

Current State Report

Public Health –
Seattle & King County
Strategic Planning

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Overview

Public Health - Seattle & King County (PHSKC) is the public health department for King County, Washington, including the City of Seattle. An interlocal agreement between King County and the City of Seattle established Public Health - Seattle & King County, our joint city-county health department (most recently updated in 2011). PHSKC provides a wide variety of services such as clinical services, community-based prevention work, and Emergency Medical Services. The Department has about 1200 employees (as of May 2023), some of which are temporary, and six divisions, the largest three of which are Community Health Services, Jail Health Services, and Prevention, and serves over 2 million residents.

The department works closely with the King County Board of Health and serves as the administrator of the Board. The interlocal agreement outlines the city and county's respective financial contributions towards the health department. The King County Council has sole appropriation authority over matters of public health. The King County Board of Health is granted the authority to protect and promote the health of King County residents as outlined in RCW 70.05.060, including establishing fee schedules for certain licenses and permits such as food permits for restaurants, which are structured to provide cost recovery for services and not generate additional revenue for the department.

The purpose of this report on the current state of PHSKC is to provide a “snapshot” of the department ahead of the development of the next strategic plan. This is not intended as an exhaustive and comprehensive needs assessment, but instead a high-level analysis of key departmental and county documents and several key informant interviews.

Additionally, the Department is experiencing immense changes that provide an opportunity for a reassessment of mission, vision, goals, and future direction. Several changes include:

- Emergence from the multi-year COVID-19 emergency response;
- Appointment of Dr. Faisal Khan as the new Director; and,
- Significant reduction in revenue.

This data collection, analysis and report are the early steps in the strategic planning process and will set the groundwork for the 2023-24 Strategic Plan. The Strategic Plan can help respond to questions staff have about departmental priorities - *“what’s in our lane and what isn’t?”*

Key Findings

1. Integration of Anti-racist, Pro-equity, and Social Justice Values, Strategies, and Actions into PHSKC Work
 - Events leading up to the declaration of racism as a public health crisis and subsequent events have resulted in a powerful response by PHSKC. The Department has modeled centering those most disproportionately impacted,

bridge building, and relationships as the highest values as a racial equity lens is applied to nearly all facets of the organization's work.

2. Workforce Wellbeing

- Focusing on workforce wellbeing is an appropriate departmental goal, given the magnitude of recent issues including but not limited to racism and the COVID-19 pandemic emergency response. This focus centers and recognizes staff who identify as BIPOC, LGBTQIA+, and have disabilities.

3. Budget Instability due to Extraordinary Circumstances

- Budget fluctuations have long been the norm in public health. The past 15 years, however, have seen unrelenting ebbs and flows, between a national recession, changes in administrations at the federal level, funding inaction at the state level, and the COVID-19 pandemic emergency response.

4. Adaptive Capacity

- Adaptive capacity is an aim within PHSKC that is being realized in some ways with the use of new tools and techniques, as well as a learning culture, but there are opportunities for further integration.

5. Unmet Need of Data and System Integration Between Public Health and Healthcare Systems

- Due to the unmet needs of community members, there are opportunities for further data and system integration PHSKC can explore between systems. Opportunities may extend to internal data sharing and system integration as well.

6. Role Clarity Challenges

- There is a lack of clarity, both internally and externally, regarding the exact role of PHSKC in addressing public health issues. This stems both from varied definitions of "public health," as well as the unprecedented role played by the department during the COVID-19 pandemic. Structurally, what is needed is an approach to governance that clearly delineates the roles and responsibilities associated with decision making.

7. Need for More Shared Understanding about the Role of Community in Decision Making

- While PHSKC seeks to prioritize social connection and community as a core value, there is still a high degree of role variability for community partners (individuals and organizations). Given the organization's commitment, the next step is to be explicit about when and how community may have a role in influencing program planning, design, policy, budgetary decisions, and other areas. Once those decisions have been made, the phase that follows will entail standardizing those approaches throughout PHSKC.

