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I. ESSAY

Enhancing Information For State Health Policy

by Penny Feldman, Marsha Gold, and Karyen Chu

Key health policy objectives, such as health system reform, cost containment, health promotion, and health personnel development, require states to be increasingly involved in forming and implementing policy. Yet states vary considerably in their capacity to do this. Even states with the most sophisticated policy planning apparatus have critical weaknesses in the infrastructure to support effective policy formulation and implementation.

One important weakness lies in state data systems especially in their ability to generate policy-relevant information. Under virtually any likely policy scenario, states probably will want both to develop better policy information and to make better use of it. Further, the scope of states’ concerns is likely to continue to expand. As a result, effective policy making will require information on issues crossing the public and private sectors and issues applied to diverse programs and services, as well as the capacity to generate population- and area-based analyses.

The Robert Wood Johnson Foundation’s (RWJF’s) Information for State Health Policy (InfoSHP) Program was established in 1992 to help states strengthen their health data systems to support policy making and assist in program development and management. In this essay we present what was learned from the experience of the ten states funded for eighteen-month planning grants in Phase 1 of InfoSHP. We highlight key factors that may improve the ability of states to develop and use information on health policy questions. Our analysis draws largely on site visits to each state in the winter of 1993, during which we interviewed project staff and key persons in the public and private sectors. We also base our analysis on document review and other conversations with participating states.
As a prelude to this discussion, we describe what we mean by “effective” data and why the InfoSHP experience is particularly relevant for states. We then discuss six key challenges that we expect will influence states’ success in developing policy-useful information: (1) cultivating “policy champions” who support information and analysis; (2) recruiting staff with effective leadership and “bridging” skills; (3) tailoring strategies to environments with “high” versus “low” data demand; (4) balancing short-term “policy relevance” against longer-term “policy flexibility”; (5) enlisting and maintaining the support of key constituencies with divergent interests; and (6) strategically locating information initiatives.

What Are Effective Data?

Most states can point to one or more offices with thick books containing state-based statistics on the population, health resources, or the use of selected programs or services. We imagine that most policymakers do not have in mind the creation of more and thicker books as a measure of the effectiveness of their state’s data systems in addressing health policy needs. How then does one define effectiveness? Exhibit 1 lists ten characteristics of high-quality, effective data for policy making. These characteristics are split equally into two categories: (1) technical quality of data systems or information (content, currency, completeness, reliability, and analytical flexibility); and (2) strategic features that define the utility and value of data in a policy environment (cross-system flexibility, adaptability, accessibility, translation and application, and dissemination). States could have, for example, very detailed and complete data on visits to maternal and child health departments, but the usefulness of the data may be weakened if policymakers do not know that they are there or what they say. Their value also could be weakened if states are unable to match them against Medicaid records, birth records, and other sources to analyze how state maternal and child health funds contribute to prenatal care outcomes. Thus, data may be of high technical quality with strategic weaknesses. Technical and strategic characteristics obviously are not totally distinct. For example, while currency (timeliness) is a technical feature, it also involves a strategic issue: How current must data be to be accepted by policymakers?

Although state data can be weak in both technical and strategic ways, most efforts to improve data typically concentrate on the former. This focus is not surprising, since the technical quality of data is typically the province and orientation of the data producer, while strategic concerns generally fall to the policymaker. Yet policymakers typically are neither responsible for nor trained to perform the work required to address these strategic issues. They depend on data producers, who may or may not understand their
Exhibit 1  
Characteristics Of High-Quality And Effective Data For Policy Making

