

## **2002 Connecticut Policymaker Survey**

### **Abstract**

Connecticut policymakers were surveyed to assess their needs for health policy information and their perceptions of upcoming challenges facing Connecticut's health. A similar survey was conducted in 2000. Policymakers receive information from a wide variety of sources; most often from within state government – state agencies and legislative staff – and from health advocacy organizations/coalitions. The most trusted sources of information are legislative staff, journals/publications, and state agencies. The areas of greatest need for information concerned: health care financing, the uninsured, prescription drug coverage, long-term care and mental health/substance abuse. Significantly increasing concerns over the costs of healthcare from 2000 to 2002 may be due to the recent economic downturn and state budget deficits. Over the two years, legislators and staff have diverged somewhat in their information sources and confidence in those sources, however issue areas of information need and assessments of upcoming challenges were very similar between legislators and staff. Connecticut policymakers overwhelmingly prefer to receive information in short, one or two page fact sheets.

### **Background**

Policymakers need accurate, timely information on complex health care policy issues to make the best decisions for all Connecticut residents. To assess changes in the need for health policy information among Connecticut's policymakers, the CT Health Policy Project conducted a second survey of state legislators and legislative and administrative staff engaged in health care. The survey asked for their current sources of information, their confidence in those sources, areas of information need, how they prefer to receive information and predictions of upcoming health care challenges facing Connecticut. The 2000 survey was repeated for several reasons -- mirroring the state's economy, Connecticut's state budget has shifted from generous surpluses to deficits, medical inflation is now over 10%, the numbers of uninsured and Medicaid recipients are growing, the federal administration has changed, and areas of crisis in health care have shifted as earlier problems were resolved and new problems arose.

### **Methodology**

During the Spring of 2002, a two-page survey was sent to all Connecticut legislators, legislative staff and state agency staff involved in health policy development. There were small modifications to the 2000 survey in designing the current tool. The survey was mailed to offices and, for legislators, to home addresses. The survey was sent three times, with

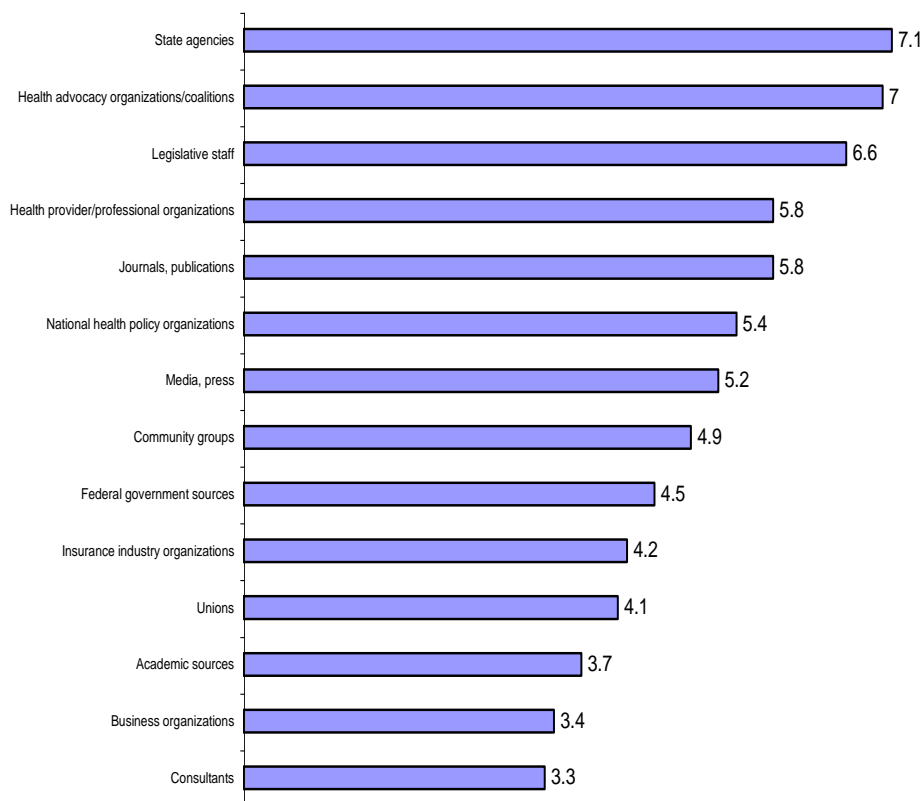
follow up calls, post card reminders and personal contacts to non-responders. Seventy-one legislators and 35 staffers responded, for a total of 106 respondents. The overall response rate was 47% (39% for legislators and 83% for staff). Of legislators, 51 Democrats and 20 Republicans responded, including 11 Senators and 60 Representatives. Agencies represented among staff responses were the Departments of Social Services, Public Health, Mental Health and Addiction Services, Insurance, Mental Retardation, and Children & Families, the Offices of Policy & Management, Fiscal Analysis, Legislative Research, Health Care Access, Child Advocate, Protection and Advocacy for Persons with Disabilities, and State Comptroller, the Medicaid Managed Care Council, Commission on Aging, Commission on Children, Permanent Commission on the Status of Women, the Commission on Latino and Puerto Rican Affairs, and partisan legislative staff from all four caucuses. The survey tool is attached.

