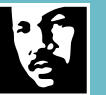


Public Health – Seattle & King County 2024 - 2029 Strategic Plan



Letter from the Director

I know what you're thinking: *Another boring strategic plan*. Please believe me when I say that this is not your typical strategic plan.

For one, it does not simply list what we do: all of the critical activities that our department undertakes every day. There are too many to list and, in any event, we are choosing to do things differently.

Surprised? Good.

I'm delighted to share Public Health's new strategic plan with you. In this new plan, we're doing things differently. We start by focusing on *why* we do our work – addressing Racism as a public health crisis – and *how* we will do our work – by centering anti-racism, health equity, workforce well-being, and partnerships. The *why* and the *how* will guide how we address some of the most pressing health issues of our time – the *what* in this plan.

This approach prepares us to be ready for anything. We believe that the *what* evolves constantly in public health: old threats re-emerge and new ones arise.

If we have consensus on the *why* and the *how*, we can deal with whatever may come our way.

Public Health – Seattle & King County is transitioning out of an intense, multi-year emergency response to the COVID-19 pandemic, in which racial inequities were our greatest challenge. The COVID-19 pandemic created trauma and burnout among our workforce and forced our department, and public health departments across the nation, to fundamentally rethink how we do our work.

As we move together into the future, Public Health is pleased to share our 2024–2029 strategic plan, which builds on lessons learned from the COVID-19 pandemic, includes the voices of community and staff, and sets our department's path for the next six years. While eliminating health disparities has long been part of Public Health's core work, we deliberately strove to develop this plan using an anti-racist process, and the plan itself embeds anti-racism and racial equity throughout.

Our department has not been immune to the decades of underfunding that have left the national public health system underprepared to protect the health of the people of King County. Recent federal and state investments in public health infrastructure and foundational public health services are welcome and important steps, and the need remains for increased, flexible, and sustained funding to avoid returning to the historical boom-and-bust cycles of public health funding.



Dr. Faisal Khan, Director of Public Health – Seattle & King County

[Letter from the Director](#) | [Community Voices](#) | [Table of Contents](#) | [Executive Summary](#)

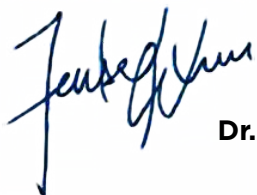
This new strategic plan comes at a time when Public Health is facing key decisions about its future state. As we develop our budget in coming years, this plan will inform decisions about the department's strategic investments and provide direction as we meet the most urgent health challenges facing King County.

As we achieve the objectives set out in this plan, we aim to make strides in addressing the health impacts of racism, climate change, gun violence, overdoses, and homelessness, and other challenges to the well-being of the communities we serve. We will strengthen our department's core prevention, promotion, and assurance activities, as well as our partnerships, collaboration, and infrastructure. This plan will have wide-reaching impacts, but what will remain constant over the next 6 years is our commitment to modernizing and transforming our work to provide high quality public health services based on Washington's Foundational Public Health Services as a strategy for implementing the national 10 Essential Public Health Services and Public Health 3.0 frameworks.

This plan would not have been possible without the participation of our staff and partner organizations across our many King County communities. I particularly want to thank the members of our Staff Advisory Group and community partners for their input and guidance to ensure our new strategic plan is staff- and community-centered. Their effort, insightful contributions, and commitment to our community's health have been pivotal in shaping this strategic plan.

Although the challenges ahead will not be easy, we remain steadfast in our commitment to creating a King County where health, well-being, and racial equity are experienced every day, by everyone. We look forward to sharing our progress with you and invite your partnership in realizing these ambitions for the health of our friends, neighbors, and communities.

Got your attention? Thank you. Please do read on.



Dr. Faisal Khan, Director of Public Health — Seattle & King County



Voices of our Community Partners

These are voices of community partners who worked closely with Public Health – Seattle & King County (Public Health) in multiple co-creation work sessions to develop this six-year Strategic Plan.

During the COVID-19 pandemic, we learned there is a big unmet public health need, and I look forward to receiving support while we build and implement our public health program. I'd like to see the King County Public Health team strengthen ties and work with Tribes to better support their public health needs. I greatly appreciate the meetings during the strategic planning process, and would like to continue connecting to continue learning about public health.

Elizabeth “Libby” Watanabe, Snoqualmie Indian Tribe

We view Public Health - Seattle & King County as a critical ally in our health equity work in King County (and beyond). The process revealed to me that PHSKC is committed to many of the same values as HealthierHere, and I hope that we find more ways to interact and support each other's work. In the future, I would like to see more frank conversations about what will be needed to disrupt the current systems of care to improve the health status of our whole community.

John Kim, HealthierHere



The Pandemic and Racism Community Advisory Group is co-led by community representatives and Public Health and works to address regional racial inequities.

As a representative of the South Asian and Indian American immigrant community, I am energized and inspired to live in a County where the Public Health department develops its strategic plan in partnership with community based organizations, where there is an acknowledgement and willingness to work upstream to address the determinants of health and root causes of inequity, where dialog and discussion have been encouraged to understand and be willing to include equitable, anti-racist, trauma-informed approaches through systems and processes.

Lalita Uppala, Indian American Community Services and Community Navigator

From the beginning I was very impressed at the degree to which so many PHSKC staff and from so many programs and positionalities were part of this process, were actively participating, and were so seemingly engaged. That spoke volumes with regard to the positive message that the department was wanting to convey to staff and the community both in terms of wanting people to be ‘heard’ as well as deepening ‘ownership.’ I would love to continue to deepen and widen our efforts together and in terms of our bridge between academia and practice.

Betty Bekemeier, University of Washington School of Nursing and the School of Public Health’s Northwest Center for Public Health Practice

The ongoing pandemic had disproportionately affected marginalized communities, exposing systemic injustices at the government level. My engagement with Public Health – Seattle & King County has empowered our communities, validated our concerns, and strengthened our collective voice. Being able to participate in high-level discussions about public health has certainly contributed to our fight for justice and equity. The acknowledgment and consideration of our concerns have instilled a sense of ownership and responsibility toward the health and well-being of our communities. Ultimately, this whole process offers a promising outlook on inclusivity and the possible change that can come when voices that are traditionally on the periphery of public decisions are welcomed and given due consideration in policy-making processes.

Emma Maria Maceda, Grupo Asesor Latino and Community Navigator

See Acknowledgements section for a complete list of community partners who participated in strategic plan co-creation meetings.