<table>
<thead>
<tr>
<th>Technical characteristics</th>
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<tbody>
<tr>
<td>Content</td>
<td>Cover one or more major health policy or program concerns with sufficient detail to clarify the implications of alternative policy choices</td>
</tr>
<tr>
<td>Currency (timeliness)</td>
<td>Appear on a sufficiently timely basis and with the appropriate frequencies that they provide a relatively current profile and can be credibly used</td>
</tr>
<tr>
<td>Completeness</td>
<td>Achieve sufficiently high submission, reporting, or response rates and item completion, to limit biases leading to distorted conclusions</td>
</tr>
<tr>
<td>Reliability</td>
<td>Provide classification and coding consistency to enhance interpretability and reduce confusion</td>
</tr>
<tr>
<td>Analytical flexibility</td>
<td>Support both routine and special analyses, particularly on an interactive or real-time basis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategic characteristics</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cross-system flexibility</td>
<td>Allow users to merge, compare, or jointly use data from complementary systems: include compatible and consistent variable definitions and coding categories and a linkage mechanism</td>
</tr>
<tr>
<td>Adaptability</td>
<td>Allow data content and/or reporting to be readily modified to address changing needs</td>
</tr>
<tr>
<td>Accessibility</td>
<td>Provide clear reports to a nontechnical audience; make available diverse reports or information tailored to different decision needs or users, and provide access to public-use data sets at a reasonable cost so that they can be independently analyzed</td>
</tr>
<tr>
<td>Translation and policy applicability</td>
<td>Effectively translate technical data to policy-relevant information</td>
</tr>
<tr>
<td>Dissemination</td>
<td>Accurately and fully inform potential users or decisionmakers about the resource and how to access it effectively</td>
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Thus, generating data that are useful for policy requires the interdependence of data producers and policymakers. For example, unless decision-makers take the lead in defining priorities, cross-system flexibility of data is likely to fall short of its potential for policy relevance. In addition, in thinking about how to enhance information for health policy making, definitions of policymaker and data producer probably need to include key actors in both the public and private sectors who are likely to have a stake in the outcome.

It is also important to have realistic expectations about the extent to which data can be improved or will be used. It is unlikely that data will be equally used or useful for all kinds of decisions. For example, policy making consists of identifying issues and agendas, generating and assessing alternative options to achieve these, and choosing among the options.3
importance of data relative to other inputs in this process probably declines as one moves from agendas to alternatives to choices. The policy environment also varies across states. For instance, Charles Lindblom and David Cohen point out that “ordinary knowledge” (such as intuition or anecdote) and interactive problem solving are alternatives to formal analysis as a basis for policy formation. States vary in their style of decision making and in the extent to which they rely on and use data in the policy-making process. The strategies for and constraints on enhancing the use of data therefore are likely to vary across policy environments, and success in generating effective data also may need to be viewed differently from state to state.

Design Of InfoSHP And Relevance For Other States

InfoSHP was designed by RWJF and its advisers after extensive consultation with state officials and other knowledgeable informants to develop insight into the most important ways in which state data systems fall short of meeting policy needs and what strategies could most effectively improve these shortcomings. As Joel Cantor, director for evaluation research at RWJF and one of the developers of the InfoSHP program, observed:

External funding of state data systems to meet federal needs has enhanced the resources available for state data systems but has also detracted from a focus on meeting the objectives of state policymakers. With InfoSHP, we were trying to make the state the linchpin of efforts to bring together constituencies from within the public and private sectors to promote enhancing data to support state health policy formation.

Inherent in the InfoSHP program design are the beliefs that (1) data improvements should be defined by policy needs, and they should be defined locally by the policymakers in each state; and (2) sustained support for more valuable and relevant data that policymakers use will require constituencies to be built across key public- and private-sector policy making and data-producing communities. Thus, the program gives states great flexibility in policy content and data projects but requires them to link their efforts to key policy priorities. It also requires them to develop short- and long-range plans for addressing these priorities through an inter-agency process that involves public- and private-sector interests as a means of generating long-term support.

After a competitive process that generated proposals from forty-four states, the foundation awarded ten states Phase I grants of about $150,000 each to review information needs and to develop plans for comprehensive improvements in their health data systems. During this eighteen-month phase, which began 1 March 1992 and ended 31 August 1993, each state was to (1) conduct a comprehensive review of state information needs for
health policy development and program management; (2) prioritize these needs; (3) establish short-term and long-term (for example, two-year and five-year) plans for meeting these needs; and (4) develop a specific, detailed proposal for enhancing existing data systems or for creating new ones to meet high-priority information needs.