## Results

The most common sources of information were state agencies, health advocacy coalitions and legislative staff. Little information came from academic sources, consultants or business organizations. Since 2000, health advocacy organizations have increased slightly as sources of information, while legislative staff and health care provider/professional organizations have decreased slightly. Legislators receive more information from their legislative staff, health care provider/professional organizations and community groups while staff rely more heavily on journals/publications, federal government sources and national health policy organizations.

### Information sources, all respondents

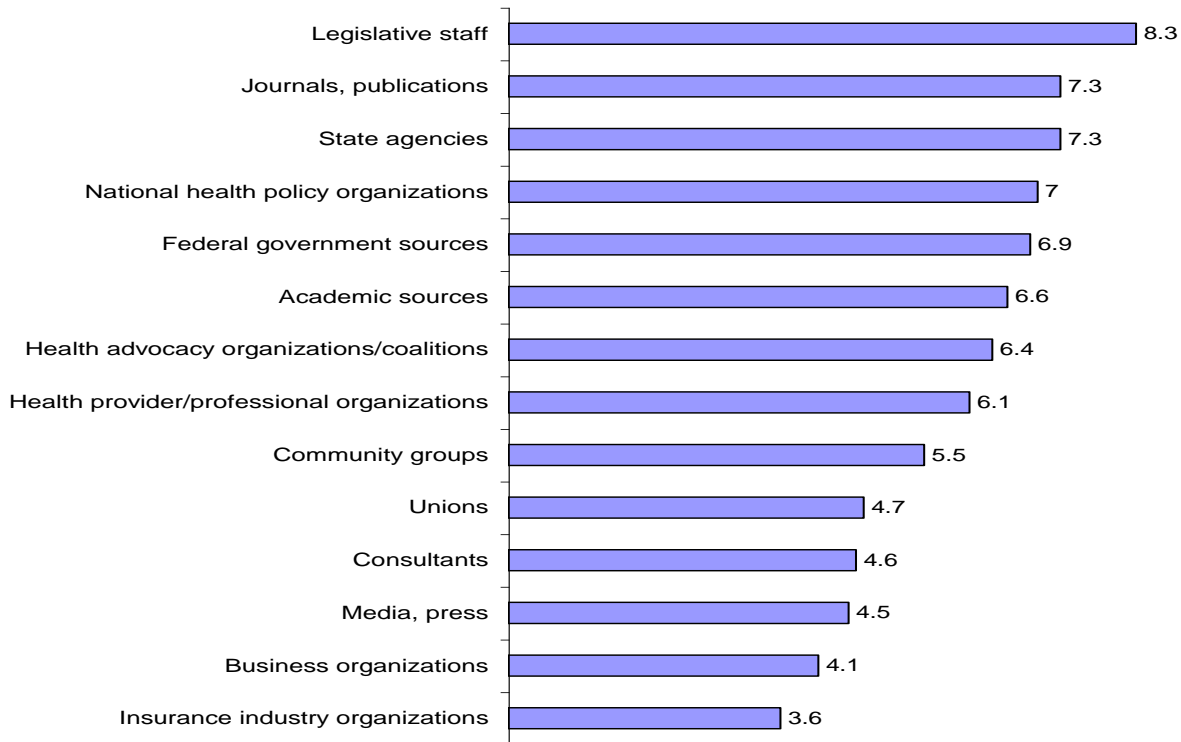
Scale 1 (least frequent) to 10 (most frequent)



On average, legislative staff, journals/publications and state agencies were the most trusted sources. There was little trust in information from the media, unions, insurance industry and business organizations. However, staff place significantly less trust in consultants, unions and community groups and more trust in federal government sources than do legislators. Minor changes from the 2000 survey include a slight increase in trust in national health policy organizations and a slight decrease in academic sources.