Table of Contents

- Executive Summary** 7
- Acknowledgements** 9
- About Public Health – Seattle & King County** 10
 - Racism is a Public Health Crisis Background 13
- Vision, Mission & Values** 14
- Priority Areas** 15
 - Climate & Health 16
 - Emerging Threats to Community Health & Well-being 18
 - Information, Impact & Innovation 23
 - Partnerships 26
 - Workforce & Infrastructure 28
- Implementation & Next Steps** 31
- Appendices** 32
 - Appendix 1: Planning Process 32
 - Appendix 2: Plan Alignment 34
 - Appendix 3: Glossary 35

FOR BEST VIEWING EXPERIENCE

This report is intended to be read on a screen and includes navigational links at the top of each page. For the best experience, we recommend using a PDF viewer rather than a web browser to navigate the report.

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Alternate formats available.
Call 206-263-8870 or TTY: 711.

Executive Summary

Public Health – Seattle & King County’s 2024-2029 strategic plan describes how we will meet the most persistent and urgent health challenges facing King County, embed Racism is a Public Health Crisis into our everyday work, and strengthen our core functions to protect and promote health.

The health issues facing the people of King County are significant. These complex issues must be addressed by multiple sectors and partners working together. This plan describes how Public Health will focus the department’s activities and resources to address these threats to community health. The strategic plan will also guide Public Health in strengthening internal capacity and infrastructure in ways that support all programs throughout the department to better meet population health needs.

In the course of developing this plan, approximately 100 of our community and public health system partners, as well as hundreds of employees throughout the department, provided feedback in listening sessions and interviews. In the fall of 2023, we convened a series of Strategic Planning Conversations, in which staff worked alongside community partners to use this feedback as a foundation to collaboratively develop Public Health’s new vision, mission, values, and priorities:



Priority Areas



Public Health relies on a complex set of federal, state, and local funding sources, including grants. Successful implementation of many activities outlined in this strategic plan depends upon alignment of existing resources or identification of new resources and partnerships. Public Health intends to be proactive in seeking these resources and in using this plan to inform our department’s strategic investments as we continue our journey towards becoming a racially just health department.

Acknowledgements

We first thank the hundreds of staff and community, academic, and public health partners who provided input in listening sessions, interviews, and surveys. This plan would not have been possible without your insights. We next thank the Staff Advisory Group, Steering Committee members, and the following individuals who participated in a series of Strategic Planning Conversations throughout the fall of 2023, for their time and invaluable contributions to creating this plan. Finally, we wish to thank the many subject matter experts across the department for their contributions and expertise. We extend our deepest gratitude to each person for not only representing their own unique perspectives and communities but also for being the voice of their colleagues and networks across Public Health and King County.

Community Partners:

Betty Bekemeier,
University of Washington
Shelley Cooper-Ashford,
Center for Multicultural
Health and Pandemic
and Racism Community
Advisory Group
(PARCAG)
John Kim, HealthierHere
Emi Koyama,
disability justice advocate
Pastor Derek Lane,
Maranatha Church and
Community Navigator
Emma Maria Maceda,
Grupo Asesor Latino and
Community Navigator

Michelle Merriweather,
Urban League of
Metropolitan Seattle,
Black Future Co-op Fund
and PARCAG
Sili Savusa, Pacific
Islander Community
Association of
Washington and PARCAG
Mohamed Shidane,
Somali Health Board
Yordanos Teferi,
Community Health Board
Coalition and PARCAG
Lalita Uppala,
Indian American
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and Community
Navigator

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Hilary Karasz
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Devon Love
Alastair Matheson
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John Miller
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Matías Valenzuela
Simon Vila
Eva Wong
The Athena Group:
Anthony Campbell
Nakia Winfield
George Zeno

This work is supported by funds made available from the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS), National Center for STLT Public Health Infrastructure and Workforce, through OE22-2203: Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems grant. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

About Public Health – Seattle & King County

Public Health – Seattle & King County (“PHSKC,” “Public Health,” or “the department”) is the public health department for King County, Washington, which includes 39 cities including the City of Seattle, Tribal Nations, and unincorporated areas. Public Health is one of the largest metropolitan health departments in the United States with about 1,600 employees.¹ The department serves approximately 2.3 million people of King County who reside in urban, rural, shoreline, foothill, and mountain communities with distinct environments and unique public health needs. King County is an international port of entry, welcoming nearly 40 million visitors annually. Over 100 languages are spoken by King County residents.

The work of Public Health includes:

1. protecting the public through disease control functions, such as tuberculosis, HIV, and communicable disease epidemiology and immunizations,
2. promoting health by leading efforts to prevent chronic conditions and promoting healthy, equitable communities by preventing chronic conditions and injuries, ensuring the air is safe to breathe, and ensuring water and food are safe to consume, and
3. influencing systems that enable equitable access to quality healthcare by connecting people to services and working with the healthcare system.

This work is conducted in alignment with the [10 Essential Public Health Services](#) and [Washington Foundational Public Health Services](#) frameworks.

¹ As of March 2024



Public Health staff and partners get ready to provide vaccinations.

Public Health | Racism is a Public Health Crisis

The department's work is carried out across seven divisions: Administrative Services, Community Health Services, Emergency Medical Services, Environmental Health Services, Health Sciences, Jail Health Services, and Prevention. The seven divisions are supported by Communications, Emergency Preparedness, Equity and Community Partnerships, Government Relations, Human Resources, Policy and Strategy, and Professional Services teams in the Office of the Director.

Public Health is a national leader in the field of public health, using innovative approaches that address critical health issues and reach underserved populations. Recent highlights include:

- Public Health received the American City & County's 2021 Crown Communities Award in recognition of King County's COVID-19 response. By June 2021, King County reached its goal that 70 percent of eligible residents (12-plus years of age) across all races and ethnicities had completed their vaccine series. King County staff administered over 20,000 COVID-19 vaccine doses by October 2022.
- Public Health received the National Association of County and City Health Officials 2023 Model of Practice Award and a Best of the Best recognition for "Office of Equity and Community Partnerships: Anti-racism and community co-creation in public health."
- Community Health Services' Access and Outreach team held 75 enrollment events during 2023's Affordable Care Act open enrollment period, with a focus on communities experiencing persistent racial inequities, and led a network that supported a record 95,000 people in enrolling in health insurance.
- In 2021, Emergency Medical Services providers began delivering life-saving blood transfusions before reaching the hospital, one of the first such programs in the U.S.



