

JEFFERSON CENTER
FOR NEW DEMOCRATIC PROCESSES

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PHILIPPA STRUM

FINAL REPORT

POLICY JURY ON SCHOOL-BASED CLINICS

A PROJECT OF
THE JEFFERSON CENTER

CONDUCTED FOR
THE HEALTH AND HUMAN SERVICES COMMITTEE
OF THE MINNESOTA SENATE

AUGUST, 1988

"I know of no safe depository of the ultimate powers of society but the people themselves; and if we think them not enlightened enough to exercise their control with a wholesome discretion, the remedy is not to take it from them, but to inform their discretion."

--- Thomas Jefferson, 1820

The Jefferson Center

The Jefferson Center, established in 1974 as the Center for New Democratic Processes, is one of the oldest think tanks in America working full time on reforms of the democratic system.

The goal of the Jefferson Center is to improve the way American democracy works. We design, test and implement methods which enable citizens and government officials to work together more effectively. Our aim is the creation of sound public policy which serves the long range interests of American communities and the nation.

The Jefferson Center's primary contribution to the creation of sound public policy is the Policy Jury. Based on town meetings and the jury system, Policy Juries are a method of citizen participation. Each Policy Jury is comprised of a group of randomly selected citizens which meets to hear testimony from a wide range of witnesses in an impartial setting prior to making recommendations on a specific public policy issue.

PREFACE

This report summarizes the Policy Jury project conducted during the fall of 1987 and early 1988 at the request of the Minnesota Senate Health and Human Services Committee. The question before the Jury was whether or not there should be school-based clinics in Minnesota to deal with teen pregnancy, AIDS, and other sexually transmitted diseases. One Policy Jury was held in each of Minnesota's eight Congressional Districts; these were followed by a statewide Policy Jury held in St. Paul on February 8-12, 1988.

The Jefferson Center wishes to thank all those who made this project possible. First, our thanks go to the 96 jurors who worked hard for four days to come up with the conclusions and recommendations from the district level. Of these 96, there were 24 who spent an additional five days to produce the final recommendations of the project. Also, we owe thanks to the many witnesses who appeared to present their views at the hearings. The design of the statewide hearings was improved through the helpful comments of a "Process Committee". We are grateful to the Blandin Foundation, whose grant of \$15,000 was a significant help in the funding of the project. Finally, we thank the members of the Senate Health and Human Services Committee, especially the ad hoc Steering Committee, for requesting the project and giving guidance in the framing of the question and the setting of the agendas.

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Letter of Transmittal

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LINDA BERGLIN

Senator 60th District
G-29 State Capitol Building
St. Paul, Minnesota 55155
Phone: 296-4261
and
2309 Clinton Avenue South
Minneapolis, Minnesota 55404

Senate

State of Minnesota

June 10, 1987

Mr. Ned Crosby, President
Center for New Democratic Processes
530 Plymouth Building
Minneapolis, MN 55402

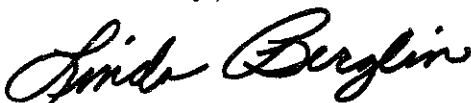
Dear Mr. Crosby:

The Senate Committee on Health and Human Services requests that the Center for New Democratic Processes conduct a public policy study using your Citizens' Panel process on the issue of Minnesota policy on school-based clinics for the prevention of AIDS and teen pregnancy. The Committee understands that this study will be at no cost to the state. Three to five members of the committee will be asked to oversee development and implementation of the project.

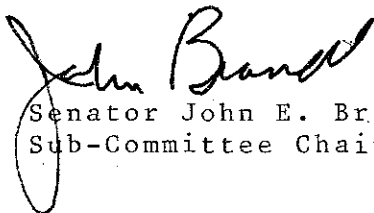
After the Center provides the policy study results to the committee in February of 1988, the committee is interested in having Center representatives discuss the Citizens' Panel process used in achieving these results.

Thank you for your willingness to provide this study to the committee on this important topic.

Sincerely,



Senator Linda Berglin
Committee Chair



Senator John E. Brandl
Sub-Committee Chair

LB/cst

COMMITTEES • Chair, Health and Human Services • Taxes • Judiciary • Commission on the
Economic Status of Women • Council on Black Minnesotans • Commission on Mental Health • Long
Term Health Care Commission



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PHILLIPPA STRUM

August 17, 1988

Senator Linda Berglin
G-29 State Capitol Building
St. Paul, MN 55155

Dear Senator Berglin,

Enclosed you will find the Final Report on the Policy Jury we conducted at your request on the question of whether or not there should be school-based clinics to deal with teen pregnancy, AIDS, and other sexually transmitted diseases.

As you know, the final recommendations of the statewide Policy Jury (as well as the findings of each district Policy Jury) were provided you by the middle of February of this year. The purpose of this Final Report is to review the project in greater detail, in light of the research data we have gathered. An Executive Summary at the beginning lists some of the highlights of the project.

You, and others who have tracked this project closely, will find that several sections of the report cover information you already know. But in Section 6 there is a summary of the jurors' evaluations of the project, which you have not seen. Also Section 7 summarizes the recommendations and reviews them in light of new information we have developed. Finally, the appendices contain a detailed review of how the project was conducted.

We appreciate the opportunity you and the Senate Health and Human Services Committee gave us to conduct this project and hope that we can be of service to you in the future.

Sincerely,



Ned Crosby

SECTION 1

EXECUTIVE SUMMARY

* PURPOSE OF STUDY

- This project aims at providing **citizen input which is both informed and representative** on the issue of whether or not Minnesota should make greater use of school-based clinics to deal with teen-pregnancy, AIDS, and other sexually transmitted diseases.
- This project was designed to **help the Minnesota Legislature, and in particular, the Senate Health and Human Services Committee**, select programs which meet the long term needs of the people of Minnesota.
- This project **gave voice to average citizens** who normally never get a chance to be heard on significant issues. Public opinion polls only show what average citizens think without reflection. Policy Juries allow them to learn, reflect, and then express themselves.

