**Sources of Information for Health Policy and Information Format Preferences of Members of the Arkansas General Assembly**

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*National studies and studies in other states have been conducted to determine important sources of information for state legislators. However, considering variations in state legislative structures, the findings of these studies may not be applicable to Arkansas legislators. This study was conducts to determine what sources of information were important to Arkansas legislators in developing and deciding on health policy and to determine format preferences of information. The study determined that the most important source of information for Arkansas legislators (constituents) differs from important sources of legislators in other states, justifying the need for state-specific studies of this nature. It determined that health policy information related to current health issues, that impacts real people, and that is specifically about Arkansas is considered by legislators as being most useful. These and other findings provide implications for the way in which analysts and policy research (especially those in academic institutions) provide information to support the development of evidence-based public policies.*

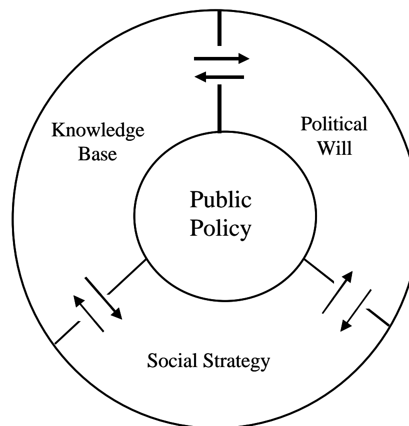
There are many factors that influence how and why certain policy options come to life or fade into obscurity (Kingdon, 1995, and Rochefort and Cobb, 1994). These factors can come to play along any of the five stages of the policy process. Information is but one of the elements needed in the development of public policies. National studies have been undertaken to document how information impacts the development of health policy (Sorian and Baugh, 2002) and whether health services research is used when developing health policy (Corburn, 1998). Although these national studies shed general light on sources of information for health policy development, they may not offer findings which can provide specific insights into the information needs of policy makers in each state. Considering variations in state legislative structures (e.g. part-time versus full-time, staff versus no or little staff, term-limited versus not term-limited), it is not surprising that "all policymakers are not the same and do not have the same information needs" (Sorian and Baugh, 2002, p. 272). Therefore, it may be particularly important to assess the information needs of policy makers within each state or states with similar characteristics and legislative structures. Taken together, these individual studies will significantly advance our understanding of the use of information and the information needs at the

state level. This study was undertaken to investigate sources of information used by current Arkansas legislators in the development of health policy. This paper provides a description of the methods and descriptive findings from the study.

**Background**

Models of policy development provide insights on the policy process, including highlighting components that are important to the process. Richmond and Kotelchuck (1983) developed such a health policy model. It includes three factors– political will, social strategy, and knowledge base• whose interactions are critical for policy development to occur. See Figure 1. Political will is "society's desire and commitment to support or modify old programs or to develop new programs" (p. 388). Strategy is the "blueprint for accomplishing worthwhile goals" (p. 388). Knowledge base can be defined as "the scientific and administrative database upon which to make health care decisions" (p. 387). Technical issues, such as health policy, depend more heavily on good information for the development of effective policy (Richmond and Kotelchuck, 1983). Therefore, while the knowledge base is only one of the three factors needed for the development of health policy, the availability of a sufficient knowledge to understand policy problems and potential policy solutions is particularly important.

**Figure 1. Health Policy Development Model**




Source: Richmond and Kotelchuck, 1983.

As the federal government relocates more and more policy decisions to the states, the role of state legislators in designing health policies has been expanded. As such their need for health policy strategies (social strategies) and relevant information (knowledge based) has increased (Coburn, 1998). Health services researchers and policy analysts spend significant time and resources each year to fill

this need with information on the health services resources, structure, and financing (Shi, 1997). However, some suggest that the information that is being produced is not utilized in the policy making process. Shulock (1999) explains that policy makers may not take advantage of research and analysis because they are "rewarded for their positions, not for policy outcomes that result from their positions" (p. 227). Weissert and Weissert (2000) have argued that a number of constraints on state legislators, such as uncertainty, overload, and term limits, make it difficult for legislators "to learn their roles and to garner expertise in a subject area" (p. 1121).

