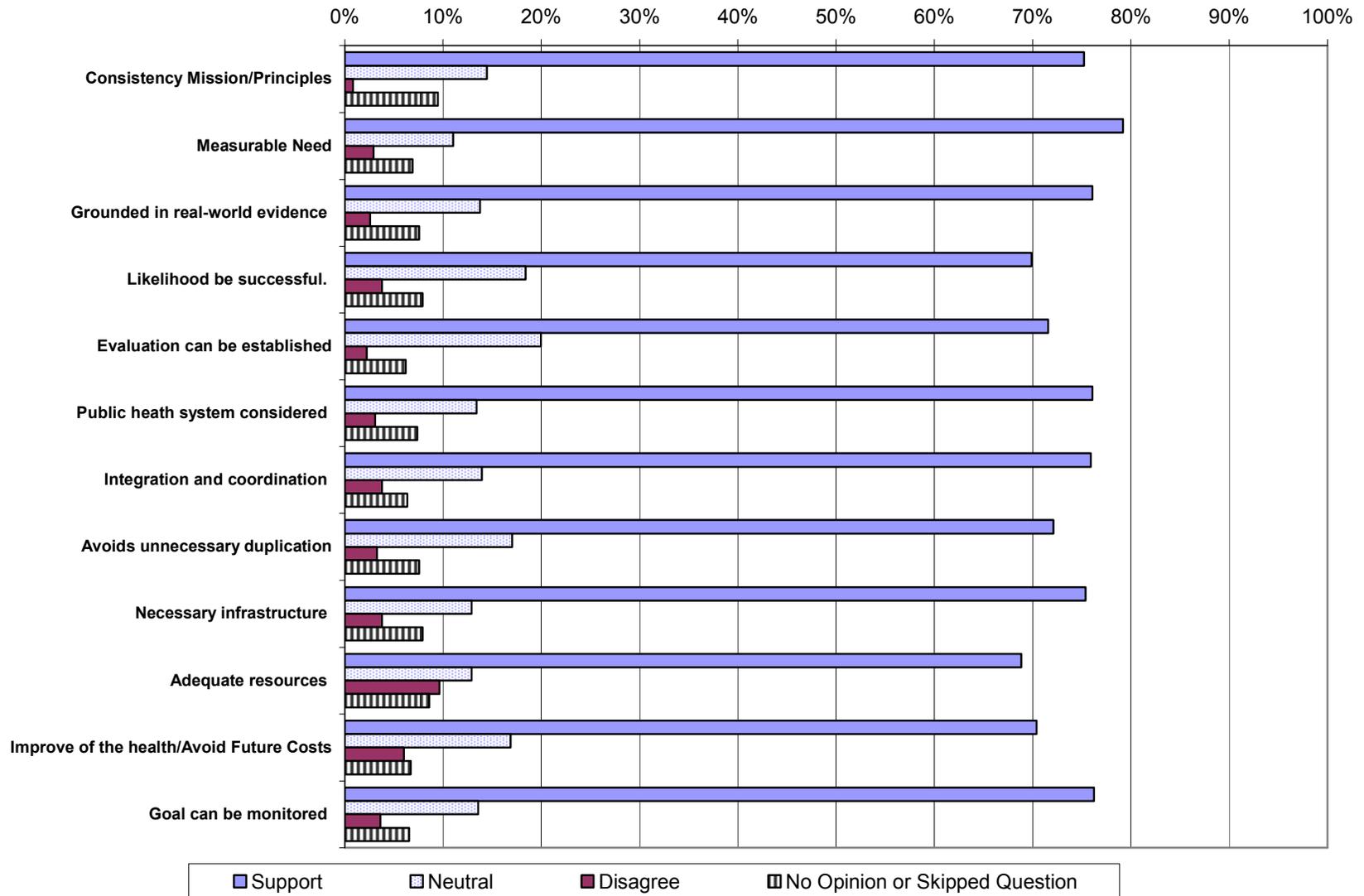


**Q6 - The draft policies contain factors for prioritizing public health investments for King County government. Please indicate if you agree, disagree, are neutral, or have no opinion.**

**Survey Total = 581** (in order by presentation in framework)



***PHOMP Stakeholder Summary***  
***Comments received on the Factors to Prioritize – Question 7***  
***On-line Stakeholder Input***

**Question Background and Response Data**

**7. Please provide us any additional comments/thoughts regarding the factors to prioritize. At a minimum, for those that are checked with "disagree"; please indicate why you disagree and suggest changes that would make the statement acceptable.**

160 respondents provided feedback on one or more of the guiding principles.