Key Terms and Definitions

- **Adaptive Capacity:** The capacity of systems, institutions, humans to adjust to changes, take advantage of opportunities, or respond to consequences.
- **Data Equity:** The consideration, through an equity lens, of the ways in which data is collected, analyzed, interpreted, and distributed. (Lee-Ibarra, 2021)
- **Data Integration:** The process of bringing data from disparate sources together to provide users with a more unified view.
- **Resilience:** The ability of a system or organization to respond to or recover readily from a crisis, disruptive process, etc.

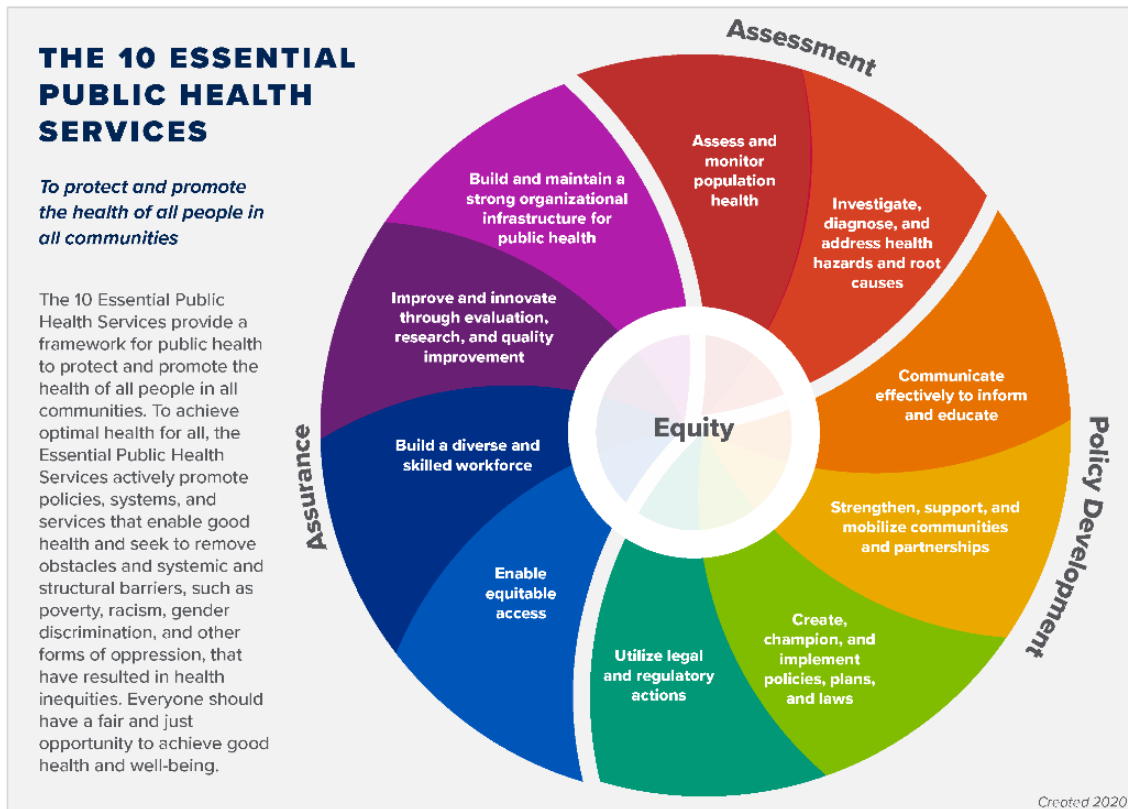
Current State Analysis Process and Goals

A current state analysis evaluates an organization's processes, procedures, and general effectiveness. The stated and primary goal of this analysis is to review the department's business portfolio, workforce, and operations. Secondly, this analysis will provide an "as is" report to inform the strategic planning process.

In the case of PHSKC, this evaluation will provide a starting point for understanding the organization as a strong basis for creating the next strategic plan. It is expected that this report will act as a way for staff and leadership to hold further conversations, express curiosities and collaborate. No strategic plan is perfect, but a good planning process should open new possibilities and new ways of approaching problems and challenges.

Additionally, this report considers core public health services (see figure below) as a part of a more general analysis. While it is beyond the scope of this report to fully assess how well PHSKC fulfills its mission, it has been central to the analysis to examine core services relative to tensions, questions, and observations. Understanding how Key Findings relate to both one another and to core public health functions can assist in developing questions to include in ongoing engagement. The table on the following page cross walks core public health functions with key findings contained within this report to provide a high-level overview for the strategic planning purposes. Note that a strict quantitative methodology was not applied to develop this table. Instead, this is intended to show how the key findings can be considered within the context of essential services.

