Survey of Kansas Legislators And Commissioners on Public Health Awareness and Attitudes

March 2003

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The Kansas Health Institute is an independent, nonprofit health policy and research organization based in Topeka, Kansas. Established in 1995 with a multi-year grant from the Kansas Health Foundation, the Kansas Health Institute conducts research and policy analysis on issues that affect the health of Kansans.

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Executive Summary

The Docking Institute of Public Affairs at Fort Hays State University conducted a survey of Kansas legislators and county commissioners for the Kansas Health Institute. The purposes of this survey research are to better understand the awareness levels, opinions, and experiences of key decision makers in Kansas with regard to public health. Between December 16, 2002 and January 27, 2003 the Docking Institute of Public Affairs through its University Center for Survey Research conducted a full population telephone survey of Kansas legislators, including senators and representatives. Of the 165 state legislators, the Institute completed interviews with 116. The number of legislators who declined to participate is 20, resulting in a cooperation rate of 84%. The survey of commissioners occurred between January 15, 2003 and February 11, 2003. Of the 334 commissioners, the Institute completed interviews with 268. The number who declined to participate was 16, resulting in a cooperation rate of 94%.

The Docking Institute's independent analyses of survey data find that:

- Strong majorities of legislators and commissioners agree that preventing disease is less costly than treating disease, that protecting health is a legitimate role of government, that toxic substances in the environment cause health problems, and that it is important for Kansas to be similar to other states on public health indicators.

- Majorities of legislators and commissioners disagree that private property should not be subject to environmental health regulations and that the amount of current funding by the state on public health is adequate.

- Legislators and commissioners differ on agreement that current funding by their own county on public health is adequate, with only 43% of legislators agreeing, compared to 78% of commissioners.

- Majorities of legislators and commissioners accurately identify public health as activities that promote health and prevent disease in the population. In addition, majorities of both groups understand that the community as a whole benefits from the public health system, not just segments of the population like children, the poor, minorities, and the elderly.

- From a series of sixteen items asking respondents to assess the importance of various public health activities/services, legislators and commissioners are in agreement on the six most important items, even though there is some difference

on relative ranking of the six items between the two groups. The top six include: preventing epidemics and the spread of disease, providing immunizations to children, providing healthcare services for children who cannot afford health insurance, inspecting hospitals and nursing homes, responding to the health consequences of possible bioterrorism events, and enforcing clean water regulations.

- On a "very concerned, somewhat concerned, not very concerned" answer scale, majorities and equal percentages (55%) of legislators and commissioners feel their respective constituents are somewhat concerned about threat of bioterrorism. About 3% of legislators and about 6% of commissioners believe their constituents are very concerned.

- Asked to identify the top public health concern in his/her jurisdiction, both groups' answers center around affordability of health care and affordable health insurance.

- Of twelve sources mentioned, legislators use the following sources of information when making decisions on public health issues in order of frequency: government support staff, Kansas Department of Health and Environment, advocacy groups, lobbyists, other legislators, and individual citizens of his/her district. Commissioners use in order: local health department, KDHE, own healthcare provider, commissioners, newspaper reports, television and radio reports, and individual citizens of his/her county.

- Of nine ways of receiving information for policy decision making, the three most preferred ways among legislators are: receiving testimony at hearings or in committee, talking one-on-one with informed individuals, and reading brief summary information. The latter two sources are the two most preferred among commissioners.

- The most preferred length of written material is two to three pages, followed by one page or less. Commissioners report greater preferred length of materials, with about twice as many (9%) willing to read four to 10 pages compared to legislators (4%). In addition, 26% of commissioners say they prefer written material as long as necessary to convey the information, compared to 18% of legislators who report so.

- On a scale of "never, sometimes, usually, always" a majority (61%) of legislators feel they usually have enough reliable information. Another 30% indicate they sometimes have enough reliable information, while only 2% feel they never have enough reliable information. Results are very similar among commissioners

Introduction

The Docking Institute of Public Affairs at Fort Hays State University conducted a survey of Kansas legislators and county commissioners for the Kansas Health Institute. The purposes of this survey research are to better understand the awareness levels, opinions, and experiences of key decision makers in Kansas with regard to public health.

Survey Instrument

The Docking Institute and the Kansas Health Institute agreed on the survey items used. It was the responsibility of the Kansas Health Institute, with some assistance from the Docking Institute to draft initial survey items. It was the responsibility of the Docking Institute to help ensure technically correct and unbiased items were used. KHI had final approval of all survey items. Appendix 1 contains the questionnaire.

Survey Methodology

Between December 16, 2002 and January 27, 2003 the Docking Institute of Public Affairs through its University Center for Survey Research conducted a full population telephone survey of Kansas legislators, including senators and representatives. The Institute completed interviews with 116 of the 165 state legislators. Twenty legislators declined to participate, resulting in a cooperation rate of 84%. The final dispositions for call attempts to reach all of the 165 legislators are reported in Table 1a.

Table 1a. Final Call Dispositions on Survey of Legislators

Disposition	Frequency	Percent
Complete	116	70%
Unable to Reach	21	13%
Refused	20	12%
Unavailable	6	4%
Not Eligible	2	1%
TOTAL	165	100%

The survey of commissioners occurred between January 15, 2003 and February 11, 2003. The Institute completed interviews with 268 of the 334 commissioners. Sixteen commissioners declined to participate, resulting in a cooperation rate of 94%. The final dispositions for call attempts to reach all 334 commissioners are reported in Table 1b.

Table 1b. Final Call Dispositions on Survey of Commissioners

Disposition	Frequency	Percent
Complete	268	80%
Unable to Reach	47	14%
Refused	16	5%
Physically or Mentally Unable	3	1%
TOTAL	334	100%

Legislators and commissioners were mailed a survey notification letter one week prior to the beginning of the phone survey. A protocol for reaching targeted respondents during the survey was followed. Targeted respondents were first attempted in the evening at their home telephone numbers. After several home attempts in the evening, surveyors attempted the home number during the day. If attempts at the home number were unsuccessful, work numbers were attempted. This cycle was repeated until the legislator or commissioner was reached. In many cases, surveyors were given additional work numbers or cell phone numbers to reach the targeted respondent. Topeka office numbers were also used in attempts to reach legislators. When scheduling callbacks, calls were scheduled anytime from 8:00am to 9:00pm in order to assure that callbacks could be scheduled at a time determined to be most convenient for the respondent. Legislators were contacted as many as 20 or more times in order to complete the survey. Of the 165 legislators, only 21 could not be reached. Commissioners were contacted as many as 15 or more times in order to complete the survey. Of the 334 commissioners, only 47 could not be reached.

Socio-Demographic Data

Table 2. Socio-Demographic Characteristics of Respondents

	Legislators	Commissioners
Number years in current gov't position	Mean = 5.7 years 18% less than 1year 27% 1 — 4 years 34% 5 — 9 years 22% 10 or more years	Mean = 5.4 years 11% less than 1 year 39% 1 — 4 years 31% 5 — 9 years 18% 10 or more years
Number years served in a gov't position (IF served in more than 1 gov't position)	Mean = 16.4 years 20% 0 — 4 years 22% 5 — 9 years 27% 10 — 14 years 32% 15 or more years	Mean = 20.4 years 2% 0 — 4 years 14% 5 — 9 years 17% 10 — 14 years 67% 15 or more years
Party affiliation	35% Democrat 64% Republican 2% Other	20% Democrat 77% Republican 3% Independent
Percent served on gov't committee or position with public health responsibilities	55%	39%
Political orientation on *economic issues*	37% Conservative 56% Moderate 5% Liberal 2% Other	57% Conservative 37% Moderate 3% Liberal 2% Other
Political orientation on *social issues*	35% Conservative 44% Moderate 19% Liberal 2% Other	47% Conservative 45% Moderate 7% Liberal 2% Other
Age	Mean = 55.1 years	Mean = 60.4 years
Gender	68% Male 32% Female	88% Male 12% Female
Occupational status	90% Working 8% Retired 2% No Primary Occupation	79% Working 21% Retired
Highest Educational Level Attained	0% Some High School 7% High School Graduate 19% Some College /JUCO Grad 25% Bachelors Degree 49% Some Grad /Grad Degree	1% Some High School 21% High School Graduate 40% Some College /JUCO Grad 21% Bachelors Degree 18% Some Grad /Grad Degree
Marital Status	10% Single 81% Married 6% Divorced 3% Widowed	1% Single 92% Married 3% Divorced 5% Widowed
Parent	89% Yes	97% Yes
Children living at home? (Among parents only)	36%	28%
Attend Religious Service Regularly	78%	78%
Health Status	21% Excellent 39% Very Good 40% Good 1% Fair 0% Poor	20% Excellent 37% Very Good 36% Good 6% Fair 1% Poor

Table 2 reports a number of demographic characteristics of the respondents. The mean number of years served in one's present governmental position is 5.7 years for legislators and 5.4 for commissioners. The single largest percentage of legislators (34%) has served from five to nine years, while the single largest percentage of commissioners (39%) has served from one to four years. Seventy-five legislator respondents (65% of all legislators) have held other forms of governmental positions, and the mean total number of years served among those 75 legislators is 16 years. A similar percentage (63%) of commissioners have held other forms of governmental positions, with the mean total number of years served among this group being 20 years.

