

Establishing a Colorado Health Policy Information Center: Lessons From Other States

Sponsored by:

**Caring for Colorado Foundation
The Colorado Trust
Rose Community Foundation**

Meeting Summary

*Adams Mark Hotel, Denver
November 8, 2001*

Prepared by:

Yondorf & Associates, Health Policy Consultants

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Establishing a Colorado Health Policy Information Center: Lessons From Other States

Introduction

On November 8, 2001, Caring for Colorado Foundation, The Colorado Trust, and Rose Community Foundation jointly sponsored a meeting on state health policy information centers for their board members, staff and invited guests. The half-day meeting was held in Denver at the Adams Mark Hotel. The purpose of the meeting, *Establishing a Colorado Health Policy Information Center: Lessons From Other States*, was to give participants the opportunity to hear how state health policy centers have worked in other states. This report presents a synopsis of each of the presentations and panel discussions at the meeting. A summary of comments gathered from feedback forms filled out by meeting attendees is presented at the end of the report. A copy of the agenda is included in the appendix.

Thirty-one people attended the meeting, not including speakers and meeting staff. Participants included 24 people from Caring for Colorado Foundation, The Colorado Trust, and Rose Community Foundation—primarily board members, health committee members, senior program staff, and the chief executive officers of the three foundations. The president and CEO, grants administrator, and chair of the board of directors of HealthOne Alliance were also at the meeting. Other guests included a state legislator, and health data experts from Denver Public Health, Boulder County Health Department and the state health department.

Welcome and Introductions

Speaker: John Moran, President and CEO, The Colorado Trust

John Moran opened the meeting by welcoming participants. He noted the meeting is unique because it involves the collaboration of three of Colorado's largest health foundations (and possibly a fourth—HealthOne Alliance), working on the question of whether or not to establish a Colorado Health Policy Information Center. The aim of the meeting is to afford participants an opportunity to hear from those who have already established health information centers in other states. Mr. Moran said that by finding out the lessons other states have learned, if Colorado decides to go ahead and create a health policy information center, we would not have to reinvent the wheel.

Brief Overview of Feasibility Study Findings

Speaker: Barbara Yondorf, President, Yondorf & Associates, Health Policy Consultants

Barbara Yondorf highlighted some of the main findings from a feasibility report Yondorf & Associates conducted last year for Rose Community Foundation and Caring for Colorado Foundation on the creation of a Colorado health policy information center.

Yondorf & Associates found that most Colorado community leaders see the need for a center. Community leaders who were interviewed for the study included legislators, business organization representatives, providers, data experts, health policy analysts, insurance industry representatives, health program administrators, and consumer group representatives. There were two main reasons interviewees gave for supporting the creation of a Colorado health policy information center. First, Colorado needs a health information clearinghouse, a

sustained predictable source of information. Second, Colorado needs an objective health policy analysis and data interpretation source.

Colorado community leaders said they were particularly interested in having a center help them get more and better data on the uninsured, counties and neighborhoods, mental health, and Medicaid. They would also like to have more information on health care costs, financing and access in Colorado.

Yondorf & Associates examined the operations of health policy information centers in a number of other states and found that they play a pivotal role in providing nonpartisan data and analysis to improve decision making.

Based on the study's findings, Yondorf & Associates made a number of recommendations. Most important, it recommended that Colorado's foundations seriously consider funding a Colorado health policy information center that would serve as a health data clearinghouse and analyze health issues. However it also cautioned that such a center should not be established unless one or more foundations are ready to commit to ongoing core funding over the long term. Yondorf & Associates also recommended that if the foundations do decide to fund a center, they should bring in center directors from other states to provide additional advice on the do's and don'ts of running a health policy information center. Following on that recommendation, the current meeting was organized.

Panel Discussants

The balance of the meeting was devoted to a series of panel discussions with resource people from three states that have health policy information centers. The states were California, Kansas, and Maine. These states were selected because they represent different ways of organizing a health policy information center and focus on different issues. The panelists were:

<u>California</u>	Chris Perrone, Acting Director of the Medi-Cal Policy Institute
<u>Kansas</u>	Robert F. St. Peter, MD, President of the Kansas Health Institute Steve Coen, Vice President for Administration of the Kansas Health Foundation, which is the main funder of the Kansas Health Institute The Honorable Sandy Praeger, Kansas State Senator and Vice President of the Kansas Senate
<u>Maine</u>	Andrew Coburn, Director of the Institute for Health Policy at the Muskie School of Public Service, University of Southern Maine

Barbara Yondorf moderated the panel.

