



Engagement Report

Report for Public Health – Seattle &
King County’s Strategic Planning Efforts

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- American Heart Association
- A Supportive Community for All
- Big Cities Health Coalition
- Centers for Disease Control and Prevention, National Center for State, Tribal, Local, and Territorial Public Health Infrastructure
- COVID-19 & Health Equity Community Advisory Group
 - COVID-19 Community Response Alliance
 - Entre Hermanos
 - King County Immigrant and Refugee Commission
 - Muslim Community Network Association
 - Open Doors for Multicultural Families
 - Seattle Housing Authority
- Chinese Information and Services Center
- City of Des Moines
- City of Federal Way
- Cocreative Culture
- Community Health Board Coalition
- Community Navigators
 - Independent community navigators
 - Arts of Love
 - Entre Hermanos
 - Hopelink
 - India Association of Western Washington
 - Integration Family Services
 - Khmer Community of Seattle King County
 - King County Library System
 - Lane Consulting Group
 - Lend A Hand
 - Muslim Community Network Association
 - Mother Africa
 - Promotores Network
 - Vietnamese Health Board
 - Villa Comunitaria
- Community Network Council
- Community Passageways
- Communities of Opportunity Governance Group
 - African Community Housing & Development
 - Centro Cultural Mexicano
 - Civic Commons, Seattle Foundation
 - Colectivo de Pueblos Originarios
 - FEEST
 - King County Council
 - King County Housing Authority
 - Korean Community Service Center
 - Multicultural Community Coalition
 - SouthEast Effective Development
 - Surge Reproductive Justice
 - United Way of King County
 - University of Washington
 - UTOPIA Washington
 - White Center Community Development Association
- Duwamish River Community Health Advocates Community Steering Committee

- Environmental Coalition of South Seattle
- Grupo Asesor Latino
- Khmer Community of Seattle King County
- Lao American Resource Center
- Vietnamese Health Board
- El Centro de la Raza
- Faith Based Task Force
- First Friday Forum
 - Harborview Medical Center (UW Medicine)
 - HealthPoint
 - International Community Health Services
 - Neighbor Care Health
 - Northwest Health Law Advocates
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 - CHI Franciscan Health
 - EvergreenHealth
 - Kaiser Permanente
 - MultiCare Health System
 - Navos
- Overlake Medical Center & Clinics
- Seattle Cancer Care Alliance
- Seattle Children's
- Providence Swedish
- UW Medicine
- Washington State Hospital Association
- India Association of Western Washington
- Issaquah Food Bank
- Kidvantage NW
- King County Board of Health
- King County Disability Consortium
- Lake City Collective
- Lake Washington Institute of Technology
- Lavender Rights Project
- Muslim Community Network Association
- Neighborcare
- Neighborhood House
- Northwest Center
- Northwest Healthcare Response Network
- On-Site Sewage Technical Advisory Committee
- Pandemic and Racism Community Advisory Group
 - City of Seattle Aging and Disability Services
 - Casa Latina
 - Coalition of Immigrants, Refugees, and Communities of Color
 - Community Health Board Coalition
 - COVID-19 Community Response Alliance
 - Puget Sound Educational Service District

- Seattle/King County Coalition on Homelessness
- Tlingit Tribe
- People of Color Against Aids Network
- PROTEC17
- Providence Swedish
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- Snoqualmie Tribe
- Solid Ground
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Purpose

This engagement report describes the important work that has been done to engage PHSKC's diverse communities and partners¹, what was heard and learned through engagement, as well as how the findings at this stage are connected to previous strategic planning work (current state analysis) and will inform this strategic planning process. Ultimately, this report serves as a foundational piece to the Strategic Plan (released in 2024). Together, both documents will help provide an in-depth understanding of the plan's content and how it was developed through engagement.

Introduction

Public Health – Seattle & King County (PHSKC) launched a strategic planning process in the spring of 2023. Departmental leadership and strategic plan steering committee members made it a priority to responsibly engage PHSKC's diverse communities of collaborators and partners, inclusive of community-based organizations, other public health organizations, and staff. This work is critical for the development of an informed and responsive strategic plan. To ensure that engagement was done in an effective manner, trained PHSKC staff (from the Office of Equity and Community Partnerships, plus from PHSKC divisions) and consultants from The Athena Group were responsible for facilitating, interviewing, and notetaking.

Engagement Overview

The engagement process included several complementary approaches:

1. Listening Sessions (in person and virtual/Zoom)
2. Surveys
3. Interviews (one-on-one and small group)

The prompts and questions for the engagements are in the Appendices (Appendix Items [A](#), [B](#), and [C](#)).

Aligned with PHSKC's commitment to centering equity and becoming an antiracist organization, the engagement efforts were guided by decolonized/uncolonized orientations. Additionally, the colonial practice of overburdening the already burdened is avoided by reducing the onus on communities to re-engage in conversations and re-provide feedback that they have already shared, and co-created through previous engagement experiences, by including said feedback in the analysis (please see [Appendix D](#) for a list of materials that were provided and reviewed). The engagement was guided by seven objectives that serve to foster a shared understanding of what constitutes responsible and impactful engagement (please see [Appendix E](#)).

In this strategic planning work, the process for engagement was as important as the plan itself and models how PHSKC seeks to function long term. As part of this, methods and an approach aligned with racial equity and liberatory models were used to support shifting power, generating ideas, creating fully

¹ The term "stakeholder" has been purposefully avoided in this report due to its potential to cause harm and lessen the rights and significance of community members, partners, and staff.

accessible spaces, and empowering people to show up authentically. While a mix of methods were employed, this engagement work was guided by four interrelated and complementary approaches – [People’s Institute for Survival and Beyond \(PISAB\) Antiracism Principles](#), [Liberating Structures](#), [Elizabeth Carlson’s Eight Principles of Anti-Colonial Research Methodology for Settlers](#), as well as embodied practices.

In keeping with the antiracist framework of the overall strategic planning project and PHSKC’s commitments, the methods for collecting, co-creating, managing, and analyzing data were guided by anti-colonial approaches. Moreover, the engagement work was guided by a mindfulness for six common historic failures of community engagement that have resulted in harm, disengagement, and are often fueled by White Supremacy Culture.

1. Historic Misuse of Data
2. Lack of Community Benefit
3. Lack of Ownership and Access
4. Privacy and Security Implications
5. Lack of Action
6. Lack of Seats at the Table

Participation

To fully appreciate what emerged from the engagement activities, it is important to know the level of participation. Furthermore, the credibility of this work is directly connected to the distribution of participants across PHSKC's communities (staff, community-based organizations, and public health partners). Engagement activities began on June 21, 2023, with the engagement approach piloted with PHSKC's Office of Equity and Community Partnerships (OECF).

16 PHSKC divisions/offices were engaged through 36 listening sessions, which were a mix of virtual and in-person sessions (see Appendix B for a breakdown of participation across PHSKC's divisions and offices); over 100 community groups and other community partners were engaged in a total of 35 engagement events (of which five community partners were engaged via key informant interviews). In addition to the listening session engagement activities with PHSKC staff and community-based organizations (CBOs), a select number of Public Health Partners (PHP), such as institutional or peer organizations, were identified to take part in one-on-one and small group interviews.

Respecting that not all invited community members (PHSKC staff, community partners, and public health partners) were able to attend a listening session, and that some may not have felt comfortable to fully disclose in a listening session or interview, an online survey was developed and offered as a supplemental method to provide input (see Appendix B for survey instruments). 62 staff members completed the survey (see Appendix F for a breakdown of survey completion across PHSKC's divisions and offices) and 31 community partners completed the survey.

Data Analysis and Interpretation

The data collected and shared across the engagement experiences was managed in a way to remain as close as possible to the participants' perspectives and words. This commitment was honored by using a coding strategy that prioritized the use of participants' exact words. As codes began to be grouped in different ways, the development of themes was guided by a focus on action-oriented and strategy-oriented groupings.

While the lead analyst (Athena Group consultant) was the sole coder, a multi-pronged approach was taken to help with reliability and validity testing. First, a fellow Athena Group consultant (who designed and facilitated engagement activities) was engaged to discuss and review thematic groupings. Second, data checkbacks with PHSKC staff, community partners, and other participants were designed and held to help ensure the reliability and validity of the data. PHSKC shared draft results in September 2023. Participants could then share feedback on the draft themes during listening sessions or a survey. During these feedback opportunities, attendees provided feedback on the degree to which (a) the themes aligned with their experiences, (b) the themes were accessible and understandable, and (c) what themes or topics were potentially missing. Common comments from these sessions were focused on (a) making sure the bridge from the engagement report data to the strategic planning discussions is clear, (b) more representative quotes, (c) a desire to know any suggested actions proposed by those who were engaged, and (d) a generalized request for a differentiated layout. These comments were addressed in the final report by (a) creating a new section that clearly explains the bridge between this report and the

next stage in the strategic planning process, (b) creating appendix items that have more quotes, (c) creating appendix items for each theme with suggested actions, and (d) using a new layout for each theme that corresponds to the structure of the strategic planning discussions. There were some comments around themes and topics that reviewers “expected” or “wanted” to see, the datasets were revisited and reviewed in search of these themes and topics. Most often, those desired and expected themes and topics were not strong enough in the data to justify significant revisions.

Limitations

Before shifting to themes, it is important to recognize the limitations associated with this work. The most significant limitation, in terms of impact on findings, was the limitation on the number and depth of engagement activities that could be facilitated due to resource and time constraints². This limitation was partially overcome through achieving saturation (that is, not hearing any new themes) in some areas; however, due to the breadth and diversity of prompts and questions, a declaration of full saturation cannot be made. An additional limitation, with medium impact, was the insufficient capacity to have multiple analysis/consultants coding the collected data. The primary mitigation for this strategy was the use of data checkbacks with community members, staff, and other partners.

Thematic Groupings

To help ensure that the themes are as actionable as possible and will effectively support the next phase of the project, themes were sorted based on an effort to align with King County’s Equity and Social Justice Strategic Plan (2016-2022). Once that sorting process was completed, supportive content for each theme was provided across multiple sub-groups based on the structure of the strategic planning discussions that will occur in the next phase of the project: major forces; barriers/challenges; what to protect; and what to change, invent, or let go (further discussed in the Bridge to Strategic Planning section at the end of the report). To support appreciation of the diversity of thought brought forward in the engagement experiences, a section titled “Areas of Convergence and Divergence between Community and PHSKC Staff” is included at the end of each theme.

² When seeking to honor the practices and philosophies of antiracist work, more space and time is needed than this project allowed.