The mean age of legislators (55 years) is five years lower than the mean age among commissioners (60 years). Both groups are largely male, with 68% of legislators being male and 88% of commissioners being male. Over twice as many commissioners are retired (21%) compared to legislators (8%). Eighty-one percent of legislators and 92% of commissioners are married. Eighty-nine percent of legislators and 97% of commissioners have children. A larger percentage of legislators (36%) than commissioners (28%) still have children living at home, reflecting the lower average age of legislators, Reflecting the lower average age of legislators. The exact same percentages (78%) of legislators and commissioners indicate that they attend religious services regularly.

Legislators display relatively high levels of higher education, with half (49%) having some graduate study or a graduate degree as their highest educational level achieved. In addition, 93% of legislators have at least some college or an associate degree. Educational levels of commissioners more closely resemble that of the general population in Kansas, with 18% achieving some graduate study or a graduate degree. Twenty-one percent of commissioners have a high school diploma as their highest educational degree, while 78% have at least some college or an associate degree as their highest level of education.

While 100% legislator participation in the study was not achieved, sample characteristics closely resemble that of the full legislative body in Kansas. Looking at self-reported party

affiliation among the sample, 35% report being democrat and 64% report being republican, compared to 35% and 65%, respectively, in the state-maintained list of legislators. Additionally, (not shown in Table 2), the sample is 78% representative and 22% senator, and this compares to 76% and 22%, respectively, in the state-maintained list of legislators. With a 94% cooperation rate among commissioners, the sample is taken to closely represent the full population. Twenty percent report being democrat and 77% report a republican affiliation. Three percent are independent.

Among legislator respondents 55% report that as part of their official duties in a committee or in another position that they have had specific responsibilities for public health programs, and 39% of commissioners have done so. Additional questions sought to ascertain the respondents' general political orientation with respect to economic and to social issues. Among both legislator and commissioner respondents, there is a tendency to self-identify as more conservative on economic issues than on social issues. The single largest percentage of legislator respondents (56%) self-identify on economic issues as "moderate", followed by 37% that characterize themselves as "conservative". Only 5% of legislators describe themselves as "liberal" on economic issues. On social issues, the single largest percentage (44%) of legislators identifies itself as "moderate," and 35% identify as "conservative". Compared to the percentage (5%) that identify as "liberal" on economic issues, a substantially higher percentage (19%) identify as "liberal" on social issues. Also interesting to note is that commissioners tend to identify as moderate or conservative on both economic and social issues more often than do legislators. The single largest percentage of commissioners (57%) identifies itself as "conservative" on economic issues, followed by 37% who identify as "moderate." Only 3% identify as "liberal" on economic issues. Turning to commissioners' self-identification on social issues, the single largest percentage (47%) identifies itself as "conservative," followed closely by 45% identifying themselves as "moderate." Only 7% of commissioners identify themselves as "liberal" on social issues.

Overall political orientation can be conceptualized by combining a person's rating of economic and social conservatism-liberalism. Table 3 shows the distribution among

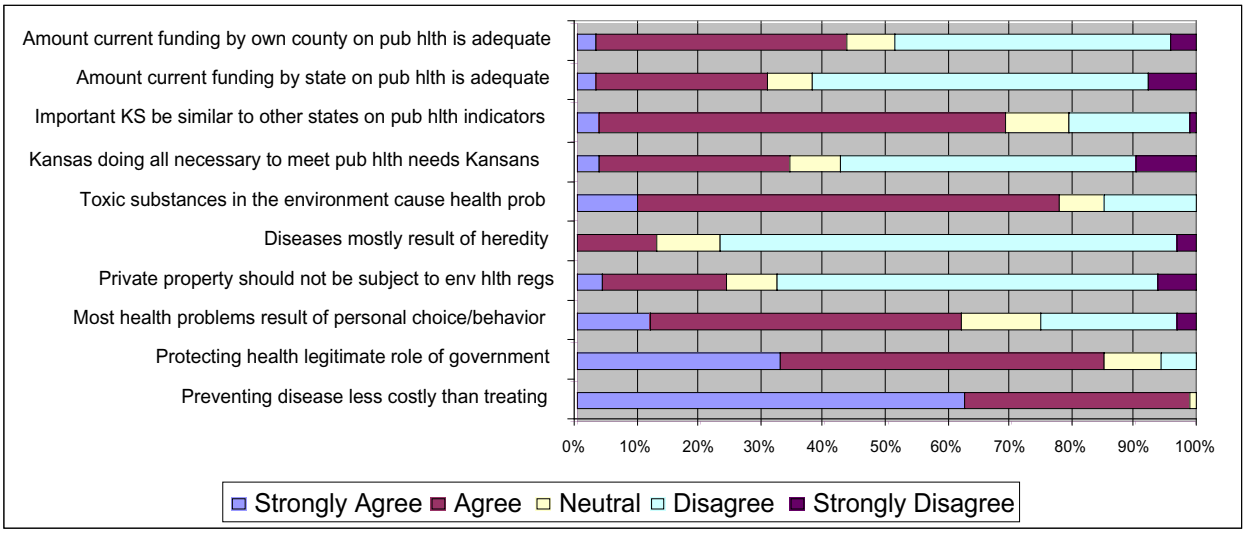
legislators and commissioners when grouped into the possible combinations of social and economic political orientations. Not surprisingly, there is clear agreement between self-identifying as a social conservative—economic conservative and as a social moderate—economic moderate. There is also clearly a propensity to identify as more liberally oriented in terms of social orientation than in terms of economic orientation. The third single largest percentage (15.7%) of legislators identify as social liberal—economic moderate, and the third single largest percentage (16.0%) of commissioners identify as social moderate—economic conservative.

Table 3. Overall Political Orientation

	Legislators %	Commissioners %
Social & Economic Conservative	27.8	40.5
Social Conservative & Economic Moderate	6.5	6.6
Social Conservative & Economic Liberal	0.9	0.4
Social Moderate & Economic Conservative	8.3	16.0
Social & Economic Moderate	35.2	28.0
Social Moderate & Economic Liberal	1.9	1.6
Social Liberal & Economic Conservative	0.9	1.9
Social Liberal & Economic Moderate	15.7	3.5
Social & Economic Liberal	2.8	1.6
TOTAL	100	100

Knowledge Of and Attitudes About Public Health

Figure 1a. Agreement with Various Statements Relating to Public Health: Legislators



A variety of items and answer options were used to measure knowledge of and attitudes about public health among respondents. Figure 1a shows results among legislators for a series of awareness and attitude items measured on a strongly agree to strongly disagree scale. The items appear in the same order as they were presented to respondents during the phone interview.

Respondents overwhelmingly report agreement that preventing disease is less costly than treating it. There is also agreement by more than 8 out of 10 respondents that protecting health is a legitimate role of the government. Strong majorities also agree that toxic substances in the environment cause health problems (78%) and that it is important for Kansas to be similar to other states on public health indicators (69%). However, it is important to note that some legislators (about 8) who disagreed with this item explained that Kansas should not be similar, but rather should be better than other states in this regard. Another majority (62%) agree that most health problems are a result of personal choice or behavior.