Figure 1. The 10 Essential Public Health Services framework describes the mission of public health (2020 revision). <https://debeaumont.org/10-essential-services/>



	Build a diverse and skilled workforce.	Investigate, diagnose, and address health hazards and root causes	Assess and monitor population health	Enable equitable access.	Communicate effectively to inform and educate.	Strengthen, support, and mobilize communities and partnerships.	Create, champion, and implement policies, plans and laws.	Utilize legal and regulatory actions.	Build & maintain a strong organizational infrastructure for public health.	Improve and innovate through evaluation, research & quality improvement.
Anti-racist, pro-equity, and social justice values, strategies, and actions.	X	X	X	X	X	X	X	X	X	X
Budget Instability	X	X	X	X	X	X	X	X	X	X
Adaptive Capacity	X	X	X	X	X	X	X	X	X	X
Unmet Need of Data/ System Integration Between Public Health and Healthcare Systems		X	X	X						X
Role Clarity Challenges	X		X		X	X		X	X	
Unclear Role of Community in Decision Making	X	X				X	X			
Workforce Well-being	X	X			X		X			

Analytical Framework

The analytical framework or strategic planning tool selected for the current state analysis is SOAR - Strengths, Opportunities, Aspirations, and Results. SOAR combines data about PHSKC's current position with people's ideas and dreams about its future, so that strategic plans can be built on this foundation.

Strengths, Opportunities, Aspirations, and Results (SOAR) Analysis is a widely used planning tool. SOAR is like the more common SWOT (Strengths, Weaknesses, Opportunities, and Threats) analytical tool, but differs in an important way - it is based on appreciative inquiry. Therefore, the focus is on what and where the organization is already doing well while converting weaknesses and threats into opportunities.

SOAR was selected as a framework because of its forward leaning orientation. In other words, instead of focusing predominantly on past events, activities, priorities, etc., SOAR provides a way to also assess future assets, aims, and goals.



It is important to recognize that while the SOAR framework was used as the categorizing schema employed by the Athena team to work through the large volume of data provided by PHSKC, this is not the approach or schema that will define the overall strategic planning process. As is explained in greater detail in the next section (Methodology), once data was sorted via the SOAR framework the Athena team transitioned to employing Thematic Analysis to surface the themes (Key Findings) that are shared in this report.

Methodology

The methodology selected for the current state analysis involved three steps:

1. Data collection
2. Data review (using SOAR framework)
3. Thematic analysis

The current state of PHSKC's business portfolio, workforce, and operations has been captured as a part of the data collected and shared with the Athena Group team.

Based on past projects and the Athena Group team members' expertise and training, specific documents and organizational artifacts were requested. In addition to those requested documents and artifacts, additional data was provided by the PHSKC Project Sponsors. The team members then divided the collected data¹ and began reviewing and categorizing the information according to the SOAR framework, which was used as a sorting schema to help process the large volume of data in a consistent and rigorous manner. To ensure appropriate analytical alignment and rigor, the team had multiple check-in meetings to discuss what was being seen in the data and where themes were emerging.

Documents reviewed:

- Organizational charts, plans, year-end reports, etc.
 - From each division's group-specific documents
 - From Office of the Director (ODIR), Admin and Finance, Communications, Emergency Preparedness, Equity and Community Partnerships, Government Affairs, Policy,
 - From cross-division topics: Foundational Public Health Services, Priorities (Climate Change, Emergency Response and Resiliency, Gun Violence and Prevention, Homelessness and Health, Overdose Prevention, Impacts of Racism on Population Health),
- CDC Infrastructure Grant
- COVID-19 After Action Report
- Strategic plans per division
- Public Health Operational Master Plan
- Risk Management appetite statement
- Wellbeing Needs Assessment
- Sustainability Analysis documents

¹ Approximately 160 intentionally-selected departmental documents, including organizational charts, survey results, slide decks sharing strategic priorities with staff, end-of-year evaluations, plus key informant interviews.