A number of studies have been conducted to identify pathways information travels to reach policy makers. Among the potential pathways are people, organizations or institutions, and documents. Mooney (1991a) suggests that those who provide information to legislators can be grouped into three categories: insiders, outsiders, and middle-range sources. Insiders include other legislators and members of the legislative staff. Outsiders are those who may have little understanding or contact with the legislators. This group includes constituents, government officials, the media, and academics. Middle-range are those with regular contact with legislators, but who not members of the legislative process, such as interest groups and members of the executive branch. Mooney's study of legislators in Massachusetts, Oregon, and Indiana found that insiders were the largest supplier of information (Mooney, 1991a). Legislative staff are important sources of information in the policy process. Called "the power behind the scene" (p. 1127), they have a significant role in gathering information, setting the agenda, and determining policy options (Weissert and Weissert, 2000). Gray and Lowery (2000) conducted a study of legislators in Minnesota to determine sources of policy ideas. Policy makers in their study reported that legislative staff were more helpful in providing information about policy options than constituents, other legislators, lobbyists, agency staff, and others. Mooney (1991b) conducted a study to determine the most important sources of written information for Wisconsin legislators. With the exception of legislative staff, his findings supported his hypothesized rankings that those who were closest to the legislators would be the largest suppliers of information. He had theorized that legislative staff would be second only to fellow legislators in supplying information but his research rank legislative staff fifth. Mooney suggested that the role of legislative staff may have minimized in his findings as legislative staff often verbally communicate with legislators rather than in writing (which was the focus of his study). Contrary to Mooney, Sorian and Baugh (2002) found that national professional associations, who were viewed as being unbiased, were trusted sources of health policy information for state policy makers, despite their low proximity.

Coburn (1998) investigated the relationship between state policymakers and university-based health service researchers. Although, he noted examples of health policy analysis units in several states which have been effective in supplying information to state policy makers, Coburn's most significant finding was the "absence of involvement of university-based researchers with state legislators" (p.

149). Sorian and Baugh (2002) also found universities to be ranked low as trusted sources of health policy information by state policy makers.

DePalma (2002) suggests that the manner in which policy information is supplied impacts its use by policy makers. She suggests that documents provided to policy makers should “provide a quick and direct focus on the scope of the program” as policy makers do not want a “long version” (p. 57). Sorian and Baugh (2002) found that summary reports, and reports that were on states similar to or in the state region as their own state were most important to state policymakers.

## Methods

To investigate sources of information are influential to members of the Arkansas General Assembly, all 135 members were targeted to participate in the study. Each member of the General Assembly was mailed a survey instrument that was loosely based on the national survey instrument used by Sorian and Baugh (2002). It contained 35-question, 28 on information sources and types and 7 on respondent demographics. To ensure an adequate sample size, up to five attempts (see Table 1) were made to obtain participation of the legislators (Dilman, 1991; Maestas, Neely and Richardson, 2003). At the completion of data collection efforts, all surveys were entered into a database for tabulation and analysis.

**Table 1. Contact Methods**

| | |
|---|---|
| First Attempt | Survey packet containing a letter from the study, investigator, the survey instrument, and a stamped return envelope |
| Second Attempt | Reminder postcard |
| Third Attempt | Survey packet containing a letter from the colleague, the survey instrument, and a stamped return envelope |
| Fourth Attempt | E-mail reminder or postcard reminder (for those without e-mail accounts) |
| Fifth Attempt | E-mail reminder with link to a web-based survey or postcard with URL to the web-based survey (for those without e-mail accounts) |

## Results

Data collected were been analyzed using descriptive statistics. Results relating to response rates, respondent characteristics, and sources of information are reported

***Response Rates.*** A total of 91 surveys were completed and returned, resulting in a response rate of 67 percent. A total of 65 responses (or 71 percent) were from House members; 24 responses (or 26 percent) were from Senate members. Two responding individuals failed to report in which chamber they served. Response rates by individual chambers were too small to allow results to be stratified.

As noted in the methodology section, up to five attempts were made to encourage legislators to participate in the survey. Most responses came in after the first and third contact attempts. Just a few responses came in after the fourth and fifth contact attempts. Table 2 notes the distribution of responses by Chamber and contact method.