### Confidence in sources, all respondents

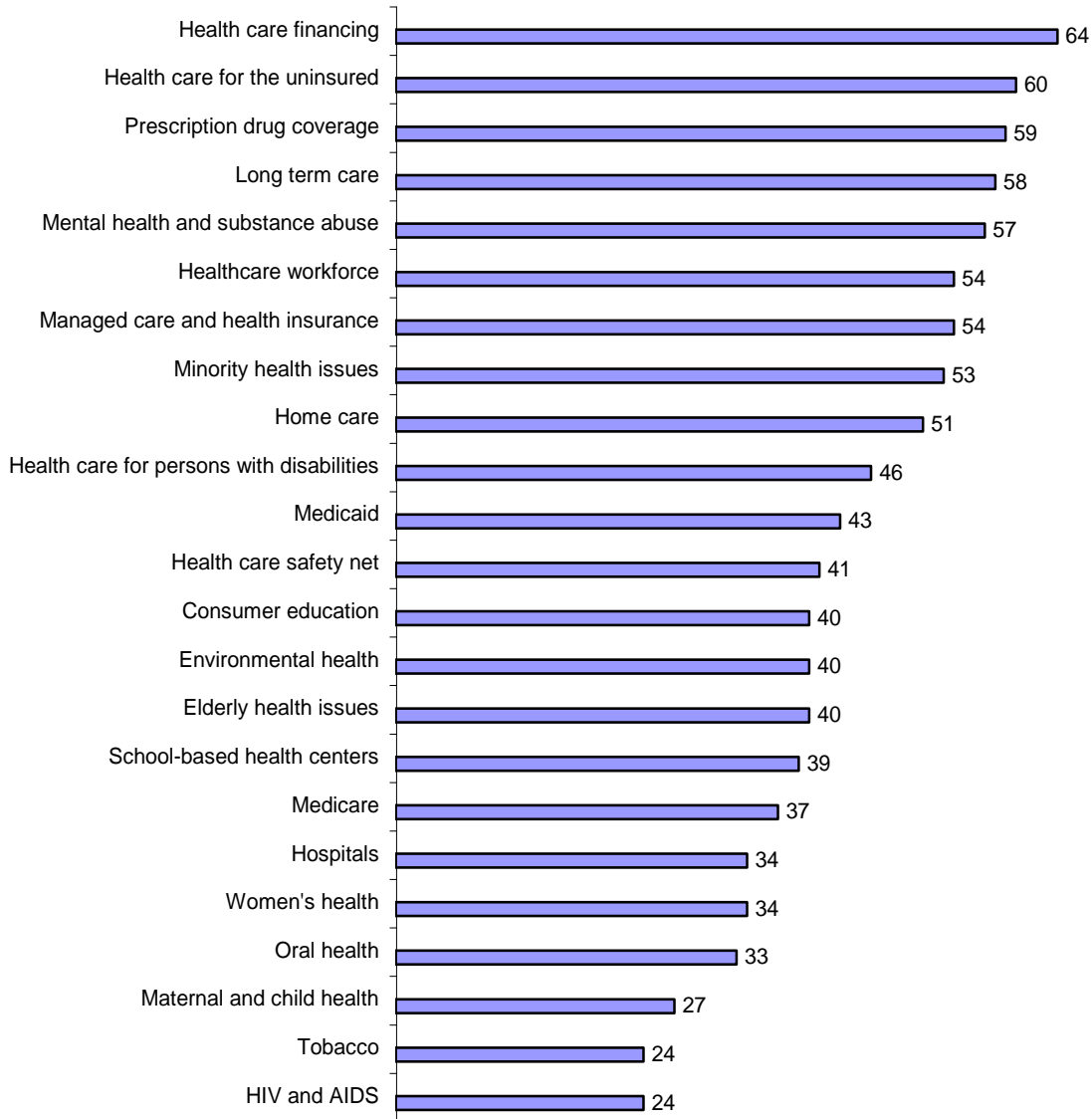
Scale 1 (low) to 10 (high confidence)



In general, more frequent sources of information were more trusted. Both legislators and staff get a good deal of information about health care from the media, but they do not trust it. In contrast, they receive little information from academic sources, but trust what they receive. Legislators receive less information from consultants and community groups than other sources but highly trust it.

When asked about information needs, most often noted were health care financing, health care for the uninsured, prescription drug coverage, long term care, and mental health and substance abuse. Between 2000 and 2002, there was a strong increase in the need for information on minority health issues and health care for persons with disabilities and some decrease in the need for information about hospitals. Overall, staff was far more likely than legislators to cite information needs. Staff was significantly more likely than legislators to cite needs for information regarding health care for persons with disabilities, minority health issues, oral health, the health care workforce, and women’s health. Fourteen respondents checked every box indicating a wide-ranging need for information across issue areas.

### Information needs, all respondents percent



There was considerable agreement, both for staff and legislators, in what form they prefer to receive health policy information -- one or two page fact sheets. Some of the strongest comments of the survey were in response to this question. This was also the overwhelming response in the 2000 survey. There is very little interest in comprehensive papers.

When asked how they prefer to receive information, both legislators and staff prefer mailed reports on a regular basis. Staff also want information from a website or listserv.

In response to an open question asking for predictions of upcoming health care challenges affecting Connecticut, there was a general consensus of themes and only slight differences

between staff and legislators. The most common concern for both legislators and staff was cost – both paying for public programs and affordable coverage for businesses and consumers. The second most common theme for legislators was meeting the needs of the uninsured/universal coverage and for staff was long term care for the elderly population and meeting the needs of an aging population. However, both areas were among the top five concerns for both groups. Also noted by both staff and legislators were concerns regarding the healthcare workforce and prescription drug coverage.

Some notable comments from legislators:

- "Health care system must put more focus and energy dollars on prevention, not treatment. Must get people to live healthier lifestyles"
- "An aging population will put great pressure on the healthcare system in the near and distant future"
- "A comprehensive coordinated long-term healthcare plan for all age groups, all income levels and adequate state funding to implement it"

Some notable comments from staff:

- "They (insurance industry) always have a bias regarding health policy but it's useful info if the bias is known. I may have the same goals and values as the insurance industry but I need to know their perspective"
- "In the near future, the challenge will be how to build public/private partnerships to keep employer sponsored coverage for working families. In the long-term, care for managing baby boomer population" health care needs
- In response to upcoming challenges, "the widening gulf between haves and have-nots"

## **Conclusions**

State policymakers need brief, clear, useful health policy information they can trust crossing dozens of issue areas. Similar to the 2000 survey results, legislative staff and state agencies provide the most information and are the most trusted. In addition the 2002 results revealed that journals and publications also were a top information source that legislators and staff trust highly. Health advocacy organizations/coalitions are growing as a source of trusted information. Differences between legislators and staff in sources and trust may be growing. Many policymakers are getting information from the media, but they don't trust it. Conversely, few are getting information from academia, but they trust what they get. There is some distrust of information from interested sources, particularly from the insurance and business industry.

The greatest needs for information are predictably in complex and expensive issue areas -- health care financing, the uninsured, prescription drug coverage, long-term care, and mental health and substance abuse. There was a significant increase in the need for information on health care financing, which may be related to the recent economic downturn and declining state revenues to fund major health programs.