Panel #1. Health Policy Information Centers in Three States: How Are They Organized and What Do They Do?

Presentations

Andrew Coburn began this session with a brief overview of the Institute for Health Policy in Maine, which he directs. The Institute is housed within the University of Southern Maine, at the Edmund S. Muskie School of Public Service. The mission of the Institute is to enhance human health and well-being and improve access to high-quality, cost-effective health services through education, research, policy analysis and service demonstrations. Particular

areas of interest for the Institute include rural health, long-term care, mental health, insurance coverage, and health care access and financing for Medicaid program beneficiaries. The Institute for Health Policy was established in 1981.

Chris Perrone described the operations of the Medi-Cal Policy Institute in California. The Institute's staff of ten is part of the 50-person staff of the California HealthCare Foundation, which was established as part of a Blue Cross Blue Shield conversion. The focus of the Institute is on Medicaid and the Children's Health Insurance Plan. Institute staff keep in close contact with the California Legislature and health care decision makers. They strive to tailor their research and analysis so that it addresses issues likely to be on the legislative agenda. Much of the work of the Institute is contracted out. A great deal of emphasis is placed on communicating research results to decision makers.

Bob St. Peter described the operations of the Kansas Health Institute, which is a freestanding, independent institution. The Institute was created by the Kansas Health Foundation with a core-funding grant of \$5 million for five years. It recently received a second \$5 million grant from the Foundation for another five years. Mr. St. Peter noted that because the Institute has core funding, it does not need to chase dollars; this enables it to address health-related needs beyond those anticipated by the Foundation. The Institute's key activities include policy analysis, program evaluation, data development and analysis, communication, and the development of research capacity.

Questions and Answers

Bob St. Peter was asked to describe the Kansas Health Institute's role in evaluation and monitoring. Mr. St. Peter said the Institute does two kinds of program evaluations. First, it does classic program evaluations, for example of the Children's Health Insurance Plan in Kansas. Second, the Kansas Health Foundation has given the Institute grants to create evaluation tools for use in evaluating foundation-funded programs. He noted, however, that the Institute does not do the actual evaluations, which would be a conflict of interest. Rather, the Institute designs and develops evaluation mechanisms for foundation programs.

The panelists were asked how they might do things differently if they were to begin their centers all over again. There were two primary responses. First, the center directors emphasized the importance of planning. They recommended devoting a significant amount of time and care to clarifying the mission and vision of the proposed center. Second, great care should be taken to finding the right staff, most critically in the person of the executive director. Several panelists noted the false starts they had made in not picking the right person as executive director, someone who had the necessary subject matter expertise but who could also work well with state policy makers. With respect to other staff, Chris Perrone noted that the Medi-Cal Policy Institute started with relatively junior staff and later hired more senior staff. He said if they had it to do all over again, they would hire people with more expertise to begin with.

Barbara Yondorf was asked about the finding in her report that there was little support for a university-based institute among leaders interviewed in Colorado. She said there was a surprising amount of resistance here to the idea of establishing an institute within a university. This was surprising because the university-based model is the dominant model across the country. Some of the issues Colorado interviewees raised about housing an institute in a university were that academics are not sensitive to public policy issues but instead are more focused on doing research and publishing, and they tend not to be sensitive to legislative turn-around times. Several interviewees also expressed concern about high university overhead costs.

Senator Sandy Praeger noted that in Kansas, which has several major universities, they worried that if the health policy institute were housed in one university, then it might not get the

kind of collaboration it would need from the other universities. She said the key is the quality of the information coming from the institute, and that it not be seen as in some way tainted. Finally, one panelist noted that even if an institute were set up outside of a university, it would still need people on staff who could collaborate with the academic community.

Panel #2. State Center Challenges: Politics, Credibility and Funding

Presentations

Senator Praeger began the second panel by explaining how she thought the Kansas Health Institute developed credibility. First, the information provided by the Institute was useful to the legislators. "This is such good information!" was the typical response from her colleagues. Second, the Institute worked hard to maintain its nonpartisan status, reaching out to all parties. As a legislator, Senator Praeger commented, "I can't say enough about how valuable the Institute has been."