**Table 2. Responses Rates by Contact Method**

| | **Number of Responses** |
|---|---|
| First Attempt | 42 |
| Second Attempt | 8 |
| Third Attempt | 33 |
| Fourth Attempt | 4 |
| Fifth Attempt | 2 |
| Unknown | 2 |
| Total | 91 |

**Respondent Characteristics.** The typical respondent to the survey was a college educated, white male who was a Democrat and served in the House. Specifically, 72 percent (65) of respondents were House members and 26 percent (24) were Senate members. Two respondents (2 percent) chose not to reveal the chamber in which they serve. Nearly three-quarters (72 percent, 65) of respondents were Democrats, 25 percent (23) were Republicans, and 3 percent (3) did not report their party affiliation. More than three-quarters (80 percent, 73) respondents were male, with 18 percent (16) being female and 2 percent (2) not reporting their gender. 88 percent (80) of respondents were Caucasian, 9 percent (8) were African American, and 1 percent (1) reported being of another ethnic background. Two individuals (2 percent) chose not to denote their racial or ethnic background. The average age of respondents was 52.13 years (S.D. 12.89) and the average length of service in the Arkansas General Assembly was 5.63 years (S.D. 6.29). Most respondents had completed a degree program beyond high school (34 percent graduate degrees, 44 percent bachelor degrees, 2 percent associate degrees). A small percentage had completed some college but did not have a degree (12 percent) or had only completed high school (6 percent). Two respondents did not report their education attainment level.

**Sources of Information.** Respondents were asked to select from a list the source of health policy information for which they most relied. Of those legislators who responded or provided a valid answer (n=78), they reported that constituents (31 percent), followed by conversations with other legislators (30 percent), and then printed materials from "think tanks" or academic institutions (24 percent) were relied on the most.

Respondents were asked about their most trusted sources of information. They were given a list from which they could identify the top three most trusted sources, ranking them first, second, and third. Eighty-one legislators completed this question or provided a valid answer. Constituents were ranked as the most trusted source of information, followed by other legislators, and then legislative staff. Table 3 lists the top three responses for each of the three ranks.

**Table 3. Most Trusted Sources of Policy Information for Arkansas Legislators**

| **First Rank (n)** | **Second Rank (n)** | **Third Rank (n)** |
|---|---|---|
| Constituents (29) | Other Legislators (22) | Legislative Staff (15) |
| Legislative Staff (20) | Legislative Staff (13) | State Professional Groups (14) |
| Other Legislators (9) | State Professional Groups (10) | Constituents (12) |

When looking at the usefulness of documents from various sources, legislators reported that those from legislative staff were most helpful, followed by those from state-based organizations, and then from newspapers. Table 4 provides the mean score of responses (with five being the most useful item on a scale of 1 to 5).

**Table 4. Usefulness of Documents by Sources**

| | |
|---|---|
| Reports from Legislative Staff | 3.52 |
| Reports from State-based Organizations | 3.39 |
| Newspaper Articles | 3.29 |
| Reports from National Professional Organizations | 2.77 |
| Academic Monographs | 2.70 |
| Articles in Scholarly Journals | 2.41 |

**Types of Information.** Respondents were asked a series of questions about the types of information, both in terms of content and format, that they used when drafting health policy or making decisions about health policy in Arkansas. Respondents were asked to select from a list the factor that they considered to be most important when deciding on the relevance of health policy information they receive. More than one-third (39 percent) considered information related to a current health issues under discussion to be more important, another third of respondents (34 percent) considered information that impacts real people to be most important, and more than a quarter (27 percent) thought information specifically about Arkansas was most important.

More than half of respondents (51 percent, n=44) reported health policy information that was too long, dense or detailed is not useful. Another quarter considered (24 percent, n=21) information that is too theoretical, technical or filled with jargon as being not useful. Equal numbers of respondents (12 percent, n=10) considered the biggest problems making health policy information not useful was that it is not relevant or not focused on real problems, or that and that the information was not objective.

Legislators were also asked identify the format which made health policy information they received the most useful. Nearly half (48 percent, n=42) of those responding considered one page summaries to be most useful. Nearly equal numbers of respondents considered five page short reports (17 percent, n=15), illustrated reports (16 percent, n=14), and bulleted documents (16 percent, n=14) to be most useful.