Equity and Social Justice Strategic Planning Goal Area	Engagement Findings (Themes)
Leadership, Operations, and Services	<ul style="list-style-type: none"> • Enhancing Organizational Collaboration and Coordination within PHSKC and with other Public Health Partners • Serving as a Bold Leader in Public Health Policy (locally and nationally) • Further Deepen Commitment to Health Equity • Increase Data Access, Literacy, Impact, and Representation • Strengthen Emergency Response Policies, Practices, and Systems
Plans, Policies, and Budgets	<ul style="list-style-type: none"> • Improve Policies and Practices to Enhance Communities' Capacity
Workplace & Workforce	<ul style="list-style-type: none"> • Maintain a Competent and Healthy Workforce • Increase Workforce Racial Representation to Achieve Strategic Goals
Community Partnerships	<ul style="list-style-type: none"> • Sharing and Transferring Power • Enhance Relationships with Black, Indigenous, and People of Color (BIPOC) Communities and Organizations
Communications & Education	<ul style="list-style-type: none"> • Approachable, Accessible, and Culturally Aware Communication Strategies • Lead in Accurate and Effective Health Communications
Facility & System Improvements	<p><i>No themes were identified with a strong enough connection to the goal area.</i></p>

Bridge to Strategic Plan Facilitations

As we engage in the next step in the strategic planning process, we begin with the insights and wisdom of community, staff, and public health partners to develop the new strategic plan. Their frameworks and varied vantage points allow us to have a clearer picture of where we are starting and where it is possible to go. In the strategic planning development, we will be asking participants the following four key questions:

- What in our work needs to be protected, held onto, and preserved?
- What are the impulses, trends, forces that we need to resist?
- What are the things that we need to innovate, invent, and develop?
- What are the things that we need to let go of?

Public health exists in a world of complexity, intersecting, and overlapping with many systems, and subject to many dynamics, including but not limited to financial uncertainty, staff turnover, racism, a pandemic, an overdose epidemic, gun violence, increasing maternal mortality rates, skyrocketing levels of homelessness, and climate change. Our strategic planning process attempts to hold that complexity by ensuring we consider our community's, staff's, and partners' insights around the four key questions. This approach helps to ensure our goals, objectives, and strategic priorities are not just individual good ideas, but robust, interconnected plans that address the landscape and ecosystems we find ourselves inhabiting. Together, it will result in a strategic plan that empowers PHSKC to both create and take advantage of opportunities as they arise.

In addition to the themes, we identified and incorporated engagement data specifically around visioning ([Appendix T](#)) to create the foundation for what bold futures are possible. The excerpts were shared prior to participants co-creating the vision for what work PHSKC will do in the next five years. It's important to note that a "vision" question was not specifically asked to listening session participants, interview partners, or survey respondents; however, many of the prompts and questions were deliberately designed to surface ideas and thoughts about where PHSKC could be in the future. The selected excerpts are intended to provide a window into what was shared and stimulate thoughts about the desired future state of PHSKC.

Often engagement input is limited to direct actions to be taken, and rarely is there space for feedback to be given in a way that is in concert with a larger plan. We want to take direction from community not only about achievable, 'low-hanging fruit' steps that we can take, but also about the understanding of the landscape and ecosystem we exist in, how we can orient differently to achieve success on different fronts, and expanding our understanding of what is possible in public health.

Goal Area #1: Leadership, Operations, and Services

Theme One: **Enhancing Collaboration and Coordination within PHSKC and with other Public Health Partners**

Summary

Public health challenges and issues are interconnected and complex; therefore, it was felt that a greater impact could be realized through enhanced collaboration and coordination within PHSKC and with other Public Health Partner.

MAJOR FORCES

PHSKC's size, both workforce and scope, makes the organization vulnerable to siloing and misalignment between divisions and offices.

Sentiment that public health could be improved through an embrace of seeing how every government agency impacts and is impacted by the work of PHSKC.

Culture of collaboration and coordination in the public health field.

WHAT TO PROTECT

Commitment to collaboration and coordination, even when they're difficult.

WHAT TO LET GO

Sentiment that work is so unique and different that collaboration, coordination, and shared understanding cannot occur.

Workloads that result in "tunnel vision" due to intensity.

Please visit [Appendix G](#) to review selected excerpts and representative quotes from listening sessions, interviews, and survey responses.

BARRIERS/CHALLENGES

The broad scope of work performed by PHSKC results in lack of understanding between divisions and offices (amplified by burnout and turnover).

Increased focus on developing partnerships with other agencies, as well as the unprecedented impacts from COVID-19, has created some role clarity issues.

Long-standing jurisdictional and scope tensions, as well as differentiated priorities, within the public sector and between the public and private sectors.

Varied and changing organizational cultures.

WHAT TO CHANGE OR INVENT

A deeper and broader understanding of where there are connections and overlaps between PHSKC and other organizations; regardless, of whether they're central focus is public health.

More intentional spaces and opportunities for PHSKC staff to learn about one another, both personally and professionally.

Formal systems to support enhanced collaboration and coordination within PHSKC and between PHSKC and other organizations (public, private, nonprofit, and community-based).

[Link to Current State Analysis](#)

This theme directly connects to two findings in the Current State Analysis³: *Adaptive Capacity* and *Role Clarity Challenges*. It was identified that PHSKC works to foster and maintain adaptive capacity, which is linked to their commitment to having a learning culture. These qualities were directly and indirectly referenced when engagement participants/respondents shared assets they believed could be leveraged in the pursuit of greater inter- and intraorganizational collaboration and coordination. Challenges related to role clarity were discussed in similar terms and with similar impacts during the current state analysis. In both instances, the COVID-19 pandemic was referenced as an experience that has changed experiences and expectations of collaboration and coordination. Furthermore, both during the current state analysis and the engagement process, individuals shared a belief that formal and informal systems would be needed to create the optimal conditions for collaboration across diverse departments, offices, and organizations that often have very different cultures and focus areas.

[Areas of Convergence and Divergence between Community and PHSKC Staff](#)

[Convergence](#)

- While the depth of discussion varied, both community partners and staff discussed how workload (more often staff) and the breadth of public health work (more often community members) impacted the capacity for collaboration and coordination.
- There was a recognition, and almost always an appreciation, for what is perceived to be PHSKC's unwavering commitment to collaboration and coordination. This was often framed as an asset, both by staff and community members, in relationship to the awareness that interorganizational and intraorganizational collaboration are difficult.
- There was a high degree of shared perception that almost all government agencies impact or are impacted by public health (the social condition, not PHSKC).

[Divergence](#)

- While staff focused more on intraorganizational collaboration and coordination, the primary focus of community members was on interorganizational opportunities.

[In the Appendices](#)

During the engagement activities, participants shared and surfaced specific actions related to this theme. Those specific actions are in [Appendix G](#).

³ Developed and submitted by The Athena Group in June 2023

Theme Two: **Serving as a Bold Leader in Public Health Policy (locally and nationally)**

Summary

There are bold changes needed in public health policy, locally and nationally, that can be achieved or significantly advanced through PHSKC's willingness to take risks and leverage its earned reputation.

MAJOR FORCES

PHSKC has earned a strong reputation (regionally and nationally) that can be used to lead positive and transformative changes in public health.

Increased understanding about the importance of public health, as a result of COVID-19 pandemic.

BARRIERS/CHALLENGES

Sentiment that public health approaches are too connected to past practices.

Many systemic challenges (e.g., racism, climate change, overdose epidemic) that could distract or compete with one another.

Dependency on funding from a political system that could be retaliatory for being too bold.

WHAT TO PROTECT

Culture of being bold and willing to take risks.

Commitment to racism as a public health crisis.

The workforce and approaches that earned a strong reputation.

WHAT TO CHANGE OR INVENT

A more expansive understanding of where public health policies need to expand, such as for people with disabilities and Tribal communities.

Expand PHSKC's role in leading policy change and public health understanding through an embrace of PHSKC's reputation.

Empower communities and partners as policy advocates and ambassadors.

WHAT TO LET GO

The perspective that PHSKC's impact is limited only to the region of Seattle-King County instead of the state of Washington and beyond.

Please visit [Appendix H](#) to review selected excerpts and representative quotes from listening sessions, interviews, and survey responses.

Link to Current State Analysis

There is a relationship between this theme and one key finding from the Current State Analysis: *Integration of Antiracist, Pro-equity, and Social Justice Values, Strategies, and Actions into PHSKC Work.*

While the Current State Analysis finding was more related to recognizing how declaring racism as a public health crisis had been integrated, this theme is about how the boldness of PHSKC can be leveraged to foster positive transformation at a larger scale.

Areas of Convergence and Divergence between Community and PHSKC Staff

Convergence

- PHSKC has earned a strong reputation nationally and in the field of public health.
- There was agreement, albeit with different intensities, that public policy continues to have deficiencies and gaps related to who needs to be centered and considered in public health policy – BIPOC communities.

Divergence

- While community partners tend to see PHSKC's strong reputation as an asset to be leveraged for leading bold and needed public health policy changes, some staff oriented to it as something to be protected more than leveraged. However, there was enough shared expression across the groups to maintain as a single theme.

In the Appendices

During the engagement activities, participants shared and surfaced specific actions related to this theme. Those specific actions are in [Appendix H](#).

Theme Three: **Further Deepen Commitment to Health Equity**

Summary

While there is deep appreciation for all that PHSKC has done to pursue and support health equity, much more work is needed and would be advanced by increased accountability and education.

MAJOR FORCES

Continued move towards care integration and “whole-person” models in health care systems, and in public health policies.

Increasing public awareness and care about the relationship between racism and health.

WHAT TO PROTECT

Sense of responsibility, within staff and public health professionals, to care for the public.

Efforts to educate the public on the relationship between social determinants and health, especially the impact of racism.

WHAT TO LET GO

What is perceived as an unbalanced focus on declaring or signaling care for addressing racism as a public health crisis, to the detriment of actual efforts and programs.

BARRIERS/CHALLENGES

Perceived sociocultural resistance to and misunderstanding of equity, which results in resistance to health equity.

Lack of shared understanding about social determinants of health and disparities that occur due to health inequity.

Questions of how far PHSKC’s scope extends and where certain dimensions of public health become the responsibility of other agencies and organizations (i.e., role clarity).

WHAT TO CHANGE OR INVENT

Policies and processes for creating accountability, such as tracking progress on antiracist efforts.

Ensure equity is included in the design and implementation of all programs and services.

Programs to improve healthcare for those often overlooked, specifically those experiencing homelessness and the incarcerated.

Please visit [Appendix I](#) to review selected excerpts and representative quotes from listening sessions, interviews, and survey responses.

Link to Current State Analysis

This theme links to two findings in the Current State Analysis: *Integration of Antiracist, Pro-equity, and Social Justice Values, Strategies, and Actions into PHSKC Work and Adaptive Capacity*. It was surfaced during the current state analysis that PHSKC's staff have a commitment to ensuring that the declaration of racism as a public health crisis is a guiding force for the organization. This theme reflects that orientation by supporting PHSKC going even further in their journey to create greater health equity. Additionally, adaptive capacity is embedded in this theme through the recognition that an even deeper commitment to health equity will require organizational and institutional adaptations.