The program was to be developed under a lead state agency designated by the governor and charged with convening an interagency working group to prepare a plan for improving the data infrastructure. The foundation’s criteria for selecting states emphasized the need to designate lead agencies that demonstrated sufficient stature and breadth to marshal and guide broad-based change and to develop an interagency working group with active participation from all relevant parties within and outside government. The selection criteria also targeted states whose proposals reflected a link between data and broad, state-specific policy priorities. In addition, the criteria encouraged selecting states with a reasonable, basic statistical infrastructure but with a range of levels of sophistication. Thus, the ten states varied but tended to be more sophisticated than average. The selection panel classified four states as having extremely well developed health data infrastructures that needed to be strengthened for policy applicability; five states with reasonably well developed health data infrastructures that, with InfoSHP support, could become as strong as the first group; and one with a relatively undeveloped health data infrastructure that it wished to improve.

By design, InfoSHP states competed with each other for Phase II implementation grants, which seven states received. The grants provide up to $1 million per state for four years starting in fall 1993, with a required state match and the anticipation that projects will be self-sustaining at the end of the period. Funding is to support data system improvements addressing the high-priority information needs identified in Phase I. The interagency working group is expected to continue to review needs and priorities in Phase II; the lead agency may be different from the one in Phase I if the change is in the best interest of the project and maintains a continuous role for key staff.

Thus, InfoSHP reflects an attempt to improve both the technical and the strategic characteristics of data. The initiative has both a product-oriented objective (that is, concrete improvements in policy-relevant information) and a process-oriented objective (that is, institutionalizing the ability to identify, develop, and transmit policy-relevant data over time). The challenge for states is to achieve an appropriate balance between the two.

InfoSHP’s flexible focus and broad-based structural requirements can help to identify challenges and to develop insight into useful strategies that can enhance the effectiveness of data for policy purposes. The major focus of our work as national evaluators is to assess program outcomes, identify
the organizational and political factors contributing to success, and describe best practices and effective models, including the role of the interagency process.

Our evaluation of Phase I concluded that InfoSHP worked reasonably well in its first phase, with states investing heavily in creating extensive interagency processes involving key stakeholders. InfoSHP provided funding useful to this purpose, but, at least as importantly, the program and the RWJF imprimatur enhanced the credibility and legitimacy of state data initiatives and hence their potential effectiveness. In the short term, the most important outcomes of Phase I probably were the increased awareness of and communication across diverse data producers and users in the state, including reductions in turf barriers to sharing data, as well as the possible creation of new ways of thinking about data and their link with policy.

All ten states did not fare equally well in Phase I. In particular, the three states not funded for Phase II all had less experience in using data in the policy environment and possibly as a result were less successful in attracting appropriate staff for InfoSHP. This made it more difficult for these states to confront the challenges they faced, which in one state involved the loss of a strong InfoSHP supporter and in another the defeat of the policy initiative upon which its efforts were based. In the discussion that follows, we present lessons about what made states more or less successful in identifying improvements and in generating support during Phase I of InfoSHP.

Challenges In Enhancing Data Effectiveness

Improving the effectiveness of information for state health policy depends on a dual strategy: motivating the producers of state health statistics to provide more relevant data, and persuading potential consumers of the data’s value and increasing their use of the data. Because producers and consumers span numerous agencies and organizations in the public and private sectors, affecting both groups means selling “up and down” the system-convincing a single official to support an innovative idea is rarely sufficient. Because key parties represent diverse and sometimes conflicting interests, devising an effective strategy and mobilizing appropriate incentives pose a variety of complex challenges. Here we discuss six challenges, drawing on examples from InfoSHP Phase I. While none of the InfoSHP states was fully successful in addressing all of these challenges, we believe that facing them head on will improve the use of information in InfoSHP states and others.

Identify and cultivate “policy champions.” In their review of studies on information diffusion, Edward Glaser, Harold Abelson, and Kathalee Garrison identify championship or advocacy by persons in positions of
power and authority as a key ingredient of successful change. Because new ideas and information rarely are accepted on the basis of their merits alone, influential change-oriented advocates can serve as both models and persuaders. If the goal is to improve policy making through enhanced data and analysis, the support of one or more key policymakers who will champion the use of information is likely to be a marketing asset. Moreover, if the person with primary responsibility for a data initiative does not have a strong policy background or hold a prominent position in the policy-making community, an information champion within that community is probably essential for success.

