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Stakeholder Survey Report for the Kansas Health Institute 201710002-02-SP

Final Report

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EXECUTIVE SUMMARY

Background

In 2010, the Kansas Health Foundation (KHF) contracted with RTI International to develop a 10-year evaluation plan for the Kansas Health Institute (KHI). In 2010 and 2011, RTI, with KHF and KHI, engaged in a collaborative and participatory evaluation planning process, consisting of planning activities and discussions to ensure a useful and feasible evaluation plan. One of the identified evaluation activities included a repeated cross-sectional stakeholder survey administered to individuals KHF and KHI identified as key stakeholders for its work. RTI conducted the first wave of this survey in fall 2013 and reported on the findings in spring 2014. In fall 2018, RTI updated the 2013 survey instrument based on input from KHF and KHI and re-administered the stakeholder survey to current stakeholders. This report provides results from the 2018 stakeholder survey and, when appropriate, compares them to the 2013 survey results.

Methods

To explore stakeholder perceptions about the impact of KHI's work and their use of KHI products, the RTI evaluation team administered a mixed-mode survey, which included web-based and paper survey modes. KHF and KHI identified 568 stakeholders with valid contact information (i.e., e-mail address or mailing address). Of those, 191 completed the survey (112 web and 79 paper), a response rate of 33.6%.

Survey administration started with an e-mail sent by KHF to all stakeholders to introduce the survey. This introductory e-mail was followed up 1 week later by an e-mail from RTI providing the survey link. Additionally, RTI mailed paper surveys to stakeholders for whom we did not have valid e-mail addresses. At 1-week intervals, we sent a reminder e-mail to stakeholders who had not yet completed the survey. After two e-mail reminders, we mailed paper surveys with postage-paid return envelopes to stakeholders who had not completed the survey. We closed the survey 1 month after we mailed the paper surveys to the stakeholders.

We conducted three types of analyses: descriptive, repeated cross-sectional, and subgroup analyses. For the descriptive analyses, we provide the frequency of stakeholder responses to all questions from the 2018 survey. For repeated cross-sectional analysis, we present the data from the 2013 survey and the 2018 survey. Finally, for the subgroup analyses, we stratified results by subgroups of interest and ran subgroup analyses on 2018 survey data using chi-square tests. Subgroups included stakeholder type, familiarity with KHI, involvement with KHI, social political philosophy, and fiscal political philosophy. We performed analysis using Stata 15.

During the in-person meeting with KHF and KHI on March 25, 2019, we discussed additional questions of interest to KHF and KHI. These additional findings will appear in the respective domain and will be referred to as “supplemental analyses.” For the supplemental analyses, we reported significant differences at the $p < 0.15$ level. We are including findings that were marginally significant to provide additional detail on the key questions of interest to KHF and KHI.

Stakeholder Characteristics

Most stakeholders were local government departments or agencies (30.0%) and current state legislators (24.7%). Most stakeholders had been involved in health and social policy in Kansas for at least 1 year. Approximately half of the stakeholders (50.8%) had been involved in health and social policy in Kansas for more than 10 years. Most stakeholders reported having served in their current positions for 5 or more years (55.4%). The majority of the stakeholders in 2018 were female (63.1%); stakeholders tended to identify as socially or fiscally moderate (38.4% and 42.5%, respectively). Stakeholders have a high level of familiarity with KHI; over half reported that they are very familiar with KHI. The majority of stakeholders reported that they are very involved (22.2%) or somewhat involved (55.6%) with KHI.

Perceptions of KHI’s Information, Products, and Services

The survey asked stakeholders about their perceptions of the products provided by KHI. We examined responses to survey questions about stakeholders’ satisfaction with KHI products; the value stakeholders place on KHI products; and stakeholders’ opinions of the timeliness, relevance, scientific accuracy, and partisanship of KHI’s products.

Value Information, Products, and Services

In 2018, KHI briefs/reports and informal conversations ranked among the most highly valued products, with 46.5% and 42.8% of stakeholders reporting that they highly value these products, respectively. Other highly valued products included presentations (42.6%), meeting or process facilitation (41.6%), and legislative testimony (40.5%). On the other end of the spectrum, the products with the lowest percentage of stakeholders indicating “highly valued” included social media (13.5%) and the KHI website (18.2%). Social media, in particular, received the highest percentage of stakeholders reporting that they do not value these products (35.1%).