- Equity Division plans
- Foundational Public Health Services Assessment Report

Individuals and teams that were interviewed as “key informants”:

- Dr. Faisal Khan, PHSKC Director
- Dr. Jeffrey Duchin, PHSKC Health Officer
- Michael Gedeon, PHSKC Chief Administrative Officer
- Matías Valenzuela, PHSKC Office of Equity and Community Partnerships
- Strategic Planning Steering Committee:
 - Helen Chatalas, PHSKC Emergency Medical Services
 - James Crowe, King County Executive’s Office, Office of Labor Relations
 - Travis Erickson, PHSKC Community Health Services Division
 - Melissa Ford Shah, PHSKC Assessment, Policy Development and Evaluation/Chronic Disease & Injury Prevention
 - Julie Horowitz, Environmental Health
 - Michael Jacobson, King County Executive’s Office, Office of Performance, Strategy, and Budget (PSB)
 - Kristi Korolak, King County Information Technology
 - Alastair Matheson, PHSKC
 - Sandra Newton, Department of Human Resources
 - Drew Pounds, King County Executive’s Office, Office of Performance, Strategy, and Budget (PSB)
 - Christopher Rampaul, PHSKC Jail Health Services Division
 - Holly Rohr Tran, PHSKC Prevention Division
- Nadine Chan, Interim Chief, PHSKC Assessment, Policy Development and Evaluation/Chronic Disease & Injury Prevention
- Simon Vila, Government Affairs Officer
- Susan Levy, Government Affairs Administrator
- Brenda Bauer, Deputy Department Director
- Jessica Jeavons, Director of Policy and Planning
- Laura Pitarys, Budget Manager, Finance & Administrative Services

The third stage of the methodology included a thematic analysis. Thematic analysis was identified as the appropriate qualitative method because of its value when research teams are analyzing large qualitative data sets². In lieu of grounding the thematic analysis in a specific theoretical framework, the team embraced a more exploratory and organic approach that

² King, N. (2004). Using templates in the thematic analysis of text. In Cassell, C., Symon, G. (Eds.), *Essential guide to qualitative methods in organizational research* (pp. 257-270). London, UK: Sage

aligned with the varied experiences and skills with the analytical approach among the team members. This is still very much in keeping with the tenets of thematic analysis, if the boundaries of the research effort are clear and shared. Credibility and trustworthiness of the analytical outputs were pursued through the most common approach for thematic analysis – checking the “fit” between the views of those enmeshed in the organization from which the data was collected and the researchers’ representation of what was seen in the data.³

Themes are included in this report as Key Findings. There were also issues and topics that were brought forward during interviews and via feedback from the PHSKC Project Sponsors, which are included as Additional Findings. Finally, when appropriate, division-specific findings are provided as supplements to some Key Findings.

³ Lincoln, Y., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage.

Key Findings

Integration of Anti-Racist, Pro-Equity, and Social Justice Values, Strategies, and Actions into PHSKC Departmental Efforts.

Top Level: While racism was formally declared a public health crisis by King County and Public Health in June 2020, the depth and breadth of racism as a structural and systemic issue has been recognized for decades by community and leaders. Going back to 2008, King County Executive Ron Sims joined with Public Health to launch the Equity and Social Justice Initiative. Working with the County Council, Executive Dow Constantine and the King County Council subsequently passed the Equity and Social Justice Ordinance. In 2016, King County's six-year Equity and Social Justice Strategic Plan led with racial justice⁴.

King County government as well as PHSKC is committed to implementing a racially equitable response to this crisis, centering on community. Describing the intentionality and planning around these efforts goes beyond the intent of this report, however, it should be stated that there is evidence of applying a pro-equity and anti-racist approach throughout the department. This is true from budgeting and finance to government affairs to clinical direct service programs.

Significant planning has gone into establishing structures to address racism within the county, such as the Office of Equity, Racial and Social Justice (King County) and the Office of Equity and Community Partnerships (PHSKC).

In addition to declaring racism a public health crisis, numerous other deliberate anti-racist changes have occurred over the past 15 years. These changes have happened throughout County government, in addition to PHSKC.