Areas of Convergence and Divergence between Community and PHSKC Staff

Convergence

- While in somewhat different terms, both staff and community partners offered accountability as an essential element in pursuing greater health equity in Seattle-King County.

Divergence

- Staff tended to discuss health equity in the language of “social determinants of health,” while community partners were often specific in addressing programs and services they believe will help address health equity.

In the Appendices

During the engagement activities, participants shared and surfaced specific actions related to this theme. Those specific actions are in [Appendix I](#).

Theme Four: **Increase Data Access, Literacy, Impact, and Representation**

Summary

Achieving health equity is significantly linked to the ability of individuals and community partners to obtain, process, and understand public health data, and that data must be developed and maintained with data equity principles and practices.

MAJOR FORCES

Increased appreciation for the role of data in decision making, funding efforts, and advocacy work.

Increased need for data literacy to ensure authentic and high functioning partnerships with communities.

BARRIERS/CHALLENGES

Lack of representation for certain groups in datasets, such as public health conditions in Tribal communities and for those with “invisible” disabilities.

While more access to data is needed and wanted, there will need to be capacity building and skills development efforts to ensure data can be effectively used.

WHAT TO PROTECT

PHSKC’s commitment to hiring the best data analysts.

WHAT TO CHANGE OR INVENT

Efforts to build capacity for community partners to interpret and use public health data in effective ways (i.e., community health literacy).

Easier pathways to access data that don’t require deep understanding of PHSKC’s organizational structure (i.e., organizational health literacy).

Improved systems to share data back-and-forth between PHSKC, other government agencies, and communities.

WHAT TO LET GO

Data access procedures and requirements that are seen as being too “bureaucratic” or complicated for community partners.

Please visit [Appendix J](#) to review selected excerpts and representative quotes from listening sessions, interviews, and survey responses.

Link to Current State Analysis

This theme is a continuation of the need for data modernization that was surfaced during the Current State Analysis within the larger finding of *Unmet Need of Data and System Integration between Public Health and Healthcare Systems*. While this theme does not align with all the elements of that finding, it has significant congruence with the aforementioned element (data modernization or a need for more modern data systems), which could result in better ways to share information (i.e., data flow) and the ability to use data in new ways for real-time decision making.

Areas of Convergence and Divergence between Community and PHSKC Staff

Convergence

- Both groups expressed appreciation and awareness for PHSKC having what are perceived as high-quality data analysts, though staff discussed this theme in greater detail.

Divergence

- Several community partners surfaced the importance of representation in the data, specifically public health data in Tribal nations and more granular data on those who are disabled. While representation in data was broadly shared by some staff members, there was no significant discussion about specific groups.

In the Appendices

During the engagement activities, participants shared and surfaced specific actions related to this theme. Those specific actions are in [Appendix J](#).

Theme Five: **Strengthen Emergency Response Policies, Practices, and Systems**

Summary

Public health emergencies are guaranteed to occur in the future; therefore, emergency response capacity must be enhanced within PHSKC and with the PHSKC community partners.

MAJOR FORCES

Ongoing effects of COVID-19 pandemic and other ongoing or recently experienced public health emergencies.

Trauma experienced by the public and public health professionals as a result of COVID-19 pandemic.

WHAT TO PROTECT

Programs that arose during the COVID-19 pandemic that proved vital, such as Community Navigators and Language Access.

Culturally aware and informed communication practices during public health emergencies.

WHAT TO LET GO

Expectation that public health emergencies and disasters will be rare.

Please visit [Appendix K](#) to review selected excerpts and representative quotes from listening sessions, interviews, and survey responses.

BARRIERS/CHALLENGES

Different approaches to communication and coordination between public health-related agencies and organizations.

Disproportionate impact of public health emergencies and disaster on BIPOC communities, refugees, and other historically underserved communities.

Increased stress and burnout across the public health profession, because of COVID-19.

Politicization of public health emergencies.

WHAT TO CHANGE OR INVENT

Resiliency evaluation and strengthening programs to help communities, staff, and organizations recover after public health emergencies and disasters.

Clearer expectations of staff during a public health emergency.

Link to Current State Analysis

While the effects of public health emergencies and disasters were surfaced during the Current State Analysis, there are no significant links between the Current State Analysis findings and this theme.

Areas of Convergence and Divergence between Community and PHSKC Staff

Convergence

- While COVID-19 was certainly invoked across both groups, the discussion of building capacity to address emergencies was almost exclusively discussed by staff.

Divergence

- This theme was not sufficiently discussed by community partners to identify any significant divergences.

In the Appendices

During the engagement activities, participants shared and surfaced specific actions related to this theme. Those specific actions are in [Appendix K](#).

Goal Area #2: Plans, Policies, and Budgets

Theme One: **Improve Policies and Practices to Enhance Communities' Capacity**

Summary

Efforts to dismantle racism, increase equity, and empower communities will require improving PHSKC policies and practices that appear to be solely administrative and thus “race neutral” instead of opportunities to advance antiracist practice.

MAJOR FORCES

Awareness of how all operations within PHSKC have the potential to help or hinder with empowering communities and dismantling racism.

Increasing acceptance of unrestricted funding approaches empowers recipients to decide how best to use the funds.

BARRIERS/CHALLENGES

Perceptions that unrestricted funding is only acceptable during public health emergencies and disasters.

Entrenched policies and practices, especially related to contracting and funding, that do not center the needs of BIPOC communities.

WHAT TO PROTECT

Hiring, retention, and staff development practices that have resulted in a workforce who sees how their work impacts health equity, no matter whether they're public facing or not.

WHAT TO LET GO

Administrative practices and policies, especially in contracting and funding, that do not align with PHSKC's current equity-centered values and efforts to address racism as a public health crisis.

WHAT TO CHANGE OR INVENT

Reducing barriers to contracting and grants, especially for BIPOC individuals and organizations.

Procurement practices that align with PHSKC's values, such as requirements and funding for translation and compensating participants.

Programs that provide support for BIPOC firms to equitably compete for contracts and funding.

Please visit [Appendix L](#) to review selected excerpts and representative quotes from listening sessions, interviews, and survey responses.

Link to Current State Analysis

This theme links to two findings in the Current State Analysis: *Integration of Antiracist, Pro-equity, and Social Justice Values, Strategies, and Actions into PHSKC Work* and *Adaptive Capacity*. A strong indicator of integrating antiracist, pro-equity, and social justice values appears in a theme that is focused on locating and dismantling racist and inequitable practices within administrative policies and procedures. Given the relative magnitude of such a pursuit, there is alignment with what was identified as PHSKC's embrace and development of adaptive capacity (born out of a culture deeply committed to learning).

Areas of Convergence and Divergence between Community and PHSKC Staff

Convergence

- There was general agreement that PHSKC will need to overhaul many policies and practices to fully empower communities to have the capacity to be partners in the pursuit of improving public health.
- While staff who discussed this theme consistently provided more detail on what needed to change, both groups discussed the need to revise contracting processes and policies to foster more equity and create greater opportunity for partnerships with smaller and BIPOC-led organizations.

Divergence

- While there was some alignment between staff and community on the benefits that could arrive by getting more financial resources in the hands of community-based organizations, community partners tended to focus on unrestricted funding approaches (conceptually and directly invoking that term) while staff tended to focus more on reducing barriers to government-controlled funds.

In the Appendices

During the engagement activities, participants shared and surfaced specific actions related to this theme. Those specific actions are in [Appendix L](#).

Goal Area #3: Workplace and Workforce

Theme One: **Maintain a Competent and Healthy Workforce**

Summary

The ability of PHSKC to achieve its goals is directly contingent on its ability to maintain a workforce culture that supports employee success, engagement, empowerment, continuous learning, and healthy professionalism.

MAJOR FORCES

What are perceived to be unprecedented levels of burnout and turnover throughout PHSKC and the public health profession as a result of COVID-19 and other recent public health emergencies.

Increased awareness, within PHSKC and socially, about the importance of employee wellbeing for organizational impact.

WHAT TO PROTECT

PHSKC's culture and practices that have contributed to having a workforce where connections to mission are felt and seen in everyday work.

Commitment to continuous learning and supporting staff with their development, which is enhanced through academic collaboratives and partnerships.

WHAT TO LET GO

Increasingly outdated and disappearing sentiment that the most valuable staff are those who are willing to practice unhealthy and unsustainable work behaviors.

BARRIERS/CHALLENGES

Continued stress, trauma, and other negative impacts from the intensity of addressing COVID-19 pandemic.

Lack of a shared understanding, across cultures and generations, about what constitutes competent and healthy work.

Emerging expectations of staff that were not present or less expected when they were hired, such as cultural awareness and community engagement.

Funding instability and uncertainty.

WHAT TO CHANGE OR INVENT

Programs and policies that support the development of staff who are culturally aware and understand antiracism.

Safe spaces and retaliation protections for staff who experience toxic and unhealthy work behaviors.

Please visit [Appendix N](#) to review selected excerpts and representative quotes from listening sessions, interviews, and survey responses.

[Link to Current State Analysis](#)

This theme has one of the strongest connections to a Current State Analysis finding – *Workforce Wellbeing*. The Current State Analysis surfaced that there was not only a focus, but a need within PHSKC to help ensure workforce wellbeing in the wake of the COVID-19 pandemic and other challenges. What was illuminated by this theme was greater depth on where wellbeing is being threatened and what could possibly serve as effective strategies.

[Areas of Convergence and Divergence between Community and PHSKC Staff](#)

Convergence

- While this theme was, understandably, discussed almost exclusively by staff, there were many community partner participants and respondents who acknowledged the toll that community engagement work and honoring the declaration of racism as a public health crisis can have on staff.

Divergence

- The PHSKC workforce was not discussed enough by community partners to identify any substantial divergences in perspective.

[In the Appendices](#)

During the engagement activities, participants shared and surfaced specific actions related to this theme. Those specific actions are in [Appendix N](#).

Theme Two: **Increase Workforce Racial Representation to Achieve Strategic Goals**

Summary

PHSKC's ability and capacity to achieve strategic goals will be enhanced through the development of a workforce that has more representation of the communities and people that are served, which will require changes to hiring practices and investments in public health next generation efforts.

MAJOR FORCES

Increasing expectation, internally and externally, that PHSKC workforce reflects and represents the diversity of the community it serves.

Positive impacts resulting from prioritized focus on BIPOC students in STEM programs.

Emergent embrace of lived/living experience as a beneficial staff quality.

BARRIERS/CHALLENGES

Racism and White Supremacy that are embedded in government hiring practices.

Glass ceilings and "sticky floors" that result in higher level positions being primarily filled with white, cisgendered men.

Resistance, in some sections of the workforce, to having compensation and benefits approaches that are informed by a staff member's race, ethnicity, gender, or other person-specific qualities.

WHAT TO PROTECT

Hiring practices that are perceived as having been successful in hiring high quality BIPOC staff.

Diversity, equity, inclusion, belonging, and antiracism trainings that are necessary for a diverse workforce.