421 respondents skipped this question.

-----

581 Total respondents to the survey

The total comments below do not equal 160 responses as some respondents gave feedback on more than one factor; those comments have been separated and sorted to provide input to the specific factor referenced. In addition, a few respondents gave feedback in another response, where appropriate, those comments have been reflected in this section as well.

This survey is not statistically valid as it was targeted to a specific public health population (750+ partners) and all public health employees.

Note: Comments are as written with the exception for correction for spelling.

The information given will provide input and feedback for the steering committee to consider. As a note, since the majority of respondents supported or were neutral to the factors to prioritize, the comments reflected in this document, are to point out the differing or disagreeing viewpoints.

## **OVERALL AND GENERAL FEEDBACK ON THE FACTORS TO PRIORITIZE:**

Many comments received on this question did not specifically address a factor to prioritize, but were generic in structure or provided overall comments.

There were:

- ✓ *12 comments regarding general comments on the factors to prioritize (examples)*

“Although this is fine in theory, there may be issues that are new or emerging and for which there is little evidence based practice or clear evaluation methodology but nevertheless need to be addressed.....”

“I don't disagree with the draft policy factors listed, but I question how reasonable they are to implement or consider.”

- ✓ *12 comments regarding funding*

“Our resources are not unlimited and that needs to be taken into consideration also.”

- ✓ *40 comments provided general public health comment or comments that would be helpful in setting priorities in Phase II of the OMP.*

**Staff will continue to review, analyze, and summarize these comments for the Steering Committee.**

# 1. CONSISTENCY WITH KING COUNTY'S MISSION FOR THE HEALTH OF THE PUBLIC AND GUIDING PRINCIPLES

## Staff Summary of responses providing a differing or disagree perspective:

*No comment to summarize.*

## Survey Data from Question 6: (Not statistically valid, rounded to the nearest percent, actual count in parentheses)

Support: 75% (437)

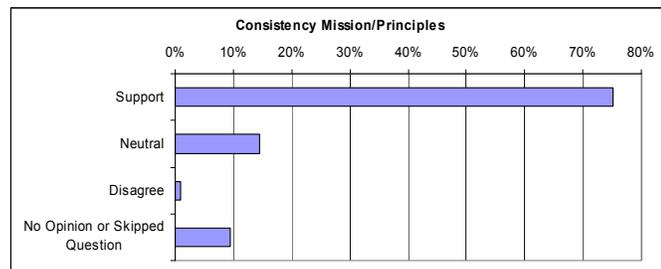
Neutral: 14% (84)

Disagree: 1% (5)

No Opinion or skipped: 9% (55)

Total comments given directly related: 0

Total respondents to the survey: 581



## 2. THERE IS A DEMONSTRATED, MEASURABLE NEED FOR THE PROPOSED ACTION.

### Staff Summary of responses providing a differing or disagree perspective:

- ✓ *Some commenters disagreed by not wanting to forgo doing work because of being unable to prove the need, or it applies to a small sample, or not including a qualitative need.*

“Some creative, pilot projects may be based on small samples or limited experience and not on measurable needs”

“Requirements for measurable need with numbers often isolate communities not involved with the recruitment of this data, and numbers or measurable outcomes don’t always include qualitative/descriptive information that conveys underlying issues facing community health.”

“I disagree with the ‘demonstrated need’ part of the draft policy. I think KC would be well served by adopting the precautionary principle. PHSKC can’t really be an innovative leader and NOT be using the precautionary principle. Rather than address a reasonable likelihood the action would be successful, even if there is a CHANCE of success, thereby improving health, the action would be worth doing.”

### Survey Data from Question 6: (Not statistically valid, rounded to the nearest percent, actual count in parentheses)

Support: 79% (460)

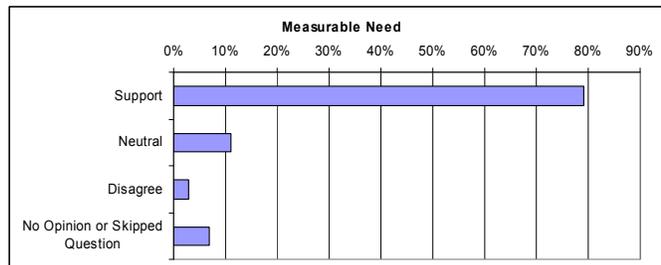
Neutral: 11% (64)