Public Health's Office of Equity and Community Partnerships staff receive an award from the National Association of County and City Health Officials.

Public Health | Racism is a Public Health Crisis

- Since 2021, Environmental Health has distributed over 12,500 portable HEPA air cleaners and box fan filter kits to facilities and households in need, including homeless shelters, childcares, and adult family homes, to improve their indoor air quality in response to COVID-19 and wildfire events.
- The Health Sciences division houses the newly established Regional Office of Gun Violence Prevention to advance community-led solutions and coordinate gun violence reduction efforts. Since 2021, the Regional Peacekeepers Collective has served over 440 young people and families. In partnership with the Lock it Up Program, the initiative has distributed over 1,200 units of firearm safety equipment.
- 25 Jail Health Services staff members received Life-Saving awards at the 24th Annual Department of Adult and Juvenile Detention 2023 Employee Recognition Ceremony.
- Public Health worked to prevent fatal and non-fatal opioid overdoses by distributing 86,000 fentanyl test strips, 14,000 naloxone kits, and 39,000 education materials in 2023.
- King County was among the first in the nation to achieve the 90-90-90 goal in the fight against HIV/AIDS: 90% of residents infected with HIV know their infection status, 90% are on HIV antiretroviral therapy, and 90% are virally suppressed. This accomplishment in 2017 was achieved through a strategic initiative between the Prevention division, community groups, and healthcare system partners.



Public Health staff assist at the 2024 Seattle/King County Clinic.

Public Health | **Racism is a Public Health Crisis**

Public Health integrates equity and anti-racism goals into its planning and operations, such as each division's [2023-2024 Equity and Anti-racism plan](#). In this new strategic plan, Public Health is collectively committing to embedding Racism is a Public Health Crisis principles, objectives, and actions into all aspects of the department's work. Moreover, we commit to understanding and addressing the impacts of race, power, privilege, and other forms of oppression at the internalized, interpersonal, institutional, and structural levels. Focusing on racial equity means centering Black people, Indigenous people, and people of color. Public Health recognizes that we cannot focus on racial equity without also acknowledging the many intersecting identities and systems of oppression that interact with racial identities. As our Pandemic and Racism Community Advisory Group has stated, we must recognize the intersectionality of people's overlapping identities and experiences – such as race, ethnicity, disability, age, gender identity, sexual orientation, religion, economic status, class, and other identities—and their role in discrimination, oppression, access, and privilege.

RACISM IS A PUBLIC HEALTH CRISIS BACKGROUND

On June 11, 2020, in response to George Floyd's murder, an accumulation of wrongs to Black and Brown communities, and local community organizing, King County, Public Health and the [King County Board of Health](#) declared that King County government is committed to implementing a racially equitable and community-centered response to the crisis of racism and acknowledging that racism has and continues to result in significant health harms.

King County's declaration that "Racism is a Public Health Crisis" honors the movement building and organizing by communities and employees in Public Health and in King County, as well as leaders in the field of public health such as [Dr. Camara Phyllis Jones](#), a Black physician, epidemiologist, and anti-racism activist who launched a [national campaign against racism](#). Dr. Jones's four key messages for anti-racist public health practitioners are: racism exists, racism is a system, racism saps the strength of the whole society, and we can act to dismantle racism. Dr. Jones has long urged public health to center the impacts of racism in the design and implementation of services and practices.



Vision, Mission, and Values

This strategic plan is a guide for Public Health, outlining where we want to go and how we plan to get there over the next six years. The **Vision** paints a picture of the *future* we are working toward, and the **Mission** defines Public Health's *role* in achieving this vision. The **Values** describe *how* Public Health will achieve our mission.

Vision: Health, well-being, and racial equity – every day for everyone in King County.

Mission: To promote and improve the health and well-being of all people in King County by leading with racial equity and changing systems and structures that impact health.

Values:

- Fully incorporating **equity**, anti-racism, and trauma-informed actions throughout department culture, systems, practices, and behaviors.
- Providing **leadership** in public health innovations, data, systems change, communications, and policy stances that influence the region.
- Convening and fostering **collaboration** internally and with organizations across King County to address public health issues.
- Restoring, building, and maintaining **community partnerships** to collaboratively identify issues and co-create solutions.
- Holding ourselves **accountable** to rigorous, high standards and communicating transparently about what we do and how we do it.
- **Working upstream** to address social determinants of health and root causes of health inequities.



Access & Outreach program Health Care Navigators help community members during open enrollment.



Prevention staff train healthcare facility staff on infection prevention skills, using a glow germ demonstration.

Priority Areas

Public Health considers racial equity to be fundamental to our department's mission to promote and improve health and well-being. Anti-racism and equity are foundational elements throughout our strategic plan and are embedded within each priority.

The **priorities** described below are focus areas for Public Health, chosen based on a careful analysis of community input, the potential for impact, and the availability of resources to achieve our mission and vision. The **goals** describe the change Public Health seeks in each priority area. Goals will be achieved through **objectives**, which are specific, measurable changes or outcomes by the end of the year listed. **Actions** summarize how we will achieve these objectives. Public Health will monitor progress, success, and challenges toward objectives through the key **measures**.

Several critical topics that impact population health are first listed below. Regular reviews will assist Public Health in assessing the landscape of emerging threats. Then, in response to identified major forces, barriers/challenges, and key strengths of the department, there are several priorities that seek to support our foundational public health activities and our department's ability to better meet population health needs.



Climate & Health

GOAL: Create the necessary conditions to prepare for, adapt to, and influence the impact of climate change on health, in partnership with other King County departments, communities, and additional partners.



Objective 1: By 2024, co-create risk communications campaigns/strategies with communities impacted by three different climate hazards (extreme heat, wildfire smoke, floods) and deliver seasonal communications to increase awareness of how to mitigate and adapt to climate change, particularly in communities who are disproportionately impacted.

Objective 2: By 2027, expand community capacity to address adverse health impacts of heat and wildfire smoke and support implementation of evidence-based programs by providing technical assistance to partners in communities most impacted by climate change.

Objective 3: By 2028, contribute to equitable climate programs and policy development and change by increasing use of climate data dashboard and related qualitative and quantitative data.

Objective 4: By 2029, set a prioritized action agenda for regional and statewide leadership, focused on decarbonization, data use, and community programming by health services providers for those most impacted by climate by convening quarterly a healthcare collaborative of hospital and clinical partners in sustainability and climate change.



As part of an educational video, Public Health Communications staff demonstrate a do-it-yourself box fan filter to use during a wildfire smoke event.