There was general agreement on upcoming challenges facing Connecticut, consistent with the areas cited as information needs. Common themes were cost, access, covering the uninsured/universal coverage and the health care needs of an aging population.

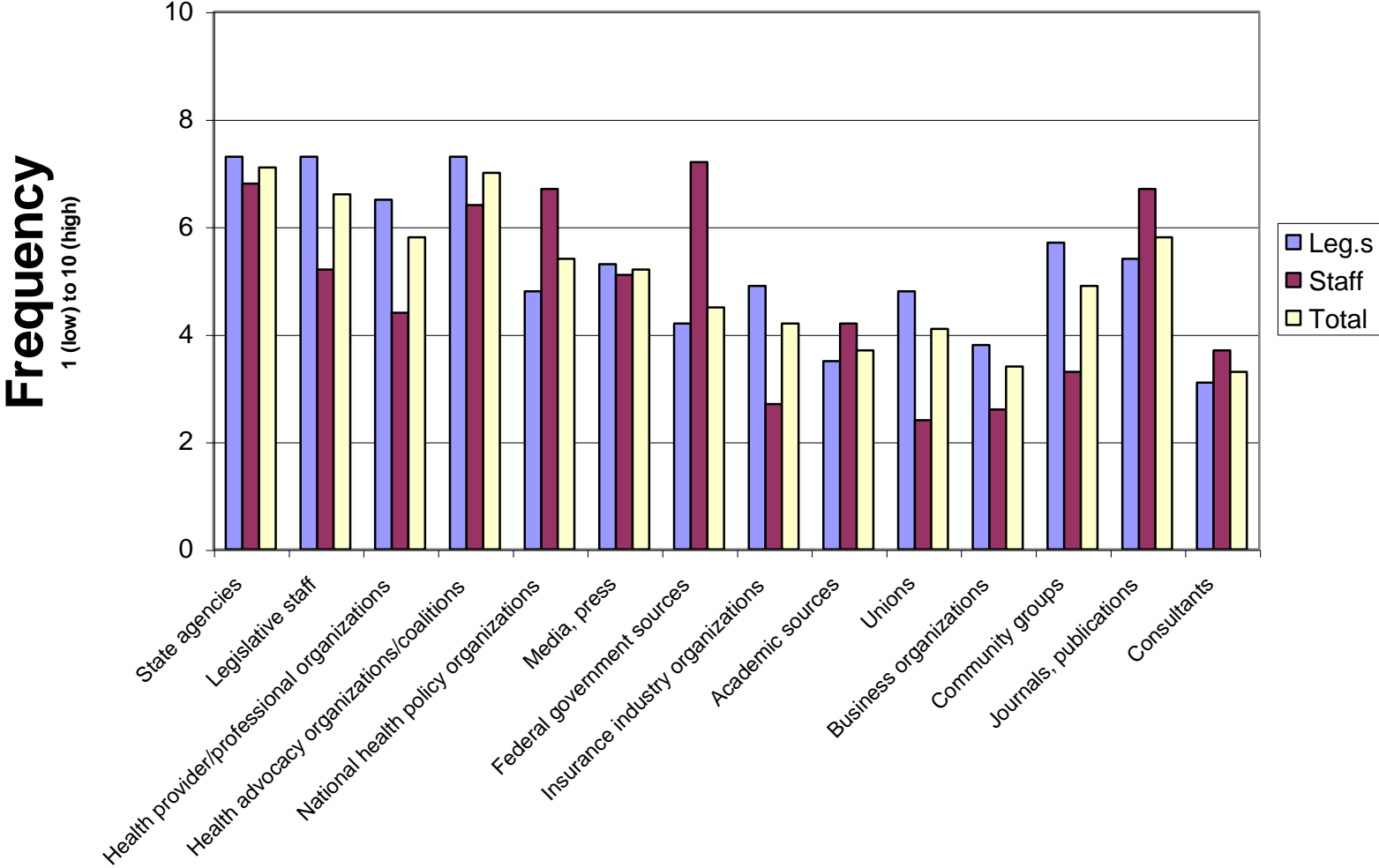
Similar to 2000, there is a universal preference for brief, one or two page fact sheets. Advocates are advised to be brief if they want to be heard.

These results for Connecticut policymakers mirror a recent national survey of state health policymakers (Sorian, R. and T. Baugh, *Power of Information: Closing the Gap Between Research and Policy*, Health Affairs, 21:264-273, 2002).

