

# Power Of Information: Closing The Gap Between Research And Policy

When it comes to conveying complex information to busy policymakers, a picture is truly worth a thousand words.

*by Richard Sorian and Terry Baugh*

**ABSTRACT:** States play an increasing role in setting U.S. health policy. A survey of 292 state government policymakers finds that officials are overwhelmed by the volume of information they receive and have a strong preference for information that is concise and more relevant to current debates. Younger officials are more likely to use electronic information, while older policymakers prefer printed material. Organizations of government professionals are trusted sources of information, and state agencies are a key source of data and information. Policymakers expressed a strong desire for tools to help them identify research on specific topics.

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THE INFORMATION REVOLUTION of the 1990s has dramatically changed the ways in which information is created and transmitted. Many organizations in the United States and around the world have shifted their emphasis from print to electronic media via Web sites, electronic mail, e-mail lists, and other means. This technological revolution has occurred at a time when states are playing an increasingly important role in setting U.S. health care policy. Recent decisions by the federal government to “defederalize” some functions, create new state-run programs, and relax restrictions on state experimentation in other areas have increased the focus on state decision making.

The information needs of state policymakers have grown along with their responsibilities for formulating health policy. Some states have increased their capacity to perform research and analysis of health policy issues, but many policymakers rely on private-sector sources of information to help them make decisions.<sup>1</sup> There also is growing interest on the part of health services researchers to im-

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prove their ability to be relevant to the policy-making process at both the federal and state levels.<sup>2</sup> At the same time, many researchers understandably do not want short-term political interests to dictate their research agendas and feel that there are few incentives for them to focus their attention on the policy relevance of their work.

Key questions are (1) How useful is policy research in making policy decisions? (2) Is research information getting to policymakers in a timely and useful manner? (3) How can the needs of researchers and policymakers be better aligned?

The goal, therefore, is to ensure that research is both rigorous and relevant. To assist researchers in accomplishing this goal, this study was designed to identify the pathways and factors that could assist them in communicating their health policy findings to this critical audience.

## Methods

Researchers from Georgetown University's Institute for Health Care Research and Policy and T. Baugh and Company, a marketing communications firm based in Washington, D.C., conducted a telephone survey of state-based health policymakers between 15 November 2000 and 31 January 2001. The survey sought to determine policymakers' formal and informal methods of acquiring information about health policy issues. A total of 292 policymakers were interviewed, randomly selected from all fifty states. Participants included ninety-seven legislators who were members of health-related committees, ninety-seven legislative staff members who focused primarily on health policy matters, and ninety-eight executive managers of health-related state agencies.<sup>3</sup>

The survey instrument was designed to gather both quantitative and qualitative information. Three-quarters of the questions were closed-ended; one-quarter were open-ended. Questions focused on policymakers' information practices and their attitudes toward various types of information. This included their behavior both when they are seeking information and when they are receiving information from others. Respondents were asked to rate the usefulness of various forms of information, to estimate the frequency with which they use them, and to rate the trustworthiness of these sources. The mean length of interviews conducted was thirty-eight minutes.

Data were analyzed based on the respondent's position (legislator, legislative staff, agency manager); age; whether the participant came from a state that had legislative term limits; and whether their state had a full-time, part-time, or biennial legislature.<sup>4</sup>

Responses were reported when statistically significant differences (tested at a 5 percent risk level) appeared between groups. On

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questions that were not statistically significant, data were analyzed based on the largest cells and how responses clustered in specific categories.

## Findings

■ **Respondents.** Respondents’ profile is that of a group of senior government executives with expertise in public service and health policy. Slightly more than half (53 percent) of the respondents were male. The average age of participants was fifty years. Their average tenure in their current position was 6.5 years, and their average tenure in health-related positions was 14.1 years. Legislators had the highest average age (fifty-six), an average tenure in their current position of 7 years, and an average tenure in health of 13.4 years. Legislative staff were the youngest group, with an average age of forty-three, the longest current tenure (8.5 years), and an average of 10.9 years in health-related positions. Executive agency officials averaged fifty years of age, had spent an average of four years in their current position, and had the longest overall tenure in health (eighteen years).