CLIMATE & HEALTH *continued***Actions:**

1. Collaborate with community partners to co-develop and disseminate key education messages/resources in multiple languages that address gaps in climate and health knowledge and support cross-sector partnerships.
2. Support community programs and emergency response by implementing strategies (e.g., resources, evidence-based solutions, risk communications and guidance, and policy recommendations) co-created with impacted BIPOC communities to reduce adverse health impacts resulting from exposure to climate hazards.
3. Through data development and scientific approaches, establish and continuously improve a robust quantitative and qualitative data system on key climate, health, and resilience data indicators that assess climate-related health impacts for timely Public Health action and provide a clearer understanding of trends in health status, inequities, and vulnerabilities.
4. Build resources and provide support across divisions to integrate climate change into Public Health programs in alignment with departmental priorities and the countywide Strategic Climate Action Plan.

Measures:

- Number of community-specific communications campaigns/strategies
- Number of technical-assistance consultations provided and number of community partners engaged
- Number of data requests, visits to data dashboard, and user feedback on how data were used
- Number of healthcare partners engaged annually



Climate & Health Equity Initiative staff presents at a conference at Seattle Children's Hospital.

Emerging Threats to Community Health and Well-being

HEALTH OF PEOPLE EXPERIENCING HOMELESSNESS

GOAL: Health issues including preventable injury, illness, and death are no longer a consequence of homelessness in King County.



Objective 1: By 2026, increase access to comprehensive healthcare for people experiencing homelessness or who are unstably housed, who disproportionately identify as Black, Indigenous, or people of color.

Objective 2: By 2027, working with regional partners, increase availability of health services tailored to the needs of people experiencing homelessness, including field-based services at encampments and homeless service sites and respite care for patients to recover from hospitalization, illness, or injury in King County.

Objective 3: By 2029, work with community partners to develop at least two policy briefs that describe policy priorities to improve the health of people experiencing homelessness.

Actions:

1. Improve and enhance partnerships and capacity to address critical health issues and better meet the health needs of communities experiencing homelessness who disproportionately identify as Black, Indigenous, or people of color.
2. Develop partnerships, funding, and resources to expand field-based services, medical respite services, and health education for communities experiencing homelessness.
3. Assess and assure planning and delivery of services to promote health for communities experiencing homelessness.



Public Health staff and partners bring health services directly to those living unsheltered in our communities.

Measures:

- Deaths among people experiencing homelessness
- Number of people served by mobile/outreach strategies
- Number of model policy/policy briefs created to support planning

GUN VIOLENCE PREVENTION

GOAL: Prevent and reduce gun violence in King County.



Objective 1: By 2025, expand and deepen community-based and cross-system partnerships through at least 3 convenings annually to promote a coordinated regional approach to reduce gun violence in the most impacted communities in King County.

Objective 2: By 2025, launch up to three geographically focused service centers/areas to deliver community-led Community Violence Intervention (CVI) programs in communities most impacted by gun violence, sustaining and increasing the number of centers by 2029.

Objective 3: By 2026, sustain the Regional Office of Gun Violence Prevention and Violence and Injury Prevention programs in Public Health in order to collaborate with partners and systems serving the most impacted communities to prevent and reduce gun violence in King County.

Objective 4: By 2027, expand reach of health strategies that reduce firearm injury and death and become a statewide leader in safe firearm storage for family and community safety by creating a community of practice and distributing at least 2,000 safety devices through outreach and engagement of community partners and additional partners in communities most impacted by gun violence.

Actions:

1. Convene and collaborate with community leaders, local, state, and federal agencies, and national subject matter experts to coordinate work to identify, fund, implement, review, and sustain effective gun violence prevention and intervention strategies and policy decisions to eliminate gun violence in King County.
2. Use emerging CVI best practices and data-driven approaches to inform expansion of geographic service centers/areas that will deliver community-led CVI programs.
3. Seek sustainable funding and build relationships for funding development.
4. Provide capacity building, training and technical assistance on safe firearm storage.



The King County Regional Office of Gun Violence Prevention is partnering with King County Metro for a community awareness campaign about resources for those impacted by gun violence in King County.

Measures:

- Number of convenings of cross systems and community partners
- Number of service centers/geographic areas delivering CVI and number of CVI program participants
- Number and types of revenue streams identified to support and sustain this work with partners
- Number of units of firearm safety equipment distributed

OVERDOSE PREVENTION AND WELL-BEING FOR PEOPLE WHO USE DRUGS

GOAL: Make evidence-based, culturally appropriate services accessible for every individual who uses drugs while reducing stigma around substance use disorders and reducing overdose deaths.



Objective 1: By 2025 and every two years thereafter, evaluate ongoing overdose prevention activities and explore research on emerging and existing overdose prevention best practices and apply those findings to implement changes in service delivery, training, communications strategies, and harm reduction supplies.

Objective 2: By 2026, conduct 36 trainings per year and produce at least one communication campaign/strategy to improve community knowledge about overdose risks and protective factors, empathy, and understanding of the impact of stigma.

Objective 3: By 2029, expand reach of health strategies that reduce harm by increasing the distribution of harm reduction resources and supplies from Public Health and partners by 15% per year.

Objective 4: By 2029, increase access and linkage to evidence-based medications for opioid use disorder (MOUD).

Actions:

1. Conduct data, research, and evaluation activities; coordinate with opioid researchers; and coordinate around a county-wide strategic response that includes people who use drugs, community partners, King County, and regional partners.
2. Develop and implement tailored trainings and communications plans to address the unique needs of communities experiencing disproportionate overdose burden and to reduce stigma associated with using drugs.
3. Leverage Public Health's Overdose Prevention and Response Harm Reduction Clearinghouse and a diverse array of supply distribution sites to improve access to harm reduction supplies in a way that builds trust and connection with people who use drugs with a focus on improving their overall wellbeing.
4. Provide MOUD via public health programs and contracted partners.

Measures:

- Completed evaluation and changes in service delivery, training, communications campaigns/strategies, and harm reduction supplies
- Number of communication campaigns/strategies and number of trainings conducted
- Number of naloxone, fentanyl test strips, drug checking resources distributed or facilitated
- Number of individuals who receive buprenorphine treatment at PH programs and contracted partners

COMMUNITY WELL-BEING AND YOUTH BEHAVIORAL HEALTH

GOAL: Apply public health approaches to advance programs, policies and systems to promote emotional well-being and improve the overall health, sense of connection and belonging of children, young people, and their communities.