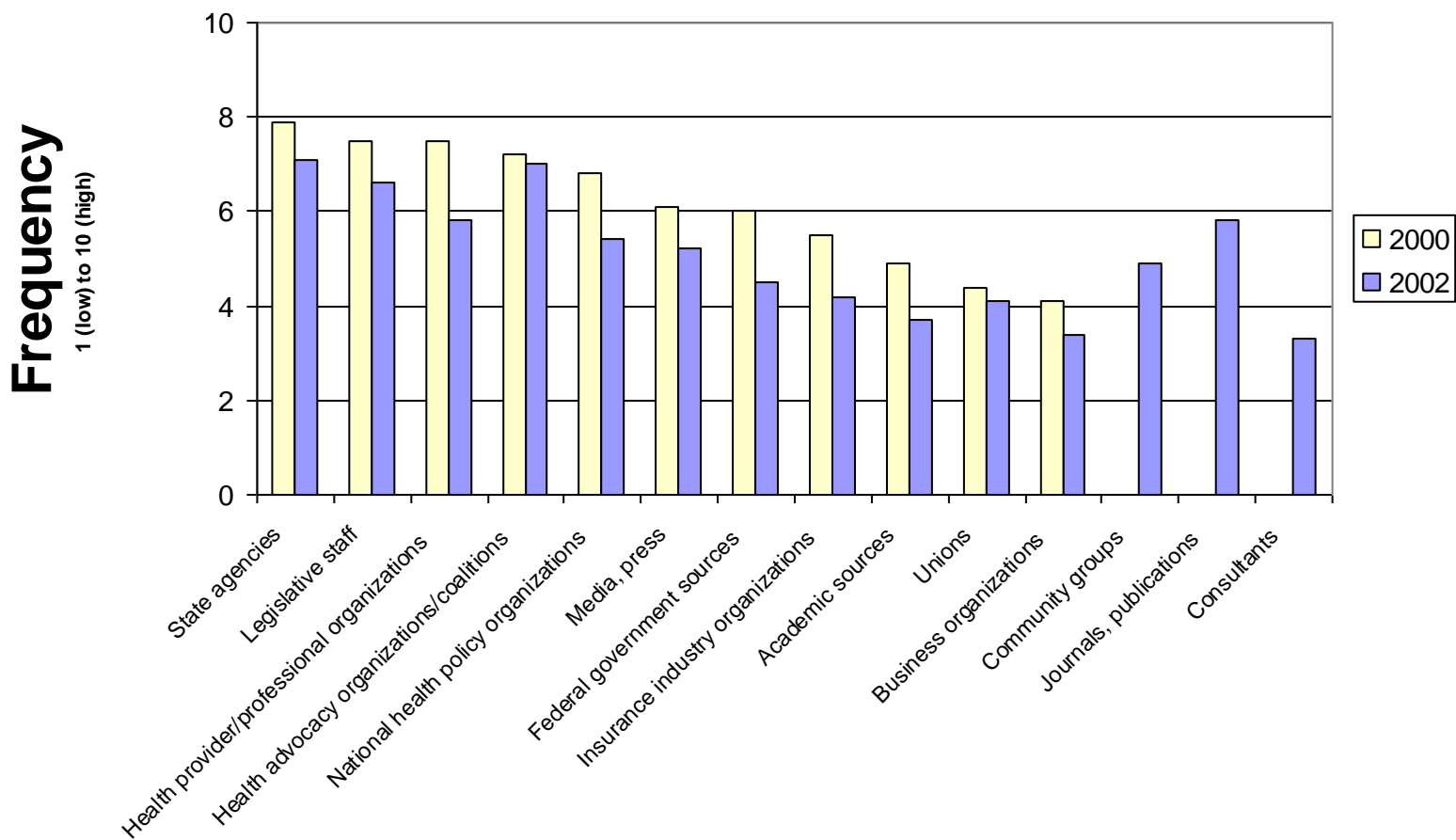
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# Information Sources 2002