* SIGNIFICANCE OF THE PROBLEM

- After hearing testimony from many experts (see lists in Section 3), the jurors were asked to evaluate the severity of the problems (see Section 6).
 - **Teen pregnancy** was seen as the most significant issue; 69% of the jurors saw it as a very large or large problem.
 - **Other sexually transmitted diseases** was seen as a very large or large problem by 57%.
 - **AIDS** was seen by only 30% as a very large or large problem.

* SHOULD MINNESOTA USE SCHOOL-BASED CLINICS MORE WIDELY?

- **By a vote of 13 to 11 the statewide jurors voted in favor of having school-based clinics be one part of the on-going program in Minnesota** to deal with teen pregnancy, AIDS, and other sexually transmitted diseases.
- The longer the jurors considered the issue, the less favorable they were to school-based clinics. Around the state only 13% in our survey said they were "opposed" to clinics. At the end of the district Policy Juries, 29% of the jurors gave this answer. By the end of the statewide hearings, it was 50%.
- On the other hand, the position of strong philosophical opposition to clinics did not gain wide support from the jurors. There were three positions presented to the eight district Policy Juries: those in support of clinics, those who favored alternatives, and those in opposition. The latter position was chosen by only one of the eight Juries.

* IS SOME OTHER APPROACH POSSIBLE?

- **Eighteen recommendations by the statewide Jury received support from 2/3 or more of the jurors.** None of these were discussed in the same depth as the question of school-based clinics and, therefore, cannot be given the same weight as the vote on clinics. Instead, these should be viewed as directions worthy of further exploration.
- Three recommendations were supported by all 24 statewide jurors. The one they put first was a recommendation for a mandatory "human growth and development curriculum". The other two recommended a statewide media campaign to discourage adolescent sexuality and that teen mothers on public assistance should pursue their high school diplomas.

* WHAT WERE THE BENEFITS OF THIS PROJECT?

- **The project showed how misleading public opinion polls can be about what an informed citizenry wants.** The initial survey of 800 people from around the state showed 77% who thought school-based clinics were "generally a good idea". Only 54% of the statewide jurors, however, voted in favor of the idea.
- We believe this to have been **the most representative group of citizens ever assembled in Minnesota to study a public policy issue.**
- Through extensive media coverage given the project, the broader public was educated on the issue of school-based clinics.
- The results both at the district and statewide levels show that **broad public support for school-based clinics will be difficult to develop, except possibly in the largest cities.**
- The many other recommendations made indicate **there are a number of possible programs to deal with these problems which may gather wide public support.**
- The process is one which is viewed favorably by those average citizens who participate in it. Combining the views of both district and statewide jurors, 68% were "very satisfied" with the experience and only 6% were less than satisfied. Of equal significance, 92% of the jurors were "very satisfied" with the job done by the staff of the Jefferson Center in minimizing the influence of their biases.
- To the best of our knowledge, this was **the first time in the United States that a legislative committee called for a formal method of citizen participation** to advise it on an issue of concern to the committee.

SECTION 2

PROJECT OVERVIEW

This review of what Policy Juries are and how they were used in the current project is intended for people who are unfamiliar with the current project. This section is quite similar to what appeared in the Initial Report and the Special Report.

The Basics

- Based upon the jury system and the New England Town Meeting, a Policy Jury is a method of citizen participation which examines and makes recommendations on important public policy issues.
- Each Policy Jury is a group of randomly selected citizens which meets to hear testimony from a wide range of witnesses in a fair and impartial setting.
- One Policy Jury has been conducted in each of Minnesota's eight Congressional Districts on whether or not there should be school-based clinics.
- The project was requested by the Health and Human Services Committee of the Minnesota Senate and overseen by a steering committee of Senators Duane Benson, Linda Berglin, John Brandl, and Gene Waldorf.
- The statewide Policy Jury, drawn from the eight District Juries, made the final recommendations on February 12, 1988.

The Issue

Should there be school-based clinics in Minnesota to help prevent teenage pregnancy, AIDS, and other sexually transmitted diseases? There is wide agreement that something must be done to deal with these problems, but considerable disagreement about whether they should be dealt with through the use of school-based clinics. The argument in favor is that clinics offer comprehensive medical and counseling services in a setting where they are likely to be used by youth who otherwise cannot be reached. The argument against encompasses several views: that the clinics are not effective, that there are more economical ways to accomplish the same goals, or that these matters of human sexuality should be dealt with in families and homes rather than in schools.

The Method

Policy Juries are a process created by the Jefferson Center to involve average citizens in public policy making. Modeled on the jury system, Policy Juries are intended to recreate, in a modern setting, some of the virtues of the New England town meeting. Twelve person Juries were set up in each of Minnesota's eight Congressional districts. A random sample of 100 people was taken in each district and the jurors were picked from this group so as to reflect the district's attitudes on school-based clinics. Jurors were paid \$75 a day to attend four days of hearings on the issue. On the final day they issued recommendations and also selected three of their members to go to the statewide Policy Jury. The results of this five day statewide Jury are described in Section 6 and Appendix D of this report.

The Survey

The Center surveyed 800 Minnesotans using a quota sampling method. When asked whether or not they thought school-based clinics were a "generally good" or a "generally bad" idea, 77% of the sample thought it a generally good idea, 18% said it was generally a bad idea, and 5% were unsure.