Stakeholders’ tendency to highly value presentations, briefs/reports, e-mails, and interactive learning sessions increased from 2013 to 2018, although the differences were not statistically significant. Stakeholders tendency to highly value legislative testimony, informal conversations, responses to requests, and the KHI website decreased from 2013 to

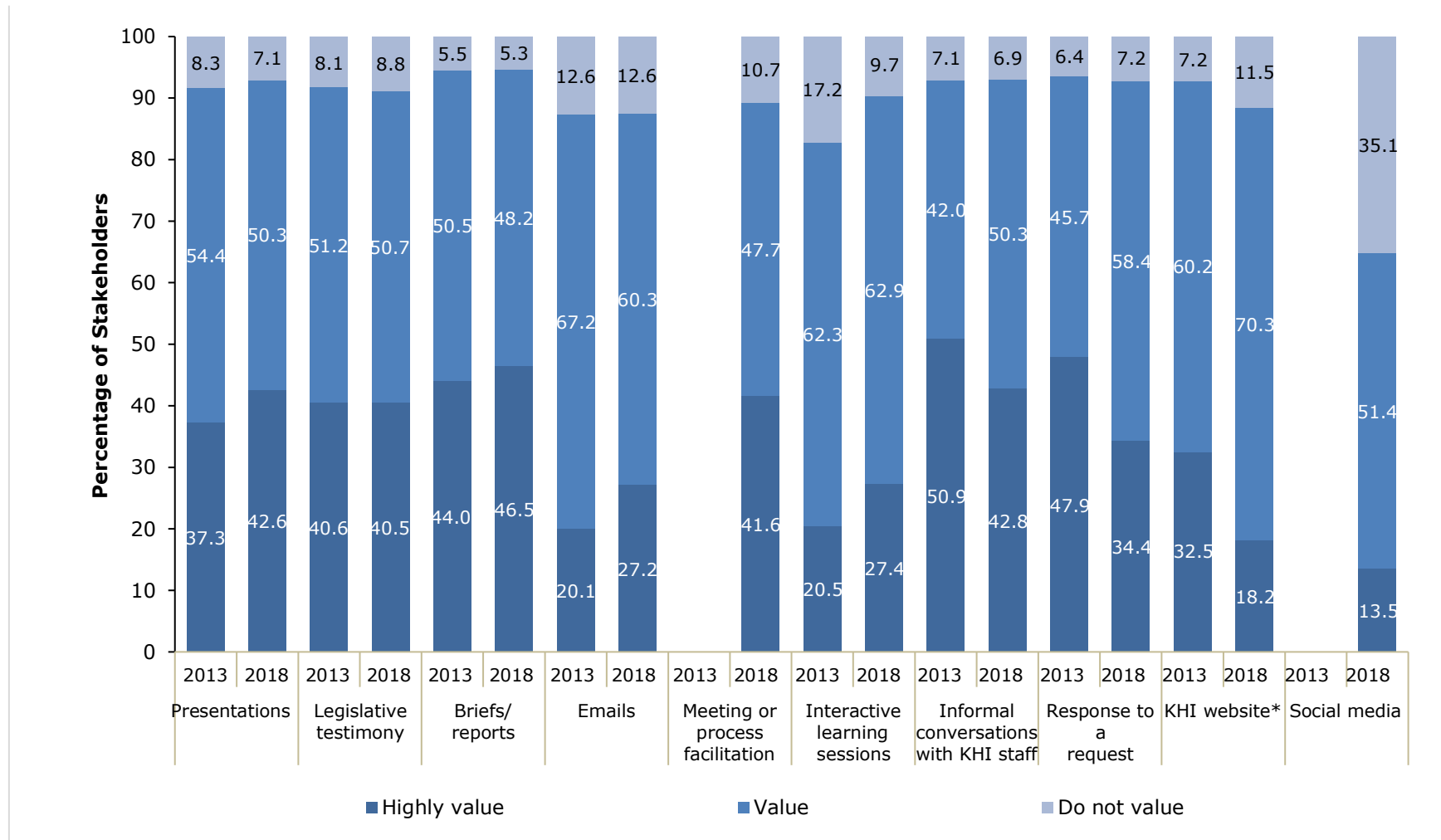
2018, although the only change that was statistically significant was for the value placed on the KHI website ($p < 0.01$) (**Figure ES-1**).