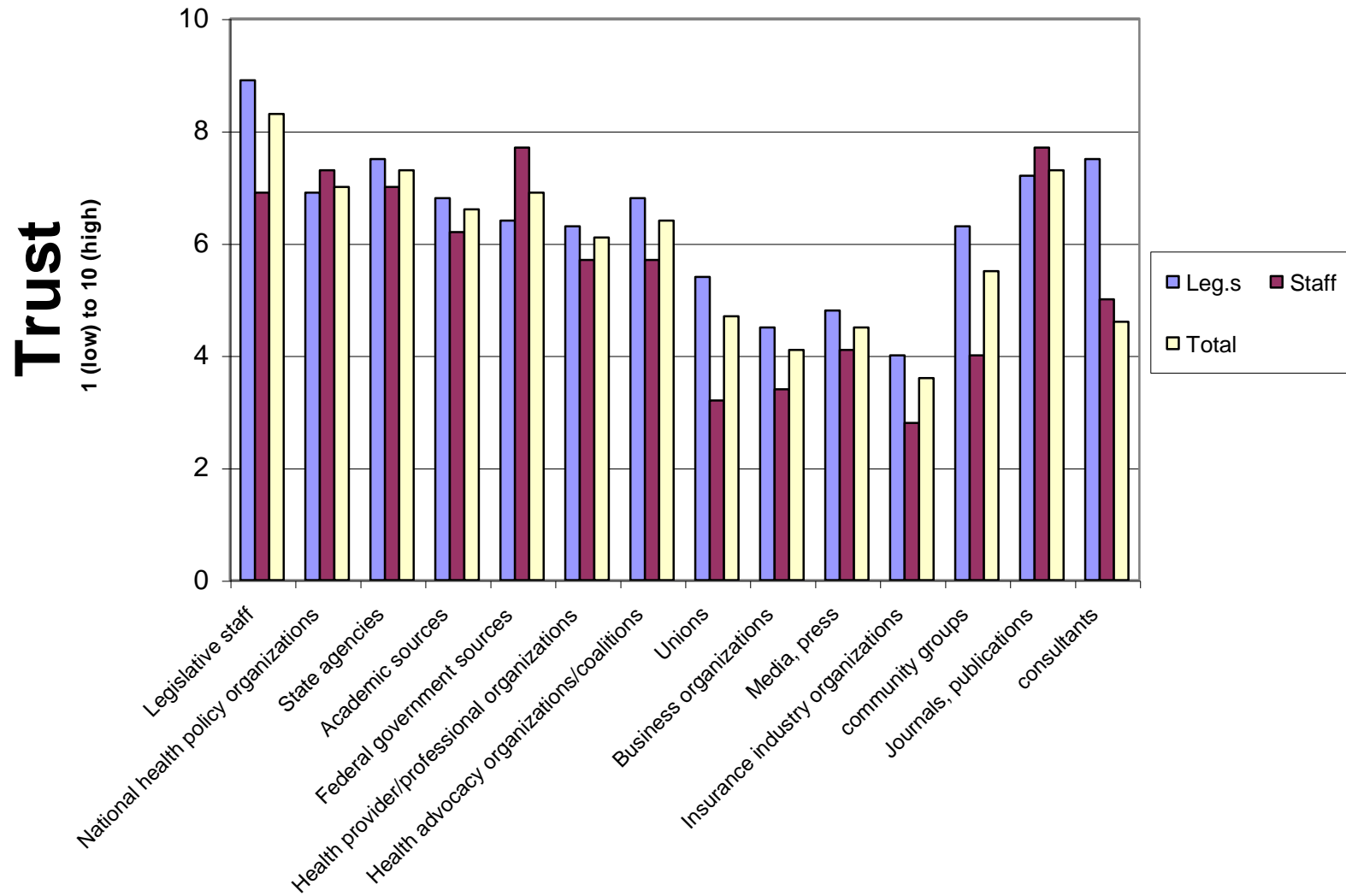


# Information Sources 2000/2002

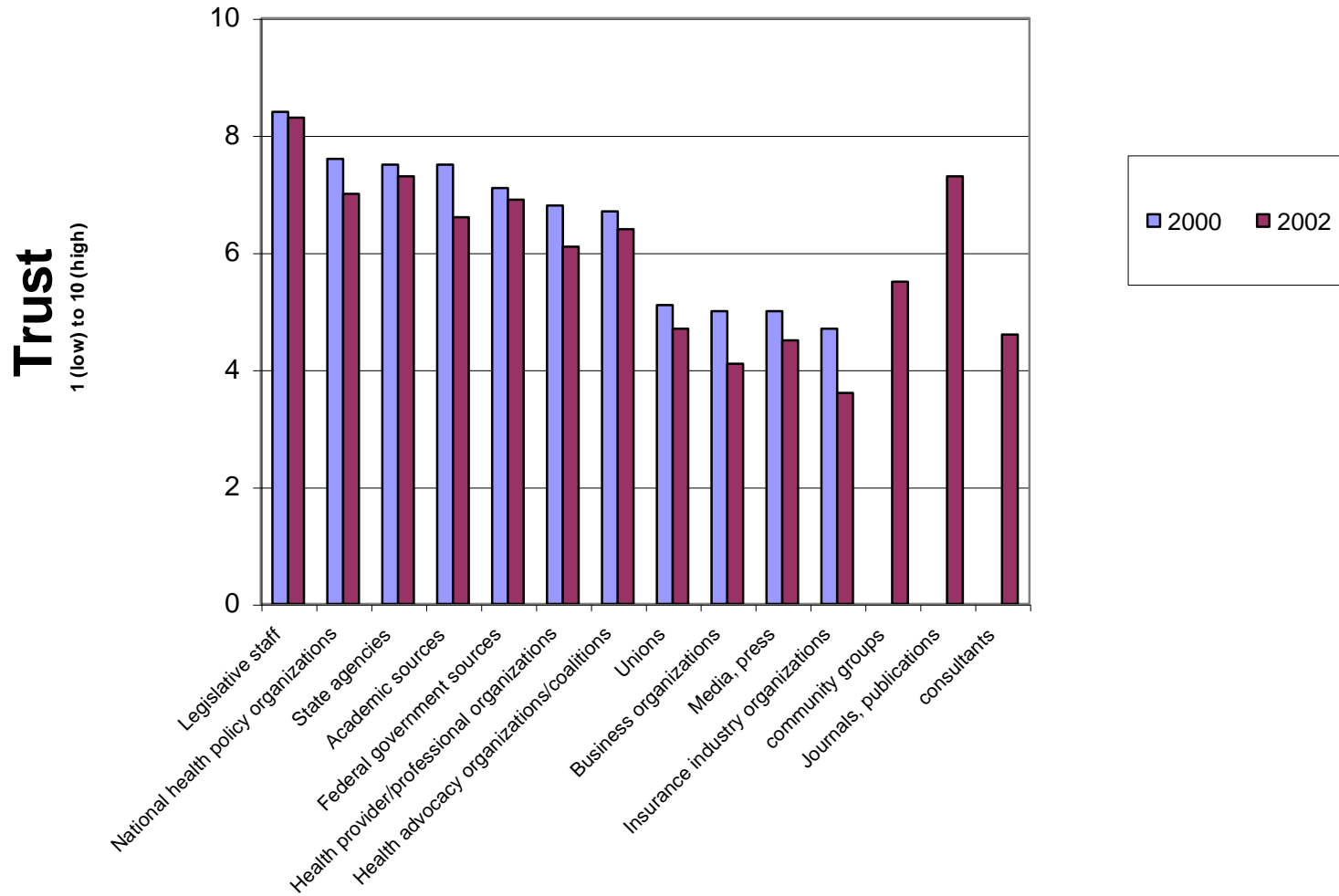




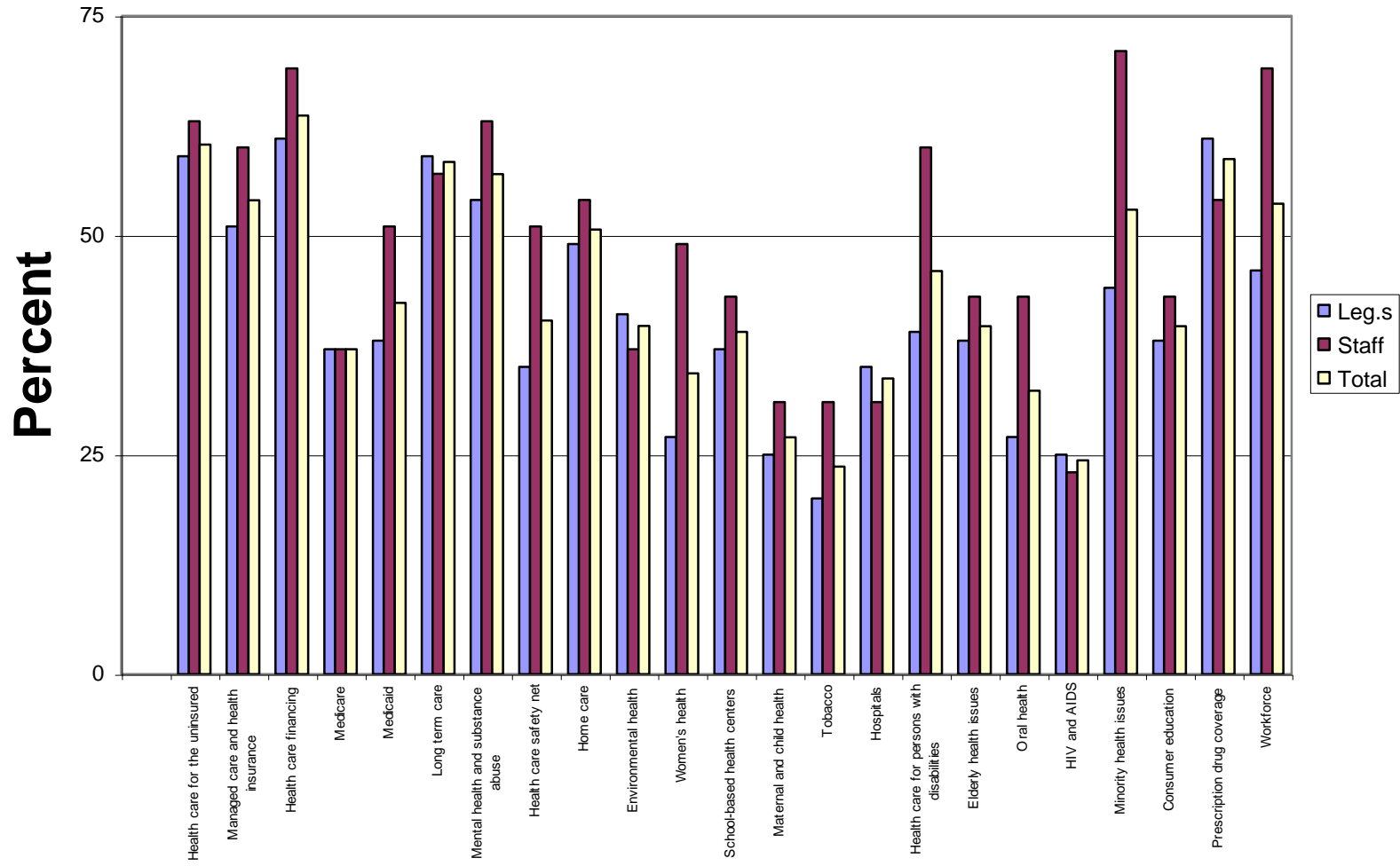
# Trust in Sources 2002



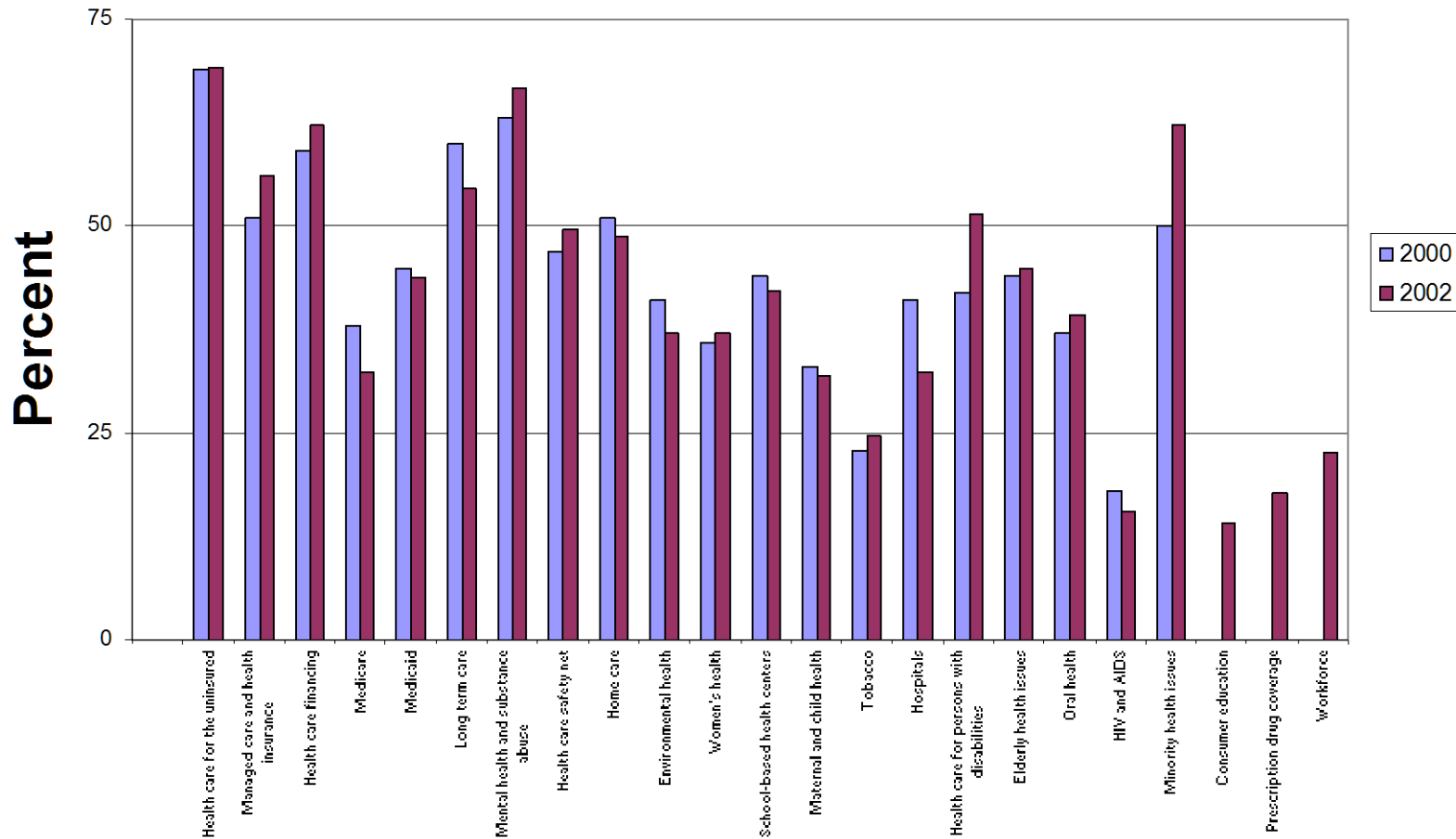
# Trust in Sources 2000/2002



# Information Needs 2002



# Information Needs 2000/2002



The Connecticut Health Policy Project was established to improve quality healthcare to Connecticut residents by supplying reliable, objective information to policymakers about Connecticut’s health system. Please fill out the following 2 page questionnaire that will allow us to better understand your needs. **If you have any questions, please contact us at (203) 562-1636 or info@cthealthpolicy.org.**

**Where do you get health policy information?**

Please rate each from 1 (never received any from this source) to 10 (most common)

	Legislative staff		Consultants
	State agencies		Federal government sources
	Journals, publications		Media, press
	National health policy organization		Insurance industry organizations
	Health provider/professional organizations		Health advocacy organizations/coalitions
	Academic institutions		Unions
	Business organizations		Community groups