Policymakers differ in decision-making and analytical styles. Some are more oriented toward using data; they may also be particularly savvy in identifying data needs, organizational strategies, and effective applications of data to policy. InfoSHP experience suggests that a policy champion with appropriate policy responsibility and power who both supports data initiatives in theory and appreciates how data can be applied is extremely valuable. Four of the ten InfoSHP projects either had or sought out such highly placed champions who used their influence to promote the project. They tended to be senior political executives (for instance, commissioners or deputy commissioners in departments of health or human services) who agreed not simply to write letters of support or lend department resources, but to chair committees, enlist other decisionmakers, and lobby for dollars and staff dedicated to data initiatives. The efforts of these champions were important in bringing key data producers and users (or potential users) to the table, in helping to establish information priorities, and in marshalling resources.

**Recruit staff with effective leadership and bridging skills.** Policy champions are most likely to achieve their goal when their vision is shared by lead staff with effective bridging skills. By this we mean the ability to communicate authoritatively with the technicians who produce and analyze data and with the politicians and policymakers who are potential users of the data. This ability is not simply a matter of having verbal skills and making good presentations, although both are important. It rests fundamentally on knowledge and understanding of (1) the kinds of information that policymakers are likely to find useful and (2) how available hardware, software, and data can be combined to convey that information to the policy community. Leaders who have some entrepreneurial orientation are especially useful. The defining characteristic of the entrepreneur is the willingness (and freedom) to invest personal and, where possible, organizational resources—time, energy, and reputation—in the pursuit of better-informed policy.

Theoretically, entrepreneurs with effective bridging skills can be drawn
from either the technical or the policy communities so long as they understand the needs and interests of both. This is an important caveat, since few persons appear to embrace both types of understanding, and some have neither. Early InfoSHP experience suggests that technical experts with little program or policy experience, however, may find it more difficult to perform the bridging role than persons who have had some high-level experience in program management or policy planning, especially if they also bring technical understanding. This was a problem in InfoSHP, since at least five of the ten Phase I InfoSHP states selected project directors with strong technical skills in working with health strategies, only one or two of whom had prior exposure to policy or management. These states were more likely to develop projects that were primarily technical in nature, such as linking records on nutrition subsidies for women, infants, and children to vital statistics, with relatively little thought about how they would be useful to policymakers.

In contrast, three states recruited project directors who had served in relatively high-level policy-planning or operational roles in the public and private sectors. These project directors were more successful—at least in the early stages of InfoSHP—in fostering discussion among policymakers, statisticians, and computer experts about useful policy applications. They also appeared to be more sensitive to the need for multiple “payoffs” or incentives to sustain the interest of diverse participants in what otherwise might be perceived as a dry and technical quest for better information. Policy relevance, however, was a challenge for all states; InfoSHP projects found it easier to identify data improvements than to identify policy applications. InfoSHP states appear to recognize the importance of this issue; three of the seven states participating in Phase II have changed project directors, typically to achieve what they regard as a better balance between policy and technical expertise.

**Tailor strategy to environments.** Assessing the environment is a major underpinning of effective strategy. If better use of information for policy is the goal, the environmental factor critical to an effective strategy is the nature of the policy-making process and, in particular, prevailing attitudes and norms governing data use. In two of the Phase I InfoSHP states, data were central to policy making. Indeed, data sometimes drove an adversarial process of political negotiation. In these “high-demand” states, public and private decisionmakers in both sectors used data to support policy analysis and as a tool for resolving differences. Data were also used as a tool for program monitoring and management. In three InfoSHP states at the opposite extreme data played a limited role. In these “low-demand” states, the anecdotal information, political or organizational alliances, and other factors that are important in all states were the more dominant and central
forces in the policy arena. Which comes first, good data or the demand for them, is an important but difficult question to answer.