Disagree: 3% (17)

No Opinion or skipped: 7% (40)

Total comments given directly related: 5

Total respondents to the survey: 581



### 3. THE PROPOSED ACTION IS GROUNDED IN REAL-WORLD EVIDENCE THAT IT WORKS AND/OR AFFORDS OPPORTUNITY TO INNOVATE AND CREATE CUTTING-EDGE APPROACHES

#### Staff Summary of responses providing a differing or disagree perspective:

- ✓ *8 comments reflected the need for innovation*

“While there is a need to utilize evidence-based research in public health practice, it is equally important to be innovative. To eliminate health disparities, innovation is needed. Clearly, the traditional approaches and thinking is not working.”

“...pioneering alternative methods often requires that we take the change and establish the evidence vs. relying on it before hand”

- ✓ *5 comments reflected that innovation without underlying evidence based information may be a concern*

“A proposed action should not be considered if it only provides an opportunity to be innovative and cutting edge. I would support this if the word 'or' were removed.”

#### Survey Data from Question 6: (Not statistically valid, rounded to the nearest percent, actual count in parentheses)

Support: 76% (442)

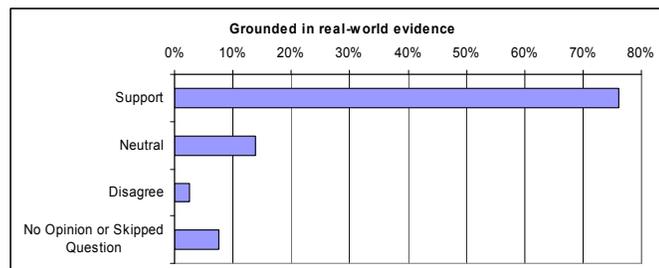
Neutral: 14% (80)

Disagree: 3% (15)

No Opinion or skipped: 8% (44)

Total comments given directly related: 15

Total respondents to the survey: 581



#### 4. THERE IS A REASONABLE LIKELIHOOD THAT IMPLEMENTATION OF THE PROPOSED ACTION WOULD BE SUCCESSFUL

##### Staff Summary of responses providing a differing or disagree perspective:

- ✓ *Commenters are concerned that success as a determining factor is unclear or would not be able to assure it.*

“I disagreed with statements that I felt would support only those proposals that would be successful because there will not always be tried and proven solutions.”

“Reasonable likelihood of success - This statement is too open ended. Who is the determiner of likelihood?”

##### Survey Data from Question 6: (Not statistically valid, rounded to the nearest percent, actual count in parentheses)

Support: 70% (406)

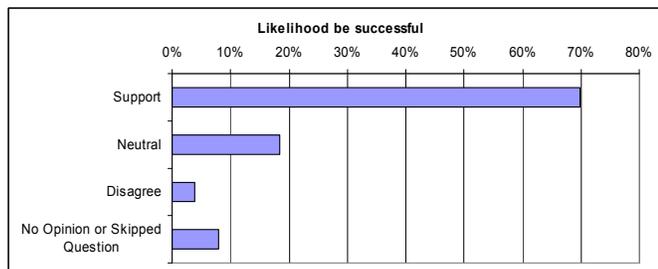
Neutral: 4% (107)

Disagree: 18% (22)

No Opinion or skipped: 8% (46)

Total comments given directly related: 4

Total respondents to the survey: 581



**5. OBJECTIVE, MEASURABLE EVALUATION CRITERIA CAN BE ESTABLISHED TO EVALUATE PROGRESS TOWARD MEETING THE RELATED GOAL.**

**Staff Summary of responses providing a differing or disagree perspective:**

- ✓ *Respondents reflected the viewpoint to balance evaluation of qualitative to quantitative needs.*

“There are health issues whose outcomes are not easily measured which could use funding, but don't get it because hard data is hard to get..”

“We need to invest in the kind of evaluation that can withstand peer review.”

“At times studies to measure or quantify the need waste time and resources. There needs to be a balance of quantitative and qualitative analysis so that the analysis doesn't bog down the application of a solution. At the same time, the analysis should be thorough and common sense to avoid throwing money towards a solution that is just a band aid.”

“I am neutral on the evaluation statement because it is very difficult to get sufficient funding to do decent evaluations. It's a worthy goal of course.”