A set of follow-up questions allowed us to get more precise responses and create a clearer set of categories. Unqualified support was given to clinics by 30% of the sample; i.e., they would support the clinics even if contraceptives were distributed and counseling were given on abortion services. Another 28% offered qualified support: they would not support the clinics if one or the other of these services were offered. Finally, 13% were opposed to clinics and the remaining 29% were unsure.

The District Hearings

Both the setting of the agenda and the selection of the witnesses were involved processes. Numerous interviews around the state by staff were necessary in order to learn who might be called as witnesses and how to set the agenda.

The hearings for each of the district Policy Juries lasted four days. Day 1 was devoted to introductory information. Days 2 and 3 were divided into testimony from those in support of clinics, those opposed, and those who favored alternatives. The last day was devoted to deliberations and the issuing of recommendations. These were made public and also forwarded to the statewide Policy Jury to serve as a basis for their discussions.

Each district Policy Jury heard testimony from an average of 22 witnesses (witnesses were not compensated). Given that a few people testified at several hearings, this means that testimony was heard on the issue from about 150 people around the state.

District Findings and Recommendations

Jurors were asked to comment on the severity of the problems in their part of the state. Teen pregnancy was seen as "very large" or "large" by 69% of the jurors, while other sexually transmitted diseases were viewed as very large or large problems by 57%. Only 30% of the jurors saw AIDS as a very large or large problem.

The jurors used a series of three votes to indicate their views about school-based clinics. In the final vote by the 96 jurors, 43% of them voted for the position which supported clinics, 7% voted for the position opposed, and 50% voted for the position which favored alternatives. Another way to summarize these results is that one jury voted in opposition to clinics, three voted for alternatives, and four voted in favor of clinics.

The Statewide Hearings

The statewide Policy Jury, made up of three jurors from each Congressional district, met for five days in St. Paul on February 8th through 12th. The jurors spent Day 1 reviewing the results of the district Policy Juries. All of Day 2 and half of Day 3 was devoted to presentations from witnesses. There were 18 witnesses, half of whom spoke in favor of school-based clinics, and half of whom spoke in opposition to school-based clinics. On the afternoon of Day 3 the jurors began the deliberation process, which continued through the majority of Day 5.

Summary of Statewide Recommendations

The statewide Policy Jury rejected the idea that school-based clinics should be used as a "major part of any new set of programs" to prevent teen pregnancy, AIDS, and other sexually transmitted diseases. There was an initial 12-12 split on the question of whether school-based clinics should "be one part of the on-going effort" or "not a part of the on-going effort" to deal with these problems. After further discussion, they voted 13 to 11 that:

School-based clinics should be one part of the on-going effort to prevent and deal with teen-pregnancy, AIDS, and other sexually transmitted diseases. We made this vote because we understand this option to mean that school-based clinics may be, but are not required to be, used as part of the on-going efforts in dealing with the above problems.

There was consensus over a number of additional points. E.g.: there should be comprehensive sex education along lines used in Wisconsin, there should be a statewide media campaign to discourage adolescent sexual activity, and teen mothers on public assistance must pursue high-school diplomas. Eighteen of these recommendations received support from 2/3 or more of the jurors.

Evaluations

The Jefferson Center places a high priority on minimizing the influences of staff biases. Any significant staff biases could severely damage the project. In order to guard against this, the jurors are asked to evaluate staff performance. Ninety-three percent of the jurors at the district level (and 88% at the statewide) indicated they were "very satisfied" (the top grade on a five-point scale) with the way the staff kept biases at a minimum.

Steps were also taken to insure the fairness of the agendas at the district and statewide levels. For the statewide Policy Jury, a Process Committee was set up to review the agenda in detail. Also for the statewide hearings, the selection of witnesses was not done by Jefferson Center staff, but was assigned to K. C. Spensley and Lucy Kapp for the position in support of school-based clinics and to Jackie Schweitz, Claire Anderson and Patrick Foley for the position in opposition. The alternatives position was not presented separately, but the staff requested that witnesses discuss alternatives in their testimony.

SECTION 3
WHO WAS INVOLVED IN THE PROJECT?

The Statewide Jurors

| | | | |
|---------------------------------|--------------------------------|-----------------------------|----------------------------|
| Ellie Belde St. Paul | Thomas Delaney Apple Valley | Robert Linehan Rosemount | Richard Pollock Osage |
| Barb Blum Coon Rapids | Robert Gilboe Richfield | Arlen Mauland Marshall | Dave Stoos Winona |
| Debbie Brossard West Concord | Wayne Gustafson Duluth | Tom McIntire Lake Park | Earl VanNorman St. Paul |
| Aimee Claussen Glenville | John Keehn Minneapolis | Sheldon Meyer Walters | Elmer Willman Aurora |
| Sue Cross Fridley | Linda Klun South St. Paul | Erin Nevers Duluth | Connie Winter Slayton |
| Denise Danner Wayzata | Kent Larson Eagan | Dennis Pausch Frazee | Mary Woida Richfield |

The Witnesses

In opposition to school-based clinics

- Claire Andersen, New Life Homes & Family Services
- Jeanine Czech, M.D.
- Marshall Fightlin, Licenced Psychologist
- Father Tom Finucan, Dir. Catholic Educ., Archdiocese, Mpls/St. Paul
- Patrick Foley, Director, Wakota Life Care Center
- Tad Jude, Senator, District 48, (Maple Grove)
- Dennis O'Hare, M.D., River Valley Clinic
- Jackie Schweitz, Co-director, Minnesota Citizens Concerned for Life
- Ceil Wilde, parent