Characteristics of KHI's Information, Products, and Services

In 2018, not quite half of stakeholders strongly agreed that KHI products were of high quality (46.7%) and increased their understanding of health policy issues (46.0%). Forty-three percent of stakeholders strongly agreed that KHI products are relevant to their work and evidence based, and that they were satisfied with KHI's products overall. The item that received the lowest percentage of "strongly agree" was "products include a broad range of perspectives" (26.6%). However, 69.5% of stakeholders reported that they agreed or strongly agreed that KHI products include a broad range of perspectives. Notably, approximately the same percentage of stakeholders (71%) agreed or strongly agreed that KHI products are nonpartisan.

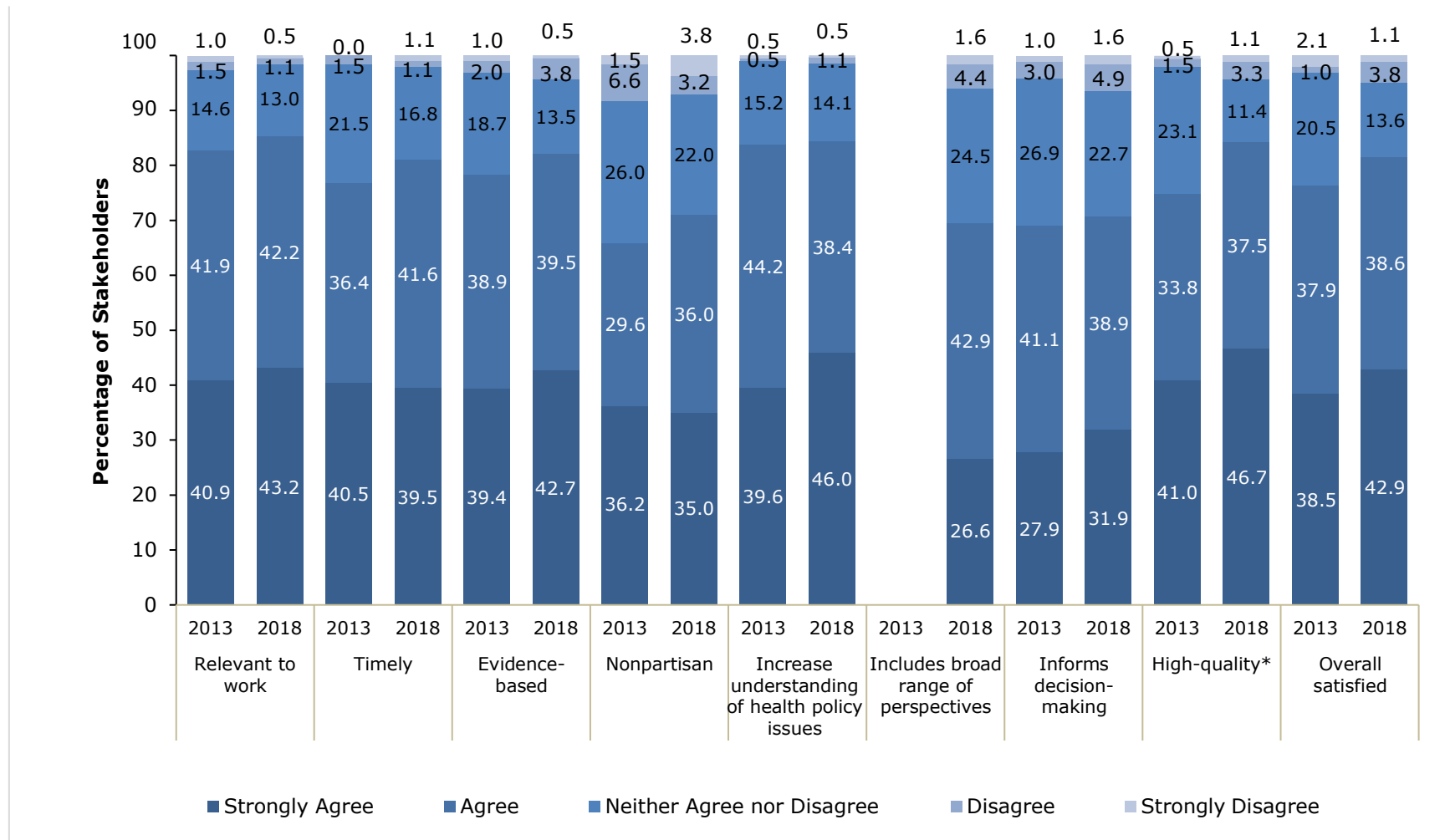
In 2018, stakeholders were somewhat more likely than in 2013 to strongly agree that the products were relevant to their work, were evidence based, increased their understanding of policy issues, informed their decision-making, and were of high quality (**Figure ES-2**).