In the vein of public health awareness, a strong majority (76%) disagree that diseases are mostly a result of heredity. About 67% disagree that private property should not be subject to environmental health regulations. Majorities also disagree that the amount of current funding by the state on public health is adequate (63%) and that Kansas is doing all that is necessary to meet public health needs of Kansans (57%). There is only slightly more disagreement (49%) than agreement (43%) on whether the amount of funding currently spent by the respondents' own county on public health is adequate. It is interesting to note that every survey item is marked by few respondents reporting a neutral attitude.

Figure 1b. Agreement with Various Statements Relating to Public Health: Commissioners

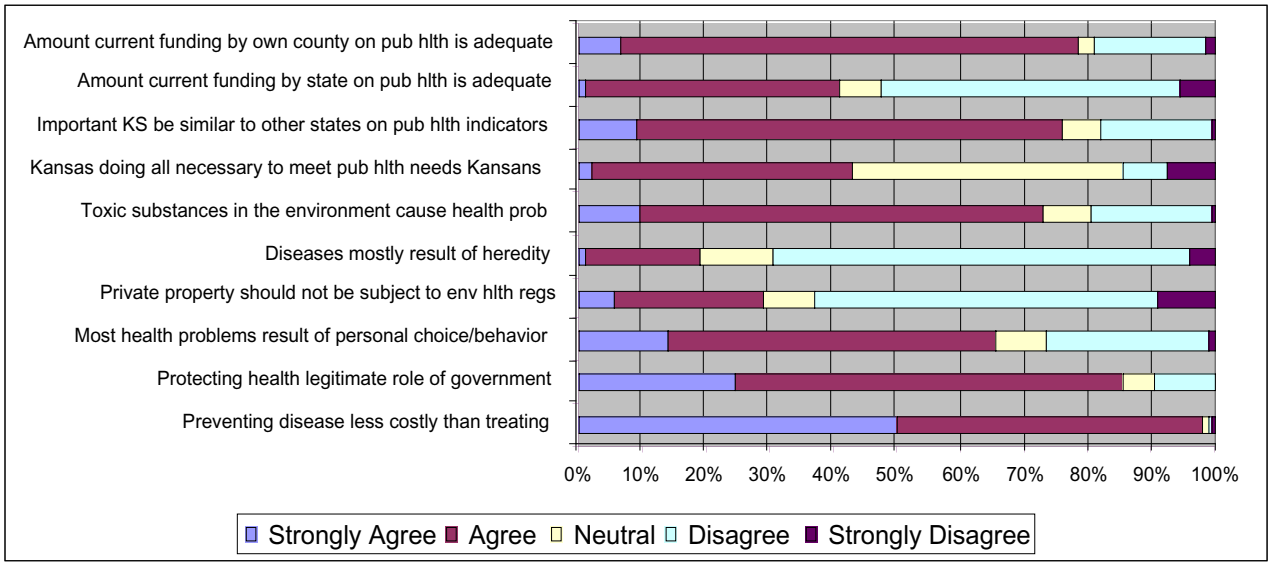


Figure 1b shows that, like legislators, commissioners overwhelmingly agree that preventing disease is less costly than treating disease and that protecting health is a legitimate role of government. The third highest levels of agreement (almost 80%) among commissioners is found on the item stating that the amount of current funding spent on public health by the respondent's own county is adequate. This is markedly higher agreement on this item than among legislators, only 43% of whom agreed to this statement. Patterns of agreement on the remainder of the various items closely resemble the patterns evident among legislators noted above.

In further effort to assess awareness of public health, respondents were also asked "In your opinion, which one of the following best describes what public health is." Figure 2a shows that the single largest percentage and a majority of legislator respondents (62%) think of public health as activities that promote health prevention and disease, and Figure 2b shows very similar results among commissioners at 63%.

Figure 2a. Public Health Defined: Legislators

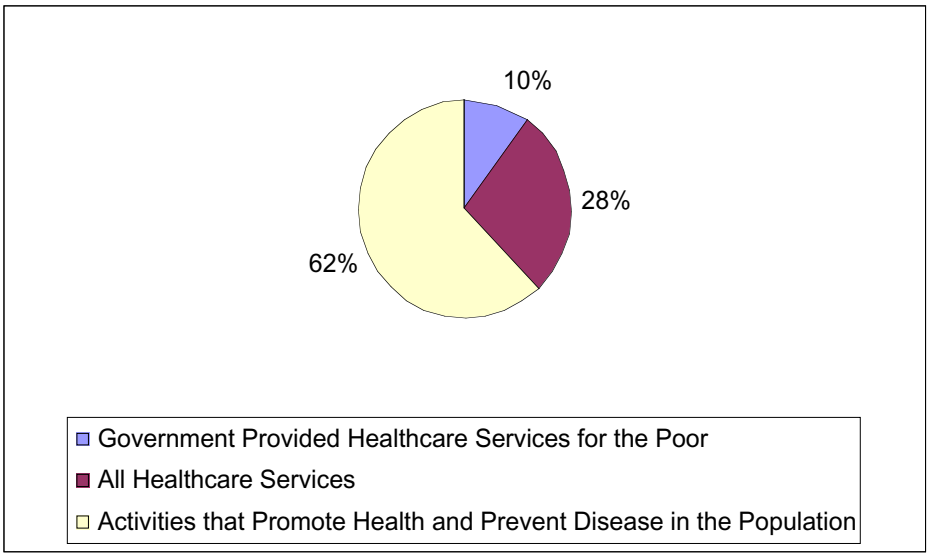
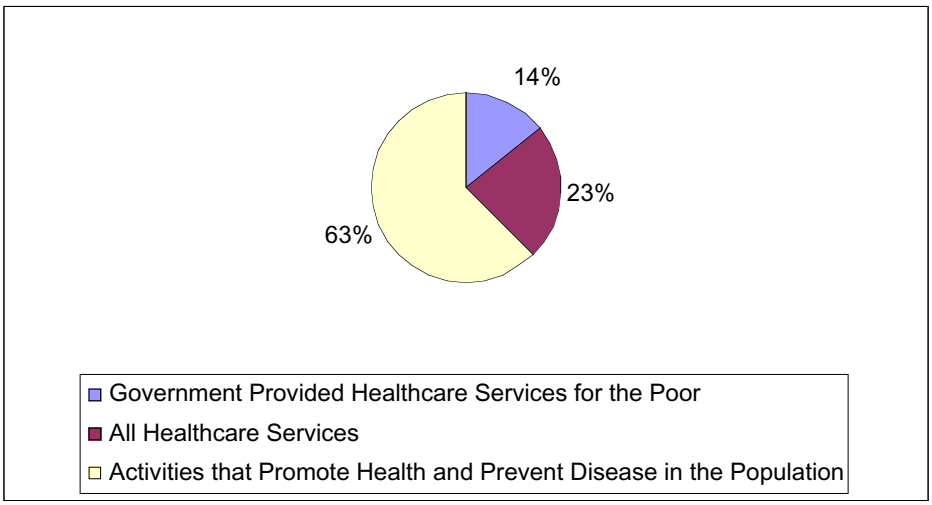


Figure 2b. Public Health Defined: Commissioners



Respondents were asked to indicate which group of public health consumers benefit most from the public health system. Groups included, children, the elderly, the poor, and the community as a whole. Figure 3a shows that a solid majority of legislators (66%) understand that the community as a whole benefits from the public health system. Figure 3b indicates that, although a smaller percentage than among legislators, most commissioners (57%) understand that the community as a whole benefits. Also of interest is that twice as many commissioners (10%) as legislators (5%) identify the elderly as the group that benefits most from the public health system.