InfoSHP experience suggests that to be successful in low-demand states, strategies will have to focus heavily on the demand side of the market-on ways to alter the perceptions of policymakers who are potential consumers. For example, in one InfoSHP state in which demand for data was reasonably low across the board, project staff plan to “market” health data by conducting a policy-oriented telephone survey, promoting electronic dissemination of child development and long-term care information, and making presentations to legislative study commissions, state agencies, and consumer advocacy groups. In contrast, to be successful in high-demand states, strategies have to be more “supply-side” oriented; they must focus on ways to improve data content, flexibility, and accessibility so that information can be used more readily and in more sophisticated ways. For example, one high-demand state intends to link multiple databases, standardize privacy protection policies, and broker data in ways that better address policy, program, and clinical needs. Another state plans to produce comprehensive state health spending estimates by local service area and to construct county-based primary care measures from linked data sets. In high-demand states, the challenge of producing more usable information may be less a matter of generating policy-relevant data than of garnering recognition of and support for cooperative data activities, especially if there is conflict over ownership of data and/or competition for funding among data producers,

Balance policy relevance against policy flexibility. Even in states in which prevailing norms do not typically support the use of data, emerging policy issues may precipitate a quest for better information. Health reform raises a host of questions about the number of uninsured, the size of employers, and the magnitude of costs in certain areas and has been an impetus for improving data in states that are pursuing reform, as well as in states that face opposition to reform.

When such a data-dependent issue rises high on the public agenda, it presents a tempting opportunity for the information entrepreneur. For example, a number of states have found that pending reforms have generated demand for systemwide databases involving hospital discharge sets, ambulatory care data, population surveys, and employer or insurer reporting-areas once strongly opposed, lacking in funds or interest, and perceived to have little importance. On the other hand, because policy interest tends to wax and wane, responding to hot agenda items may create instability if work is tied too closely to an issue whose resolution is unclear. One InfoSHP state found itself in a reactive mode, waiting for the legislature to set priorities for health reform, while another state’s efforts were undercut
when its health reform legislation was defeated. Thus, in taking advantage of policy windows, it may be important to minimize dependence on a single policy initiative, especially if its outcome is not resolved.

Immediate policy concerns also raise the question of short-term versus longer-term strategy: that is, whether to concentrate on mobilizing data quickly to gain support or on developing a broader institutional focus. The former emphasizes the immediate relevance of data translation efforts, while the latter is geared toward longer-term policy flexibility. The former “quick-hit” approach probably will garner support for and reinforce interest in the larger data translation enterprise, which may be particularly valuable in states with low data demand. On the other hand, it creates a greater risk of failure if the policy window closes before information can be provided or if the opportunity cost of producing relevant information is not developing longer-term data improvements. In the end, system improvements that build long-term capacity to respond to short-run decisions may be the most effective technical means for promoting data use.

**Gain support of key constituencies.** With the assistance of whatever technical innovations are available, the fundamental challenge in promoting the use of data for policy is to enlist and maintain the support of actors from the policy-making and data-producing communities. The involvement of would-be consumers is necessary for both defining policy relevance and promoting data use. The support of data producers is key to promoting data accessibility. The divergent interests and perspectives of these actors create tensions that, while never likely to be fully resolved, must be addressed if change is to occur.

One set of tensions identified in our field interviews derives from the differences between potential data consumers and data producers. The former, operating under policy-driven time demands, tend to view information as instrumental to other ends. They want to know how data can further a substantive goal, such as expanding primary care to an underserved and/or uninsured population, or can minimize the risk of political embarrassment, for example, by identifying the number and type of eligible or ineligible service users. Data producers tend to view the development of information as an end in itself. They are concerned with issues related to data collection, processing, and analysis, as well as with the accuracy, completeness, and reliability of the data.

A second set of tensions derives from differences within the community of potential users. The information sought by high-level policymakers (such as data on the magnitude of a problem or changes over time) is different from what managers want (for instance, information on the degree to which a program is operational, how many people are enrolled, and where they are getting service). Information needed for program account-
ability (such as data on program cost and outcomes) is different still.”
Tensions also stem from differences in institutional norms and constraints. While cost information is a priority for state budget officers (especially in times of fiscal crisis), health department staff generally value information related to health status and clinical outcomes. Meanwhile, legislators prize constituency-related information that highlights government benefits or program impacts in their districts and for their contributors. Given scarce resources, choosing among competing purposes almost certainly will be necessary, and not all potential users can be satisfied.