In support of school-based clinics

- David Bennett, Ph.D., Superintendent of Schools, St. Paul
- Nancy Harold, Social Worker, Healthstart, Inc.
- Vicki Jones-Pribyl, R.P.A.C., Marshall
- George Latimer, Mayor, City of St. Paul
- Mary J. McJilton, parent
- Carolyn McKay, M.D., Dir., Matrnl. & Child Health, MN. Dept. Health
- Sandy Naughton, Health Educator, Healthstart, Inc.
- Anne St. Germaine, Coordinator, School-Based Clns, Mpls. Pub. Schls
- Frank Wharton, Youth Advocate, Central High School

Steering Committee

Senator Duane Benson
Senator Linda Berglin
Senator John Brandl
Senator Gene Waldorf

Staff

Joy Allen
Judy Carpenter
Ned Crosby
Kathy Davis
Bruce Miller
Paul Schaefer

Process Committee

Arthur Caplan, director
Center for Biomed. Ethics, U of M
Janet Krocheski
Archdiocese of St. Paul-Minneapolis
Randy Lebedoff, former partner
Faegre & Benson
Laird Miller, partner
Health Systems Management
Judy Juhala, evaluation specialist
Mediation Center

CONGRESSIONAL DISTRICT 1

JURORS:

| | | |
|--|---|-------------------------------------|
| Ms. Debbie Brossard West Concord, MN | Mr. Spencer Engen Canton, MN | Ms. Denise Schmit Amboy, MN |
| Ms. Mindy Clairmont Rochester, MN | Ms. Sue Helleck Blooming Prairie, MN | Ms. JoAnn Staub West Concord, MN |
| Ms. Amy Claussen Glenville, MN | Ms. Velva L. Kath West Concord, MN | Mr. Dave Stoos Winona, MN |
| Mr. Gary Ebeling Blooming Prairie, MN | Mr. Wm. McDonough Plainview, MN | Mr. Chris Struck Winona, MN |

WITNESSES: (the full titles are found in District reports)

Information witnesses appearing on Day 1

Barbara Huus, P.H.N., Public Health Nursing, Olmsted County
Larry Edmonson, District Epidemiologist, MN Department of Health
Karen Berg, P.H.N., Olmsted County Health Department
Linda Haeussinger, P.H.N., Olmsted County Health Department
Sandy Lisko, School Social Worker
Darrell Nolte, Teacher
Rosalie Rusovick, Teacher

In opposition to school-based clinics

Claire Andersen, New Life Homes
Richard Bins, Attorney
Dorothy Coughlin, Mankato
Father Virgil Duellman, St. John Catholic Church
Christine Kingsbury, Rochester
Bob Werner, MCCL representative

In support of school-based clinics

Shari Brumm, Clinical Educator, Rochester Methodist Hospital
Barbara Taylor, R.N., M.P.H., Healthstart, Inc.
Anne Tuggle, Parent
Dick Webster, Rochester Schools
Father Michael Forbes, Calvary Episcopal Church
Lynn Skinner, Regional Coordinator, Planned Parenthood of MN

Presenting alternatives to school-based clinics

Cathy Derouin-Riley
Charles Field, M.D., Mayo Clinic
Walter Franz, M.D.
Jean Sheehan, P.H.N., Olmsted County Health Department
Valerie Straus-Cunningham, Catholic Social Services

CONGRESSIONAL DISTRICT 2

JURORS:

Deb Ahmann
Marshall, MN

Edward G. Erlanson
Pheifer, MN

Sheldon Meyer
Walters, MN

Audrey Berry
Fairmont, MN

Florence Grieser
New Ulm, MN

David E. Olson
Madison, MN

Mable Blesi
Annandale, MN

Mary Holman
Windom, MN

Jody Pygman
Trimont, MN

George R. Cavers
Fairmont, MN

Arlen Mauland
Marshall, MN

Connie Winter
Slayton, MN

WITNESSES:

Information witnesses appearing on Day 1

Bonnie Frederickson, B.S.N., Nobles-Rock Health Service

Mabel Huber, MN Department of Human Services

Rita Shirkey, Social Worker

Jan Forfang, District Epidemiologist, MN Department of Health

Mary Batcheller, Teacher, Worthington Schools

Harland Bergerson, Teacher, Worthington Schools

Shelly Eklund, Teacher, Worthington Schools

Doris Neal, Teacher, Worthington Schools

In opposition to school-based clinics

Pastor Kenneth Giere, Olivia, MN

Warren Groen, Southwest MN Pro-Life

Barbara McFall, R.N., Respect Life, Inc.

Thad Radzilowski, Southwest State University

Kurtis Reese, Attorney

Jackie Schweitz, Co-Director, MN Citizens Concerned for Life

In support of school-based clinics

Cathy Blair, Coordinator, New W.A.V.

Vicki Jones-Pribyl, R.P.A.-C.

Julie Kilpatrick, Nurse Practitioner, Healthstart, Inc.

Dr. Vincent LaPorte, Marshall, MN

Presenting alternatives to school-based clinics

Brenda Mensink, R.N., Southwest Opportunity Council

Barbara Yawn, M.D., Worthington

Bonnie Frederickson, B.S.N., Nobles-Rock Health Service

CONGRESSIONAL DISTRICT 3

JURORS:

| | | |
|---------------------------------------|---------------------------------|--|
| Martin Braverman Plymouth, MN | Jane Hawk Savage, MN | Millie McKoskey Apple Valley, MN |
| Thomas J. Delaney Apple Valley, MN | Kent Larson Eagan, MN | Ted Stroming Prior Lake, MN |
| Theresa Erickson Rosemount, MN | Robert Linehan Rosemount, MN | Edmund E. Widing St. Louis Park, MN |
| Kathy Hage Burnsville, MN | Sandra Lintz Savage, MN | Sylvia Wolefle Chaska, MN |