**Survey Data from Question 6: (Not statistically valid, rounded to the nearest percent, actual count in parentheses)**

Support: 72% (416)

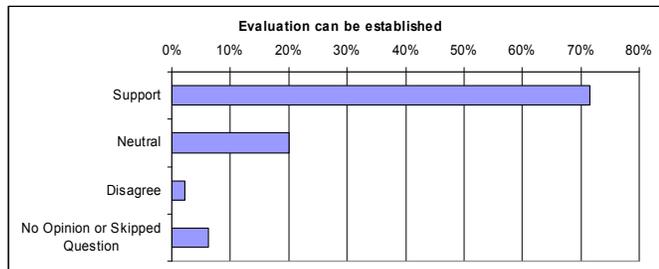
Neutral: 20% (116)

Disagree: 2% (13)

No Opinion or skipped 6% (36)

Total comments given directly related: 19

Total respondents to the survey: 581



**6. THE INTERESTS OF THE LOCAL PUBLIC HEALTH SYSTEM AS A WHOLE ARE CONSIDERED AND, WHERE POSSIBLE, ADDRESSED; OPPORTUNITIES FOR COLLABORATION AMONG SYSTEM PARTNERS ARE IDENTIFIED.**

**Staff Summary of responses providing a differing or disagree perspective:**

- ✓ *There were not disagreed perspectives per se, but recognition to include a broad collection of agencies including research agencies.*

“The goal should be to form specific partnerships that can directly foster desired outcomes, such as strong collaborative links with UW, Gates, and other agencies that can make a difference.”

**Survey Data from Question 6: (Not statistically valid, rounded to the nearest percent, actual count in parentheses)**

Support: 76% (442)

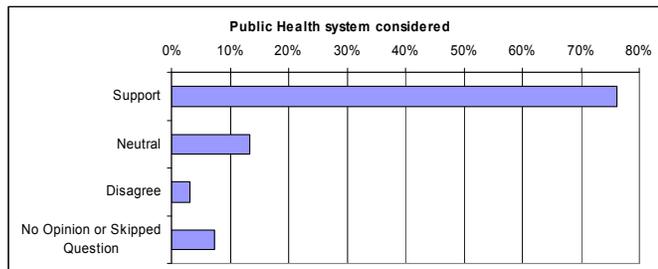
Neutral: 13% (78)

Disagree: 3% (18)

No Opinion or skipped: 8% (43)

Total comments given directly related: 3

Total respondents to the survey: 581



**7. A HIGH LEVEL OF INTEGRATION AND COORDINATION OF PROGRAMS AND PARTNERS CAN BE ACHIEVED, PREVENTING INEFFICIENT SEPARATION OF RELATED SERVICES.**

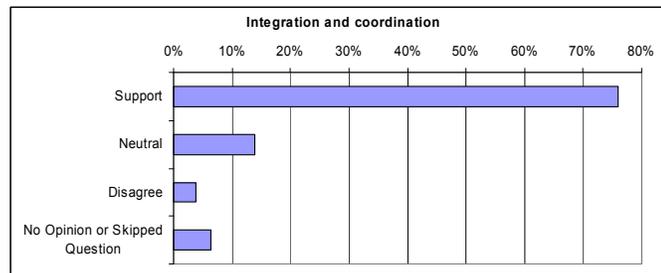
**Staff Summary of responses providing a differing or disagree perspective:**

No comments voicing a disagree perspective.

**Survey Data from Question 6: (Not statistically valid, rounded to the nearest percent, actual count in parentheses)**

Support: 76% (441)  
Neutral: 14% (81)  
Disagree: 4% (22)  
No Opinion or skipped: 6% (37)

Total comments given directly related: 5  
Total respondents to the survey: 581



## 8. THE PROPOSED ACTION AVOIDS UNNECESSARY DUPLICATION OF THE WORK OF OTHER ORGANIZATIONS.

### Staff Summary of responses providing a differing or disagree perspective:

- ✓ *Comments reflect a concern that some level of duplication may not be a bad thing.*

“Duplication issue: What can sometimes appear at first blush as duplication may in some cases be attempts to provide a range of culturally appropriate services (using different partners) and different styles. Cookie-cutter approaches and over-consolidation of services in a handful of organizations can risk leaving out many segments of the population, and reduce our ability to truly address health disparities.”

“Avoid unnecessary duplication' There may be circumstances where duplication is appropriate to help fill gaps, provide alterate or better approaches, maintain expertise in the field, etc. I would not want this to be rigidly enforced.”