- King County
 - [2021-2022 County Executive anti-racist priority policy agenda](#)
 - Office of Equity and Social Justice established
 - King County values:
 - *Anti-racist*
 - *Focus where negative impacts have been most harmful*
 - *Center on Black, Native & Brown experiences and voices*
 - *Responsive, adaptive, transparent and accountable*
 - *Focus on addressing root causes*
- PHSKC – Note: 2-year racial equity plans have been developed for each of the following goals areas and by divisions for 2021-22 and 2023-24.
 - Goal areas
 - Communications

⁴ <https://web.archive.org/web/20211010214023/https://publichealthinsider.com/2020/06/11/racism-is-a-public-health-crisis/>

- Equity Community Partnerships
- Leadership
- Plans, Policies and Budget
- Workforce/Workplace
- Division plans
 - Administrative Services Division
 - APDE/CDIP/COO
 - Community Health Services Division
 - Emergency Medical Services Division
 - Environmental Health Services Division
 - Jail Health Services Division
 - Office of the Director
 - Prevention Division

Key tensions are:

- Fiscal realities appear to be at odds with aspirations. How will equity and social justice plans be implemented without ongoing and sustainable funding?
- Building trust with staff and community is an ongoing process. What is the process for addressing harm?
- It does not appear the County Executive 2021-2022 anti-racist priority policy agenda has been updated.

Departmental/Division Specific Observations

- PHSKC leads the nation as a pace setter in this area. The confluence of centering community, an ambitious policy agenda, and partnerships and engagement are and will be the mainstays of sustainable change. *“Equity and social justice are baked into the DNA of Seattle and King County.” - Dr. Faisal Khan*
- Need to clearly define how a public health agency can best contribute to equity and social justice problems.
- The most racially diverse workforce in the department’s existence, yet racial diversity is being lost as COVID temporary positions end.
- Divisions are in the process of learning how to integrate the pursuit of being an anti-racist organization into their operational and strategic pursuits, which entails being guided by Black, Brown, and Indigenous communities.

Workforce Wellbeing

Top Level: Focusing on staff well-being is an appropriate departmental goal, given the magnitude of recent issues including but not limited to racism and the COVID-19 pandemic emergency response. This focus raises and recognizes BIPOC employees as well as LGBTQ+ staff and staff with disabilities.

PHSKC staff were impacted particularly hard by the COVID-19 pandemic. This included the unprecedented toll it had on employees' physical, mental, and emotional wellbeing. The results of the COVID-19 Wellbeing Needs Assessment staff confirmed that leadership support during these times was essential for workplace wellbeing and that there are opportunities to improve for supervisors and managers to meet staff needs particularly in the areas of communication and leadership development. Given these impacts on top of the staffing challenges the field is facing, it is important now more than ever to ensure staff wellbeing is prioritized.

Support will look different for each division and employee. Broadly speaking that support has looked like commendable efforts by PHSKC to be transparent and provide opportunities for staff to give input in key department activities such as the budget process. That support could also look like employee-specific recognition, adaptive/flexible work environments, a clear definition of organizational culture, a regular cadence of assessing and responding to employee needs, investment in employee skill training and growth opportunities as well as fostering strong leadership skills. This could also include ensuring leaders are promoting a workforce that prioritizes diversity, equity and inclusion and cultivating a culture where all employees can learn and grow. With this type of support the department could expect to benefit from an increase in employee morale correlated with a likelihood of a reduction in recruiting and retention staffing shortages and increased workplace efficiency.

Key tensions are:

- Workforce Pipeline
 - How can the myriad associated issues be addressed at the structural and systemic level?
- Maintaining and nurturing a racially diverse workforce.
- Investment in employee wellbeing initiatives may not curb workplace stress and employee turnover which are common to public health. This will be particularly true with the recent announcements of budget cuts and looming job cuts.
- Employee recognition that is not staff specific falls short of maximum positive impact.
- It can take extra time and resources to engage in staff well-being activities, although we are under the belief that the benefit far outweighs the cost.

Other Observations:

- Workforce burnout/exhaustion.
- Recruiting and retaining staff will remain ongoing challenges for the foreseeable future.

Budget Instability due to Extraordinary Circumstances

Top level: Since the 2008 Strategic Plan, multiple conditions have resulted in numerous fluctuations in both the County and the departmental budget. These circumstances have included the 2009 recession, changes in federal and state funding for public health, 2020-21 COVID relief infusion (CARES Act; American Rescue Act) most recently, and a fall-off in federal and state funding most acutely affecting values-based programs.