WITNESSES:

Information witnesses appearing on Day 1

Ruth Curwen Carlson, MN Department of Health
Dr. Jeanine Czech
Beverly Propes, Children's Defense Fund
Dorothy Reier, MN Department of Health
Gene Williams, Chief, STD Control Program, MN Dept. of Health
Barbara Gall, Counselor, Burnsville High
Jan Hanenberger, Dakota County Vocational Center
JoAnne Krueger, Licensed School Nurse, Burnsville High School
Dr. Gary Nelson, Special Ed. Dir., Burnsville Public Schools
Betty Nowicki, Coordinator of Health Services

In opposition to school-based clinics

Marilyn Baker, Minnesota Citizens Concerned for Life
Mary Krech, Respect Life Center
Larry Pavlicek, MN Coalition for Adolescent Health
Stella Lundquist, Mary's Shelter
Jackie Schweitz, Minnesota Citizens Concerned for Life

In support of school-based clinics

Pam Berendt, Vice President of Programs, League of Women Voters
Dr. Ed Ehlinger, Minneapolis Health Dept
Winston Granger
Anne St. Germaine, Clinic Coordinator, Minneapolis Public Schools
Leslee Stevenson

Presenting alternatives to school-based clinics

Pamela Cook, R.N., M.A., counseling psychology
Patrick Foley, Director, Wakota Life Care Center
Lynn Weatherbee, R.N.
Betty Wentworth, R.N., M.A., Religious Studies
Claire Andersen, New Life Homes & Family Services

CONGRESSIONAL DISTRICT 4

JURORS:

| | | |
|------------------------------------|--------------------------------|-----------------------------------|
| Ellie Belde St. Paul, MN | Jackie Morales St. Paul, MN | Mike Rowe St. Paul, MN |
| Jenevieve L. Blume St. Paul, MN | Corrine Pinc Maplewood, MN | Ron Scheibel Little Canada, MN |
| Sam Hayo St. Paul, MN | Brian Rafferty St. Paul, MN | John Ucko St. Paul, MN |
| Linda Klun South St. Paul, MN | Dave Rausch St. Paul, MN | Earl VanNorman St. Paul, MN |

WITNESSES:

Information witnesses appearing on Day 1

Ruth Curwen Carlson, MN Department of Health
Dawn Ahola, Cleveland Junior High School
Dr. Jeanine Czech
Beverly Propes, Children's Defense Fund
Richard Danila, MN Department of Health
Gene Williams, Chief, STD Control Program
Ruth Colby, Agape
Sharon Gredvig, Johnson High School
Wanda Miller, Supervisor, School Health Program

In opposition to school-based clinics

Dorothy Fleming, Human Life Alliance
Jeff Johnson, Catholic Education Center
Jackie Schweitz, MCCL
Anna Lawler, M.P.H., Epidemiologist
Erma Craven

In support of school-based clinics

Nancy Harold & Sandy Naughton, Healthstart, Inc.
Robert Bonine
Medora Brown, Family Life Instructor, Como High School
Sue Rockne, Abortion Rights Council
Dede Wolfson, National Council of Jewish Women

Presenting alternatives to school-based clinics

Doneetsa Anderson, New Life Homes & Family Services
Norma Cadena, Un Primer Paso
Patrick Foley, Wakota Life Care Center
Linda Williams, Ramsey Action Program

CONGRESSIONAL DISTRICT 5

JURORS:

| | | |
|-----------------------------------|----------------------------------|------------------------------------|
| Robert G. Gilboe Richfield, MN | John Keehn Minneapolis, MN | Renee Parduhn Minneapolis, MN |
| Corinne Goings Minneapolis, MN | James Mattox Richfield, MN | Evelyn Reliford Minneapolis, MN |
| Arlette Hook Minneapolis, MN | Donna Norberg Minneapolis, MN | Diane Swanson Minneapolis, MN |
| Donna Keck Brooklyn Center, MN | James L. Obbink Richfield, MN | Mary Woida Richfield, MN |

WITNESSES:

Information witnesses appearing on Day 1

Ruth Curwen Carlson, MN Department of Health
Dr. Jeanine Czech
Beverly Propes, Children's Defense Fund
Jim Schultz, MN Department of Health
Jackie Thompson, Lutheran Social Service
Gene Williams, STD Control Program, MN Dept. of Health
Kathy Anlauf, Health Education Resource Teacher
Nancy Banchy, Special Education Dept., Minneapolis Public Schools
Vi Blosberg, Special Education Services Center

In opposition to school-based clinics

Reverend Tom Brock, Hope Lutheran Church
Peg Cullen, Catholic League for Religious & Civil Rights
Sister Sharon Howell, Archdiocese of St. Paul/Minneapolis
Brenda Remus, MN Coalition for Adolescent Health
Jackie Schweitz, MCCL
Terra Vierkant, Open A.R.M.S.