A third set of tensions derives from differences within the data-producing community. Because information—especially program- and provider-specific information—is a source of power, turf battles over the control of raw data and its forms of release are an important potential barrier to data use. A common theme among data producers that we interviewed was fear that data would be misused if released for manipulation by others. Thus, they often wished to guard unrefined data and generally favored the release of reports rather than underlying databases. Whether true or alleged, privacy considerations also were cited as obstacles to the sharing of data, even within agencies in a single department. InfoSHP experience suggests that career state officials may be more comfortable working with data producers in the public rather than the private sector and more aware of their needs and constraints. Although some states had developed strong collaborative arrangements with private-sector data producers, others had avoided or clashed with hospital associations, medical societies, insurers, and other custodians of private data. Many of the InfoSHP states viewed the investment in breaking down some of these barriers and getting agencies to “buy in” to data improvement initiatives as some of the most significant outcomes of the interagency process.

Strategies for resolving tensions. The first lesson from InfoSHP experience is that it is probably unrealistic to expect that all relevant interests can be accommodated. Given the program’s broad mandate, there was a natural tendency in its development phase for objectives to proliferate and become more diffuse because of efforts to accommodate the wide range of actors involved early on. However, there appear to be real trade-offs between addressing numerous interests and being able to focus resources on producing concrete results. Developing projects to satisfy a wide range of data users can enhance support, although it also may raise unrealistic expectations that everyone’s needs can be met and lessen the ability to address high-level policy issues. As one observer noted, there are many more program managers than policymakers. Virtually all of the states found it necessary to whittle down “wish lists” and sharpen their focus, thereby losing the support of some constituents. This phenomenon occurred even though states
chose more than the one short-term priority project that the foundation originally asked them to identify.

A second lesson from InfoSHP is that innovative strategies—involved both products and processes—can be designed to balance multiple interests. In the product-oriented category, one state is attempting to balance the interests of various data users through a model that differentiates policy, program, and clinical patient management needs. This model assumes that there is a core data set that differentiates into more detail as one moves from policy to program to practice. However, the state also is concerned about, and is deciding how to address, the possibility that this model may create unrealistically high expectations.

In the process category, all of the InfoSHP states were required to develop an interagency work group and to design a process for broad-based involvement in setting priorities and in project development. While four of the states developed processes that were relatively superficial, the others to varying extents laid the groundwork for systematic processes to identify, develop, and transmit policy-relevant data over time. These processes, sometimes designed with the help of outside consultants or facilitators, were explicitly structured to balance broad participation with leadership. The bodies created were distinguished by inclusive membership, strong direction, significant input from a genuine cross-agency management group or steering committee, direct links to one or more important policy audiences, and subcommittees or task forces designed to engage the interest of senior policymakers while allowing for more detailed work by data producers. Almost all states had difficulty involving legislators or their staffs in priority setting or planning, which often tended to involve extensive meetings and long time horizons. Personalized briefings and other communication tools may be needed to gain the input and support of legislative policymakers.

**Treat placement of data initiatives as strategic decisions.** One of the most important strategic decisions made by InfoSHP states was where to locate an initiative within the state government. In several instances, the choice was constrained by the impetus for the initiative. For example, one entrepreneurial agency staked a claim on the effort and other potential sponsors were put off; or only one agency or official was willing to commit energy and resources to launching the new project. Although executives in the governor’s office or the relevant cabinet-level department had some freedom to delegate leadership, the temptation was to take the path of least resistance and treat the decision as routine or predetermined rather than strategic and open. This was even more likely once the effort was under way, when the political, fiscal, and symbolic consequences of the decision to move the initiative were greater than at the outset.
Yet, the location of the initiative and the source of its mandate influence how it is viewed and how successful it may be. The differences among states make cross-state generalizations problematic. Nonetheless, all else being equal, there appear to be relatively distinct advantages and disadvantages associated with some organizational locations, and these should be taken into account when new initiatives are launched.

Location within a specific line agency or department (where competing organizations exist) may encourage a parochial view, create suspicion in other agencies, and detract from success. For example, one InfoSHP project’s location within the state health department was a point of considerable concern for staff. Despite efforts to include other departments, some participants felt that the program was oriented more toward the needs of that department than toward the needs of others.