Figure ES-1. Value Stakeholders Place on KHI’s Information, Products, and Services (2013 and 2018)



Note: 2013: N ranges from 122 to 182 for each item; 2018: N ranges from 124 to 170 for each item. Numbers for each item are available in the separate Excel file. *p < 0.01

Figure ES-2. Stakeholders’ Perceptions of Characteristics of KHI’s Information, Products, and Services (2013 and 2018)



Note: 2013: N ranges from 195 to 198 for each item; 2018: N ranges from 184 to 186 for each item. Numbers for each item are available in the separate Excel file. *p < 0.05

Involvement in or Use of KHI’s Information, Products, and Services

The survey asked stakeholders about their involvement with or use of information produced by KHI-facilitated task forces and workgroups. We also asked how often stakeholders had used KHI products (e.g., presentations, legislative testimony, briefs or reports, e-mails, meeting or process facilitation) in the past 12 months.

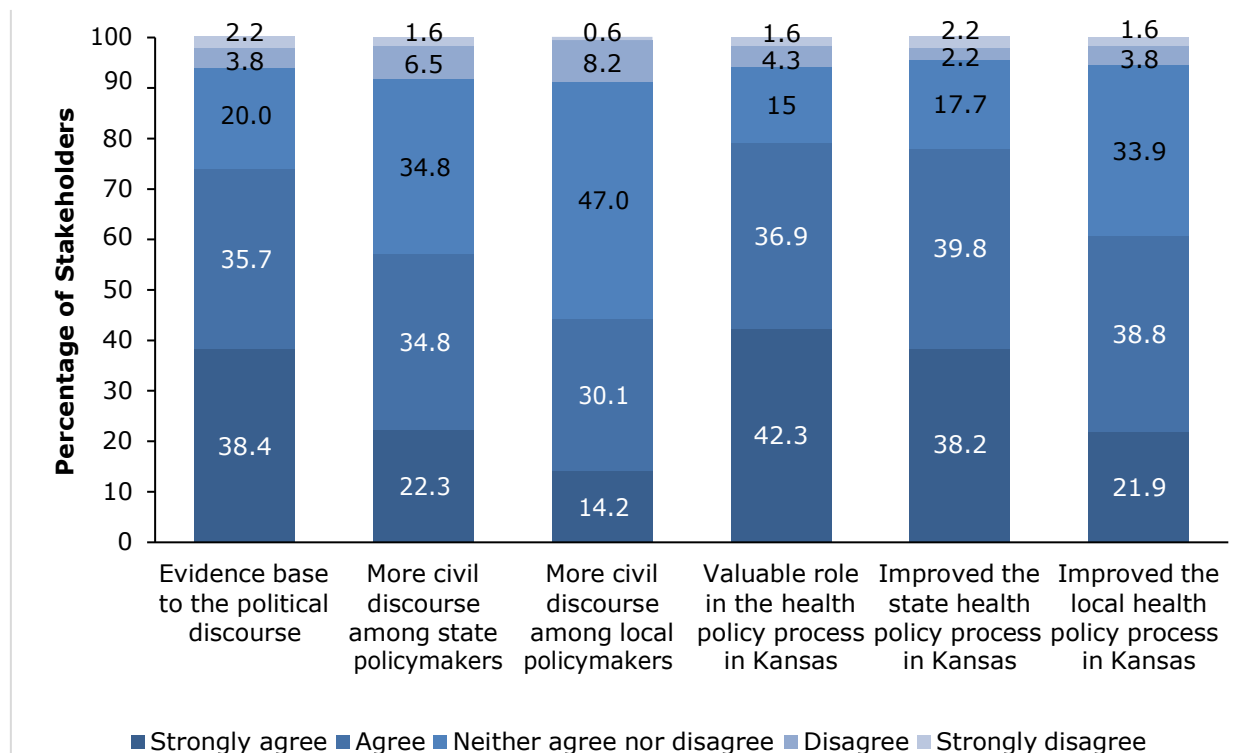
Taskforces and Workgroups. KHI facilitated processes such as task forces and workgroups on substance use disorders, mental health, the child welfare system, KanCare, and others. Most stakeholders reported that they have been involved in or used the information produced by KHI task forces and workgroups: 62.8% had read task force or workgroup reports or recommendations. Approximately one-quarter to one-third were more actively involved with a task force or work groups; for example, 35.1% had used task force or working group reports or recommendations to inform policy decisions.