In support of school-based clinics

Pam Berendt, League of Women Voters
Dr. Ed Ehlinger, Minneapolis Health Dept.
Shari Grote, P.N.A., Teenage Medical Service
Pam Plummer, PTA Council of Minneapolis
Fredda Scobey, Abortion Rights Council

Presenting alternatives to school-based clinics

Roger Quant, Hospitality House
Bernadine Scroggins, R.N., University Total Life Clinic
Carol White, YWCA Contact Plus

CONGRESSIONAL DISTRICT 6

JURORS:

| | | |
|-------------------------------------|---------------------------------------|------------------------------------|
| Barb Blum Coon Rapids, MN | Sue Cross Fridley, MN | Marcia Matushenko Anoka, MN |
| Royce Bunce Oakdale, MN | Denise Danner Wayzata, MN | Marcia Nelson Brooklyn Park, MN |
| Claudio Cardenas Coon Rapids, MN | Trisha Doran Monticello, MN | Gladys Olmsted Elk River, MN |
| Chuck Connolly Maple Grove, MN | Louis Horvath Columbia Heights, MN | Kevin Streeter Greenwood, MN |

WITNESSES:

Information witnesses appearing on Day 1

Ruth Curwen Carlson, MN Department of Health
Dr. Jeanine Czech
Beverly Propes, Children's Defense Fund
Dorothy Reier, MN Department of Health
Gene Williams, Chief, STD Control Program
Wendy Bartels, Anoka School District
Margaret Carlson, Coordinator of Health Services
Martha Curtis, Teen Parent Program Coordinator

In opposition to school-based clinics

Bob Bartlett, Catholic Education Center
Jeff Boyer
Dorothy Fleming, Catholic League
Ms. JoAnn Jankowski, Attorney
Jackie Schweitz, MCCL

In support of school-based clinics

Pam Berendt, Minneapolis League of Women Voters
Dr. Ed Ehlinger, Minneapolis Health Department
Carol Hayden
Anne St. Germaine, School Clinics Coordinator
Carolyn Smith

Presenting alternatives to school-based clinics

Rita Bentz, R.N., New Life Homes & Family Services
Pamela Cook, R.N., M.A., West Suburban Teen Clinic
Patrick Foley, Wakota Life Care Center
Jerry Loughry & Pat Rygg, Nucleus Clinic
Betty Wentworth, R.N., M.A., West Suburban Teen Clinic

CONGRESSIONAL DISTRICT 7

JURORS:

| | | |
|------------------------------------|--|-----------------------------------|
| Mary E. Bastien Sauk Rapids, MN | Margaret Fredrickson Fergus Falls, MN | Michelle Moser Paynesville, MN |
| Karen Beck Moorhead, MN | Diane Hanson Detroit Lakes, MN | Dennis Pausch Frazee, MN |
| Leota Dahl Bagley, MN | Tom McIntire Lake Park, MN | Richard Pollock Osage, MN |
| Frank Donnay Park Rapids, MN | Ariane Mord Comstock, MN | Patsy Wieser Moorhead, MN |

WITNESSES:

Information witnesses appearing on Day 1

Steve Atchison; Fergus Falls Schools
Sue Frost, R.N.; Otter Tail Co. Public Health Dept.
Jan McClellan; Alternative Education Center, Fergus Falls Schools
Phyllis Knutson, P.H.N., B.S.N.; Otter Tail Co. Health Dept.
Gene Williams; STD Control Program, MN State Department of Health
Jerry Horgen; Fergus Falls High School
Dorothy Porter, R.N.; Fergus Falls

In opposition to school-based clinics

Frances Crummy; Warren, MN
Rev. Dan Domke; Trinity Lutheran Church, Fergus Falls
Jay Patterson; Henning, MN
Donna Steichen; St. Cloud
Father Paul Zylla; Holy Trinity Parish, Royalton

In support of school-based clinics

Father Charles Cherry; St. James Episcopal Church, Fergus Falls
Nancy Harold; Healthstart, St. Paul
Diane Gunvalson; Fergus Falls
Steve Nagel; Community Action Council, New York Mills
Rud Wasson, M.D.; Fergus Falls Medical Group
Mavis Flemmer, Fergus Falls Regional Treatment Center

Presenting alternatives to school-based clinics

Jo Kantrud; Lake Park-Wild Rice Treatment Center
Rita Lais; Fergus Falls Medical Group
Cindy Skalsky; Battle Lake
Dorothy Porter, R.N.; Fergus Falls

CONGRESSIONAL DISTRICT 8

JURORS:

| | | |
|-----------------------------------|-------------------------------|----------------------------------|
| Kay Anderson Esko, MN | Jani Mell Rush City, MN | Viola Sellin Backus, MN |
| Curt Bartholomaeus Ogilvie, MN | Erin Nevers Duluth, MN | Charlotte Warner Brainerd, MN |
| Debi Bodin Duluth, MN | Christie Overby Duluth, MN | Joe Welgrin Duluth, MN |
| Wayne Gustafson Duluth, MN | Jon Scheurer Brainerd, MN | Elmer Willman Aurora, MN |

WITNESSES:

Information witnesses appearing on Day 1

Louise Anderson, P.H.N.; St. Louis County Health Department
Mary Meierhoff, R.N.C.; Duluth Ob-Gyn Associates
Lon Anderson; Epidemiologist, St. Louis County Health Department
Marilew Barnidge; Health Curriculum Specialist
Clyde Holmes; Counselor, Duluth Community Health Center
Gene Williams; STD Control Program, MN State Dept. of Health

In opposition to school-based clinics

Joyce Alworth; State Director, Concerned Women for America
Marshall Fightlin; Licensed Psychologist, Duluth
Anna Lawler, M.P.H.; Epidemiologist
Mark Steen; Duluth City Council
Donna Steichen; St. Cloud
Kris Hasskamp, Director, Human Life Services, Diocese of Duluth

In support of school-based clinics

Sandy Naughton; Health Educator, Healthstart
William Lundberg, M.D.
Tina Welsh; Women's Health Center
Libby Welsh, P.H.N.; St. Louis County Health Department

Presenting alternatives to school-based clinics

Byron Crowse, M.D.
Myra De Byle; Unity School
James Sebastian, M.D.; Duluth Clinic

SECTION 4

THE JEFFERSON CENTER AND POLICY JURIES

The Jefferson Center (formerly the Center for New Democratic Processes) is one of the oldest think tanks in America working full time on reforms of the democratic system. There are other organizations older than we which do research and development, and have agendas of reform; we are unique in our emphasis both on reforms with long term impact and ongoing field testing. The Center was founded in 1974 by a group of Minneapolis community leaders.