Steve Coen of the Kansas Health Foundation said that the Kansas Health Institute acquired credibility in large part because its information was credible. An example he cited concerned an Institute study on hunger whose findings were thought by some to reflect badly on the state in general and the current administration in Kansas in particular. He noted, however, that once people saw that the information was based on sound data and analysis, they accepted it and began to work on the problem identified by the research. Before the Institute was established, Mr. Coen said the Kansas Health Foundation saw lots of decisions being made in Kansas without reference to any data, particularly in the legislature.

Mr. Coen remarked that he thought health policy information centers should be involved in policy debates. He said, otherwise, what are they there for, what value is a center unless it is involved in those kinds of issues? At the same time, a center should stay away from the most divisive issues. He noted that there are lots of health-related needs to look at that are not in the news, that are not being addressed and that need to be brought forward.

Panelists discussed the wisdom of involving a center in policy debates. They agreed that it would be extreme for a center to become an advocate on highly divisive partisan issues. But certainly a center should see its role as informing discussions on health care issues, by doing the kinds of analysis and research that are often lacking on state concerns. Chris Perrone noted that the Medi-Cal Policy Institute tries to frame its research to provide decision makers with options to address problems rather than simply adding to complaints about an issue.

Questions and Answers

Panelists were asked about center finances and priority setting. Bob St. Peter said that the Kansas Health Institute has developed a soft target of acquiring about 25% of their funding from sources besides the Kansas Health Foundation. On the question of finances, Andrew Coburn noted that his center in Maine often works with community and state agencies to help them write applications for funding for such things as family health programs and cardiovascular disease reduction programs. In this way the Institute for Health Policy extends the value of the organization beyond policy analysis and helps to bring funding into the state.

With respect to priority setting, Chris Perrone said the staff of the Medi-Cal Policy Institute meet regularly with legislators and others to learn what's coming up in the next six to 12 months. Bob St. Peter said that finding out what to say yes to and what to say no to is

essential, especially at the outset. Decision makers and policy makers want you to bring a long-term view to the table, but short-term needs consume them. As a result, carving out the Institute's priorities is an ongoing challenge.

A question was raised concerning an exit strategy where there are three foundations funding the same center. Steve Coen said that the thinking on the part of the Kansas Health Foundation board is that they are in this for the long haul. Their logic is that if the Foundation doesn't fund an independent Kansas health policy information center, then no other institute will. Also they don't want to have the center out chasing dollars from sources with other agendas. Barbara Yondorf noted that the issue is one of planning for the future and managing expectations. If a health policy center is established in Colorado, it will need to know what level of funding it can rely on. If, for example, one of Colorado's health foundations is only willing to commit to five years of funding, then this must be made clear at the outset. Perhaps the funds of that foundation could be used to support a discrete activity that has a clear beginning and end. There needs to be clarity and commitment about center funding to enable the center, its director, and the staff to establish their reputation.

The panelists next addressed a question concerning the potential for a sense of competition and resentment from existing state and legislative agencies toward a new health policy information center. Andrew Coburn noted that in practice the work of the Institute for Health Policy has been welcomed by other agencies. He said that Maine is a data rich state that has in the last few years gone data poor due to significant budget cutbacks. This has created an opportunity for the Institute to help in the development of data to support decision making, both in the executive and legislative branches. The key is to establish collaborative relationships with those who have data, and to define it as a win-win situation. Health policy centers need to make it clear that they are not taking over the functions of other agencies but adding value to what those agencies do.

Senator Praeger echoed Mr. Coburn's observations. She said that in Kansas the state health department welcomes the Kansas Health Institute's putting their data to good use for everyone to see. "They love the fact that someone can do something with the data they labor to collect."

A question was raised regarding the relationship between the center and the legislature. What does it do to serve the interest of the state if the center presumes what the policies should be, as opposed to the elected representatives and decision makers? Senator Praeger said that the decision makers in Kansas tend to welcome the center's information, as it helps them to fulfill their roles. The Kansas Health Institute has been well received for the quality of their reports. Also, the relevance of the work of the Institute to the health issues confronting the state has been beneficial to the legislative process. The Institute's ability to provide factual, non-biased information has been helpful to everybody.

Andrew Coburn noted that it is important not only to avoid partisan issues, but also to design projects and the acquisition of information in a way that takes into account how policy makers will use the information. That means really working with them – the users, receptors of information – in designing studies and projects.