Other Information, Products, and Services. Stakeholders were most likely to have used e-mails, briefs/reports, and informal conversations with KHI in the past 12 months. Stakeholders reported using e-mails (21.9%), briefs/reports (19.1%), and informal conversations with KHI (18.9%) more than five times in the previous year. Stakeholders used KHI social media (Twitter, Facebook, or Instagram) least frequently; 59.5% reported having used KHI social media zero times in the previous year.

Impact of KHI’s Information, Products, and Services

The survey explored the level of impact KHI’s products had on stakeholder work and decision-making. Nearly one-third (28.0%) of stakeholders reported that KHI made a significant difference to their work, and 61.5% reported that KHI made some difference to their work. More than half of stakeholders strongly agreed or agreed that KHI contributed an evidence base to the political discourse and facilitates a more civil discourse among *state* policymakers, played a valuable role in the health policy process in Kansas, and has improved the state and local health policy process in Kansas. Notably, fewer than half (44.3%) of stakeholders strongly agreed or agreed that KHI contributed to a more civil discourse among *local* policymakers (**Figure ES-3**). Approximately 80% of stakeholders reported that KHI contributions have improved the health policy process in Kansas to a great or moderate extent.

Figure ES-3. How KHI Products Contributed to Health Policy Process in Kansas (2018)



Note: N ranges from 183 to 187. Numbers for each item are available in the separate Excel file.

Awareness of Separation of KHI and KNS

KHI and Kansas News Service (KNS) separated from each other as of January 1, 2017. To gauge stakeholders’ awareness of this development, the survey asked if they were aware that the KNS and KHI were no longer affiliated with each other as of January 1, 2017. A majority of stakeholders (51.6%) were unaware that KNS and KHI were no longer affiliated, 36.0% were aware of the change, and 12.4% were unsure.

Selected Subgroup Findings

We conducted subgroup analyses by stakeholder type and political philosophy. These analyses entailed chi-square tests and regression analyses.

Stakeholder Type. To provide a large enough number of stakeholders in each category for meaningful subgroup analyses, we collapsed the full set (11 categories) into 4 categories: elected stakeholders, government agency stakeholders, nongovernmental stakeholder, and others. Regression analyses by stakeholder type indicated that elected stakeholders:

- Are more fiscally conservative than nongovernmental stakeholders ($p < 0.001$) and other stakeholders ($p < 0.01$).

- Find KHI products to be of high quality significantly more than governmental agency stakeholders do ($p < 0.01$).
- Use KHI presentations significantly more than governmental agency ($p < 0.001$), and nongovernmental ($p < 0.001$) stakeholders do.
- Use KHI legislative testimony significantly more than governmental agency ($p < 0.001$) and nongovernmental ($p < 0.001$) stakeholders do.
- Agree with the statement “KHI has contributed an evidence base to the political discourse” significantly more than governmental agency stakeholders ($p < 0.001$) do.