WHAT TO CHANGE OR INVENT

Restructured approach to employee benefits that respects diverse needs of a diverse workforce.

Paid internships and mentorships for BIPOC students and other underrepresented groups.

Greater and different supports for BIPOC staff when they are hired, recognizing that it is often a different experience with unique challenges.

WHAT TO LET GO

Any hiring, recruitment, and retention practices that have exclusionary elements.

Please visit [Appendix O](#) to review selected excerpts and representative quotes from listening sessions, interviews, and survey responses.

[Link to Current State Analysis](#)

This theme links to two findings in the Current State Analysis: *Integration of Antiracist, Pro-equity, and Social Justice Values, Strategies, and Actions into PHSKC Work* and *Workforce Wellbeing*. The development of a workforce that better reflects the diversity of communities served by PHSKC would certainly reflect an integration of antiracist, pro-equity, and social justice values. Additionally, the discussion about the need to center, recognize, and support staff who identify as BIPOC, LGBTQIA+, and have disabilities is aligned with this theme's element focused on the responsibility to offer additional supports for staff who are hired from underrepresented groups.

[Areas of Convergence and Divergence between Community and PHSKC Staff](#)

[Convergence](#)

- There was agreement across the participants and respondents that it will be necessary to develop and support the next generation of public health professionals for PHSKC to truly have a workforce that reflects the diversity of the Seattle-King County community.

[Divergence](#)

- Community partners most often discussed hiring as the necessary activity to achieve more representation, while staff also discussed retention and the need for more representation in PHSKC's leadership.

[In the Appendices](#)

During the engagement activities, participants shared and surfaced specific actions related to this theme. Those specific actions are in [Appendix O](#).

Goal Area #4: Community Partnerships

Theme One: **Sharing and Transferring Power**

Summary

This theme was discussed in the context of decision making and implementation, with a focus on what should be the role of communities and community-based organizations.

MAJOR FORCES

What is perceived, in recent years, as an increasing trend of transferring power to communities and CBOs in addition to sharing power.

King County declaring racism as a public health crisis sets a new tone that creates opportunities for innovative community relationships.

WHAT TO PROTECT

Focus on BIPOC, people experiencing homelessness, people who are uninsured or underinsured, and other communities experiencing barriers.

Cultural awareness and appreciation for how “power” has different meanings across cultures.

WHAT TO LET GO

Fear to address or acknowledge the past wrongs done by governments to BIPOC communities.

BARRIERS/CHALLENGES

There are cultural shifts within PHSKC that must continue to occur for power to be shared with or transferred to communities and community-based organizations.

Sharing or transferring power to communities will require capacity building.

When and how to involve community in decision making is not shared across and within the impacted groups.

There is not shared understanding about “sharing power,” as well as what PHSKC powers can be shared and what powers are dictated by federal and state standards.

Many communities have been harmed by governments, especially public health agencies, and have low levels of trust.

WHAT TO CHANGE OR INVENT

Deepening relationships with communities and CBOs will require a new approach to funding, personnel recruitment, and personnel development.

Please visit [Appendix P](#) to review selected excerpts and representative quotes from listening sessions, interviews, and survey responses.

Link to Current State Analysis

This theme directly connects to two findings in the Current State Analysis: *Need for more shared understanding about the role of community in decision making* and *Role clarity challenges*. With both findings largely centering on how PHSKC has made great strides to prioritize social connection and community as core values in their overall public health systems, marked by the embrace of the King County Community Engagement Continuum, but that more clarity and focus on governance dimensions of engagement need to be addressed to realize the full potential of the commitment.

Areas of Convergence and Divergence between Community and PHSKC Staff

Convergence

- All groups expressed, directly and indirectly, the importance of maintaining focus on sharing (or transferring) power with BIPOC and vulnerable communities.
- All three groups (community partners, public health partners, and PHSKC staff members) invoked the terms “collaboration” and “co-creation” most often. There were differences in how that manifests in actions and approaches, with staff focusing on the how and duration of engagement and community partners tending to focus on the how and when to engage.

Divergence

- One of the most pronounced differences between the groups, specifically community partners and staff members, was to what degree power should be shared or transferred to communities and CBOs. Staff tended to focus more on sharing power, while community partners tended to focus more on the transferring of power to community.
- Where power would be shared (or transferred) was also an area where there were differences between community partners and staff members. Staff members generally focused more on decision making procedures and processes, while community partners had divided focus between decision making and implementation.
- The goal of sharing (or transferring) power was not generally shared between community partners and staff members, with the former seeing self-determined communities as the ultimate goal and the latter expressing deepened community partnerships as the goal.
- Another key difference between community partners and staff members was understanding about what powers could and could not be shared. Community partners, understandably, did not reference limits to where powers could be shared. However, many staff members were acutely aware of the fact that there are certain duties, powers, and responsibilities (many connected to federal and state policies) where PHSKC does not have the ability nor the discretion to share with community.

In the Appendices

During the engagement activities, participants shared and surfaced specific actions related to this theme. Those specific actions are in [Appendix P](#).

Theme Two: **Enhance Relationships with BIPOC Communities and Organizations**

Summary

Commitment to relationship building with BIPOC communities and organizations must continue, with trust building and resource commitments as priorities.

MAJOR FORCES

Greater expectation of PHSKC, internally and externally, to build and maintain robust relationships with BIPOC communities and organizations.

Increased exposure to the rationales and benefits of healthy relationships with BIPOC communities and organizations.

WHAT TO PROTECT

Supports for staff to learn about the benefits of greater community involvement, especially from BIPOC communities.

Policies and practices to empower BIPOC communities and organizations.

WHAT TO LET GO

Engagement practices that overburden the already overburdened.

Please visit [Appendix Q](#) to review selected excerpts and representative quotes from listening sessions, interviews, and survey responses.

BARRIERS/CHALLENGES

Lack of cultural awareness in some areas of the workforce.

Many communities have been harmed by governments, especially public health agencies, and have low levels of trust.

Emerging expectations of staff that were not present or less expected when they were hired, such as cultural awareness and community engagement.

Lack of shared understanding about what constitutes a respectful and trusting relationship between a government agency and a BIPOC community or organization.

WHAT TO CHANGE OR INVENT

New advisory groups and partnerships with Tribal nations and communities.

Compensation policies and practices that are used when community partners are engaged.

Accountability practices for the creation of respectful and trusting relationships with BIPOC communities and organizations.

Link to Current State Analysis

This theme is linked to the following two Current State Analysis findings - *Integration of Antiracist, Pro-equity, and Social Justice Values, Strategies, and Actions into PHSKC Work* and *Role Clarity Challenges*. Enhancing relationships with BIPOC communities and organizations certainly reflects the further integration of antiracist, pro-equity, and social justice strategies. Additionally, the potential barriers or challenges associated with this theme have alignment with the role clarity challenges that were identified as part of PHSKC's current state.

Areas of Convergence and Divergence between Community and PHSKC Staff

Convergence

- Nothing notable beyond the overall theme.

Divergence

- While community partners tended to discuss the general need and benefits that would arise from further investment in enhancing relationships with BIPOC communities and organizations, staff who discussed this were more inclined to also share the need for PHSKC to support staff in acquiring the skills necessary for effective and healthy relationships with BIPOC communities and organizations.

In the Appendices

During the engagement activities, participants shared and surfaced specific actions related to this theme. Those specific actions are in [Appendix Q](#).

Goal Area #5: Communication & Education

Theme One: **Approachable, Accessible, and Culturally Aware Communication Strategies**

Summary

Developing healthy and mutually beneficial relationships with communities requires the development of new communication strategies that are more accessible⁴, culturally aware, and have been developed in partnership with communities.

MAJOR FORCES

Increased engagement with diverse communities has surfaced the importance of language (use of languages other than English and conceptual accessibility).

PHSKC's commitment to equity and anti-racist practices.

WHAT TO PROTECT

Supports for staff to learn about the benefits of greater community involvement, especially from BIPOC communities.

Resources and supports for Community Navigators.

WHAT TO LET GO

Perception that culturally aware is the same as community informed.

Perceived need to control messaging.

BARRIERS/CHALLENGES

Not all staff have been trained on how to use communication practices that are accessible and culturally aware.

Communicating in ways that honor the diversity of the community is more resource intensive and takes more time.

Many communities have been harmed by governments, especially public health agencies, and have low levels of trust.

WHAT TO CHANGE OR INVENT

Programs to create spaces for PHSKC staff to work with and learn from members of the community (who are compensated) about their language needs.

Programs to empower the leaders of unreached communities with the ability to share messages in the manner they know is best.

Please visit [Appendix R](#) to review selected excerpts and representative quotes from listening sessions, interviews, and survey responses.

⁴ While the full breadth of accessibility was discussed at times, the primary focus was on conceptual accessibility (i.e., using plain language and communication structures that could be understood by the largest number of people in the community).

Link to Current State Analysis

This theme is linked to the following Current State Analysis findings - *Integration of Antiracist, Pro-equity, and Social Justice Values, Strategies, and Actions into PHSKC Work*. Specifically, the portion of that finding where PHSKC was identified as being committed to taking steps to ensure that all community members, especially those disproportionately impacted by racism, can develop impactful and meaningful relationships with PHSKC.

Areas of Convergence and Divergence between Community and PHSKC Staff

Convergence

- There was shared understanding and appreciation for the benefits that can arrive from using communication practices and strategies that are more approachable and accessible.

Divergence

- While both community and staff discussed the importance of culturally aware communication strategies, community members more often discussed it in terms of being directly informed (if not co-created) with community members.

In the Appendices

During the engagement activities, participants shared and surfaced specific actions related to this theme. Those specific actions are in [Appendix R](#).

Theme Two: **Lead in Accurate and Effective Health Communications**

Summary

A significant threat to the effectiveness of PHSKC's efforts is a lack of organizational health literacy⁵ to serve King County communities. This must be addressed through internal changes and external programs.

MAJOR FORCE

Increasing culture of misinformation, which has acutely and negatively impacted public health in recent years during the COVID-19 pandemic.

WHAT TO PROTECT

PHSKC's reputation as a trusted authority on health matters (protect and grow).

WHAT TO LET GO

Concepts and language that require public health degrees and/or professional experience.

Perceived need to control messaging.

Please visit [Appendix S](#) to review selected excerpts and representative quotes from listening sessions, interviews, and survey responses.

BARRIERS/CHALLENGES

Low health literacy that disproportionately impacts BIPOC communities.

Public health-related information being judged more on perceived ideological orientation instead of scientific merit.

Legacy, in some communities, of not trusting government messages.

WHAT TO CHANGE OR INVENT

In addition to practical public health communications, design and launch a campaign to build PHSKC's reputation as a trusted authority.

Build the capacity, internally and/or with allies, to determine the best way to counter public health misinformation.