The goal of the Jefferson Center is to improve the way American democracy works. We design, test and implement methods which enable citizens and government officials to work together more effectively. Our aim is the creation of sound public policy which serves the long range interests of American communities and the nation.

The Jefferson Center's primary contribution to the creation of sound public policy is the Policy Jury. Based on town meetings and the jury system, Policy Juries were developed by the Jefferson Center as a method of citizen participation. Each Policy Jury is comprised of a group of randomly selected citizens which meets to hear testimony from a wide range of witnesses in an impartial setting prior to making recommendations on public policy issues.

Policy Juries have benefits for government officials and the general public. They:

- Encourage citizens and public officials to work together in unusual harmony...by discouraging the politics of confrontation.
- Educate Policy Jury members and the public about difficult issues in an atmosphere of trust and cooperation.
- Focus on long term rather than short term solutions.
- Emphasize public interests rather than special interests.

The Center prides itself on finding innovative ways to bring academic insights to bear on problems in the real world of politics. Unlike most groups which do practical work on democratic reform, we have taken a long term view of what is required to introduce workable reforms into our democratic system.

- The years 1974 to 1983 were devoted to extensive research and development. We took insights from moral philosophy, social psychology, and law and used them to see if the jury system could be modified to work properly on political issues.

- In 1984, we became the first group in America to use the jury model on a public policy issue with official governmental sponsorship.
- Our 1987 project for the Health and Human Services Committee of the Minnesota Senate is, to the best of our knowledge, the first time in America that a legislative committee has used a formal method of citizen participation to advise it on an issue it is considering.
- It is our intention to make the vision of Thomas Jefferson a reality of American democracy.

Why Policy Juries?

The Western experiment with democracy over the last 200 years is one of great success. The standards of living and of education have made marvelous advances in that period. There are many accomplishments of which we in America should be very proud.

But, at the moment of greatest material success, our democratic system stands in considerable danger. A democracy cannot function properly when the public is unable to express its collective, considered opinion about the major issues of the day. At the very time that our problems are becoming more subtle and the solutions more complex, the tools for manipulating public opinion have become very sophisticated. Modern advertising and media techniques are becoming ever more powerful as they are combined with focus groups and public opinion polling.

The result is that the "voice of the people" which seems loudest and clearest often represents the best financed point of view, rather than the conclusion which would likely be reached by an interested and informed citizenry. The "voice of the people", as it is expressed through the media, and as legislators experience it through letter-writing campaigns, is increasingly the voice of powerful small groups. This leads to apathy toward the political system and mistrust of government by a majority of citizens. America, then, drifts along with our basic problems untended, while those who understand the new tools of public relations (and can afford them) attempt to manipulate the public in one direction or another.

In 1820, Thomas Jefferson wrote: I know of no safe depository of the ultimate powers of society but the people themselves; and if we think them not enlightened enough to exercise their control with a wholesome discretion, the remedy is not to take it from them, but to inform their discretion.

We at the Jefferson Center believe that Policy Juries are a way to "inform the discretion" of the public in such a way that they can exercise their proper powers in an enlightened way.

Our Experience

Our initial work concentrated on research on Policy Juries. In 1974 a randomly selected group of individuals designed a national health care program. In 1976 we experimented with a randomly selected committee to study the race between Carter and Ford. In 1981 the Presbytery of the Twin Cities Area commissioned us to convene a balanced panel of their members to study peacemaking over a four month period.

We have also run two "Extended Policy Discussions" to clarify disagreements between experts on a complex policy. In 1976-77 we ran a project on the question of grain reserves with U.S. Reps. Bob Bergland, Paul Findley, and Rick Nolan as sponsors. In 1977 several Minnesota legislators (Rep. Gary Laidig, Rep. Ken Nelson, and Sen. Gerry Sikorski) requested an Extended Policy Discussion on the question of serious juvenile offenders.

The major use of a Policy Jury prior to this project was in 1984 when we conducted a study on the impacts of agriculture on water quality in Minnesota. The eleven sponsors for this project included four state agencies, the two largest farm organizations, two environmental groups, two statewide associations, and a group affiliated with the University of Minnesota. Five regional Policy Juries were convened to determine the significance of the issue, the need to take action on it, and the amount to be spent. Then three members from each regional panel attended a statewide Jury which put together a final set of recommendations. These led to a variety of steps by the sponsors and contributed to some actions taken by the Minnesota Legislature. An article on this project appeared in the March/April 1986 issue of Public Administration Review.

In 1986, we conducted a Policy Jury on the issue of organ transplants. A single Policy Jury of 24 people was selected at random from the Minneapolis telephone book, using quotas to insure a balance among liberals, moderates, and conservatives. Some of their recommendations were enacted into law by the Minnesota legislature.

Office Organization and Staff

The Center has a staff of five full time people. Together, we bring to our work almost 50 years of experience in helping officials and citizens on public policy questions. During this project we were also helped by five field assistants who selected the jurors and several college students who worked part time on the survey. We are governed by a Board of Directors which sets policies, approves budgets and monitors the progress of our projects. Additionally, we are advised by an Advisory Council comprised of local, national and international experts in a variety of fields. The Jefferson Center is classified by the IRS as a publicly funded 501(c)(3) nonprofit corporation.

SECTION 5

THE SURVEY AND THE SELECTION OF THE JURORS

"You can't educate everybody on everything." In this simple statement lies one of the most difficult problems any democracy must overcome. If everyone cannot be educated on an issue, then who should be chosen to become educated to make the choice, and how should they be selected? The representative democracy which has evolved in America is a good way to choose people to lead the country and carry the responsibility of making decisions on the issues facing the nation. But such elected representatives rapidly become experts in their own right and no longer are average Americans. Representative democracy leaves unanswered the question of what average citizens would think about an issue if they had the opportunity to become well-informed.