The panelists were asked how they overcome the perception that any institute focusing on health issues is liberal or beholden to the Democrats. Chris Perrone said that in the development of projects, the Medi-Cal Policy Institute makes sure to get perspectives from both sides of the aisle. They also make sure that all views are represented when they present their findings. Senator Praeger noted that politics is the art of the possible. She advised, "You have to be mindful of the local political environment. Don't take on broad policy initiatives where the kinds of initiatives required

are just not as a practical matter going to happen. Choose things where you can contribute meaningfully to the debate. You do not want to be regarded as driving the debate.” Bob St. Peter quipped that health care is not seen as a “Democrat issue” in Kansas because “there are no Democrats in Kansas.”¹

Bob. St. Peter was asked about the relationship between the Kansas Health Institute and the Kansas Health Foundation, its primary funder. He said the two organizations have a close working relationship. Mr. St. Peter sits in on the Foundation’s executive committee meetings, both in order to learn what the Foundation is interested in and to supply the Foundation with information. He noted that the Institute has an amazingly free hand to operate in the way it thinks will best help the state. As for the chain of planning, the Kansas Health Foundation sets broad goals in the initial grant and the Kansas Health Institute board establishes the actual projects.

A question was raised about getting access to data generated by the private sector. Andrew Coburn noted that in Maine there is a coalition of employers doing a lot of work on quality improvement. The coalition has pooled their claims and workers compensation data. The Institute for Health Policy has collaborated with the coalition to use their data along with other data to do studies, for example on depression. Chris Perrone said that the Medi-Cal Policy Institute often works directly with health plans and other private groups.

Panel #3. State Center Successes: Making a Difference

Presentations

In the third panel, the speakers were asked to provide examples that demonstrate the value of health policy information centers.

Senator Praeger offered two examples. First, the Kansas Health Institute was able to identify some of the root causes for why kids were dropping out of the Kansas Children’s Health Insurance Program. Their analysis moved policy makers from debating the existence of the program to taking action to improve the program. Second, the Institute convened a series of meetings that helped legislators to focus on what they could do to improve long-term care in the state. Both of these issues were front burner issues for the state and the Institute was able to provide tremendously helpful data. She also said that factual, unbiased information that the Institute has made available has been helpful to everybody. “You don’t have the kind of hyperbole [in health care policy debates at the legislature] when you have a credible source of information.”

Chris Perrone cited examples of how the Medi-Cal Policy Institute had helped California to revise the application forms for Medicaid and the Children’s Health Insurance Plan. As a result of the Institute’s work, California was able to reduce the time it took to determine eligibility for the Children’s Health Insurance Program from five days to instantaneous, and enrollment increased. A 16-page application was shortened to two pages. The Institute also developed a web-based application form for the children’s plan.

Andrew Coburn discussed his institute’s role in helping Maine develop its long-term care programs. The Institute for Health Policy helped to broaden care options beyond nursing homes to include home care and residential nursing. He also noted the ripple effect of such studies. For example, the techniques and software they developed to address long-term care were then available for a study on Alzheimer’s.

¹ Actually, there are some Democrats in Kansas. The 125-member Kansas House has 46 Democrats, and the 50-member Senate has 10 Democrats. Kansas Governor Bill Graves is a Republican.

Steve Coen noted that his board at the Kansas Health Foundation is very aware that a major health reform or health funding decision by the Kansas Legislature often has vastly more impact on the health of Kansans than the entire annual \$20 million dollar grant capacity of the Foundation. The Kansas Health Institute can leverage the Foundation's health care dollars through the influence its population-based studies have on the legislature and other decision makers.

Mr. Coen suggested several ways for foundations to know whether or not funding a health policy center is a wise investment. Are policy makers using the information to make good decisions? Are they reporting the findings in the press? Are people talking about what the policy center is doing? Is the legislature going to the institute to do the kinds of research needed?

Question and Answer

A meeting participant asked whether or not a center should go beyond research and analysis. The panelists agreed that it is important to get the word out. Bob St. Peter said there is a false assumption especially among academics that if we just put the information out there then things will change, people will act. He said that if your institute is not working on how to get from putting out the information to getting it used, then you better make sure that you look at what other institutions in the state can provide that function. The staffs of the legislature, for example, have very little extra time to work.

Barbara Yondorf said that in her interviews she found that perhaps the hungriest group for analysis are the staff of the Colorado Legislature. They keep a Rolodex of 100 names of people to call if they need information. They would very much appreciate the kind of center we are talking about as a central resource.