Figure 3a. Categories of Population that Benefit Most from Public Health System: Legislators

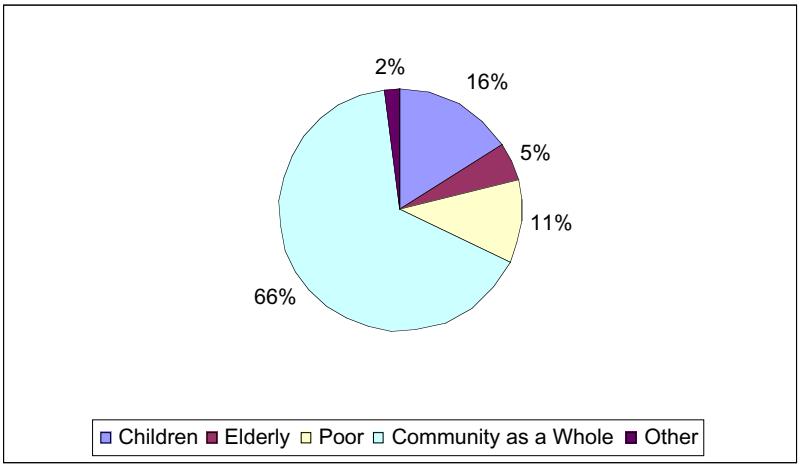
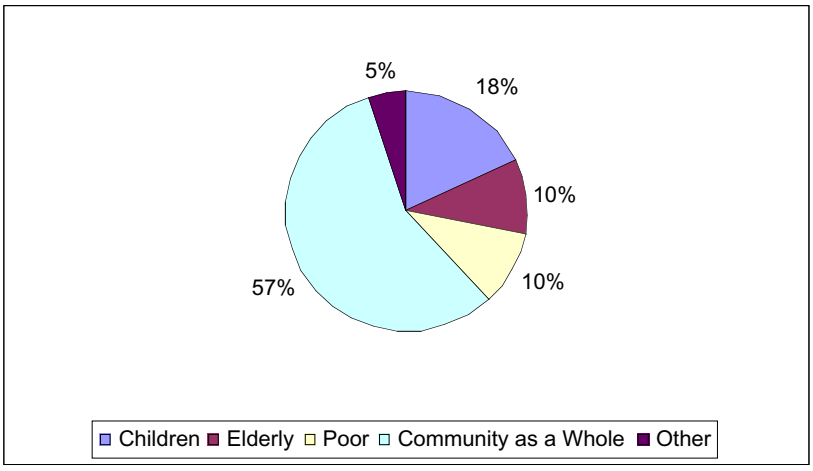


Figure 3b. Categories of Population that Benefit Most from Public Health System: Commissioners



A series of items determined whether respondents consider various activities and services to be public health activities. Another series of items sought to measure the perceived importance of a variety of public health related activities and services on a scale of 0 to 10, where 0 means not important at all and 10 means extremely important. Table 4. shows the percentages of respondents who consider the various activities and services mentioned to be public health activities and shows measures of central tendency and dispersion for ratings of importance of the activity/service.

Table 4. Perception of Activity/Service as a Public Health Activity and Perceived Level of Importance of the Activity/Service: Legislators and Commissioners*

	LEGISLATORS % Think of as P.H. Activity	LEGISLATORS Mean (Std Dev.) [rank]	COMMISSIONER % Think of as P.H. Activity	COMMISSIONERS Mean (Std Dev.) [rank]
Monitoring safe food practices in restaurants	97%	7.91 (1.84)	82%	7.89 (2.05)
Inspecting hospitals and nursing homes	87%	8.42 (1.61) [4]	83%	8.87 (1.48) [3]
Collecting data on infectious diseases in Kansas	91%	7.92 (1.93)	88%	8.16 (1.79)
Preventing epidemics and the spread of disease	95%	9.03 (1.12) [1]	95%	9.18 (1.27) [2]
Public education to encourage good nutrition and physical activity	72%	7.38 (1.98)	71%	7.88 (2.07)
Providing immunizations to children	94%	8.69 (1.58) [2]	93%	9.22 (1.50) [1]
Enforcing clean water regulations	80%	8.29 (1.79) [6]	78%	8.31 (1.19) [6]
Providing affordable mental health services	67%	7.46 (1.90)	71%	7.59 (2.07)
Providing services for women, infants, and children through the WIC program in your county	81%	7.76 (2.05)	83%	7.75 (2.11)
Screening people in community for conditions like high blood pressure and diabetes	66%	6.76 (2.38)	68%	7.36 (2.14)
Improving the health status of minority groups in Kansas	63%	7.17 (2.27)	65%	6.98 (2.46)
Responding to the health consequences of possible bioterrorism events	82%	8.41 (2.03) [5]	87%	8.51 (2.01) [5]
Providing healthcare services for children whose families cannot afford health insurance	83%	8.50 (1.76) [3]	85%	8.55 (1.76) [4]
Providing healthcare services for adults who cannot afford health insurance	71%	7.38 (2.13)	73%	7.68 (2.03)
Conducting research to determine causes of diseases	61%	7.75 (2.02)	60%	8.15 (2.02)
Conducting research to identify the cause of a high rate of cancer in one Kansas county	72%	7.93 (1.77)	69%	8.00 (2.12)

* Items are measured on a 0 (not at all important) to 10 (extremely important) scale.

Table 4 indicates that without exception, majorities of both legislators and commissioners think of each of the activities/services mentioned as a public health activity, with agreement ranging on the low end from about 60% classifying the conducting of research to determine causes of disease as a public health activity to the high end at about 95% considering preventing epidemics and the spread of disease as a public health activity. In addition, legislators and commissioners tend to display relatively high agreement across the items on the percentage that consider the item a public health activity. The only exception to this high level of agreement between the two groups is on the first item in Table 4, monitoring safe food practices in restaurants, where 97% of legislators consider it a public health activity compared to only 82% of commissioners. Additionally, the extent to which an activity/service is defined as a public health activity appears to be positively associated with the level of perceived importance of the activity/service.

Fairly high levels of perceived importance exist across all items, with the exception of screening people in the community for common health conditions for which treatment is available and improving the health status of minority groups in Kansas. Among legislators, the six items with the highest mean ratings of importance (all above an 8.00 on the ten-point scale) are in descending order: preventing epidemics and the spread of disease (9.03), providing immunizations to children (8.69), providing healthcare services for children whose families cannot afford health insurance (8.50), inspecting hospitals and nursing homes (8.42), responding to the health consequences of possible bioterrorism events (8.41), and enforcing clean water regulations (8.29). Among commissioners, the six items with the highest mean ratings of importance are the same six as observed among legislators. The rank order of the top six ranked items among commissioners is different than the rank order among legislators, but in no case does the relative ranking differ by more than one place between the two respondents groups.

Following the above list of items, respondents were asked to indicate the level of concern about the threat of bioterrorism they perceive among citizens of their home county. Legislators tend to perceive some level of concern among citizens of their legislative district, as 56% answered "somewhat concerned" (see Figure 4a). Results from commissioners in regards to their perception about the concerns of citizens in their county are very similar as illustrated in Figure 4b.

Figure 4a. Perceived Level of Concern About Threat of Bioterrorism Among Citizens of Legislator's District