As of the writing of this report, within the department many of the core divisions and programs are facing structural operating deficits for 2024 and beyond. On a practical level, program budgets are stretched too thin and there is not enough funding to sustain operations. The Department (post-COVID-19 emergency response) is in the position of needing to contract and contend with significant questions related to the very existential question of public health sustainability.

Key tensions are:

- As some of the temporary COVID-19 specific programs and staff conclude, how does PHSKC effectively integrate and sustain the learnings from the dual crises of COVID-19 and Racism as a Public Health Crisis?
- What are communications needs beyond Lunch and Learn presentations? What opportunities are there for staff to ask questions, engage more in the process, etc.?
- How will employee wellbeing be balanced with the inevitable morale implications of budget reductions? How will change management needs be handled?
- The need for budget literacy (“Budget 101”) was identified and a goal has been set to improve and engage staff in budget development to help with both understanding of the budget and the budget development process.

Division Specific Observations:

- Healthcare for Homeless Investments, Addressing Climate Change and Health, Community Partnership, Language Access, Equity Efforts, Clinical Infrastructure are all programs that staff care deeply about.
- CDC Infrastructure Grant as a significant and specific influx of funding.

Adaptive Capacity

Top Level: Adaptive capacity is an aim within PHSKC that is being realized in some ways with the use of new tools and techniques, as well as a learning culture, but there are opportunities for further integration.

As is the case with public health departments around the world, PHSKC has been forced to engage in an unprecedented level of adaptation in recent years due to the COVID-19 pandemic. Moreover, there is evidence to suggest that policies, processes, and procedures supported a culture of adaptation prior to the pandemic. PHSKC appears to be successfully developing an organizational identity in the late stages of the pandemic that supports adaptive capacity building and adaptive capacity sustainability. Supporting the ability to be adaptive are multiple reporting and accountability tools, as well as the recent adoption of risk appetite statements to enable effective decision making in the context of complexity and challenging dynamics (e.g., decreased budget levels).

Thus far, PHSKC appears to be a learning organization. Proactive planning appears to be a regular activity at the team, division, and department levels. However, there are opportunities for more robust engagement oriented to financial management that could result in a more comprehensive ability for the full department to adapt to uncertainty and the unexpected. Furthermore, there appear to be inconsistencies in how planning and reporting activities occur within divisions. This is a continuous balancing act, with the department leadership expressing a desire to avoid “over management” but wanting optimal alignment.

Key tensions are:

- Leveraging resources to address community and environmental needs or shifts versus maintaining strong alignment with organizational mission and vision.
- Variegated reporting requirements, variable management and staff capacity, and the important cultural differences between organizational sub-units.

Unmet Need of Data and System Integration Between Public Health and Healthcare Systems

Top Level: There are opportunities for ongoing data and system integration that PHSKC can explore between systems. Opportunities may extend to internal data sharing and system integration as well.

PHSKC is in a unique position to be central in the public health sector and able to share key data with public health and healthcare organizations. Given the amount of community partners in the county, it is easy to understand the multitude of data systems that are fragmented and that often do not talk with each other. With a more integrated data system, public health would benefit from providers being able to provide more holistic care and reduce care gaps and duplication/overlaps. It would also help decision-makers make more data-informed and timely decisions, identify potential gaps and disparities, and provide the public health community with an ability to better track more meaningful measures.

It will be important to consider health information regulations and ensure that any shared electronic health information complies with existing standards for transferring, securing, and sharing data between PHSKC and any other health care providers, including data sharing agreements.

It is also important to consider the role that data equity has in this work. This includes providing a lens to check for potential racial bias in the data gathering methods and instruments. It also includes considering marginalized communities' ability to control and access their own data.

Currently, PHSKC appears to be rich in a variety of data both internal and from external sources. Looking for opportunities to integrate this data could provide a multitude of benefits for internal staff and external community partners alike.

Key tensions are:

- Data and system integration can be resource intensive.
- It is important to consider the standards, regulations and, in some cases, restrictions there are for data sharing for health data.
- In data system integration efforts, systemic and structural issues may rise to the surface. This is a key organizational opportunity.