Objective 1: By 2026, create a policy & program plan promoting equitable implementation of evidence-based and community-informed approaches to school and community mental health and substance use prevention interventions by leveraging policy and funding opportunities to expand collaborative partnerships with King County departments, schools, young people, community partners and other agencies.

Objective 2: By 2027, implement a communications strategy to reduce stigma, enhance strengths-based mental health literacy, and center youth-led and community-informed strategies to engage populations experiencing disproportionate challenges to their well-being.

Objective 3: By 2028, increase by at least 10% strategies to promote a broad and diverse workforce through cross-departmental and cross-sector partnerships, policy change, and professional development efforts supporting young people's emotional health and well-being

Objective 4: By 2029, use evidence-based and community-informed approaches to increase culturally appropriate mental health and substance use supports by at least 5% in the environments where children and youth live, learn, and play.



Public Health partner First Five Years and Beyond kids getting ready for a bike safety lesson.

COMMUNITY WELL-BEING AND YOUTH BEHAVIORAL HEALTH *continued***Actions:**

1. Convene young people, community, and other sector partners to inform the policy & program plan that will prioritize Public Health strategies and solutions to strengthening youth and community emotional health and well-being.
2. Identify existing internal capacity/resources, integrate into other programs, and seek to build dedicated capacity to implement a youth-led and community-informed communications strategy.
3. Convene groups, engage students, conduct policy research, and build community coalition(s) to identify and prioritize program and policy levers within Public Health to expand a diverse workforce supporting young people's well-being in King County.
4. Use community-identified needs, improve timely coordination and dissemination of data, research, and program/policy evaluation to respond to youth behavioral health gaps/needs and supports.

Measures:

- Number of sectors/partners engaged in community partnerships
- Number of communication campaigns/strategies implemented
- Number of strategies utilized to improve diversity and culturally responsive supports among the behavioral health and emotional healing workforce
- Number of children and youth reached by supports

Information, Impact & Innovation

GOAL: Serve as a bold leader in policy development and change.



Objective 1: By 2025, Public Health has a public-facing policy presence focused on sharing anti-racist and health equity-focused policy information by creating a website with a policy dashboard, producing two policy briefs per year.

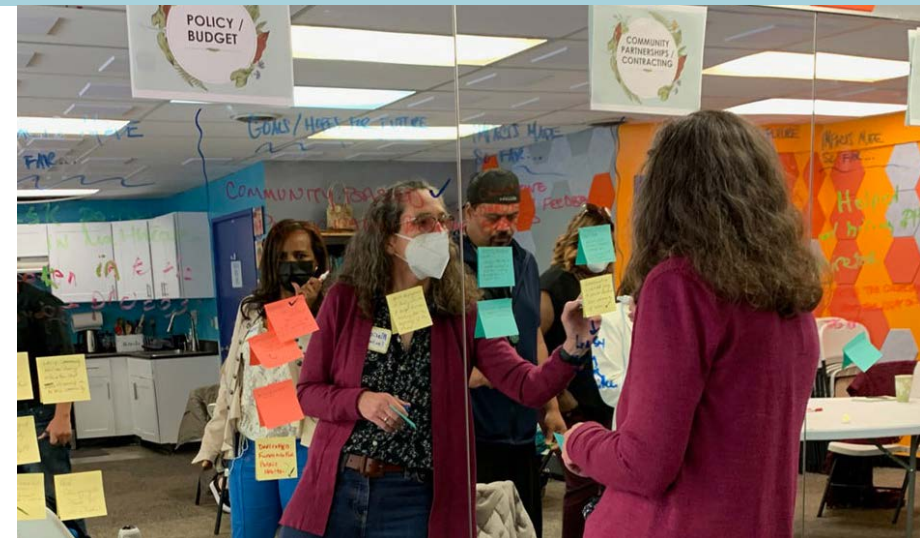
Objective 2: By 2026, Public Health is effectively advocating for sustainable and flexible funding by building internal coordination and communication pathways across policy and budget teams and acting on opportunities within legislative processes.

Objective 3: By 2027, staff in all subject-matter expertise areas within the department will be able to assess the impact of proposed policy changes and propose new policies, including antiracist policies and policies that address racial inequities.

Objective 4: By 2029, use data and community input to guide policy development and change for all priority policy areas by building internal infrastructure and process to support policy staff in utilizing data products.

Actions:

1. Define and assess staffing and capacity needs, and increase capacity to communicate policy recommendations to strategically carry out anti-racist policy development and change.
2. Identify and increase capacities of staff working on policy change to incorporate public health data and community input across prioritized policy areas.
3. Create a public policy dashboard to track and monitor progress on policy change priorities areas with significant public health impact.



Pandemic and Racism Community Advisory Group members provide ideas on policy and budget goals and measures to Public Health.

Measures:

- Percent of staff whose roles include the capacity, expectation, and ability to engage in policy evaluation and development using a racial equity lens among policy subject matter experts in each division
- Number of annual publicly available policy documents
- Number of funding-specific advocacy opportunities

GOAL: Lead in data and informatics by using data that is timely, relevant, and meaningful to communities.

Objective 1: By 2029, achieve all the goals and objectives of the 2023–2025 Public Health Informatics Strategic Plan and regularly update the Public Health Informatics Strategic Plan (PHISP).

Objective 2: By 2029, all data stewards in the department have assessed and acted on how to increase opportunities for communities most impacted by inequities to play a role in collection, interpretation, and presentation of quantitative and qualitative data.

Objective 3: By 2029, 75% of Public Health data sources are high quality, have a purpose, and are being used for public health action.

Actions:

1. Identify resources and capacities needed to implement the PHISP, using lessons learned to inform the next update of the Public Health Informatics Strategic Plan.
2. Develop and apply principles, templates, and practices for the following: standardizing data collection, engaging communities in the collection and interpretation of data, and ensuring public health actionability of data assets.

Measures:

- Percent of objectives met in the Public Health Informatics Strategic Plan
- Percent of data sources cataloged in the department’s list of data sources where the data steward has assessed the role of communities most impacted by inequities in collection, interpretation, and reporting of data, among those data sources where Public Health can control data collection and reporting
- Percent of data sources cataloged in the department’s list of data sources where there is a clear public health purpose

GOAL: Lead with accurate, effective, and collaborative health communications that center communities.



Objective 1: By 2027, Public Health employees at all levels throughout the department understand the importance and roles of language access and health literacy strategies for health equity, and routinely integrate these strategies into their work.