Panel #4: The Nuts and Bolts of State Centers: Organizational Structure, Budgets, Board and Staff Composition

Panel members next discussed some of the basic factors to consider in operating a center. All agreed on the central importance of the executive director. Diverse opinions were offered, however, as to how much planning and visioning should take place before an executive director is sought. On the one hand, it is important to plan and be clear about what the institute is trying to do before hiring a director because, as Andrew Coburn noted, this has implications for the qualities to look for in a director. On the other hand, as Chris Perrone stated, the core staff can do a lot of introductory work, such as making itself known and letting people know why the center is being created, even while the details of where and what the institute will do are being worked out.

Bob St. Peter listed a number of functions that need to be thought about in setting up a center. These included:

- Develop a clear vision and mission;
- Specify a clear target audience;
- Clarify the distinction between the purpose of the new center and that of other organizations; and
- Clarify expectations between the funding foundation(s) and the center regarding the center's research agenda, when it will provide technical assistance, and the expected use of the core funding.

Mr. St. Peter noted that you don't need a lot of staff to get going. The founders of the new center can be working on governance, specifications for board membership, and

other activities while an executive director is being recruited. He said that here are a lot of models for this in the Yondorf & Associates feasibility study. The founders will need to begin recruiting staff to get some of this done.

Mr. St. Peter concluded by warning against bringing on too many staff too quickly. Doing so can result in a mismatch between staff and projects.

Panel #5: Summary of Lessons Learned From Other States

At the end of the panel discussions, each of the panelists was asked what his/her most important piece of advice was for Colorado.

Andrew Coburn advised that a solid communications and information dissemination function be built into the center from the outset.

Steve Coen recommended that the necessary time be taken to clarify the center's mission and expected activities and outcomes. Especially with three foundations potentially providing funding, everyone needs to have a shared vision. He also urged the foundations to determine their commitment to long-term funding.

Chris Perrone noted the importance of the executive director. He also said it is important to be clear about the primary audience for a center. If the center is to be more than simply a repository of information, then you need to think about how and to whom you want to communicate outside of the center.

Bob St. Peter highlighted the importance of funding and long-term support. Make a significant commitment to the center so that it is mission driven and not money driven. He also warned to prepare for turbulence. Many institutions go through difficult times. Therefore the center will need that commitment to get through the early growth stages.

Senator Praeger recommended setting realistic goals and taking on realistic projects. Given that public policy evolves in the political arena, don't take on tremendously divisive causes or issues that will sap the center of support. There are plenty of projects that can earn public and political support and approval.

Closing Remarks

Speaker: Chris Wiant, President and CEO, Caring for Colorado Foundation

Chris Wiant summarized the work that has been carried on to date to answer questions and pursue ideas about a possible Colorado health policy information center. He reviewed some of the major themes that emerged from the panel discussion, especially concerning the importance of collaboration. Finally, he thanked the panelists and the many other people who had made the meeting a success.

Participants' Comments About the Meeting

Results From Meeting Feedback Forms

Thirty-one people attended the meeting (not including the speakers and meeting staff); 28 filled out feedback forms. The major findings from the feedback forms are summarized below.

Overall seminar rating. Most seminar participants rated the meeting very highly. On a scale from 1 (not useful or informative) to 5 (very useful and informative) respondents rated the seminar 4.68. Two-thirds rated the meeting a "5," and the balance rated it a "4."

Most interesting things learned from meeting. When asked what were the two most interesting things they learned from the meeting, respondents noted a number of different things. Common themes included the importance of being clear about objectives, things to consider in making a center work, start-up challenges, and different models for an institute. People also mentioned the need to have sustainable operating support, and to manage expectations.

Value of establishing a health policy information center in Colorado. Meeting attendees were asked which of three statements best described their feeling about the value of establishing a Colorado center. Twenty-two people checked "I see a real value in establishing a center in Colorado." Four checked "This is a good idea but it's not a high priority." None checked "I don't see the need to establish a center in Colorado." One person said he was "in between" seeing a real value and feeling it's a good idea but not a high priority. Among those who expressed some reservations, concerns included uncertainty about the foundations' willingness to commit indefinitely, and not being sure whether people would use the center. One person noted that the value of the center depended on its mission, how it is set up, the commitment of funders, and the audiences. Another needed more information about how the policy analysis function would fit in.

Colorado center mission. Many respondents said that if a Colorado center is set up, its mission should be similar to that of the Kansas Health Institute. Several said the mission should be to help inform effective policy making. Others thought data analysis should be an important part of a Colorado center's focus. A number of people said the role of a center should be to bring clear, concise data and analysis to people who develop health policy in Colorado.