Community-based partnerships where individuals and groups trusted by communities are empowered to share public health messages based on their understandings and experiences of what

⁵ Organizational health literacy is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

Link to Current State Analysis

This theme is directly linked to the *Integration of Antiracist, Pro-equity, and Social Justice Values, Strategies, and Actions into PHSKC Work* finding in the Current State Analysis. A key dimension of that finding was that there was both a commitment and a need to further integrate antiracist, pro-equity, social justice values into all the work of PHSKC to have the greatest positive impact on public health. This theme is in strong alignment with that finding, since staff and the community are asserting that an increased commitment to addressing trust, misinformation, and health literacy will result in a greater positive impact on public health.

Areas of Convergence and Divergence between Community and PHSKC Staff

Convergence

- Both staff and community partners were aligned in their perceptions of PHSKC having a strong reputation that can be used to increase public health.

Divergence

- While participants and respondents discussed misinformation and a desire for more communications, staff generally discussed the need to counter misinformation more than community partners.
- Staff often framed increased communications in the context of formal information and knowledge sharing, while community partners often discussed the need for more informal approaches.

In the Appendices

During the engagement activities, participants shared and surfaced specific actions related to this theme. Those specific actions are in [Appendix S](#).

Appendices

Appendix A: Listening Session Prompts/Questions

CBO Listening Sessions

1. What do you see as the most important role of the public health department in your communities?
2. In serving your community, what does PHSKC do well now? What could PHSKC do better?
3. How can PHSKC better demonstrate responsiveness, transparency, and accountability to Black, Brown, and Indigenous communities?
4. What would it look like for PHSKC to address root causes of racism and different forms of oppression that impact health?
5. In the face of challenges and opportunities, what are the most important things for PHSKC to know?
6. What does a successful partnership with PHSKC mean to you?

PHSKC Staff Listening Sessions

1. What do you see as the most important role of the public health department in your communities?
 - a. When you think of the words “public health,” what comes to mind?
2. What do you see as the role of the public health department in the communities we serve?
3. What would make our department stronger in the future?
4. How can PHSKC better demonstrate responsiveness, transparency, and accountability to Black, Brown, and Indigenous communities?
5. What would it look like for PHSKC to address root causes of racism and different forms of oppression that impact health?

Appendix B: Survey Instruments

PHSKC Staff Survey

Note: The staff survey was designed to serve two populations: (a) those who attended a listening session and wanted to provide additional thoughts, and (b) those who were unable to attend a listening session.

1. Did you participate in a PHSKC staff listening session?
 - a. Yes
 - b. No
2. Please select the Division or Office where you work.
 - a. Admin
 - b. APDE/CDIP/COO
 - c. Communications
 - d. Community Health Services
 - e. Emergency Medical Services
 - f. Environmental Health
 - g. Equity and Community Partnerships
 - h. Jail Health Services
 - i. Preparedness
 - j. Prevention
 - k. Prefer not to Disclose
 - l. Other
 - i. Write In
3. How does the work you do related to public health?
4. When you think of the words “public health,” what comes to mind?
5. What do you see as the role of the public health department in the communities we serve?
6. What would make our department stronger in the future?
7. How can PHSKC better demonstrate responsiveness, transparency, and accountability to Black, Brown, and Indigenous communities?
8. What would it look like for PHSKC to address root causes of racism and different forms of oppression that impact health?
9. Please share any additional thoughts you feel PHSKC should know as we’re working on our strategic plan.

Community Partner/Group

Note: The community partner/group survey was designed to serve two populations: (a) those who attended a listening session and wanted to provide additional thoughts, and (b) those who were unable to attend a listening session.

1. Did you participate in one of the CBO Listening Sessions (virtual or in person) hosted by Public Health-Seattle King County?
 - a. Yes
 - b. No
2. What do you see as the most important role of the public health department in your communities?
3. In serving your community, what does PHSKC do well now? What could PHSKC do better?
4. How can PHSKC better demonstrate responsiveness, transparency, and accountability to Black, Brown, and Indigenous communities?

5. What would it look like for PHSKC to address root causes of racism and different forms of oppression that impact health?
6. In the face of challenges and opportunities, what are the most important things for PHSKC to know?
7. What does a successful partnership with PHSKC mean to you?
8. Please share any additional thoughts you feel PHSKC should know as we're working on our strategic plan.

Appendix C: Interview Scripts

Community Partners

1. What do you see as the most important role of the public health department in your communities?
2. In serving your community, what does PHSKC do well now? What could PHSKC do better?
3. How can PHSKC better demonstrate responsiveness, transparency, and accountability to Black, Brown, and Indigenous communities?
4. What would it look like for PHSKC to address root causes of racism and different forms of oppression that impact health?
5. In the face of challenges and opportunities, what are the most important things for PHSKC to know?
6. What does a successful partnership with PHSKC mean to you?

Public Health Partners

Two sets of interview questions were developed for public health partners. The decision on which set to use was based on whether the interviews were one-on-one or small group.

Questions (Set 1)

1. What does PHSKC do well now? What could PHSKC do better?
2. What are emerging public health issues from your perspective?
3. What are the shared values and principles that we must embody to have a successful partnership?
4. How can PHSKC better demonstrate responsiveness, transparency, and accountability to Black, Brown, and Indigenous communities?
5. What would it look like for our partnership to address root causes of racism and different forms of oppression that impact health?
6. What do you see as the most important role of the public health department in your communities?

Questions (Set 2)

1. What do you see as the most important role of the public health department?
2. How can PHSKC better demonstrate responsiveness, transparency, and accountability to Black, Brown, & Indigenous communities?
3. What are emerging public health issues from your perspective?
4. In the face of challenges and opportunities, what are the most important values/principles for PHSKC to take into consideration?
5. What ideas and suggestions do you have as we look to the next couple years? The next 5-10 years?

Appendix D – Reviewed PHSKC Materials

The materials below were reviewed and used for developing initial codes (for data analysis), as well as refining codes that emerged during the coding process for the engagement data.

Title	Date (if available)
Black Community Survey	02/18/2021
COVID-19 After Action Report	2023
Foundational Public Health Services (FPHS) Baseline Assessment Report	2018
King County Community Health Needs Assessment	2021/2022
King County Public Health Operational Master Plan – Stakeholder Report	04/12/2006
King County Public Health – Wellbeing Needs Assessment Report	
PARCAG Strategic Planning and Community Engagement Recommendations	01/19/2023; 02/16/2023; 03/16/2023
Public Health Engagement Survey Results	2022
Racial Diversity Workforce/Workplace Data	01/2022
Washington State FPHS Report	2020

In addition to the specific documents listed above, documents and resources were reviewed from all PHSKC divisions and other PHSKC initiatives (ongoing and past). Notable documents from each unit or initiative are highlighted.

- 2021-2022 Division and Goal Area Equity Plans
- 2022 Racism is a Public Health Crisis Reports
- 2023-2024 Racism is a Public Health Crisis – Equity and Social Justice Guidance and Division and Goal Area Workplans
- Priority Area Documents and Resources
 - Climate Change
 - Emergency Response and Resiliency
 - Gun Violence Prevention
 - Homelessness and Health
 - Overdose Prevention
 - The Impact of Racism on Population Health
- Risk Management

Appendix E: Seven Objectives of Responsible and Impactful Engagement

1. Include diverse perspectives through strategic engagement with PHSKC's full constellation of community collaborators – staff, community-based organizations, and public health partners.
2. Deepen understanding of the needs of PHSKC's communities, partner organizations, and staff, with a particular focus on those who are Black, Indigenous and People of Color, to inform the development of PHSKC's mission, goals, functions, and any future implementation plans.
3. Provide clarity of purpose and transparency throughout all phases of the engagement process, modeling accountability and creating the conditions for authentic engagement.
4. Promote conversational dynamics that support collaborators arriving and participating as their whole selves in safe and brave spaces where disagreement and common ground are both equally valued.
5. Ensure that collaborators can participate in a manner that respects their preferences for communicating ideas and perspectives, such as through storytelling, as well as providing any language translation, interpretation services or accommodations needed.
6. Provide diverse ways for collaborators to engage, including, but not limited to, interactive engagement formats, web-based meetings, and other formats that respect the assorted needs and orientations of the PHSKC community.
7. Strengthen understanding of PHSKC planning processes and ongoing efforts across the community – staff, public health partners, and community organizations.

Appendix F – Survey Completion across PHSKC Divisions and Offices

PHSKC Division or Office	Number of Staff who Completed the Survey
Admin	4
Assessment, Policy Development, and Evaluation (APDE)/Chronic Disease and Injury Prevention (CDIP)/COO	4
Community Health Services	15
Office of the Director	12
Emergency Medical Services	0
Environmental Health	14
Jail Health Services	1
Prevention	1
Prefer Not to Disclose	11
TOTAL	62

In addition to staff responses, there were a total of 31 community partner survey responses and 0 public health partner responses.

Appendix G: Representative Quotes and Suggested Actions for Enhancing (inter/intra) Organizational Collaboration and Coordination

Representative Quotes (by theme element)

Major Forces

- “the department is large and has resources, but because we are all divided, we feel fragmented and under-resourced instead of strong in our unity.” (PHSKC staff member)
- “our field is really grounded in working together.” (Public health partner)
- “I ain’t acting like I’m a public health expert, but I know there are a lot of government agencies that do work that seems really similar. If y’all start collaborating together, if you aren’t already, then we’d all benefit.” (Community partner)
- “we need to help every single King County department understand that public health matters for them... not just psychologically or emotionally, but like 100% impacts their funding, their success, and whatever is their main focus... their mission.” (PHSKC staff member)

What to Protect

- “we are all about collaboration [at PHSKC] and seem comfortable with how it is really challenging at times” (PHSKC staff member)

Barriers/Challenges

- “you have so many different kinds of work that you’re doing and that requires a large workforce with lots of different backgrounds, personalities, and care for public health. Now you multiply that across other government agencies... it becomes complicated to think about how to get coordination done the best way, because people and organizations need to understand one another, and that’s really hard because you’re doing so many different things” (Public health Partner)
- “I think about the different cultures we have [in PHSKC] and that can make collaboration harder than it might seem to those at the top... and the cultures are always changing, even if you know them today they will be different in 6-12 months” (PHSKC staff member)

What to Change or Invent

- “PH should be more present in other agencies to help with holistic public health and safety” (Community partner)
- “if my staff knew staff in other offices just a little better, I know that the quality of collaboration and openness to coordination would increase” (PHSKC staff member)

What to Let Go

- “there is so much siloing, burnout, and lack of engagement/collaboration/integration with each other. Everyone has tunnel vision on their individual priorities because it feels like that’s all we can and have the resources to do.” (PHSKC staff member)

Suggested Actions (related to theme)

- “since our people really like metrics and measures, we should create some kind of collaboration metric that we use to see how we’re doing” (PHSKC staff member)
- Several staff members referenced the potential value of having Division or Office objectives that cut across the organization. This was often framed as a way to create more collaboration and coordination since the strength or weakness of one unit would impact others.
- “better communication between the community partners. For example, Multi-Service Centers energy assistance program shows “now closed” on their online website and they are not accepting any “new” applications until January 2024. I had to find that out on my own while assisting the client. It would be nice to get a “head ups” on changes on certain programs.” (PHSKC staff member)