Locating the initiative in the governor’s office or a budget office equivalent will generally increase visibility, breadth, and clout (especially in a state with a strong governor), but it may detract from real or perceived objectivity and could lead to instability when turnover occurs. One state that placed InfoSHP in the governor’s office faced major challenges in making what was ultimately a successful transition to a new governor. In states with strong, independent, board-run departments and structurally weak governors, identifying a location that enjoys the support of multiple state agencies may be particularly problematic.

Because both of these models have weaknesses, at least one InfoSHP state is experimenting with creating an independent data organization as a vehicle that can accommodate legislators, the executive branch, and potentially the private sector, as well as generate continued support and perceived objectivity over time. Creating a viable independent agency, however, may require more time, energy, dollars, and political will than does building new capacity in existing agencies.

Building a reputation for relevant, objective, and high-quality data is crucial to enhancing the policy value of the data. However, balancing these goals involves trade-offs. Placing information production and dissemination functions in a policy planning and development office may enhance relevance and access, but establishing a separate entity for data may create greater neutrality and flexibility, increasing the perceived legitimacy of the data and chances for multiple uses in the long run. Mixed models, such as a separate data division in a policy office, attempt to balance the two objectives. We believe that in treating the location decision strategically, it is important for program sponsors to appreciate the consequences of alternative sites. In calculating the trade-offs, sponsors should carefully consider how the location and mandate are projected to influence not only the credibility of the resulting products but also the ability to attract qualified
Conclusion

The states participating in The Robert Wood Johnson Foundation’s InfoSHP initiative are seeking to create data that are truly useful for health policy making. The InfoSHP initiative aims to motivate the many different people in the data-producing and policy-making communities to contribute to this effort. As the states work toward this goal, their early successes as well as their failures suggest that improvements in data and data use will not come easily, particularly in states with little history of using data for policy. The three states unsuccessful in moving on to Phase II scored low in the prior demand for data in the health policy process and were not as likely to have strong staff with effective bridging skills. This left these states more vulnerable to unfavorable outcomes, including the loss of a policy champion or the erosion of support for the policy issue on which their strategy focused.

Nevertheless, we believe that the evidence we have accumulated supports cautious although bounded optimism about the ability to achieve the goal of enhanced data for policy making under several conditions. First, we have argued, initiatives to improve data will benefit from active policy champions, high-level staff with effective entrepreneurial and bridging skills, and realistic goals. Second, states must mobilize resources to implement both product- and process-oriented innovations tailored to the data demands of their policy environment and the diverse interests of their key constituencies. Third, states must learn how to take advantage of short-term policy windows without jeopardizing longer-term policy goals. Finally, they must develop organizational models and mandates that make data systems and information not only accessible and responsive to policymakers but also independent, objective, and credible to promote long-term support and survival.

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NOTES


2. The distinction can be viewed as equivalent to the difference between internal and external validity (or generalizability) in research. That is, unless the data are sound (internal validity), they mean little, but ultimately the value of the data depends not only on how sound they are but also on how relevant they are to pressing policy issues and whether this relevance can be brought to the table and applied in the policy environment (external validity or generalizability).


4. C. Lindblom and D. Cohen, Usable Knowledge (New Haven, Conn.: Yale University, 1979). One might extend this concept also to differentiate states in terms of policy activism. For example, states may vary as to whether their policy making is active or passive. Some states, particularly conservative ones where private-sector interests are dominant, may have a health policy that, de facto, is to not make policy. In this context, data are unlikely to be called for unless they confirm the desirability of not acting.


7. Glaser et al., Putting Knowledge To Use.

8. While some served as project directors, the typical role was more similar to a chairman of the board, and the active involvement in work on a day-to-day basis was limited.

9. There is a large body of literature on the role of intermediaries, “middlemen,” or “knowledge linkers” in bridging the gap in knowledge between information producers and consumers. For a summary of some of that literature, see Glaser et al., Putting Knowledge To Use, chap. 11.

10. See Kingdon, Agenda, Alternatives, and Public Policies, 129-130, on the role and importance of entrepreneurs in the policy community.

11. Glaser et al., Putting Knowledge To Use; and Spiegel and Hyman, Strategic Health Planning.


13. Two additional InfoSHP states that were heavily interested in reform proposed such a body but were not among those included in Phase II grants.