**How much confidence do you have in these sources?**

Please rate each from 1 (least trusted) to 10 (most trusted)

	Legislative staff		Consultants
	State agencies		Federal government sources
	Journals, publications		Media, press
	National health policy organization		Insurance industry organizations
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	Academic institutions		Unions
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**Check issues that you feel Connecticut policymakers need more information about**

	Health care for the uninsured		Long term care
	Managed care and health insurance/patient's rights		Nursing and other health care provider shortages
	Consumer education/health literacy		Mental health and substance abuse
	Health care financing		Home care
	Medicare		Environmental health
	Medicaid/HUSKY		Women's health
	School-based health centers		Health care safety net
	Maternal and child health		Elderly health issues
	Tobacco		Oral health
	Hospitals		HIV and AIDS
	Health care for persons with disabilities		Racial and ethnic disparities in health care
	Prescription drug coverage		Other:

**What do you see as the greatest challenge(s) affecting Connecticut's health care system in the near future? In the long term?**

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**How do you prefer to receive health policy information? Check as many as you like**

<input type="checkbox"/>	FAX	<input type="checkbox"/>	From a web site or list serve
<input type="checkbox"/>	Mailed reports on a regular basis	<input type="checkbox"/>	At a conference or seminar
<input type="checkbox"/>	Responses to my questions in person or by phone		

**Do you prefer:**

<input type="checkbox"/>	Short one or two page fact sheets	<input type="checkbox"/>	Brief memos
<input type="checkbox"/>	Briefings and conferences	<input type="checkbox"/>	Comprehensive papers on health subjects

**Have you ever received any information from the Connecticut Health Policy Project? If so, did you find it useful?** \_\_\_\_\_

**Would you like to join our listserv, CT Health Notes, with updates on health policy issues affecting CT? If so, what is your e-mail address** \_\_\_\_\_

**If you have other ideas or ways we can be helpful to you, please feel free to expand on the back of this page.**

**Please return this survey in the enclosed, stamped envelope to:  
 CTHPP, 703 Whitney Ave., New Haven CT 06511  
 or FAX to (203) 562-1637**