■ **Reading habits.** Participants reported that they receive a large volume of information on health policy matters and issues and often have a difficult time reading it all. On average, respondents said that they read 27 percent of what they receive for detail, skim 53 percent for general content, and “never get to” 35 percent of the material.<sup>5</sup>

The relevance of information to current political debates—in other words, its timeliness—is a major factor in what gets read. Policymakers estimated that 49 percent of the information they receive is not relevant to their current work. When probed to see what makes material “relevant” to their purposes, 67 percent of policymakers focused on the information’s relation to current debates; 25 percent cited its impact on “real” people. Other factors included “information about states like mine” (11 percent) and an “easy-to-read” format (11 percent).

Policymakers also were asked to identify factors that make information least useful. Responses included “not relevant or focused on real problems” (36 percent); too long, dense, or detailed (22 percent); too theoretical, technical, or “jargony” (20 percent); and not objective/biased (19 percent).

Many respondents said that the format of the information also is important in their decision to read a document. Respondents said

that they were more likely to read information using short bulleted paragraphs than information containing large blocks of type. Similarly, respondents found the use of charts or graphs to illustrate key points helpful. As one respondent said, "If you give me bullets and a chart, I can 'get it' quickly and pass it on to my boss without rewriting it."

Despite discarding or skimming most of the information they receive, policymakers reported that they read a large amount of information about health policy. In fact, 45 percent said that they read five or more articles on health policy each week (Exhibit 1). A key question for health policy researchers is how to improve the likelihood that their information will be read and used by policymakers as they consider important health policy decisions.

■ **Usefulness of information.** Survey participants were asked to rate the usefulness of various sources of health policy information on a scale of 1 to 5 (with 1 being "not at all useful" and 5 being "very useful"). Three forms of information were rated highest: brief reports or summaries, reports on states that are demographically similar to the respondents' states, and reports on states that are in the same region as the respondents' states. The lowest mean ratings were given to audiotapes and audioconferences, e-mail lists, and press releases (Exhibit 2).

There was a strong preference among all policymakers for short, easy-to-digest information. However, legislative staff also expressed interest in longer, more detailed information. While legislators rated long reports at 2.9 on a scale of 1 to 5, their staff rated such reports at 3.5. This indicates that staff members often want both forms of information. As one respondent explained: "I need a short summary so that I can understand the gist of the report and explain it to my boss. I need the long version so that I can fully understand the research and verify its accuracy based on my own knowledge."

■ **Use of electronic information.** The use of electronic media to

## EXHIBIT 1

### Frequency With Which State Policymakers Read Rather Than Skim Articles Or Reports On Health Policy, 2001

	Legislators	Legislative staff	Agency managers	Total
More than 5 times a week	16%	24%	23%	21%
5 times a week	27	20	25	24
4 times a week	5	5	5	5
3 times a week	10	11	18	13
2 times a week	13	17	12	14
Once a week	13	17	11	14

SOURCE: Authors' analysis of survey data.

**EXHIBIT 2**  
**State Health Policymakers' Views On The Usefulness Of Various Media In Making Policy Decisions, 2001**

<b>Most useful</b>	<b>Score</b>	<b>Least useful</b>	<b>Score</b>
Summaries or brief reports	4.0	Audiotapes of articles	2.0
Reports on demographically similar states	3.9	Audioconferences	2.0
Reports on other states in region	3.9	E-mail lists	2.7
In-state conferences/meetings	3.5	Press releases	2.7

**SOURCE:** Authors' analysis of survey data.

**NOTE:** Based on a five-point scale with 1 being "not at all useful" and 5 being "very useful."

communicate information has been growing rapidly. Many research organizations have created Web sites and shifted their emphasis from printed material to electronic material via electronic mail, e-mail lists, and other means. This study sought to determine how frequently policymakers use electronic media and how valuable they find them. Two-thirds (65 percent) of respondents said that they read printed material ("hard copy") more often; 27 percent said that they read electronic material more often. The remaining 8 percent either had no opinion or said that they read both types equally.