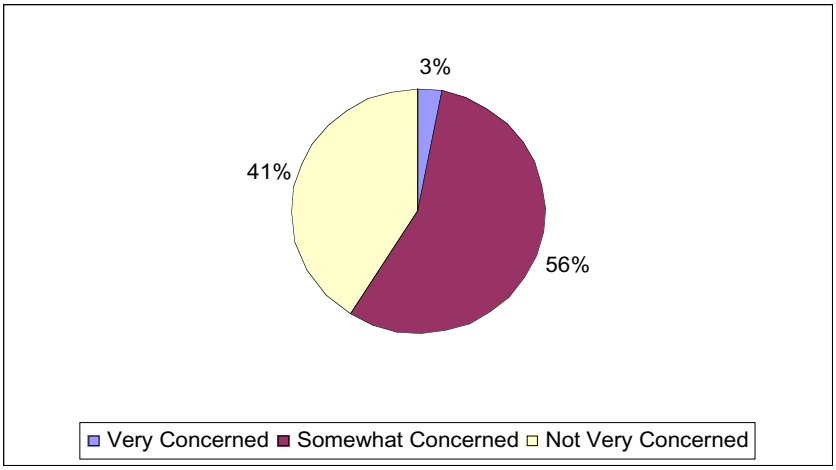
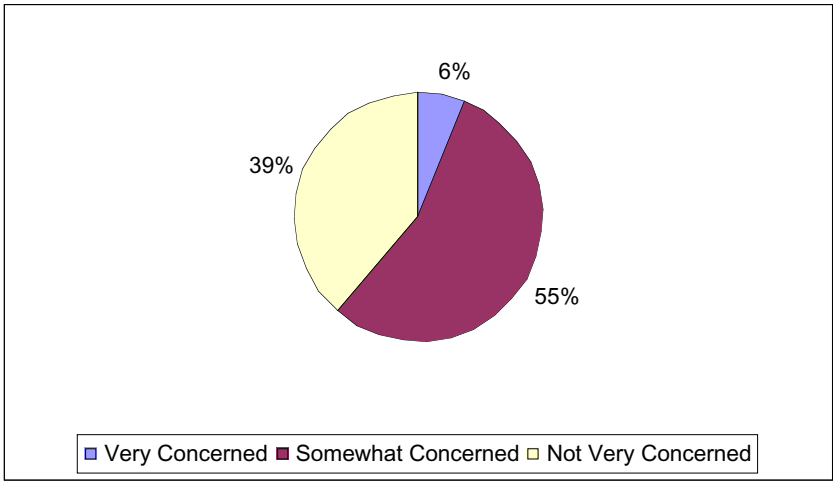


Figure 4b. Perceived Level of Concern About Threat of Bioterrorism Among Citizens of Commissioner's County



A final attitudinal item on public health asked legislator respondents "What do you consider to be the top public health concern in your district?" Responses to this open-ended question were coded into themes. Table 5 shows legislators' top public health concerns for their respective legislative *district*, and it also shows commissioners' top public health concerns for their respective *county*.

Table 5. Respondents' Top Public Health Concern for Their Jurisdiction

	Legislators %	Commissioners %
Cancer	9.0	11.0
Affordable Health Care	18.9	9.8
Better and Affordable Child Health Care	10.8	13.1
Better and Affordable Elderly Health Care	7.2	3.3
Bioterrorism	2.7	4.9
Dealing with the Aging	4.5	3.3
Contaminated Water Supply	6.3	6.5
Environmental factors	3.6	1.2
Affordable Health Insurance	12.6	6.5
Drug and Alcohol Abuse	2.7	2.4
Better and Affordable Health Care for Children AND the Aging	3.6	4.1
STDs	0.0	2.0
TB	0.0	1.6
WIC	0.0	1.6
Obesity/ Heart Disease	0.0	1.6
AIDS/HIV	0.0	1.2
Flu Epidemics	0.0	1.2
Funding	0.0	4.5
Mental Health	0.0	1.2
Contagious Diseases	0.0	6.5
Agriculture (animal diseases, feedlot populations, etc.)	0.0	2.4
Lack of general medical care (doctors, hospitals, EMTs)	0.0	2.9
Immunizations/ Vaccinations	0.0	1.2
Inspections of Restaurants or Health Care Facilities	2.7	0.0
Other	0.0	5.7
TOTAL	100	100

While legislators and commissioners answered this question with different jurisdictions in mind (districts among legislators and counties among commissioners), there were commonalities among response patterns for the two respondent groups. While relative rankings within the two respondent groups differs somewhat, affordable health care in general, better and affordable health care for children, cancer, and affordable health insurance are the top four vote getters among both legislators and commissioners.

Sources of Public Health Information Used and Preferred Medium for Information

To understand those sources elected decision makers in Kansas use for public health information, a set of items asked respondents to indicate whether they frequently, occasionally, or never use particular sources "in making policy decisions about public health."

Figure 5a. Sources Used for Decisions on Public Health: Legislators

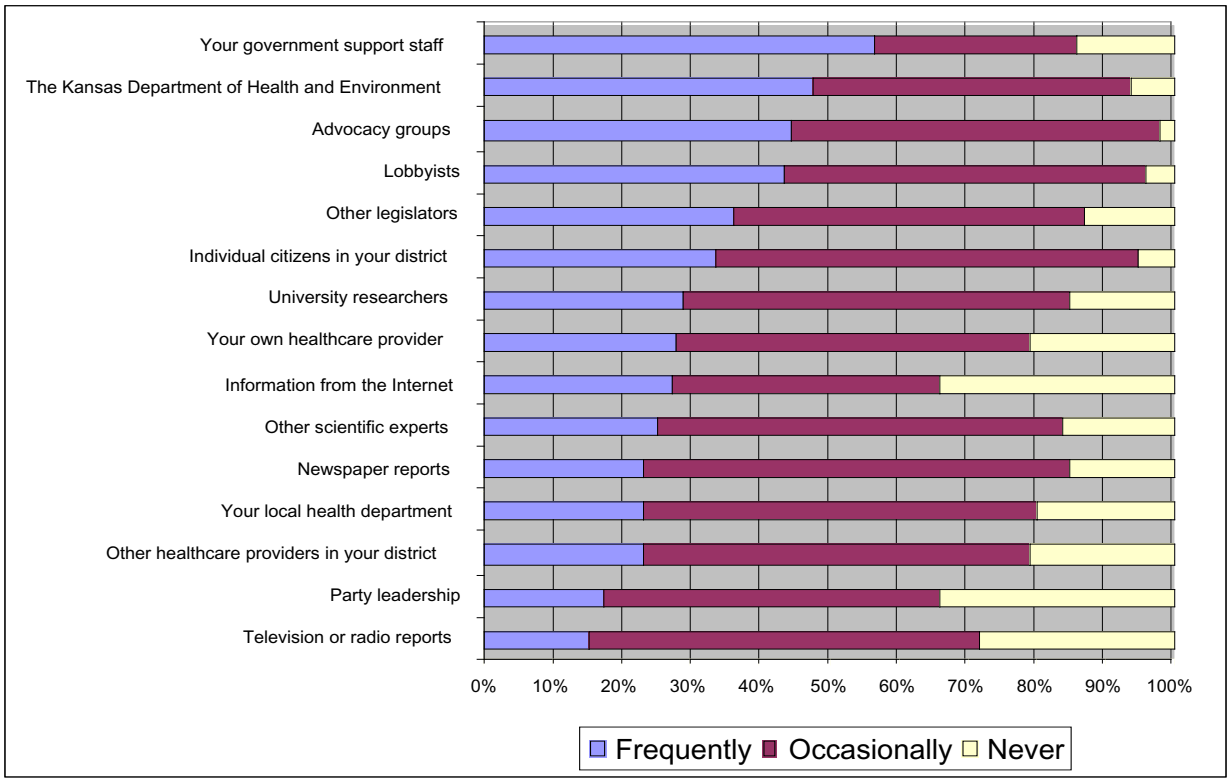


Figure 5a shows that among legislators the most common source of information is the respondent's government support staff, with about 56% indicating they frequently use this source. This is followed in order by the Kansas Department of Health and Environment, advocacy groups, lobbyists, other legislators, and individual citizens in the legislator's district. The least often used in order are television and radio reports and party leadership.