Advice about setting up a Colorado Center. Meeting participants were asked how they thought a Colorado center should be set up, and what a Colorado center should or shouldn't do. Respondents were nearly unanimous in suggesting that a Colorado center be set up as a freestanding entity. Twenty-two of the 26 people who responded to this question made this recommendation. With respect to other advice, recommendations included that a Colorado center engage in data and policy analysis, work collaboratively with existing agencies, get commitment for long-term funding, and set out policy options. Interestingly, at least four people said a Colorado center *should* participate in policy debates while two specifically said it *shouldn't*.

Additional information. Participants were asked what additional information they'd like. Suggestions included getting examples of other centers' products, finding out more about budget issues and start-up costs, and exploring further how a center would work with existing data sources. Other suggestions included finding out more about state center successes, and learning how other centers are supporting data acquisition and analysis. One person wanted to know whether other states have seriously considered forming a center and decided against it and, if so, why they decided against it.

Other comments. Several participants thanked the organizers for an excellent meeting. One said he/she appreciated the specificity of the information presented, the candor of the speakers, and the comprehensive coverage of the topic. Another suggested expanding the foundations' evaluation process before going forward. Still another said a definition of a project versus a program or initiative was needed. And a fourth asked what would prevent a big foundation with a health mission from just doing this as a program.

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Rose Community Foundation**

Agenda

8:00 – 8:30 a.m. **Continental Breakfast**

8:30 – 8:45 a.m. **Welcome and Introductions**

Welcoming remarks:

John R. Moran, Jr., President and CEO, The Colorado Trust

8:45 – 9:00 a.m. **Brief Overview of Feasibility Study Findings**

This session will review the main findings from the report, “Feasibility Study Concerning the Creation of a Colorado Health Policy Information Center.” The study was conducted for Rose Community Foundation and Caring for Colorado Foundation by Yondorf & Associates, a Denver-based health policy consulting firm.

Speaker:

Barbara Yondorf, President, Yondorf & Associates

9:00 – 11:30 a.m. **Panel Discussions**

The balance of the meeting will be devoted to a discussion of the topics listed on the next page. Expert resource people knowledgeable about state health policy institutes in California, Kansas, and Maine will serve as panelists for these discussions.

Introduction of panelists:

Sheila Bugdanowitz, President and CEO, Rose Community Foundation

Panelists:

*Andrew Coburn, Director, Institute for Health Policy (Maine)
Steve Coen, Vice President for Administration, Kansas Health Foundation
The Honorable Sandy Praeger, State Senator, Kansas*

*Chris Perrone, Acting Director, Medi-Cal Policy Institute
Robert F. St. Peter, MD, President, Kansas Health Institute*

Panel moderator:

Barbara Yondorf, President, Yondorf & Associates

9:05 – 9:35 a.m.

Health Policy Information Centers in Three States: How Are They Organized and What Do They Do?

Senior staff from the California, Kansas and Maine health policy institutes will briefly describe their organizations and how they differ from one state to the other. Meeting attendees will have an opportunity to ask about the history of each institute, how the institutes decide what it is they do, and what they might do differently.

9:35 – 10:10 a.m.

State Center Challenges: Politics, Credibility and Funding

The focus of this discussion will be on the politics and funding of health policy information centers. How do the institutes maintain a reputation for nonpartisanship and independence? To what extent does the availability or non-availability of funding affect what the institutes do? Do the institutes get involved in state health policy debates? Do policy makers see the institutes as a valuable resource? What is the relationship of the institutes to other academic, state, and local entities engaged in similar activities?

10:10 – 10:45 a.m.

State Center Successes: Making a Difference

This session will look at the areas where health policy institutes in other states believe they have had their most significant impacts. It will also explore the question, “How do you know if you are making a difference?”

10:45 – 11:20 a.m.

The Nuts and Bolts of State Centers: Organizational Structure, Budgets, Board and Staff Composition

This session will examine the basic operations of health policy centers. How are they set up, who decides what the institutes do and don't do, and to whom are staff accountable? What are the desirable characteristics for a health policy information center director, and what kind of budget does a center need to get off the ground?

11:20 – 11:30 a.m.

Summary of Lessons Learned From Other States

The meeting will conclude with statements from each of the panelists about their most important advice for Colorado.

11:30 a.m.

Close of Meeting

Closing remarks:

Chris J. Wiant, President and CEO, Caring for Colorado Foundation