Objective 2: By 2029, strengthen Public Health as a trusted, reliable and effective source of accessible information with the general public and communities most impacted by health inequities.

Actions:

1. Sustain a community-based language access services program in King County and train Public Health staff on how to integrate language access, accessibility for people living with disabilities, and health literacy strategies into their work.
2. Build internal and community partner capacity for engagement and co-creation in communications strategy, content development and dissemination, particularly with Black, Indigenous and priority populations.
3. Strengthen capacity and prioritize health promotion campaigns and earned media coverage with community and multilingual media to disseminate critical health information to King County residents, especially Black, Indigenous, multilingual, and communities of color.

Measures:

- Number of community-based language access requests filled and number of languages supported by Public Health Language Access program
- Number and percent of Public Health programs with capacity and routine use of co-creation approaches
- Number of media queries from mainstream, multilingual and community media



*From "What to do if there's a rat in the toilet,"
an educational comic for Public Health
- Seattle & King County by Meredith Li-Vollmer*

Partnerships

GOAL: Build, strengthen, and sustain responsive community partnerships, with a focus on Black, Indigenous and people of color partners.



Objective 1: By 2027, increase Public Health staff capacity to engage and partner with community organizations.

Objective 2: By 2028, strengthen relationships with and invest in communities most impacted by racial health inequities.

Objective 3: By 2029, increase accountable co-creation with community organizations and leaders in projects, programs, policies, communications, and budgets.

Objective 4: By 2029, have equitable contracting practices that support and build community capacity to advance health equity.

Actions:

1. Establish agreements with local Tribes, support and sustain the Black Community Equity Team and additional priority populations, such as the Latinx and Pacific Islander Equity Teams.
2. Bring major department programs and policy decisions to community advisory groups and/or Community Navigators and use the Accountability Tool for building trust and reporting back on actions.
3. Increase Public Health staff capacity to engage and partner effectively and authentically with community via an intra-division team to share best practices and activities.
4. Incorporate capacity-building into contracts in ways that support contractors/community-based organizations with the most needs, and develop measures for equitable contracting and tracking changes/improvements.



Communities of Opportunity staff with a community member at the Winter All-Partner Convening, December 2023.

Measures:

- Number of partnerships and memoranda of understanding with Native, Tribal, Black and other priority populations
- Number of divisions that build in community engagement and co-creation into plans, programs and budgets
- Number of community-based organizations receiving capacity-building support and number of Public Health improvements in equitable contracting practices

GOAL: Lead in internal and external cross-sector partnerships to advance community health and well-being and undo racist health impacts.



Objective 1: By 2029, Public Health has sustained and strengthened academic partnerships, particularly academic institutions supporting Native/Tribal, Black, first-generation college student and other priority populations, to further public health knowledge, and inform public health practice and innovation.

Objective 2: By 2029, Public Health has explored and developed partnerships with philanthropic organizations and public-private partnerships.

Objective 3: By 2029, Public Health has developed skills and capacity to engage with academic and other public health partners, and to lead as the community health strategist for local, regional, and national cross-sector partnerships, with a focus on Racism is a Public Health crisis.

Actions:

1. Identify existing connections with and opportunities for strengthening ties with academic institutions.
2. Explore opportunities to further develop philanthropic and public-private partnerships with the goal of improving health through collective efforts.
3. Leverage and mobilize internal expertise and resources to create, participate in, and sustain local, regional, and national cross-sector partnerships.
4. Identify and seek to expand dedicated capacity to support activities via realignment of existing resources or identification of new resources.

Measures:

- Number of student practicums, internships, and other formal opportunities hosted
- Number of partnerships across sectors, such as in education, philanthropy, and housing



ICHS and CISC outstanding enrollment navigators accept their awards from Public Health's Access & Outreach program, staff and Director Khan during an award ceremony, April 2023.

Workforce & Infrastructure

GOAL: Support a racially just workforce and learning culture workplace that is reflective of the communities we serve and centers racial justice, equity, and well-being.



Objective 1: By 2026, staff in the lowest 20 percent of Public Health's salary ranges are supported by active employee development plans to further their professional learning and career goals.

Objective 2: By 2029, implement all the goals and objectives of Public Health's Workforce Wellbeing Action Plan.

Objective 3: By 2029, all new hires and promotions in the top 20 percent of Public Health's salary ranges reflect 2040 King County projected workforce demographics, to the extent consistent with federal and state law.

Objective 4: By 2029, all staff have increased their knowledge, skills, and practice of racial justice, health equity, disability access and inclusion well-being, and belonging principles and actions.

Actions:

1. Invest in lower salaried employees through active employee development plans and employer supports to develop knowledge, skills, and practices.
2. Finalize, sustain, and implement the Public Health Workforce Wellbeing Action Plan, revising and updating in 2025 and beyond.
3. Develop, sustain and implement anti-racist workforce recruitment and eliminate barriers to high-salary employment opportunities for Black, Indigenous, and people of color, and immigrant populations.
4. Develop an anti-racist and health equity training plan for all current and new employees and provide opportunities to support department culture change, such as through affinity groups.



Public Health Camp attendees listen to a presentation at the Medical Examiner's Office, 2023.

Measures:

- Percent of employees reporting high employee engagement scores
- Percent of employees in the lowest 20% of the salary range with an employee development plan
- Ratio of all new hires and promotions in the highest salary ranges (top 20% of the salary range or salary range 65 and higher) to 2040 projected workforce demographics
- Percent of employees trained on racial justice, health equity, well-being and belonging, and participating in affinity groups

GOAL: Strengthen Public Health’s internal collaboration and infrastructure so programs and internal processes work collaboratively and seamlessly.



Objective 1: By 2026, Public Health has dedicated capacity to convene and support internal collaboration and related activities to improve internal processes and create a more equitable organization.

Objective 2: By 2029, Public Health has accessible spaces and opportunities for employees at all levels to coordinate among and across divisions, teams, and programs to foster greater collaboration and coordination within Public Health to elevate best practices, be more equitable and be more effective.

Actions:

1. Identify dedicated capacity to support increased internal collaboration activities via realignment of existing resources or identification of new resources.
2. Assess existing and identify new opportunities for collaboration to inform the development and implementation of a plan to improve coordination among and across divisions, teams, and programs across the department.
3. Create formal and informal spaces and opportunities to foster greater collaboration and coordination within Public Health, both around public health programs/services and infrastructure.
4. Strengthen the departmental performance accountability framework in alignment with the county Best-Run Government priority and use accreditation planning as mechanisms for collaboration and to elevate best practices, be more equitable and be more effective.