Role Clarity Challenges

Top Level: There is a lack of clarity, both internally and externally, regarding the exact role of PHSKC in addressing public health issues. This stems both from varied definitions of “public health,” as well as the unprecedented role played by the department during the COVID-19 pandemic. Structurally, what is needed is an approach to governance that clearly delineates the roles and responsibilities associated with decision making.

Role clarification is consistently documented as a challenge across public health systems and among public health professionals. Clarity surrounding roles is crucial for effective collaboration within and beyond organizations. PHSKC is experiencing the same challenges as many other public health departments, and that challenge is compounded by financial shifts and new realities in the latter stages of the COVID-19 pandemic. Based on discussions with internal groups, as well as content analysis and document review, there are varied understandings of what constitutes “public health” and what is the exact role of a public health department in a community. This was addressed in the PHOMP as the need to pursue “role definition” for the public health authority; however, nothing was uncovered regarding efforts to establish and communicate that role definition.

Key tensions are:

- Creating a shared understanding of PHSKC’s role across a wide variety of organizations and populations.
- Developing a shared understanding of “public health” amongst internal groups that is not monolithic and still allows for individuals’ personal relationship to the profession and the topic.
- While this analytical stage did not reveal issues surrounding interpersonal conflict, role ambiguity (or the lack of role clarity) has consistently been found to have a correlation to job burnout and job dissatisfaction in the public sector.
- The need for an approach to governance that clearly delineates the roles and responsibilities associated with decision making.
- Determining what role PHSKC needs to play in different relationships over time and in specific situations; whether to be the leader in some areas, a convener when needed, supporter, and the provider of technical assistance and subject matter expertise.

Need for More Shared Understanding about the Role of Community in Decision Making

Top Level: While PHSKC seeks to prioritize social connection and community as a core value, there is still a high degree of role variability for community partners (individuals and organizations). Given the organization's commitment, the next step is to be explicit about when and how community may have a role in influencing program planning, design, policy, budgetary decisions, and other areas. Once those decisions have been made, the phase that follows will entail standardizing those approaches throughout PHSKC.

PHSKC has committed an abundance of resources to build and maintain community partnerships, as reflected in the staffing levels for the Office of Equity and Community Partnerships (OECF) and the different community and advisory groups and teams that are in place to help staff hear and hopefully understand the lived/living experiences of those in the communities served by PHSKC. In addition to the work of the OECF, many other PHSKC offices and divisions are engaged in community outreach and engagement. However, there are opportunities to better articulate how community (and internal groups) can be engaged. It is unclear how other community-based groups, be they members of a formal PHSKC advisory group/team or otherwise, have direct input into decision making.

PHSKC's commitment to robust and authentic community engagement cannot be taken for granted. The next phase is a sustained commitment, aligned with PHSKC's racial equity principles, to advancing PHSKC's community partnerships toward the *Community Directs Action* position on the King County Community Engagement Continuum (pictured on the next page). Moreover, it will be vital to make sure that community partners (individuals and organizations) are aware of where community engagement relationships are currently located on the continuum, and what next steps will entail and require. Without this consideration, engagement efforts can quickly become misaligned between those who locate engagement at different positions on the continuum.

Key tensions are:

- How to develop realistic and sustainable engagement goals, recognizing that not all engagements can immediately begin at the *Community Directs Action* position.
- How to further and make systematic across the department learnings, and ways to work closer with community in ways that shift power and influence.
- Who decides the level of engagement and at what stage?
- Recognition that PHSKC does not have 100% autonomy and control over all decisions that are made, due to distributed power between the County, State, and other agencies that make decisions impacting PHSKC and the associated interested communities.