Appendix H: Representative Quotes and Suggested Actions for Serving as a Bold Leader in Public Health Policy (locally and nationally)

Representative Quotes (by theme element)

Major Forces

- “I’m at the conferences, I’m on calls with public health groups around the country, and I’m working with public health academics all over the world... King County public health has a reputation that is really unique... it’s positive and can be used to do a lot of good” (Public health partner)
- “we have become a society where everyone knows about public health thanks to COVID... not everyone might agree with our positions, but the overall increase means we have new opportunities to tell our story and guide change in policies, best practices, and general understanding... and not just in King County” (PHSKC staff member)
- “they [PHSKC] need to keep pushing the boundaries of what is public health work in the 21st century. The more they challenge the norms, the more we all benefit.” (Community partner)

What to Protect

- “if you can declare racism to be a public health crisis... you can do anything. Please don’t stop taking risks. Not everyone can do that and we get the benefits when you make those declarations and take risks.” (Community partner)
- “one of the things that earned us a great reputation is the fact that we have the best public health workers in the world. If we keep losing people to burnout and don’t recruit the best and the brightest for others who are retiring, we will lose our reputation... or it just won’t keep growing.” (PHSKC staff member)

Barriers/Challenges

- “work to modernize the field of public health so that funding flows to today’s leading causes of death and illness, not those of 100 years ago... and report out on these efforts.” (Public health partner)
- “I understand why everyone wants King County public health to be a leader, but what do you even lead on? I mean, there are just so many different challenges right now – from climate change to fentanyl overdoses – where do you even begin and how does it stop from becoming ‘whack a mole?’” (Community partner)
- “I’m not going to lie, I want us to do the right things and really take a stand on important issues... I just get a little scared that someone who controls the ‘purse strings’ will target us... it’s just such a super politicized world today... we cannot afford to have someone cut our funding even more” (PHSKC staff member)

What to Change or Invent

- “PH leading policy development and practices to address how health issues can often result in exclusion, such as those who are disabled (especially those with “invisible disabilities”) and those with severe health conditions” (Community partner)
- “you won’t be able to change policies by yourself. You will need to get all your partners on board to push for that change... even better if you get community leaders on board” (Public health partner)

What to Let Go

- “sometimes I think we sell ourselves short. Yes. We definitely have a strong reputation in the PNW. We also have respect across the U.S. There’s a reason we can recruit great people from all over the country. We need to let go of some of our humility... other public health departments look to us.” (PHSKC staff member)

- “your people are active in lots of spaces that have public health professionals and researchers from around the United States. They are publishing, they are on committees, they are in leadership positions in professional groups... don’t ever think you’re just a regional power.”
(Public health partner)

Appendix I: Representative Quotes and Suggested Actions for Further Deepen Commitment to Health Equity

Representative Quotes (by theme element)

Major Forces

- “due some to COVID and some to research, there is just more understanding about how social conditions are related to public health” (PHSKC staff member)
- “other communities and groups are finally realizing what we’ve known in our communities for years – racism kills people, fast and slowly” (Community partner)
- “we took a huge step when the County declared racism a public health crisis... we cannot let up, we must keep pushing... we out here in the community are here to back you up” (Community partner)
- “I’ve waited my whole career for care integration to get broad acceptance. It’s finally happening and there will be resistance... we will need policy changes to protect this important shift” (Public health partner)

What to Protect

- “after the past three years, I see my work as much about addressing systemic and structural racism as the common elements of public health” (PHSKC staff member)
- “This is our job, our mandate. If we identify something that is negatively impacting public health, we have to take action. Racism, systemic racism is killing people. We have a responsibility to address this and support others who are addressing.” (Public health partner)
- “you have done some great work educating the public on the how a person’s socioeconomic status directly impacts their health... mostly related to racism... so now we have to share the full spectrum” (Public health partner)

Barriers/Challenges

- “this can get political very fast and I have seen push back and resistance simply due to it being seen as ‘woke’ or too progressive... it helps that you’re in King County, but even there there is still confusion about equity in general, let alone health equity” (Public health partner)
- “where does our reach stop and another agency’s responsibilities begin? We have to be careful to not spread ourselves too thin.” (PHSKC staff member)

What to Change or Invent

- “do the work to make sure equity is included in the design and implementation of every single one of your programs and services.” (Public health partner)
- “we have to create more systems and measures to track how we’re actually doing on addressing racism... that’s the kind of accountability we owe to our BIPOC communities” (PHSKC staff member)
- “work to ensure underserved populations receive health care services while incarcerated. This benefits the greater community by providing services to those who may lack access, and may help mitigate overwhelming providers with patients in the public who end up requiring emergency care due to lack of timely treatment.” (PHSKC staff member)

What to Let Go

- “sometimes it feels like we’re more interested in telling everyone about declaring racism as a public health crisis than actually doing the work” (PHSKC staff member)
- “everyone and their sister wants to be seen as not being racist these days... got to be sure you walk the talk” (Community partner)

Suggested Actions (related to theme)

- “return children vaccination programs” (Community partner)
- “more mobile vans for underserved communities” (Community partner)
- “create [standard operating procedures] SOPs for how public health information is disseminated to the public and community organizations, feels like it’s always a bit different...you having SOPs would help us have SOPs for handling and sharing that information” (Community partner)
- “use PARCAG accountability tool in working with community to show how PH has followed through.” (PHSKC staff member)
- “follow thru with their word. Like if there is a community event, make sure they are there. Show up to the events. Have more than 1 or 2 people. They can show up or respond in greater numbers. Sometimes at facilities we are inquiring if PH is present at an event and we have to go search for them and it feels like a pin in a haystack trying to find them. Maybe have clothing, that they wear to represent that they are PH.” (Community partner)
- “provide more health care for the homeless” (PHSKC staff member)
- “clinics for uninsured or underinsured” (PHSKC staff member)
- “jail scheduling is directly related to public health in that we provide access to healthcare that patients may not be able to access for themselves.” (PHSKC staff member)
- multiple community partners expressed hope that PHSKC would not shut down the clinics.
- “help people in south King County access essential benefits and support to become and stay healthy... medical, housing, cash, food, legal services” (Community partner)

Appendix J: Representative Quotes and Suggested Actions for Increase Data Access, Literacy, Impact, and Representation

Representative Quotes (by theme element)

Major Forces

- “we are in the data century... more than ever, people know that data matters and they want the data, not just analysis” (Public health partner)
- “we need access to your data that we can use to make the best decisions in our communities. This would help us take our work to the next level.” (Community partner)

What to Protect

- “we hire the best people for the job, and that includes all of our staff doing data work” (PHSKC staff member)
- “I see the data work coming out of PH, and it’s high-quality work” (Public health partner)

Barriers/Challenges

- “not having good data on disabled populations means that we’re less competitive for grants and other funding” (Community partner)
- “we must enhance the visibility of tribal communities in public health data” (Community partner)
- “I know that people say they want the data... I get it. We do have a responsibility to do some kind of education or training on how to use the data. Just sending a big dataset won’t necessarily achieve what many people think it will.” (PHSKC staff member)

What to Change or Invent

- “it could be part of relationship building to share our data and then receive data that community groups and orgs are collecting... some serious potential for shared understanding and connecting data points.” (PHSKC staff member)
- “I’m not sure you’d want all of our data on the health in our community... some of it might help you fill gaps in your data... we can also always benefit from having great data people showing us what we can do better” (Community partner)

What to Let Go

- “we can make it easier for people to get our data... sometimes I think they just give up because it’s too complicated” (PHSKC staff member)
- “I feel like I need a training on your organization to know the right person to contact for data... and I’m trying to get the data to get money to do public health work in my community, not just because I’m curious” (Community partner)

Suggested Actions (related to theme)

- “there is a new generation of data people who really know how to integrate [diversity, equity, and inclusion] DEI qualities into the ways that data are collected and studied. King County has always had great data professionals – maybe they could take the next step in adding these DEI data skills to their recruitment efforts.” (Public health partner)
- “regarding data collection and analysis, this could look like having data on variables like race/ethnicity, or disaggregating into meaningful categories depending on the research question. If the data are not available, then considering the use of combining multiple data sources to have a more complete picture of what disease burden looks like” (Staff member)
- “we must take the necessary steps to make it so Natives are not listed as ‘statistically insignificant’ anymore.” (Community partner)

Appendix K: Representative Quotes and Suggested Actions for Strengthen Emergency Response Policies, Practices, and Systems

Representative Quotes (by theme element)

Major Forces

- “not enough people really understand the trauma that public health workers experienced during the pandemic” (Public health partner)
- “it will take at least a generation for society to fully see the impacts of COVID... we’re still in the phase where so many people just want to forget and move on” (PHSKC staff member)

What to Protect

- “our response to COVID crisis showed PH didn’t have infrastructure to respond to challenges when it comes to communities of color, especially refugees and immigrant populations. These communities were left behind with no support at all. Everything (resources, comms) was directed toward the mainstream communities. There was no way to respond to the bigger needs of our communities who were left with no directions of where to go, how to ask for support, etc. Community leaders and community members, community navigators were the ones to step up.” (PHSKC staff member)
- “if it wasn’t for the PH ambassadors who were out making contact with communities, the pandemic would have killed even more people in King County” (Community partner)

Barriers/Challenges

- “emergency responses are directly impacted by the highly political climate we’re experiencing these days... it makes our work harder, it makes collaboration with other agencies harder, and it means that our messages can get distorted” (PHSKC staff member)
- “you got to understand that one size fits all just won’t work when it comes to communications from government... some people will automatically trust what you say and others will not even open the door, even if it’s a health emergency” (Community partner)

What to Change or Invent

- “I see a big opportunity for us to lead in developing resiliency evaluation approaches that would make a difference after public health emergencies” (PHSKC staff member)
- “have we taken enough time to really process how COVID slammed our workforce?... I don’t think we have... it’s like the elephant in the room for so many other things” (PHSKC staff member)
- “in the middle of an emergency, have more of an expectation that a Federal emergency would mean all hands-on deck. Instead of having to convince supervisors to send staff.” (PHSKC staff member)

What to Let Go

- “health disasters like COVID-19 aren’t going anywhere, they’re just going to keep happening and we better get ready” (Community partner)

Suggested Actions (related to theme)

- “after all we’ve been through... a living hell where we lost people... we need some kind of community debrief on what worked and what must change... it’s like we all went through this together, and we never had a debrief or some kind of meeting where we can just be humans who suffered through a pandemic.” (Community partner)

Appendix L: Representative Quotes and Suggested Actions for Improve Policies and Practices to Enhance Communities' Capacity

Representative Quotes (by theme element)