Environmental Health’s On-site Sewage System program teaches high school interns about water quality in Poverty Bay.

Measures:

- Number of forums for effective inter-division collaboration capacity building and innovation
- Percent of employees reporting high levels of strategic alignment
- Percent of employees reporting high employee engagement scores

GOAL: Public Health can provide necessary services, resources, and information to promote the health of the most impacted communities during emergencies.



Objective 1: By 2026, all Public Health employees and Public Health Reserve Corps (PHRC) volunteers are trained to assume and support key emergency roles within Public Health’s incident management structure.

Objective 2: By 2027, systems are in place to support community-based and faith-based organizations in preparing for, responding to, and recovering from future emergencies as a way to prevent racist impacts.

Objective 3: By 2028, Public Health is prepared to surge employees (e.g., all divisions have a surge plan), resources (e.g., maintain 30-day supply of resources), and funding in culturally responsive ways to meet the demands of future emergencies.

Objective 4: By 2029, all-hazards emergency preparedness is integrated into everyday programmatic activities and employee workplans.

Actions:

1. Train all Public Health employees and PHRC volunteers on a standard approach to incident management and train Public Health leadership and key subject matter experts on specialized roles.
2. Examine and change response planning procedures and administrative preparedness practices when appropriate, including how to make them more equitable in consultation with the Community Advisory Group (CAG) for Public Health Emergency Preparedness.
3. Establish a Public Health fund emergency reserve and clear process for accessing emergency funding if existing revenue streams cannot be used, or when state or federal dollars are not available.
4. Document and implement clear processes for assigning Public Health employees to work on preparedness activities, including responding to emergencies, in alignment with collective bargaining agreements and job descriptions.

Measures:

- Percent of Public Health employees and Public Health Reserve Corps volunteers who have taken baseline National Incident Management System training courses
- Number of written agreements or jointly developed operational plans with community-based and faith-based organizations that identify roles and responsibilities during emergencies
- Percent of divisions with a surge plan
- Percent of Public Health employees with a dedicated percentage of their workplan for participation in emergency preparedness activities

Implementation and Next Steps

Public Health will work towards the goals described above by following an implementation plan, which will serve as a companion to this strategic plan. The implementation plan combines the objectives, actions, and measures above with roles and responsibilities, timelines, milestones, and measures of progress. We will use this departmental reporting to support conversations around racial equity, challenges and successes, and areas for improvement, in alignment with county government priorities including Racism is a Public Health Crisis and Best-Run Government. To accomplish the goals outlined in this plan, we intend to realign existing resources, to use this plan in combination with our departmental risk appetite to inform decision-making around strategic investments, and to identify new resources and partnerships. Public Health additionally recognizes that the public health context and funding outlook may change within the six-year timeframe of this plan. Therefore, we will periodically check in and update our implementation plan and realign our strategic plan and implementation plan as we continue our journey towards becoming a health department that is anti-racist and prepared for the future.

The 2024-2029 strategic plan promises to strengthen public health practice and advance our progress in improving health for everyone in King County.



Two volunteers demonstrate how to respond to an overdose at the 2024 Seattle/King County Clinic.



Public Health's Emergency Medical Services supports King County's EMTs and paramedics to practice the interactive skills essential for impactful patient care

Appendices

APPENDIX 1: PLANNING PROCESS

In early 2023, Public Health began our strategic planning process. A Strategic Planning Steering Committee with cross-departmental and cross-County participation and a Staff Advisory Group helped to guide the process. We contracted with The Athena Group to help us develop this six-year strategic plan. Public Health's strategic planning process unfolded over the course of three phases.

Phase One: Current State Analysis (April - June 2023)

The Athena Group thoroughly reviewed hundreds of documents, plans, and reports that described Public Health's infrastructure, work, and outcomes. The Athena Group also conducted interviews with key staff members. This phase laid a foundation for the following phases, grounded in the context and lived experiences of the Public Health workforce and community. [The resulting Current State Report](#) identified Public Health's strengths, opportunities, realities, and aspirations.

Phase Two: Deep Staff and Community Engagement (June - October 2023)

Public Health and The Athena Group conducted over 70 listening sessions and individual/group interviews with community partners, public health partners, and staff. In addition, 93 participants provided input by responding to a survey. Approximately 100 partner organizations were engaged in these sessions. Engagement was guided by anti-racist practices and decolonized frameworks (e.g., inclusive processes like Liberating Structures). The resulting [Engagement Report](#) directly informs the 2024 - 2029 strategic plan.

Phase Three: Strategic Plan and Implementation Plan Development (October 2023 - February 2024)

A group of approximately 50 individuals that included Public Health employees, community partner organizations, academic partners, and health advocates participated in five planning sessions. Using the results from the prior phases, participants drafted the foundations of Public Health's vision, mission, values, priorities, goals, objectives, measures, and actions. The content created in these planning sessions was then shared more widely across the department to refine and align goals, objectives, actions, and measures. As the strategic plan neared completion, an Implementation Plan was created to outline the steps and milestones needed to achieve the plan's goals and objectives.

[Planning Process](#) | [Plan Alignment](#) | [Glossary](#)**The following documents informed this strategic plan:**

King County Hospitals for a Healthier Community (HHC) [2024-2025 Community Health Needs Assessment \(CHNA\)](#) and 2021/2022 Community Health Needs Assessment

[PHSKC Current State Report \(2023\)](#)

- Organizational charts, plans, year-end reports, strategic plans etc. from each division and Office of the Director; and on cross-division topic areas
- CDC Infrastructure Grant
- PHSKC COVID-19 After Action Report (2023)
- Public Health Operational Master Plan (2007)
- Risk Management appetite statement (2023)
- PHSKC Wellbeing Needs Assessment (2023)
- Sustainability Analysis documents

[10 Essential Public Health Services](#)**[Washington State Foundational Public Health Services](#)****[King County 2016-2022 Equity and Justice Strategic Plan](#)****[White Supremacy Culture – Still Here](#)****[Strategic Planning Engagement Report \(2023\)](#)**