- ✓ *Commenter proposes that the framework provide a method to analyze who should provide the service.*

“One factor should include an analysis of who/what entity should implement the activity/services. The factors imply this, but this needs to be more explicit. Even if it is Public Health's responsibility, there still needs to be a determination of whether Public Health should undertake the activity/service itself or work with partners or contract it out. Also, there needs to be an additional step: assure that public health funding is aligned with addressing the greatest needs and highest priorities.”

### Survey Data from Question 6: (Not statistically valid, rounded to the nearest percent, actual count in parentheses)

Support: 72% (419)

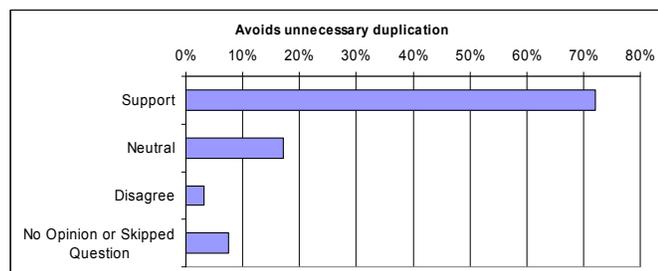
Neutral: 17% (99)

Disagree: 3% (19)

No Opinion or skipped: 8% (44)

Total comments given directly related: 8

Total respondents to the survey: 581



## 9. THE PUBLIC HEALTH SYSTEM HAS OR WILL DEVELOP THE NECESSARY INFRASTRUCTURE TO SUPPORT THE ACTION.

### **Staff Summary of responses providing a differing or disagree perspective:**

“Development of the necessary infrastructure should include workforce development. We can have all of the goals, policies & procedures we want but if the workforce is not equipped to carry them out, we would have done all of this for nothing.”

“PH system has or will develop the necessary infrastructure... I don't think PH should develop new infrastructure each and every time a new issue arises. I think the goal should be to have a solid infrastructure that is able to flex to meet changing needs and to consider other options in extraordinary circumstances.”

“The public health system has or will develop the necessary infrastructure to support the action - I'd change this to say the community has or will develop the infrastructure. Why limit the solutions to just the public health system if there are private or community based systems.”

“If you do not have the infrastructure in place before an action is taken the likelihood of smooth transition or success of action is greatly diminished. It would affect employee and public acceptance and desire of any change to succeed. Waiting until the infrastructure is in place makes any action more acceptable.”

### **Survey Data from Question 6: (Not statistically valid, rounded to the nearest percent, actual count in parentheses)**

Support: 75% (438)

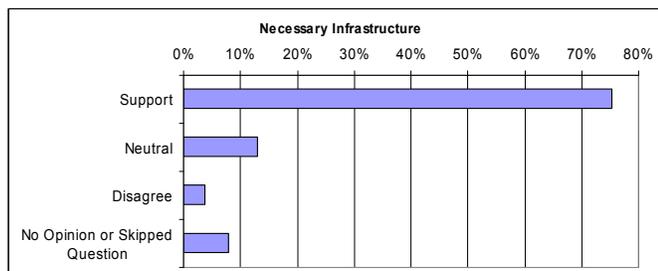
Neutral: 13% (75)

Disagree: 4% (22)

No Opinion or skipped: 8% (46)

Total comments given directly related: 6

Total respondents to the survey: 581



**10. ADEQUATE RESOURCES TO SUPPORT THE PROPOSED ACTIVITIES HAVE BEEN IDENTIFIED BOTH IN THE CURRENT BUDGET AND TO SUSTAIN THE ACTIVITY AS NEEDED INTO THE FUTURE, OR A PLAN EXISTS FOR SUSTAINING PROGRESS TOWARD THE GOAL SHOULD FUNDING NOT BE AVAILABLE.**

**Staff Summary of responses providing a differing or disagree perspective:**

- ✓ *This factor generated the greatest amount of disagree checkmarks at just about 10%.*
- ✓ *The majority of disagreement related to not addressing an issue due to not having a resource plan.*

“I'd hate to eliminate an opportunity that can benefit people even if it's a short term return just because I can't guarantee that it can be sustained. Helping people now is better than not trying.”

“Sometimes, being 'cutting edge' means you test things out without a clear plan for how it will be funded in the future--the results can be used to make a case for future funding. It would be a shame to lose flexibility if we really had to say EXACTLY how everything will be funded in the future....could stifle and hurt progress toward goals.”