Major Forces

- "look at everything PH does through the lens of disability accessibility" (Community Partner)
- "don't forget about intersectional inclusion" (Community partner)
- "we need to help every staff member understand how their work connects to addressing racism and creating more equity... a lot do, but everyone needs to understand" (PHSKC staff member)

What to Protect

- "we hire great people who seem to arrive with great alignment for what we care about... people who just get it [commitment to antiracism and equity work]... I guess that happens when we're so open about our values" (PHSKC staff member)
- "we are always impressed by how PH employees understand health equity" (Public health partner)
- "I am not meeting with people in the community directly and doing health work, but me doing a good job in making sure we pay bills on time - that makes sure others are able to get their work done and help the community and just the public's health in general." (PHSKC staff member)

Barriers/Challenges

- "public health got really creative during the pandemic... we will have to fight to keep those progressive policies in place" (Public health partner)
- "I feel like all the strings on funds for community groups got cut during COVID... now they're all coming back... everyone needs to get more comfortable with just sending money to community orgs and letting them decide what to do... we do that all the time with businesses and white groups" (Community partner)

What to Change or Invent

- "in contracting with smaller BIPOC-led organizations, we have opportunities to support their work & provide technical assistance to strengthen governance." (PHSKC staff member)
- "contracting process more equitable and setting them up for success... they might need some extra help on all of our requirements, and we owe that to them" (PHSKC staff member)
- "crafting funding proposals that incorporate sufficient time for relationship building in community in the beginning of projects. Also sufficient budget for language access." (PHSKC staff member)
- "we spend a lot of time talking about equity and we have to make sure our practices, especially the more hidden ones, line up with our values... equitable contracting and equitable bureaucratic processes...**How** we fund our partners and **who** we fund) (PHSKC staff member)
- "making RFP process lower barrier and streamlined to support BIPOC CBOs" (PHSKC staff member)

What to Let Go

- "those who are gatekeepers in PHSKC can demonstrate through becoming liberated gatekeepers and mobilizing the power we have to hear BIPOC needs, remove barriers, eradicate systems that allow for oppression, elevate BIPOC voices throughout the journey, rewrite policies and practices with a racially equitable lens, be deliberate and intentional in our actions, model antiracism, have clear culture expectations, be accountable for our actions and the actions of those we're responsible for, continue to learn/educate ourselves and others, be courageous and address harmful behaviors, invest real resources (budget, training, FTEs) in the values we've outwardly said we have." (PHSKC staff member)

- “you can say all you want about equity, but that don’t matter if you still have bureaucratic stuff that sure feels inequitable” (Community partner)

Suggested Actions (related to theme)

- “reduce barriers to contracting... that will have an impact within six months, as more community-based and minority-owned businesses can start being your partners in doing this work” (Community partner)
- “provide better access to less restrictive grants and funding to Small Community led BIPOC organizations” (PHSKC staff member)

Appendix N: Representative Quotes and Suggested Actions for Maintain a Competent and Healthy Workforce

Representative Quotes (by theme element)

Major Forces

- “it’s emotionally draining for folks, a lot of conflict, speaking truth to power is hard... build in element of how to build in awareness of healing and reducing burnout” (Community partner)
- “everyone knows about employee health these days... that is a good thing because it means people don’t have to be afraid to share their needs” (PHSKC staff member)
- “it’s hard to wrap your mind around how much burnout is occurring in our organizations...” (Public health partner)
- “there is not enough attention being given to how the pandemic has hollowed out the public health profession... we will need new recruitment strategies that are creative and equitable” (PHSKC staff member)

What to Protect

- “it seems like we always think about mentoring for new people, but what about people who have been here for a while and are not sure what are the next steps in their job or career... I think some mid-career mentoring could be big and maybe even help with retention.” (PHSKC staff member)
- “sending different staff types (nurses, epis, DRIS, etc.) to conferences, such as [the national Tuberculosis Conference] NTCA, so that they can learn new ideas on how to do their work better...it really makes a difference and can sometimes jump start the energy of a staff member who has been struggling” (PHSKC staff member)
- “we have wealth of experienced staff here that have mastered their professions for number of years with practical experience and continuing education. It will be utmost important to retain them. Our journey for helping the most vulnerable in the society is endless. We would like to train the future generation of professional and to keep the tradition evolve to the best higher level. And for that reason, we need to either consolidate and change the structure in any way to fit the budget and keep the teams together.” (PHSKC staff member)
-

Barriers/Challenges

- “seems like remote work is here to stay... it’s just so new and different... we have to keep checking on the policies and stuff to make sure it’s working the right way” (PHSKC staff member)

What to Change or Invent

- “project teams should be prepared to address racist responses when they are received in response to our work - early action vs. reaction – and that will take training” (PHSKC staff member)
- “require periodic antiracism training, for new and existing employees.” (PHSKC staff member)
- “improvement in work culture for employee wellbeing; there is a lot of burnout which leads to unhealthy and toxic culture. Ex. encouraging healthy boundaries, not encouraging employees to think about outside of work hours when not necessary” (PHSKC staff member)

What to Let Go

- “it’s not around much... well, less and less... those people who think that the best employee is one that will work themselves into the ground” (PHSKC staff member)

Suggested Actions (related to theme)

- “educating staff on how TB is viewed in people’s home countries/cultures to see what perspective they are coming from and how that might affect their testing and treatment” (staff)
- “we need better succession planning” (PHSKC staff member)
- “offer some trainings or learning sessions where we can get honest about what healthy work looks like in 2023... when people are working remotely and where turnover is really high” (PHSKC staff member)

Appendix O: Representative Quotes and Suggested Actions for Increase Racial Representation in PHSKC and Public Health to Achieve Strategic Goals

Representative Quotes (by theme element)

Major Forces

- “we need to hire more people that represent the communities. It has proven that having a diversity community, equals trust. I think we are doing it, but how can we demonstrate, hire more.” (PHSKC staff member)
- “state is making adjustments to swap educational requirements for lived experience. (e.g., 5 years of experience doing whatever) so students can at least get a shot at an interview. Change policy, substitute education requirements with skill requirements that are transferable” (Community partner)

What to Protect

- “we generally do a good job hiring PHSKC staff that are from the community (especially in the last 5 years). We should continue to promote these hiring strategies and support new employees to do the work. Increasing focus on individualized support for different populations with specific cultural backgrounds. continue to focus on a depth of support and bonding with clients to they learn to use multiple resources.” (PHSKC staff member)

Barriers/Challenges

- “executive divisions that impact the most vulnerable clients are made by people that had not experience the front line work and had not witness the day to day impact of front line workers” (PHSKC staff member)
- “I’ve witnessed it in my job... you can rally people around equity and inclusion in great ways, but it can shift when it comes to pay and promotions” (Public health partner)

What to Change or Invent

- “more people of color in leadership positions... this creates safety for the indigenous and people of color by having a safe space to be able to express yourself which promotes retention.” (staff)
- “In all departments, paying BIPOC staff a higher rate to acknowledge the fact that they working for and in a system that does not work for them... bilingual bump” (PHSKC staff member)
- “having paid internships so that students can take on, get those experiences without further hardship. having more opportunities for bachelor level students.” (Community partner)
- “must make sure that we match new employee supports to the individual and not just assumptions... if we’re going to hire more people from historically marginalized groups, we’re probably going to need to provide them with more support... not always, but really have to make space to see what they need” (PHSKC staff member)
- “if you’re going to start hiring from my community, you’ll see that our Black and Brown youth are the next generation, but haven’t had all the advantages of other kids... they might need some extra care and help to get settled and succeed” (Community partner)
- “we need public health, especially at the high levels, to look more like the makeup of our communities we serve.” (Community partner)
-

What to Let Go

- “racist ideas are hidden in so many places in a large organization, especially when it comes to hiring and firing” (PHSKC staff member)
- “we had to go through several reviews of our personnel policies to remove barriers that had us with not enough service area representation” (Public health partner)

Suggested Actions (related to theme)

- “King County should create a new public health pipeline for recruiting community members... you could prioritize certain populations and make those connections with schools and community groups who could co-sign” (Public health partner)
- “if you’re not already in the community colleges, you need to go there fast and I think you’ll find the kind of employees that you’re wanting to get from Black and Brown communities” (Community partner)
- “provide Daycare access to workers, both financially and physical locations.” (PHSKC staff member)
- “continue to diversify our workforce so it reflects communities we’re working with and learning from; make sure you set folks up for success” (PHSKC staff member)
- “makes me think of the Public Health Reserve Corps. Think there’s an opportunity with the PHRC to be a reflection of the communities that it is serving and to also have intentional recruitment processes and remove barriers to joining the PHRC.” (PHSKC staff member)
- Both PHSKC staff and many community partners talked about the need to create student pipelines that would include internships, often described as paid training for students
- “we need to recruit and hire from/within the communities we serve... we could have a community builder role that would have a big impact.” (PHSKC staff member)

Appendix P: Representative Quotes and Suggested Actions for Sharing and Transferring Power

Representative Quotes (by theme element)

Major Forces

- “this [sharing power with community] is not going to stop and will only get stronger. We’re ahead of the curve and I hope we stay ahead of the curve.” (PHSKC staff member)
- “I’m not sure everyone at King County knows how that declaration [of racism as a public health crisis] hits different in our communities. It makes people and organizations open to new kinds of relationships that they would have historically avoided or not trusted.” (Public health partner)

What to Protect

- “I’ve seen these kinds of efforts get watered down over time when it goes from the communities who need it the most to all communities. I hope that doesn’t happen.” (Community partner)
- “power is a loaded term that can mean very different things for different people.” (PHSKC staff member)
- “what it means to collaborate and share means something different for people, for community groups, for businesses, and definitely for government. We don’t all have to agree. We do need to understand that we might not be using the same term in the same way.” (Community partner)

Barriers/Challenges

- “it’s not as easy as just giving power away. It really requires a shift in how leadership and staff think about power and trust and accountability.” (Public health partner)
- “you will cause more problems than good if you don’t get deliberate about who receives decision making powers and how much. Not all organizations are ready just yet.” (Community partner)
- “we just do too much for too many. If we can build up our communities to do some of the work we’re doing, it would just make more sense. Seems like it would create different and better partnership too.” (PHSKC staff member)
- Support communities’ capacity to avoid, prepare, respond to, and recover from emergencies (Community partner)
- Increased quality and frequency of communication; to help participating communities feel their agency (PHSKC staff member)
- “get us involved at the start. It just makes more sense. When we get engaged mid-stream, it takes all this time to catch us up and then we don’t feel totally engaged.” (Community partner)
- “come to our communities with a plan that you’re going to refine and finalize with us.” (Community partner)
- “you need to engage communities earlier in the process, but I don’t know how early is too early because sometimes it just creates problems if you go out there too early.” (Public health partner)
- Must have an awareness that many positions have federally mandated roles that cannot be easily changed or distorted (PHSKC staff member)
- “building a culture of trust with trust-based relationships among PHSKC and the Snoqualmie Indian Tribe teams” (Community partner)
- “we must Acknowledge past harms done by PH to communities of color.” (PHSKC staff member)