Figure 2. King County Community Engagement Continuum (from the King County Community Engagement Guide)

Levels of Engagement				
<p>County Informs</p> <p>King County initiates an effort, coordinates with departments and uses a variety of channels to inform community to take action</p>	<p>County Consults</p> <p>King County gathers information from the community to inform county-led interventions</p>	<p>County engages in dialogue</p> <p>King County engages community members to shape county priorities and plans</p>	<p>County and community work together</p> <p>Community and King County share in decision-making to co-create solutions together</p>	<p>Community directs action</p> <p>Community initiates and directs strategy and action with participation and technical assistance from King County</p>
Characteristics of Engagement				
<ul style="list-style-type: none"> Primarily one-way channel of communication One interaction Term-limited to event Addresses immediate need of county and community 	<ul style="list-style-type: none"> Primarily one-way channel of communication One to multiple interactions Short to medium-term Shapes and informs county programs 	<ul style="list-style-type: none"> Two-way channel of communication Multiple interactions Medium to long-term Advancement of solutions to complex problems 	<ul style="list-style-type: none"> Two-way channel of communication Multiple interactions Medium to long-term Advancement of solutions to complex problems 	<ul style="list-style-type: none"> Two-way channel of communication Multiple interactions Medium to long-term Advancement of solutions to complex problems
Strategies				
<p>Media releases, brochures, pamphlets, outreach to vulnerable populations, ethnic media contacts, translated information, staff outreach to residents, new and social media</p>	<p>Focus groups, interviews, community surveys</p>	<p>Forums, advisory boards, stakeholder involvement, coalitions, policy development and advocacy, including legislative briefings and testimony, workshops, community-wide events</p>	<p>Co-led community meetings, advisory boards, coalitions, and partnerships, policy development and advocacy, including legislative briefings and testimony</p>	<p>Community-led planning efforts, community-hosted forums, collaborative partnerships, coalitions, policy development and advocacy including legislative briefings and testimony</p>

Additional Findings

In addition to the *Key Findings* offered earlier in the report, several additional findings surfaced during this initial stage of the project that will inform the next stages of the project. Apart from “Unmet Need of Data and System Integration Between Public Health and Healthcare Systems,” all findings cut across the business portfolio, workforce, and operations of the department. Otherwise, the identified key findings both relate to one another and should be considered interrelated.

- Post-COVID-19 Response: Organizational Resiliency and Emergency Preparedness
 - Because this issue has been studied and documented, it will not be further elaborated upon at this stage of the project. Please refer to the [Public Health – Seattle and King County: COVID-19 After Action Report](#) for an in-depth analysis.
- Employee Pipeline, Recruitment, and Retention
 - As is the case with public health agencies across the U.S., PHSKC is facing challenges (both strategically and tactically) with the recruitment and retention of employees. Additionally, there are challenges associated with the erosion of a pipeline of qualified and interested potential employees due to the intensity of the COVID-19 pandemic.
- Department Governance and Decision Making and Priority Setting Structures
 - In addition to what was discussed in the *Need for More Shared Understanding about the Role of Community in Decision Making* there is a need for a focus on detailed and sustainable governance practices related to internal decision making and priority setting.

Issues and Risks

Over the course of this first project stage, several issues and risks were identified that need to be acknowledged.

- Use of Decision-Making Teams.
 - Issue: This is a significant strength of the department. Opportunity for expansion as a means of clarifying staff and community roles in decision making.
- Significant decreases in revenue.
 - Risk of issues related to employee pipeline, recruitment, and retention, plummeting morale.
- A traumatized and exhausted workforce.
 - Risk of attrition, recruitment, and retention challenges.
 - Staff morale.
- Potential for role ambiguity, both internally and externally, resulting in conflict and tension.
 - Risk of conflict and tension with staff and community.
- The potential to dilute and distort partner engagement efforts by not clearly determining and communicating the engagement level with partners (internal and external).
 - Risk of being overwhelmed by other needs and not addressing this issue through deliberate communication planning.
- Budgetary and financial shifts resulting in a climate where wellbeing and “fire in the belly” public health passions are displaced due to a need for a contracted departmental structure.
 - Risks: Not effectively incorporating anti-racism principles and priorities into the work when there is a challenge of potential departmental contraction and less resources.

Next Steps

This Current State Analysis identified several areas where additional input from staff, community, and public health partners can help to clarify key information and priority areas. This information is needed to make sure the strategic planning process is well grounded in the voices and experiences of those close to and impacted by PHSKC's work.

While the final questions will be determined during the development of the Engagement and Analysis Plan, whatever is asked will ultimately be informed by a combination of what was learned during the Current State Analysis, the lived/living experiences of PHSKC staff who are managing this project, the lived/living experiences of the engagement facilitators, and the needs and unique dynamics of those being engaged.