“I would hate to see PH not addressing an important issue (i.e. a TB outbreak in the community) because there wasn't a clearly identified funding pool in place. In my mind, acting quickly and decisively AND balancing funding resources is the \*art of Public Health\*”

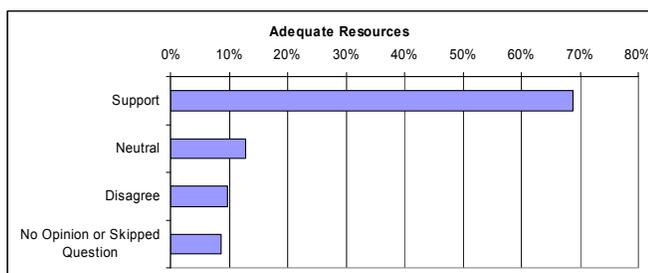
“How about ‘Current and ongoing resources have been identified, or there is a reasonable plan for progress in the event funding is not available’”

“I don't think the financial factor should play as great a role in determining public health investments as need and potential impact. I would rather see a concerted, activist effort to adequately fund public health so we could do the work that we need to do.”

**Survey Data from Question 6: (Not statistically valid, rounded to the nearest percent, actual count in parentheses)**

Support: 69% (400)  
Neutral: 13% (75)  
Disagree: 10% (56)  
No Opinion or skipped: 8% (50)

Total comments given directly related: 19  
Total respondents to the survey: 581



**11. THE PROPOSED ACTION NOT ONLY CONTRIBUTES TO THE IMPROVEMENT OF THE HEALTH OF THE POPULATION BUT THE INVESTMENT ALSO AVOIDS FUTURE COSTS.**

**Staff Summary of responses providing a differing or disagree perspective:**

- ✓ *Most offered support for improving health.*
- ✓ *All 23 offered to disagree with the “avoids future costs”*  
“a proposal should improve health. setting the standard that it must also save money sets a standard that will stop some very valuable interventions that improve health and may break even or cost an acceptable amount.”

“For the second to last factor I would change the wording slightly to indicate not all future costs can be avoided or thought of prior to the proposed action.”

“I especially take issue with the statement 'avoids future costs'. Many needed actions are long-term, to be measured in decades rather than years. And cost savings (in terms of health care costs etc) are not always measurable and certainly not always evident for years/decades.”

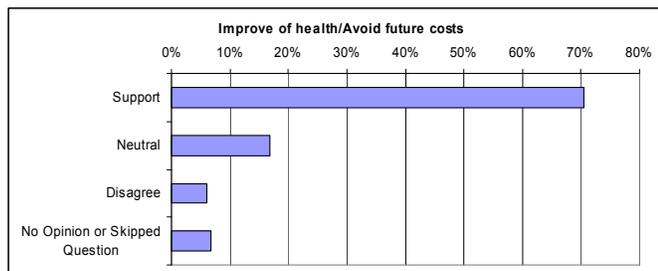
I would rephrase from 'avoids future costs' -- not all public health actions may be proven to avoid future costs, nor is this the main reason to engage in public health action. The costs saved may be beyond financial costs. I would be concerned about how this will be measured.

“While it is true that Public Health must maintain some sort of budget soundness, health care should not be, especially in THIS arena, measured by monetary issues alone. we MUST put public interest and welfare first and find a way to afford them.”

**Survey Data from Question 6: (Not statistically valid, rounded to the nearest percent, actual count in parentheses)**

Support: 70% (409)  
Neutral: 17% (98)  
Disagree: 6% (35)  
No Opinion or skipped: 7% (39)

Total comments given directly related: 23  
Total respondents to the survey: 581



**12. PROGRESS TOWARD THE GOAL CAN BE MONITORED OVER TIME WITH PRACTICAL TOOLS OF ACCOUNTABILITY FOR PERFORMANCE, FOR MEETING PUBLIC HEALTH STANDARDS, AND FOR BUDGET COMPLIANCE.**

**Staff Summary of responses providing a differing or disagree perspective:**

No comments that disagreed with monitoring over time.

**Survey Data from Question 6: (Not statistically valid, rounded to the nearest percent, actual count in parentheses)**

Support: 76% (443)

Neutral: 14% (79)

Disagree: 4% (21)

No Opinion or skipped: 6% (38)

Total comments given directly related: 1

Total respondents to the survey: 581