- Black Community Survey (2021)
- PHSKC COVID-19 After Action Report (2023)
- Foundational Public Health Services (FPHS) Baseline Assessment Report (2018); Washington State FPHS Report (2020)
- King County Public Health Operational Master Plan – Stakeholder Report (2006)
- PHSKC Wellbeing Needs Assessment Report (2023)
- PARCAG Strategic Planning and Community Engagement Recommendations (January, February, March 2023)
- Public Health Employee Engagement Survey Results (2022)
- Racial Diversity Workforce/Workplace Data (Internal data, 2022)
- [PHSKC 2021-2022 division and 2023-2024 division Equity and Anti-Racism Plans](#)
- [Pandemic and Racism Advisory Group \(PARCAG\) 2023 strategic planning recommendations](#)

APPENDIX 2: PLAN ALIGNMENT

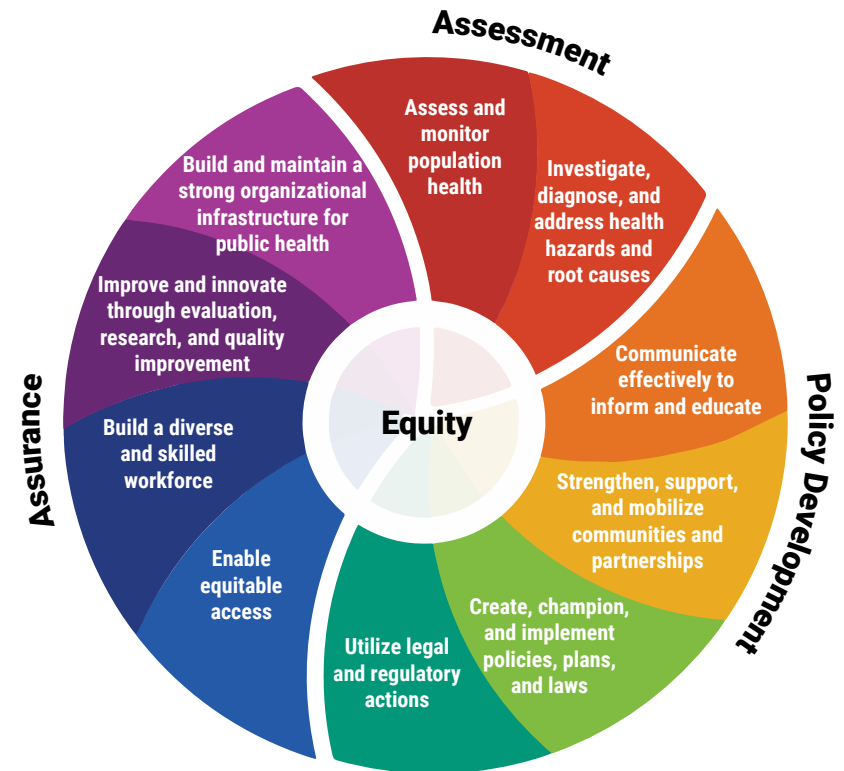
Public Health identifies collaboration as a critical value and recognizes that a public health department alone cannot influence all the mid- and upstream factors that impact health. Public Health’s strategic plan is aligned with those of local, regional, and national health, academic, community-based, and partner organizations across many sectors to support collective actions to public health challenges.

[King County Hospitals for a Healthier Community \(HHC\)](#), a collaboration of Public Health and King County’s 10 healthcare and hospital systems, developed the Community Health Needs Assessment (CHNA). The CHNA serves as the Community Health Assessment for King County. The 2024-2025 CHNA report prioritized data on the climate change impacts on health. HHC member-identified priorities which are aligned with this strategic plan include Healthcare Access and Delivery (emphasizing Mental and Behavioral Health for youth and adults), Equity and Social Determinants of Health, and Support for Children and Youth.

The King County 2016-2022 [Equity and Social Justice \(ESJ\) Plan](#) worked to advance equity and social justice within the county. The County ESJ Plan is built on four key strategies: investing upstream and where needs are greatest, investing in community partnerships, investing in employees, and doing this with accountable and transparent leadership. Public Health’s departmental strategic plan is aligned with the County ESJ Plan and the declaration that Racism is a Public Health Crisis.

Public Health’s strategic plan aligns with and supports the [King County Executive’s priorities](#), including priorities around anti-racism, climate, best-run government and an equitable workplace.

The Washington State Foundational Public Health Services framework serves as a baseline for Public Health’s strategic plan. Public Health programs, services, and this strategic plan are built upon the continued existence of funding for these foundational public health services. Public Health is committed to strengthening our department’s infrastructure and capacity across the [10 Essential Public Health Services](#) and is aligned with national data modernization and Healthy People 2030 goals.



The 10 Essential Public Health Services framework.

Credit: 10 Essential Public Health Services Futures Initiative Task Force (2020).

APPENDIX 3: GLOSSARY

Accountability entails the procedures and processes for transparency and reporting back by which one party justifies and takes responsibility for its activities.

Anti-racism is a process of actively identifying and opposing racism. The goal of anti-racism is to actively change policies, behaviors, and beliefs that perpetuate racist ideas and actions.

Community well-being is the combination of social, economic, environmental, cultural, and political conditions identified by individuals and their communities as essential for them to flourish and fulfil their potential.

Equity is the full and equal access to opportunities, power and resources so that all people achieve their full potential and thrive. Equity is an ardent journey toward well-being as defined by those most negatively affected.

Health equity means that everyone has a fair and just opportunity to achieve their full health potential.

Racial equity is the vision or existence of a community, society, or world in which race or color does not predict the amount and quality of opportunities, services, and benefits. It is the condition where one's race identity has no influence on how one fares in society amount and quality of opportunities, services, and benefits.

Racism can be defined as the organized system within U.S. society that causes avoidable and unfair inequalities in power, resources, capacities and opportunities based on race. Racism exists and manifests at the individual, institutional and systemic/ structural levels.

Social determinants of health are the conditions in which people live, learn, work, and play that can affect health. These drivers of health influence the health status of an individual and a population. Examples include access to healthy foods, access to quality healthcare, reliable transportation, stable housing, economic stability, and structural racism. These circumstances are shaped by the distribution of money, power and resources. These are also referred to as upstream factors or root causes of health.

Trauma-informed is an approach that is characterized by a realization of the widespread impacts of trauma and various pathways to recovery, the recognition that experiences of trauma may be accompanied by specific signs and symptoms, a comprehensive and integrative response, and efforts to prevent re-traumatization. This approach emphasizes safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and addresses cultural, historical, and gender issues.

Well-being is what people think and feel about their lives, such as the quality of their relationships, their positive emotions and resilience, the realization of their potential, or their overall satisfaction with life. Physical well-being is an important component of overall well-being.

Public Health

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