**Implications**

This study investigated sources of information that Arkansas legislators use when crafting health policy and making decisions about those policies. The study revealed that legislators consider constituents, legislative staff, and other legislators to be the most trusted and the most relied upon sources of information. Other work in this area did not indicate the importance of constituents as sources of information (Mooney, 1991b; Gray and Lowry, 2000; and Sorian and Baugh, 2002). Due to the rural nature of the state and the greater access to legislators, constituents may be more important here than in other states. This supports the need for individual state level surveying to determine the information source preferences of legislators. This study did, however, confirm the importance of other legislators and legislative staff as sources of information (Mooney, 1991; and Gray and Lowry, 2000).

Policy analysts and health services researchers often work in academic settings that reward them for completing research projects and reporting their findings in top-tiered academic journals with high-impact factors. Yet, Arkansas legislators reported that scholarly articles and academic monographs are below average in their usefulness in the health policy making process. Likewise, they have expressed a preference for short, non-theoretical documents on health policy. Academic institutions in the state wishing that their research activities provide the basis for evidence-based policy making should consider expanding promotion and tenure policies to support the exchange of information directly to state policy makers.

Those wishing to support thoughtful health policy discussions and evidence-based policy development should package their information in the manner most desired (e.g. short) by legislators. In addition to directly providing the information to the legislators, analysts and researchers should consider supplying the information to

those groups (e.g. constituents and legislative staff) that Arkansas legislators trust the most.

This study attempted to survey all members of the Arkansas General Assembly. To increase the response rate, Dilman's Total Design Method (Dilman, 1991), which calls for multiple contact attempts, was employed. The experience of this work indicated that the first three contact attempts produced the greatest number of responses (91 percent) compared to the last two attempts (6 percent). When managing research resources (e.g. time and money), it may be more practical to utilize a three-contact attempt design instead of the five-contact attempt design as suggested by Dilman. However, it should be noted that early responders (in the first three contact attempts) may be different from the later responders (last two contact attempts). Survey respondents often choose to respond based on such factors as their personal circumstances, political ideology, or perceptions of the risk of responding. Persistence in getting potential respondents to participate may help reduce sample bias in the long-run.

**Limitations**

Although this study produced findings that offer implications for those interested in the policy process and those interested in understanding the important sources information for the development of and decision-making on health policy in Arkansas, several limitations to the study should be stated. First, since this study asked legislators to directly identify sources and types of information that were important in the development of health policies, it may be limited by "faulty memories and the norms governing to whom legislators should listen" (Mooney, 1991, p. 446). For example, constituents were ranked as the most important source of information. Since legislators represent constituents, they may feel obligated to rank them first even though they are not important sources of information.

Second, Mooney explains that policymaking is comprised of a number of subprocesses, including development of legislation, persuasion, and voting decisions. He suggests that sources of information may be different for each of these subprocesses, and warns, that "those who ignore the subprocess distinction when examining lawmaking may do so that their own peril" (Mooney, 1991, 451). This study may be limited by the fact that legislators were not asked about the sources of information that were important during these three subprocesses. Rather, it presumes that sources of information were they same across the subprocesses.

Finally, the responses did not produce a sample large enough to have a small margin of error. This limits the generalizability of the findings to all legislators in the Arkansas General Assembly and eliminated the possibility of stratifying results by chamber. A number of questions produced a clustering of answers that were grouped within the margin of error obtained with the actual sample. It is, therefore, difficult to conclude which answers reflected the position of the legislators.

**Conclusions**

The survey provided a number of insights on the information sources and format preferences of policy makers in the Arkansas General Assembly. Although there are a few limitations to the study and its findings, and further research into the relations between types of legislators and information sources and formats is warranted, it does offer a number of implications for those working in the areas of policy analysis and health services research. The study determined that the most important source of information for Arkansas legislators differs from important sources of legislators in other states. Analysts and researchers should present health policy information that is related to a current health issue, impacts real people, and is specifically about Arkansas. Information should be packaged to meet the format preferences of legislators as well as supplied to those to whom legislators often turn (e.g. constituents and legislative staff).

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