These patterns differed quite dramatically by the type of position the respondent held and by the respondent's age. For example, 80 percent of legislators said that they read hard copy more often, compared with 52 percent of legislative staff and 64 percent of agency managers. Legislative staff members gave a much higher "usefulness" rating to Web sites (4.1) than legislators did (2.8). Legislative staff also found online news sources much more useful (3.5) than did their bosses (2.6). State agency managers gave a higher ranking to e-mail (3.8) than did legislators (3.1) or legislative staff (3.5).

Age was another clear factor. Younger policymakers were much more likely to read electronic copy than their older peers were. For example, 89 percent of those under age thirty said that they either read electronic copy more frequently or read electronic and hard copy an equal amount. In contrast, 88 percent of those over age sixty read hard copy more often (Exhibit 3). These age differences also carry over into the use of the Internet. Policymakers under age thirty ranked Internet sites as more useful (4.6) than did those in their forties (3.6), in their fifties (3.4), or over age sixty (2.6).

■ **Trusted sources of information.** Policymakers often consider the source of the information they receive in deciding whether to read or use that information in the policy process. A large majority of respondents (84 percent) said that they trust some sources of information more than others. When asked to identify those trusted

**EXHIBIT 3****Frequency With Which State Health Policymakers Read Information In Electronic Or Hard-Copy Form, By Age Group, 2001**

	Age (years)				
	Under 30	30-39	40-49	50-59	60 and older
Hard copy	11%	58%	61%	66%	88%
Electronic copy	56	38	32	27	6
Both	33	4	7	7	6

**SOURCE:** Authors' analysis of survey data.

sources, nearly half (48 percent) named a professional association (for example, the National Conference of State Legislatures, the Association of State and Territorial Health Officers). Respondents said that they trust these groups because they “don’t have a stake in the outcome” and tend to provide state-to-state comparative information. By contrast, 21 percent named a state group (such as the Arkansas Medical Society or the Illinois Hospital Association), 21 percent named a foundation, and 19 percent named a state or federal government agency. Think tanks (14 percent), health care associations (14 percent), and universities (6 percent) also were cited, but much less frequently.<sup>6</sup>

Policymakers also were asked to indicate where they go when they are seeking information to help them with a tough policy issue; we asked them to tell us how frequently they seek information from various sources (on a scale of 1 to 5 with 1 being “not at all frequently” and 5 being “very frequently.”) Although each segment exhibited different patterns of behavior, all three indicated that they rely heavily on state agencies for information. Legislative staff also were a key source of information. Legislators also indicated that they turn to “constituents” for information. However, this latter category appeared to include lobbyists for state or local hospitals, medical societies, and other interest groups (Exhibit 4).

It is interesting to note that policymakers did not indicate that they turn to published literature for information at these time-critical junctures. Rather, they said that they turn to people “who either know the answer or know where to find it.”

■ **Journals and newsletters.** In general, policymakers found health policy journals and newsletters to be somewhat valuable to them in making policy decisions. When asked to rate both types of publications in terms of usefulness on a scale of 1 to 5 (with 1 being “basically useless” and 5 being “very useful”), policymakers rated journals at a mean of 3.3, and newsletters, 3.5. These ratings were consistent across all three groups of respondents. However, 19 percent of legislators said that they do not read journals, compared with

**EXHIBIT 4**  
**Frequency With Which State Health Policymakers Seek Information About Health Care Policy From Various Organizations, 2001**