Figure 5b. Sources Used for Decisions on Public Health: Commissioners

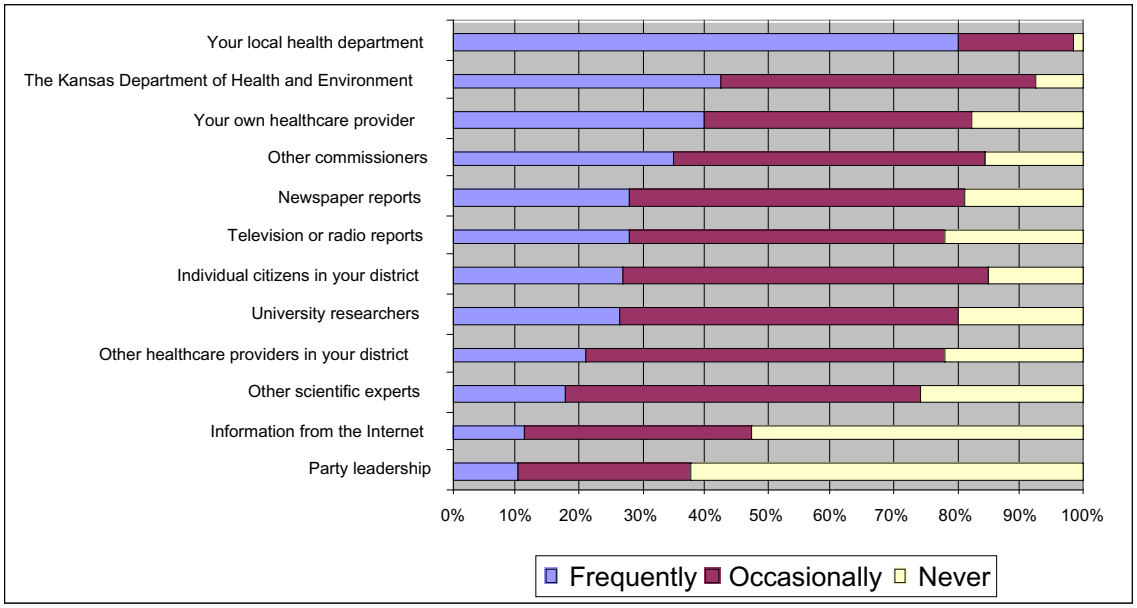


Figure 5b shows that among commissioners the most common source of information is the local health department, with 80% indicating they frequently use this source. This is followed in order by the Kansas Department of Health and Environment, their own healthcare provider, legislators, newspaper reports, television and radio reports, and individual citizens in the legislator's district. The least two often used are party leadership and information from the Internet. With the exception of the Kansas Department of Health and Environment, the sources most often used by commissioners appear to be substantially different than the sources most often used by legislators. As a follow-up question to this set, respondents were asked which single source in this set or any other source he/she uses most to help make policy decisions about public health issues.

After reporting on frequency of using the various sources of information above, respondents were asked "Of the sources mentioned or any others, what information sources to do you use most to help you make policy decisions about public health issues?" Table 6 shows that legislators and commissioners differ greatly in terms of the sources used.

Table 6. Most Often Used Source of Information to Make Public Heath Policy Decisions

	Legislators %	Commissioners %
All Sources	6.4	3.1
Government: Agencies etc.	3.6	0.4
Health Dept.	2.7	31.6
Health Professionals	17.3	30.5
KDHE	9.1	4.3
Individuals/Lobbyists/Organizations	14.5	1.6
Legislative Research & Staff/ Research Departments	20.9	NA
News/Medical Journals	7.3	14.5
KDHE & Individuals/Lobbyists/Organizations	2.7	4.7
Colleagues/Other Commissioners	0.0	1.6
Own Education/Experience	0.0	1.2
Advocacy Groups	4.5	0.0
Other Legislators	4.5	NA
Other Sources/Other Combinations of Sources	6.4	6.3
TOTAL	100.0	100.0

Consistent with results in Figure 5a above, legislators tend to report that legislative research is the most often used source of information upon which public health policy decisions are based. Among legislators, this source is closely followed by health professionals (outside county health departments) as a source of such information. Results among commissioners indicates that the county health department and health professionals (outside of county health departments) are the most often used sources for information that influences policy decisions on public health.

Following the questions regarding sources of information on public health that the respondent uses, the survey sought to determine the ways in which respondents prefer to get information for making policy decisions. Respondents were asked to rate a set of items on a scale of 0 to 10, where 0 means don't like getting information that way at all and 10 means very much like getting information that way.

Table 7. Preferred Ways of Getting Information for Policy Decision Making*

	LEGISLATORS Mean (Std. Dev.)	COMMISSIONERS Mean (Std. Dev.)
Reading in-depth articles or reports	4.80 (2.82)	5.71 (2.52)
Reading brief summary information	8.38 (1.50)	7.88 (1.78)
Talking one-on-one with informed individuals	8.67 (1.57)	8.83 (1.41)
Receiving testimony at hearings or committee	7.87 (1.64)	6.47 (2.39)
Watching videotapes	4.65 (2.54)	5.25 (2.43)
Listening to audiotapes	4.07 (2.79)	4.36 (2.55)
News media articles and reports	5.34 (2.06)	6.01 (2.42)
Forums or seminars lasting 1 to 3 hours	5.80 (2.56)	6.33 (2.59)
Conferences lasting 1 day or longer	4.22 (2.91)	4.91 (2.74)

* Items are measured on a 0 (don t like getting information that way at all) to 10 (very much like getting information that way) scale.

Examining the mean scores in Table 7, there are three methods among legislators that are much preferred over the remainder. Those sources in order are are: receiving testimony at hearings or in committee, talking one-on-one with informed individuals, and reading brief summary information. The latter two sources are the two most preferred ways of receiving information among commissioners. A distant third among commissioners is receiving testimony, followed by forums or seminars lasting 1 to 3 hours and news media articles and reports.

A follow-up question to the above series asked "Of the ways mentioned or any others, what ways do you most prefer to get information for making policy decisions?" Table 8 shows that one-on-one contact is the most preferred way among both legislators and commissioners for obtaining information to formulate policy decisions.

Table 8. Most Preferred Way of Receiving Information Used for Making Policy Decisions

	Legislators %	Commissioners %
Brief Summaries	14.5	5.5
Conferences/Seminars	2.7	8.7
Informed People and Experts	3.6	14.2
One on One Contact	22.7	25.2
Reading Briefs and articles/Reports	8.2	13.4
One on One and Reading Briefs or Reports	17.3	8.3
Audio or Video Tapes/Internet/Media	3.6	7.1
Testimony and Briefs	3.6	0.8
Legislators/Colleagues	4.5	0.4
Forum/Roundtable/Conferences	1.8	5.9
All of the Above	1.8	3.9
Health Departments / Institutions	0.0	3.1
Constituents	0.0	2.0
Legislative Staff Research and Hearings	8.2	NA
Lobbyists	1.8	NA
Other*	5.5	1.6
TOTAL	100.0	100.0

Single responses among six legislators did not fit well into the remainder of the themes reported in the table. These responses include: “own research, credible sources, legislative audits, attending meetings, committee activity, word of mouth.”

Respondents were also asked to report on the "ideal length of written materials you read to help you make policy decisions." Figure 6a shows that among legislators, the most preferred length of written material is two to three pages, followed by one page or less. Commissioners report greater preferred length of materials, with about twice as many (9%) willing to read four to 10 pages compared to legislators (4%). In addition, 26% of commissioners say they prefer written material as long as necessary to convey the information, compared to 18% of legislators who report so.

Figure 6a. Preferred Length of Written Materials in Helping to Make Policy Decisions: Legislators

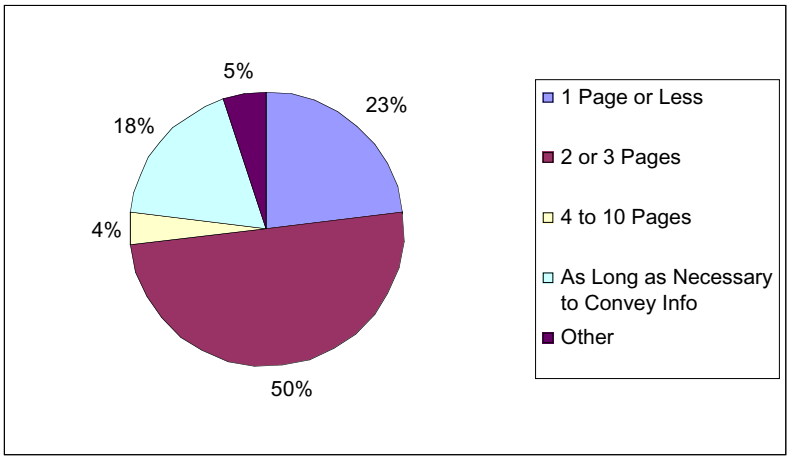
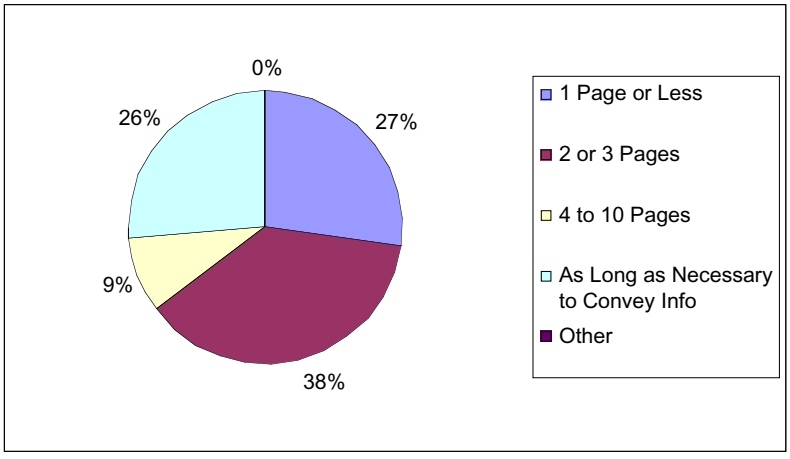