What to Change or Invent

- “if this is going to be the new norm for many of us, then we have to see who can and cannot do this kind of community work.” (PHSKC staff member)
- “create disability advisory committee” (Community partner)
- “transfer power (by investing in BIPOC leaders within PHSKC), transfer resources (direct resources to BIPOC orgs), and help them succeed (by investing in technical assistance)” (staff)
- Fund community advisory groups on a long-term basis rather than relying on short-term grants (PHSKC staff member)
- “our department is spread too thin. We need to not have a white savior mindset that we’re the only ones who can fix people’s health - we need to figure out what we do that others don’t, and avoid stepping in to do more where we aren’t properly resourced or have expertise. We are like the embodiment of Manifest Destiny in public health form, where we identify and aim to solve every problem.” (PHSKC staff member)

What to Let Go

- “we just have to get comfortable with the fact that a lot of communities really don’t trust what we say. The only way we will change that is accepting that.” (PHSKC staff member)
- “the folks in my community aren’t going to believe something that comes directly from a government employee. They will be much more open if you are co-creating approaches with community leaders. The best situation is when you just let a community leader take the words, adjust the words, and own the message.” (Community partner)

Suggested Actions (related to theme)

- “what if we helped CBO’s make connections with other public health agencies and governments? We could educate them on who does what, and then their government literacy would go up... that seems like empowerment.” (PHSKC staff member)

Appendix Q: Representative Quotes and Suggested Actions for Enhance Relationships with BIPOC Communities and BIPOC Organizations

Representative Quotes (by theme element)

Major Forces

- “I see how it [building relationships with BIPOC communities] has shifted from a nice thing to do to a must do... that’s a good thing” (PHSKC staff member)
- “you can see the benefits really quick [of having relationships with BIPOC communities] and that reinforces itself” (PHSKC staff member)
- “we expect to have a voice when you ask us to a meeting... gone are the days of just sitting and listening” (Community partner)
- “by/of/with the served community: Mutual goals, Mutual accountability, Equitable compensation.” (Community partner)

What to Protect

- “long time ago, I recall preparedness conducting workshops to better understand the cultures represented in our county. Something similar could be helpful for staff (and dovetail nicely into racism is a public health crisis) and could be done before listen sessions or surveys. In having this prior education, we as a department can avoid engaging in a way that might be triggering, or disrespectful.” (PHSKC staff member)
- “the Community Navigators are the backbone of our outreach and relationship work... we must do everything to support and keep them” (PHSKC staff member)
- “not sure if Community Navigators are taken seriously for all of the hard work we do. Feels second-hand as funding isn’t provided for the work. Has PH really thought about the work that CN do to build the trust and uphold relationships with community. PH would never have gotten it without this network. You have to value the people on the ground for a successful partnership. Comm Navigators make the work very easy for PH- if a program is important, you have funding for it.” (Community partner)
-

Barriers/Challenges

- “a respectful relationship for me is not the same as my neighbor and is not the same in all the communities we want to engage” (PHSKC staff member)
- “I wasn’t hired to do community relationship work... if you want me to do it, train me... if you want everyone to do it, you sure better make that part of hirings and job announcements” (PHSKC staff member)
- “I know you mean well... I have spent a lot of time with government people... the people back in my community are different, their default is not to trust people with governments” (Community partner)

What to Change or Invent

- Feeling that the relationship with PHSKC and Snoqualmie Tribe is underdeveloped (Community partner)
- “I know it’s all but required at the state level [compensating people for engagement]... we should probably do that in the county” (Public health partner)

What to Let Go

- “we can get really bad [as a profession] of just asking too much of the people in our communities... extra bad or totally oblivious of people in our underserved and BIPOC communities... asking them the same thing over and over does not help us or help them” (Public health partner)

Suggested Actions (related to theme)

- Create an American Indian and Alaska Native Community Equity Initiative and team (Community partner)
- “provide direct funding to communities and CBOs to address public health issues” (PHSKC staff member)
- Maintain resources and supports for Community Navigators. (across multiple groups)

Appendix R: Representative Quotes and Suggested Actions for Approachable, Accessible, and Culturally Aware Communication Strategies

Representative Quotes (by theme element)

Major Forces

- “I think the language piece – where everyone should be able to speak their own language, interpret, because they can’t understand. The importance of language access.” (Community partner discussing what is most important for healthy relationships between PHSKC and communities)
- “an important piece of our DEI training has been on accessibility... new dimensions of accessibility I don’t think many of us thought about before, like how language and culture are so connected... as more staff go through these kinds of trainings, it just becomes apparent that we cannot take language for granted” (PHSKC staff member)

What to Protect

- “we have tried the guessing game when it comes to language and messaging and outreach efforts... it’s much more effective to just build partnerships with your communities and work with them to create messages and use the right language... it also helps with relationship building” (Public health partner)

Barriers/Challenges

- “consider cultural differences and needs rather than whitewashing processes or expecting folks to code switch in order to access services - Build in Language and cultural access” (community)
- “it just takes more time... but it’s time well spent” (PHSKC staff member on making sure that communication work honors the diversity of the communities)
- “It’s too easy to have a word or phrase that becomes something else when translated into a different language. We’re here to help. We know the rules. One translation might work in one community but might be scary or rejected in a community on the other side of town. We’re here to help.” (Community partner)

What to Change or Invent

- “provide resources to be able to draw upon knowledge and perspectives within BIPOC communities to develop materials/ messaging and evaluate approaches specifically with BICOP communities.” (PHSKC staff member)
- “PH should use community leaders to roll out information vital to public health” (community)
- “sharing easy to understand information or breaking it down in a non-technical way... that’s what it will take for your messages to get traction in my community” (Community partner)

What to Let Go

- “need to be informed by BIPOC communities, and other groups, because simply being culturally aware is not enough” (Community partner on what can help enhance PHSKC communication approaches)

Suggested Actions (related to theme)

- “offer more pop-up clinics, workshops, presentation by partnering with organizations serving community” (PHSKC staff member)
- “funnel money back into CBOs and community/multilingual media” (PHSKC staff member)
- Several community partners spoke about the value of newsletters to keep their communities current on PHSKC efforts and programs.

- “improve its process for providing public health messages to Native communities especially who consume greater quantities of fish and shellfish, and adapting the health advisory notification process to be mindful of that impact.” (Community partner)
- “engage more in training CBO and community partners to serve as PH educators with ongoing support and communication with PHSKC.” (Community partner)
- “even if you [PHSKC] don’t know the answer to a question you get asked at a community meeting, just be honest. That goes so far in communities. It’s like a little test that can help people know whether someone can be trusted or not. We don’t need you to have all the answers. We do need you to be honest and trustworthy to be good partners.” (Community partner)

Appendix S: Representative Quotes and Suggested Actions for Lead in Accurate and Effective Health Communications

Representative Quotes (by theme element)

Major Forces

- “counter misinformation. Invest in systematic ways to do this (there are academics and SMEs studying the topic of misinformation who have highlighted strategies that do and don’t work). Formalize the study and practice of these techniques as part of PH’s work. This particularly affects BIPOC/immigrant communities and is one of the greatest threats of our time. No point investing millions of \$\$ in health messaging/ interventions if the messaging is ineffective due to how fast misinformation spreads.” (PHSKC staff member)
- “communication is key for our community; at onset of the COVID pandemic there was the stigma associated and misinformation. If we can give better job of communications to share information that is pertinent and correct is just right” (Community partner)

What to Protect

- “the role of public health is many people see us as the authority of correct information.” (PHSKC staff)
- “do what it takes to maintain your reputation and recognition as a trusted resource for science-based health information and resources” (Public health partner)

Barriers/Challenges

- “we know that health literacy is especially low in Black and Brown communities... you can help turn that around and build partners in the process” (Public health partner)
- “people in my community judge health information and make health decisions based on all kinds of things – some good and some troubling – we need you there to educate... the question is how to communicate in ways that they’ll hear you and trust you” (Community partner)

What to Change or Invent

- Enhance external communications to raise PH’s visibility and influence (Public health partner)
- “telling some communities and people to just “trust you” won’t work... you’re going to have to work with us directly and you might even have to trust us to get your messages and health information in ways we know are best” (Community partner)

What to Let Go

- “letting community groups and leaders have the power to shape messages for their communities can be challenging... you must be able to give away control and leverage relationships you’ve built with the groups, leaders, and communities” (Public health partner)

Suggested Actions (related to theme)

- “we really do have a culture of quality... I don’t think everyone really knows that... if we could figure out new ways to get that across to communities without being seen as braggy... I think it would help us get more respect and just help us push back against some of the lies and nonsense coming from websites and groups that don’t know anything about public health” (PHSKC staff member)
- “provide more education on health disparities to communities to brainstorm what is happening and how we can improve” (Community partner)
- “radically honest ad campaigns. ‘Does your elderly parent know every country in the world cup semi finals but have not idea how to get dental care? Tell them to call us!’ Use family/friends as vectors.” (PHSKC staff member)

- “dental health basics don’t seem to be taught anymore to children in school... dental health needs more focus.” (Community partner)

Appendix T: Vision-Related Excerpts

Community Partners

- “...everywhere touched by King County public health has some of the best health outcomes and metrics for Black and Brown people...”
- “...get public health’s work and bold vision spread into more government agencies... like, helping other governments and public agencies to understand how their work is impacted by or impacts public health...”
- “...identify effective strategies for the tribal community... developed with the Tribe to ensure it is culturally relevant and tribally informed.”
- “...showing the world what it looks like to have deep and meaningful relationships with communities... where it’s power with instead of power over.”
- “...where the public health of every single person is recognized and care for, no matter if you’re locked up, disabled... especially invisible disabilities... an undocumented resident... really just a place where you know that public health matters and is connected to everything else.”

Public Health Partners

- “...be at the forefront of public health tech... not just using the tech, but helping communities and other agencies adopt, get funding, and use.”
- “...being the place professionals know as where you can go work on the issues at the cutting edge of public health...”
- “...to be known as the public health organization that does the best job taking care of its workforce...”
- “...using SeaKing public health’s position as a convener to be creative, solve novel issues...”
- “...strong reputation of PHSKC to advocate for bold new approaches... changing policies that have a bad impact for public health all over the country.”

PHSKC Staff Members

- “...get to a place where our funding or finances are so strong that we aren’t always anxious and scared.”
- “...have the most diverse and representative staff... in all definitions of diversity.”
- “...making sure our focus areas in the community show up internally as well... trauma, equity... just making sure we are doing our work everywhere, inside and out.”
- “...recognized with a great reputation in the region and nationally... want our landmark approaches and perspectives to be recognized across the industry, maybe even globally.”
- “...we need to take a leadership role in DEI, helping everyone understand how DEI and antiracism work is directly connected to public health and every single person is impacted...”