Source of information	Policymaker group			
	Legislators	Legislative staff	Agency managers	Total
State agencies	4.1	4.6 <sup>a</sup>	3.8	4.2
Legislative staff	4.3 <sup>a</sup>	3.8	3.0	3.7
Nonprofit organizations	3.5	3.5	3.3	3.4
State/local advocacy groups	3.3	3.4	3.3	3.3
Constituents	3.8 <sup>a</sup>	2.5	3.3	3.2
Legislators	3.5 <sup>a</sup>	2.9	2.9	3.1
Lobbyists	3.3	3.3	2.5	3.0
Universities	3.1	2.6	2.9	2.9
Local agencies/departments	3.3 <sup>a</sup>	2.5	2.5	2.7
National advocacy groups	2.5	2.7	3.0	2.7
Media	2.2	2.4	2.6	2.4

**SOURCE:** Authors' analysis of survey data.

**NOTE:** Based on a five-point scale, with 1 being "not at all frequently" and 5 being "very frequently."

<sup>a</sup> Statistically significant difference with other groups (at alpha = .05).

only 10 percent of legislative staff and 6 percent of agency managers.

As with other types of information, policymakers indicated that relevance of journals and newsletters to current debates is a deciding factor in whether or not they read the material. In fact, 87 percent of participants indicated that they are more likely to stop skimming and actually read a journal or newsletter article if it is relevant to "something I am working on."

When asked to name the journals and newsletters that they "try to read regularly," policymakers most frequently named publications that targeted health policymakers. These included *State Health Notes*, *Health Affairs*, the *New England Journal of Medicine*, and the *Journal of the American Medical Association*.<sup>7</sup>

**■ Conferences and meetings.** Conferences, workshops, and other meetings both in and out of state are another way for policy researchers to share information with policymakers. Yet one-third of our participants said that they do not attend such meetings whether or not they are held in the participant's state. Major reasons for not attending meetings included costs, time away from the job, and conflicting priorities.

Participants who do go to conferences reported that such meetings provide them an opportunity to gain new information, to see how their state's programs compare with those of others, and to network with their peers. There is, however, a clear difference here between legislators and their staffs. Elected officials prefer to go to meetings held in their states, seeing them as an opportunity to interact with constituents. Legislative staff gave such meetings a rela-

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tively low rating and valued national, out-of-state meetings more highly.

Among those who attend in-state meetings, 36 percent specified that they attend meetings held by state associations, and 27 percent named meetings sponsored by state agencies. Of those who said that they attend out-of-state meetings, half named a membership organization meeting, and 19 percent named a national health care industry association meeting.

■ **Translating research.** There is an ongoing debate among policy researchers about whether they should discuss the implications of the research or outline recommendations based on that research. An overwhelming majority of policymaker respondents (89 percent) said that they want to know what the researcher sees as the policy implications or recommendations. As more than one respondent put it, “I may not follow the researcher’s advice, but I want to know what they think.”

■ **Unmet information needs.** Finally, survey participants were asked to identify additional information services or materials that would be helpful to them in performing their jobs. Although one in five said that they could use more “empirical data,” most focused on the need for better tools to navigate the information system. Several respondents expressed an interest in tools that can identify the research that has been conducted on a specific topic, research that is under way on that topic, and a list of the key research experts in that field. Finally, in another sign that policymakers feel overwhelmed by the information they have, 27 percent said that they either get too much information or have no additional information needs.

■ **Term limits and legislative session.** Responses were analyzed to determine the impact of legislative term limits on the information practices of state policymakers.<sup>8</sup> At the time of this survey, eighteen states had limits on the number of terms that legislators can serve. When these limits were enacted, political scientists argued that they would strengthen the hands of lobbyists, who would have a greater institutional knowledge than the lawmakers had. There were, however, very few differences in the information practices of our respondents based on whether they were subject to term limits. For example, when asked how frequently they seek information from lobbyists, legislators in both term-limited and non-term-limited states gave the same answer (3.3 on a scale of 1 to 5).

Similarly, we examined whether the information practices of policymakers in the nine states with full-time legislatures differed from those in states with part-time or biennial legislatures.<sup>9</sup> Here we did find a few differences. Policymakers in states with full-time legislatures appeared to read more material on health policy (33 percent said they read more than five articles a week, compared with 17 percent in part-time states and 18 percent in biennial states).