Figure 6b. Preferred Length of Written Materials in Helping to Make Policy Decisions: Commissioners



A final item related to the informational need patterns among respondents asked, "In making policy decisions, would you say you have enough reliable information on public health never, sometimes, usually, or always?" Figure 7a shows that among legislators a majority (61%) feel they usually have enough reliable information. Another 30% indicate they sometimes have enough reliable information, while only 2% feel they never have enough reliable information. Results are very similar among commissioners as illustrated in Figure 7b.

Figure 7a. Have Enough Reliable Information on Public Health: Legislators

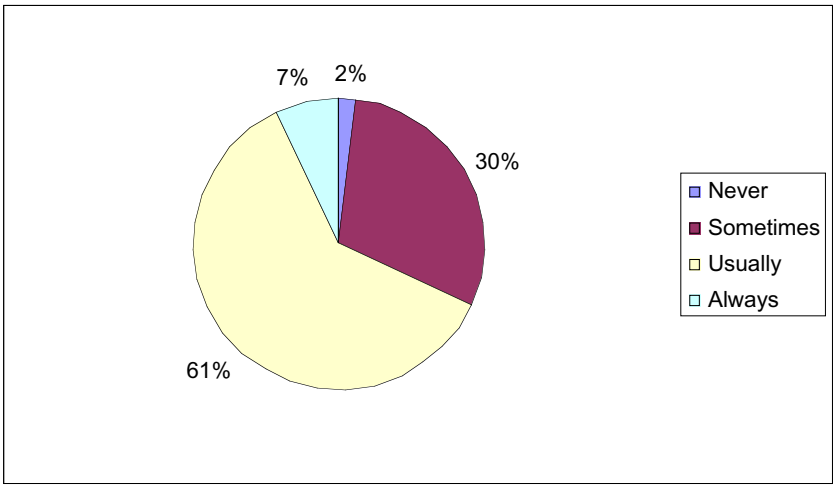
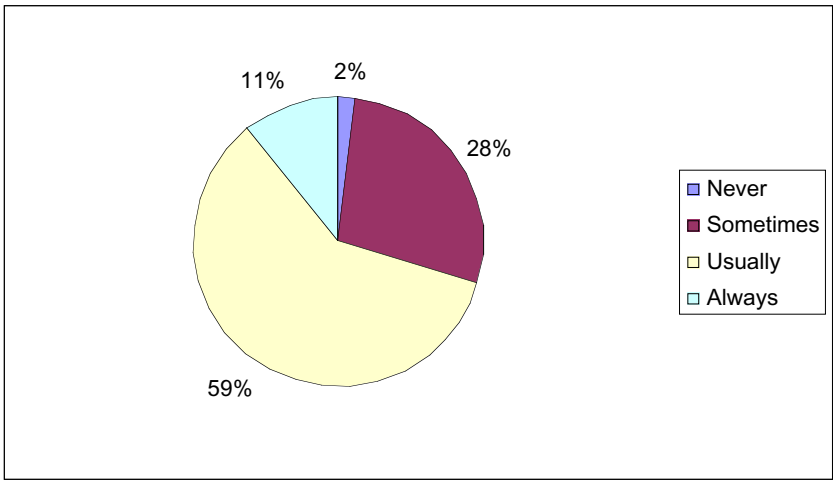


Figure 7b. Have Enough Reliable Information on Public Health: Commissioners



A final open ended survey items asked, "What, if any, health issues or topics would you like more information on for your official duties?" Because the responses of legislators and commissioners differed substantially, the results from each group are reported in two separate tables below. Table 9. shows that a large percentage of legislators would like more information on "health care/prescription drugs/health insurance."

Table 9. Health Issues/Topics on Which Legislators Would Like More Information

	Percent (%)
Bioterrorism	10.3
Health Care/Prescription Drugs/Health Insurance	41.0
Environmental Concerns/Water	9.0
Cancer/Alzheimer s/Elderly	9.0
Mental Health	3.8
Nothing	6.4
Other	20.5
TOTAL	100.0

Table 10 shows results among commissioners. The largest percentages and equal percentages (about 22%) say they would like more information on "bioterrorism" and "health care/prescription drugs/health insurance."

Table 10. Health Issues/Topics on Which Commissioners Would Like More Information

Bioterrorism	24.6
Health Care/Prescription Drugs/Health Insurance	22.3
Environmental Concerns/Water	4.5
Cancer/Alzheimers/Elderly	7.8
Mental Health	0.6
Other	8.9
Communicable Diseases	7.3
None	8.4
Funding / Financing	8.4
Childcare / Children s Health	2.2
Already Enough Information	2.8
Any Information	2.2
TOTAL	100.0

Appendix: Survey Instrument

Kansas Health Institute Survey

Changed wording from Legislator wording to Commissioner wording
Question not relevant to Commissioners, will be skipped

Q:Q1a
First, I m going to read a list of statements about health and health programs. After each statement, please tell me if you strongly agree, agree, disagree, or strongly disagree. OK, let s begin. How much do you agree with the following statements..

Q:Q1a Preventing a disease is usually less costly than treating a disease.
Q:Q1b Protecting people s health is a legitimate role of government.
Q:Q1c Most health problems are caused by people s personal choices and behaviors.
Q:Q1d Private property should not be subject to environmental health regulation.
Q:Q1e Diseases are mostly the result of heredity.
Q:Q1f Toxic substances in the environment cause many health problems.
Q:Q1g The State is doing all that is necessary to meet the public health needs of Kansans.
Q:Q1h It is important that Kansas be similar to other states in terms of general health indicators.
Q:Q1i The amount of funding currently spent by THE STATE on public health programs is adequate.
Q:Q1j The amount of funding currently spent by YOUR COUNTY on local public health programs is adequate.

Q:Q2 When you hear the term public health , what do you think of?
[Themes coded from this item appear in data set as Q2code]

Q:Q3
In your opinion, which one of the following best describes what public health is?
1 Government-provided healthcare services for the poor
2 All healthcare services
3 Activities that promote health and prevent disease in the population
4 NONE
8 DON T KNOW
9 REFUSED

Q:Q4
In your opinion, which one of the following groups benefits MOST from the public health system?
1 Children
2 The elderly
3 The poor
4 The community as a whole
5 OTHER (specify)
8 DON T KNOW
9 REFUSED
Q: Q5oth [DO NOT READ] [TYPE HERE THE OTHER GROUP WHICH THE RESPONDENT FEELS BENEFITS MOST FROM THE PUBLIC HEALTH SYSTEM]

Q: Q5a
Now I am going to read a list of health-related activities and services. For each one, please tell me how important you think it is on a scale of 0 to 10, where 0 is not important at all, and 10 is extremely important. Then, I ll ask if you have generally thought of it as also being a public health activity.

Note: All of these are followed by Q:Q_aph:
Have you generally thought of this as a public health activity?

