awesome things the health district is doing in the community. Staff are overheard saying they didn't believe the district would get to this point, but we did it.

In these cases, Ms. Kellogg asked the Board to say what they “heard” in these scenarios. Comments included:

- Secured long-term funding
- Innovative funding



- Innovative communication models (newer trends, modernized)
- Clinics reestablished
- Robust system for visiting nurses
- Increased WIC funding
- Prioritized costly health issues
- People working together / teamwork
- Good ideas for doing better work in the community
- Staff enjoys working here
- Great customer service
- More partnerships and collaboration
- Clear goals

KelloggWatson will meet with the Executive Committee later this month for a debrief of the work session.

Adjournment

The meeting was adjourned at 3 p.m.

Stephanie Wright, Chair

Shawn Frederick, Interim Administrator / Secretary