## Study Implications

The results of this study provide important implications for organizations and individuals seeking to communicate the results of policy research to state government leaders.

First, research is not always cut and dried. The key is to not underestimate the audience. Policymakers report recognizing and understanding the shortcomings of research. They also understand the challenges inherent in conducting research and will accept limitations of studies when the limitations are presented clearly, without using jargon and technical language. State policymakers say that they can deal with conflicting research if, again, the reasons for the differences are explained. Also, while policymakers prefer that researchers explain the implications of their research, they do not expect or want researchers to make statements going beyond those findings.

Second, the overwhelming focus of policymakers on relevance to current debates may be disconcerting to researchers who are working on long-term solutions to systemic problems that do not seem pertinent to the “issue of the month.” Such research can be made applicable to current debates if authors identify current, relevant examples of the systemic problems and make obvious the links between that research and current agenda items.

Finally, it is important to recognize that all policymakers are not the same and do not have the same information needs. Very few elected officials have the time to read long reports that are heavy on methodology. For them, information must be distilled into a one- or two-page summary written in concise, nontechnical language. Legislative staffs, however, appear to have the biggest need for information, as their jobs require them to apply detail to policy making. Consequently, staff members will take more time to read and absorb research data. They also want information that enables them to explore its accuracy and credibility and to fully understand the methodology and the limitations of the research. Yet, like their bosses, they also want it short.

Therefore, it is important for researchers to tailor information to their target audience and to “layer” information so that readers can

go as shallow or as deep as they want. A one- or two-page summary heavy on bullets and key data should accompany a longer article or study. Authors should provide easy-to-follow directions (for example, a contact name and telephone number or a Web address) for those who want or need to examine supporting data or other material. To put it simply: If research is to be useful to policymakers, short is better than long, bullets are better than paragraphs, and a picture really is worth a thousand words.

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## NOTES

1. A. Coburn, "The Role of Health Services Research in Developing State Health Policy," *Health Affairs* (Jan/Feb 1998): 139-151.
2. For example, the 2001 annual meeting of the Academy for Health Services Research and Health Policy was titled, "Research to Action: Shaping Our Health Care Future." The meeting focused on ways to make policy research more relevant to federal and state health policy debates.
3. Legislators were drawn from a list of 1,398 members of health-related committees maintained by the National Conference of State Legislatures; legislative staff were drawn from a list of 400 health staffers also maintained by the NCSL; agency managers were drawn from a variety of lists maintained by membership organizations for the relevant positions, including the National Association of Insurance Commissioners, National Association of State Budget Officers, Association of State and Territorial Health Officers, and others. This sample produced a margin of error of  $\pm 9$  percent.
4. At the time of this study eighteen states had term limits on state legislators, and thirty-two did not. In addition, nine states had full-time legislatures, thirty-five had part-time legislatures, and six had legislatures that met once every two years.
5. Respondents were asked to give separate estimates for each, so the total exceeds 100 percent.
6. Sources of policy information that were most frequently cited ( $N = 292$ ): NCSL, 93 mentions; Robert Wood Johnson Foundation, 31; Henry J. Kaiser Family Foundation, 23; National Governors' Association, 21; Urban Institute, 14; Council of State Governments, 13; and the Centers for Medicare and Medicaid Services (formerly HCFA), 13.
7. Publications that were most frequently mentioned ( $N = 292$ ): *Health Affairs*, 70 mentions; *Journal of the American Medical Association*, 23; *New England Journal of Medicine*, 20; *State Health Notes*, 107; and *State Health Watch*, 12.
8. Among the sample, 96 respondents were from states with legislative term limits; 196 were in states that did not have such limits.
9. Among the sample, 63 respondents were in states with full-time legislatures, 190 were in states with part-time legislatures, and 39 were in states with biennial legislatures.