Political Philosophy. For the subgroup analyses, we collapsed the full set of answer responses into three categories: conservative, moderate, and liberal. No significant differences in results were found by stakeholders’ fiscal political philosophy. Regression analysis indicated that significantly fewer *social* conservatives (1) agreed that KHI products increase their understanding of health policy issues than either social moderates ($p < 0.001$) or social liberals ($p < 0.001$); and (2) participated in a task force or working group as a member than social liberals ($p < 0.001$).

Limitations

As this survey used a non-probability sample, data from this survey are not generalizable. The stakeholder survey sample was dependent on KHF’s and KHI’s identification of participants representing 11 categories they considered to be stakeholders. Although there were no significant differences in stakeholder characteristics between the 2013 and 2018 survey waves except that the 2013 sample was significantly more likely to be female, we cannot rule out the possibility that differences between waves could be partly related to the fact that different people participated in each wave. KHF staff who gathered stakeholder contact information for survey administration in both waves also noted that the 2013 sample was a more selective and engaged group than the 2018 sample. Therefore, changes in results across survey years may not represent changes in perceptions of the same individuals.

Conclusions

In terms of perceptions of KHI’s information, products, and services, the results highlight the strong gains KHI has made in the usefulness of certain products (presentations, briefs/reports, e-mails and interactive learning sessions), but also identify some action areas where product usefulness can be improved (legislative testimony, informal conversations, responses to requests, and the KHI website). KHI’s mission is to “improve the health of Kansans through nonpartisan research, education and engagement that support effective policymaking.” Part of its mission includes an aim to provide information that is “nonpartisan, data-driven and evidence-based.” The survey results show that KHI’s products align with that core value. Although conservative stakeholders reported less

agreement that the products are nonpartisan than moderate or liberal stakeholders, KHI has made inroads among social conservatives since 2013. Agreement with the statement “KHI products are nonpartisan” increased among social conservatives compared to social liberals and decreased among social liberals from 2013 to 2018, although the change was only moderately significant. KHI may find it worthwhile to continue focusing on the nonpartisan nature of its products when marketing, particularly to those stakeholders known to be more conservative in their philosophy.

In terms of “Involvement in and Use of KHI’s Products,” stakeholders used most of KHI’s products. In 2018, a majority of stakeholders reported that they have been involved in or used the information produced by KHI-facilitated task forces and workgroups, and approximately one-quarter to one-third were more actively involved with a task force or workgroups. Use of informal conversations with KHI staff and KHI use of the KHI website both decreased in value and use. Stakeholders’ use of the KHI website significantly decreased from 2013 to 2018. Input from KHI and KHF suggests that this finding could be a result of the separation of the KNS from KHI, which may have caused a decrease in the volume of website traffic. Another potential explanation is that stakeholders are clicking on website links through the KHI e-mails, thus placing higher value on the e-mails, rather than the website. These results were in keeping with results related to the value of products to different stakeholders and emphasize gains to date and important areas for improvement.

For the impact of KHI’s Information, Products, and Services, KHI is contributing to the work of its stakeholders and has done so over time. In both waves, a majority of stakeholders said that KHI has made some or a significant difference to their work. KHI plays an important role in political discourse and the health policy process in Kansas. Agreement with the statement “KHI products contributed to improving the state health policy process in Kansas” improved from 2013 to 2018 among social conservatives compared to social liberals, indicating that KHI has made significant inroads among social conservatives since 2013. When asked about specific KHI contributions, more than half of all stakeholders agreed that KHI had contributed an evidence base to the discourse, created more civil discourse among state policymakers, and improved the state and local health policy process.

Next Steps

KHF would like to explore how KHI makes decisions about how to use core funding from KHF. To address this question, RTI will conduct a series of key informant interviews with KHI leadership, as well as a cost study. The key informant interviews will examine the decision-making processes and strategic planning of KHI leadership. The cost study will assess how resources are allocated across program activities.

Results of the key informant interviews can help KHF better understand how decisions are made at KHI. Results of the cost study can help make recommendations about allocating funding to accomplish goals. These efforts will help KHF and KHI to understand what role core funding plays in KHI's overall mission and goals.