Q: Q5a In your opinion, on a scale of 0 to 10, how important is monitoring safe food practices in restaurants?
Q: Q5b On a scale of 0 to 10, how important is inspecting hospitals and nursing homes?
Q: Q5c How important is collecting data on infectious diseases in Kansas?
Q: Q5d How important is preventing epidemics and the spread of disease?
Q: Q5e How important is public education to encourage good nutrition and physical activity?
Q: Q5f How important is providing immunizations to children?
Q: Q5g How important is enforcing clean water regulations?
Q: Q5h How important is providing affordable mental health services?
Q: Q5i How important is providing nutritional services for women, infants, and children through the WIC program in your county?
Q: Q5j How important is screening people in the community for conditions like high blood pressure and diabetes?
Q: Q5k How important is improving the health status of minority groups in Kansas?
Q: Q5L How important is responding to the health consequences of possible bioterrorism events?
Q: Q5m How important is providing healthcare services for children whose families cannot afford health insurance?
Q: Q5n How important is providing healthcare services for adults who cannot afford health insurance?
Q: Q5o How important is conducting research to determine causes of diseases?
Q: Q5p How important is conducting research to identify the cause of a high rate of cancer in one Kansas county?

Q:Q6
Do you think that the citizens of your county are very concerned, somewhat concerned, or not very concerned about the threat of bioterrorism in the county?
1 Very concerned
2 Somewhat concerned
3 Not very concerned
8 DON T KNOW
9 REFUSED

Q: Q7 What do you consider to be the top public health concern in your county?
[Themes coded from this item appear in data set as Q7code]

Q: Q8a
We would like to know how much you use different sources of information to make decisions about public health issues. I m going to read a list of different sources of health information. Please tell me how often you use that source of information: frequently, occasionally, or never. OK...

In making policy decisions about public health, how often do you use information from ..
Note: All questions use the follow answer categories:
1 Frequently
2 Occasionally
3 Never

Q:Q8a The Kansas Department of Health and Environment
Q: Q8b How often do you use information from your local health department?
Q: Q8c How often do you use information from your own healthcare provider?
Q: Q8d How often do you use information from other healthcare providers in your county?
Q: Q8e How about information from other commissioners?
Q: Q8f How about information from your government support staff?
Q: Q8g Information from Party Leadership?
Q: Q8h How often do you use information from lobbyists?
Q: Q8i Information from advocacy organizations?
Q: Q8j How often do you use information from university researchers?
Q: Q8k How often do you use information from other scientific experts?
Q: Q8L How often do you use information from individual citizens in your county?
Q: Q8m How about information from newspaper reports?
Q: Q8n How about information from television or radio reports?
Q: Q8o How often do you use information from the internet?

Q: Q9 Of the sources mentioned or any others, what information sources do you use MOST to help you make policy decisions about public health issues?
[Themes coded from this item appear in data set as Q9code]

Q: Q1Oa
We would also like to know the ways you prefer to get information for making policy decisions, like reading reports or attending meetings. Please rate the following from 0 to 10, with 0 meaning you don t like getting information that way at all, and 10 meaning you very much like getting information that way.

Q: Q10a On a scale of 0 to 10, how much do you like reading in-depth articles or reports?
Q: Q1Ob On a scale of 0 to 10, how much do you like reading brief, summary information?
Q: Q1Oc On a scale from 0 to 10, how much do you like talking one on one with informed individuals?
Q: Q1Od How much do you like receiving testimony at hearings or committee meetings?
Q: Q1Oe How much do you like watching videotapes?
Q: Q1Of How much do you like listening to audiotapes?
Q: Q1Og How much do you like getting information from news media articles and reports?
Q: Q1Oh How much do you like attending brief information forums or seminars that last 1 to 3 hours?
Q: Q1Oi How much do you like attending conferences that last 1 day or longer?

Q: Q11 Of the ways mentioned or any others, what ways do you MOST prefer to get information for making policy decisions?
[Themes coded from this item appear in data set as Q11code]

Q: Q12
In your opinion, what is the ideal length of written materials you read to help you make policy decisions?
[READ RESPONSES]
1 One page or less
2 Two or three pages
3 Four to ten pages
4 As long as necessary to convey the information
5 Other (Specify)
8 DON T KNOW
9 REFUSED

Q: Q12oth What other length of written materials was given?

Q: Q13
In making policy decisions, would you say you have enough reliable information on public health never, sometimes, usually, or always?
1 Never
2 Sometimes
3 Usually, or
4 Always
8 DON T KNOW
9 REFUSED

Q: Q14 What, if any, health issues or topics would you like more information on for your official duties?
[Themes coded from this item appear in data set as Q14code]

Q: Q15
Our last questions are about you and the work you do in government. Once again, this information will be used for group data analysis only.
How long have you held your current government position?
Q: Q16 Have you served in other government or public service positions?
1 Yes
2 No
8 DON T KNOW
9 REFUSED

Q: Q16yrs How many years total have you been in public service?

Q: Q17
As part of your official duties, have you ever served on a committee or in another position with specific responsibilities for public health programs?
1 Yes
2 No
8 DON T KNOW
9 REFUSED

Q: Q18 What aspect of public service do you like most?

Q: Q19
How would you describe your political orientation on ECONOMIC issues?
[READ RESPONSES]
1 Conservative
2 Moderate
3 Liberal
4 Other (specify)
8 DON T KNOW
9 REFUSED

Q:Q19oth
[DO NOT READ.WHAT OTHER POLITICAL ORIENTATION ON ECONOMIC ISSUES WAS GIVEN?]

Q: Q20
How would you describe your political orientation on SOCIAL issues?
[READ RESPONSES]
1 Conservative
2 Moderate
3 Liberal
4 Other (specify)
8 DON T KNOW
9 REFUSED

Q:Q20oth
T: 8 5
[DO NOT READ. WHAT OTHER POLITICAL ORIENTATION ON SOCIAL ISSUES WAS GIVEN?]
Q: Q21
How would you describe your political party affiliation?
1 Democrat
2 Republican
3 Independent
4 Other (specify)
8 DON T KNOW
9 REFUSED

Q:Q21oth
[DO NOT READ. WHAT OTHER POLITICAL PARTY AFFILIATION WAS GIVEN?]

Q: Q22
In general, how would you rate your overall health?
1 Excellent
2 Very Good
3 Good
4 Fair
5 Poor
8 DON T KNOW
9 REFUSED

Q: Q23 Are you single, married, divorced, or widowed?
1 Single
2 Married
3 Divorced
4 Widowed
8 DON T KNOW
9 REFUSED

Q: Q24 Do you have children?
1 Yes
2 No
8 DON T KNOW
9 REFUSED

Q: Q24home Do any of your children currently live at home?
1 Yes
2 No
8 DON T KNOW
9 REFUSED

Q: Q25 Which one of the following describes your highest level of education?
[READ RESPONSES]
1 Some high school
2 High school graduate
3 Some college or junior college graduate
4 Bachelor s degree
5 Some graduate study or graduate degree
8 DON T KNOW
9 REFUSED

Q: Q26 Do you attend religious services regularly?
1 Yes
2 No
8 DON T KNOW
9 REFUSED

Q: Q27 What is your primary occupation?
1 Respondent provides occupation
2 Respondent is retired
3 Respondent has no primary occupation
8 DON T KNOW
9 REFUSED

Q:Q27occ
[NOTHING TO READ. ENTER RESPONDENT S PRIMARY OCCUPATION HERE]

Q: Q27ret
[READ]
What was your most recent occupation?

Q: Q28
What year were you born?
8888 DON T KNOW
9999 REFUSED

Q: Q29
Thank you very much for helping us with the survey. I have a number you can call if you want more information about the study. Would you like that number?
1 Yes
2 No

Q: YESNUM
For more information about the study, you can call Tony Wellever at (785) 233-5443. Thanks again. Good-bye.

Q: NONUM
OK. Thanks again. Good-bye.

Q: GENDER
What was the gender of the respondent?
1 Male
2 Female

Q: STATION
From what station was this survey completed?

Q: SHIFT
During what period of time was the survey completed?

REGULAR SHIFTS
1 Morning shift 10am to 12pm
2 Afternoon shift 2pm to 4pm
3 Evening shift 6pm to 9pm

OFF HOURS
4 8am to 10am
5 12pm to 2pm
6 4pm to 6pm
7 Some other time