In order to provide an answer, we have decided to borrow from the jury system, one of the oldest methods for allowing average citizens to participate in public decisions. We have worked with variations on this in order to bring more people into the discussion. In this project we decided to have one twelve-person Policy Jury in each Congressional district. Also, we convened a 24-person Policy Jury, drawn from the district Juries, to represent views from around the whole state.

This means that there was a three step process used in selecting the members of the Policy Juries for this project:

- A. First we set up a "jury pool" of 100 people in each Congressional district from which the jurors were drawn. We used a process of random quota sampling so that we could be sure of starting with a jury pool which matched the community from which it was drawn on sex, race, education, age, and urban/rural residency. We chose the size of 100 because the usual acceptance rate is about 20% and this would give us a slight margin of safety in selecting the 12 jurors and 4 alternates we needed in each district.
- B. We divided up the sample of 100 according to their attitude on the issue. This allowed us to select jurors so that the balance of attitudes on the Policy Jury was the same as that found in the Congressional district.
- C. The selection of the statewide jurors was done by the members of each Policy Jury. It would have been possible to select the statewide jurors at random from each district Jury. We felt, however, that this would not make sense. Since each Jury had developed their own point of view, the members of that Jury should be allowed to choose their own representatives for the statewide meetings. This means that the statewide jurors were representative not because they met certain objective demographic or attitudinal criteria, but because they were chosen by members of the group to represent them.

A. The Survey

The following is a summary of how we conducted the survey for all eight districts in order to set up the jury pools. The particulars for each district have already been described in the eight reports we issued on the districts. With 100 in each district, our total sample size of 800 was very respectable, given that most surveys in Minnesota usually have samples of 600. Furthermore, the balancing of the sample by demographic quotas reduced the probable margin of error even further than what would be found in an ordinary sample of 800.

1. Starting in August, there were four pretests of the questionnaire to insure that the questions accurately reflected the views of those interviewed.
2. We purchased a list of randomly generated telephone numbers from Winona Inc., a nationwide survey research organization based in Bloomington MN. We gave them instructions so that they could break down the lists by Congressional District in Minnesota. The latter was something which Winona had not done before and required a considerable effort by Jefferson Center staff.
3. In conducting the survey, we used several standard techniques to insure the quality of what we did. We used a method for randomizing those whom we selected to interview. Also, we did up to five call-backs for those who did not answer when called. Finally, we listened to those doing the interviewing to be sure that their tone of voice did not influence the interviewee in his/her responses.
4. We then set up the jury pool by calling through the random numbers, using a quota sampling method so that the jury pool matched the demographics of the district, as extrapolated from 1980 census data. In order to do this, we at times interviewed more than 100 people and then selected some out at random. We are pleased with the results we obtained, given the time and budgetary constraints under which we worked. The main discrepancy from census data is with regard to age: the younger categories are under-represented, while the 25-44 categories are over-represented (the latter was done intentionally to make up for the deficit in the younger group.) As a result, if one divides the jury pool into those over and under 45, the final jury pool is within one percent of being on target with regard to age. These results are shown at the end of this section in Table 5.2.

B. Selecting the District Jurors

1. The first step in selecting the jurors was to divide each jury pool of 100 into three attitudinal categories. We originally hoped to do this with the single question: "Would you oppose

or support having such clinics in the schools in your community, or are you unsure?" But the answers were not evenly divided: 58% answered "support" and only 13% were "opposed". This led us to ask some follow-up questions in order to break the support category up into those who were unqualified supporters and those who were not. Those who were unqualified supporters were labeled "more favorable" to school-based clinics, those who were qualified supporters were labeled "middle", and those who were unsure or opposed were labeled "less favorable". The setting up of these categories is discussed in detail in Appendix C. The results for all the districts are given in Table 5.1.

Table 5.1: Distribution of jurors by attitudes on the question, with acceptance rates, and comparisons to aggregate target figures.

| | <u>less favorable</u> | | <u>middle</u> | <u>more favabl</u> | <u>total</u> |
|-----------------|-----------------------|----------------|----------------|--------------------|---------------|
| | <u>opposed</u> | <u>unsure</u> | | | |
| total in pool | 12.9% (103) | 29.0% (232) | 27.9% (223) | 30.2% (242) | 100% (800) |
| jurors assigned | 40 | | 26 | 30 | 96 |
| jurors serving | 15.6% (15) | 25.0% (24) | 29.2% (28) | 30.2% (29) | 100% (96) |
| acceptance rate | 21.1% | 17.0% | 21.6% | 27.3% | 21.9% |
| ----- | | | | | |

2. Select those who are allowed to serve on the Policy Jury. To serve, a person must be aged 18 or over, a resident of Minnesota, and a U.S. citizen. Also, they should not be involved in work on the issues as professionals or on the boards of activist groups which are concerned.
3. One of the questions on the survey was about people's willingness to serve on a Policy Jury. Those who were willing to give us their names and addresses were put in the pool of "possibles" who should be invited to serve on the Jury. Out of the 800 in the total jury pool, 445 people gave us their names and addresses.
4. The names of the "possibles" within each district were divided up into the three attitude categories and again randomized so that the last person interviewed would have as good a chance to be invited as the first. These lists were sent to the field assistants with a target number of jurors in each category for their district. Also alternates were sought: one, if there were 3 or 4 jurors in the category; two, if there were 5 or 6 jurors. Letters were sent to those on the

lists, informing them that they would soon be contacted. The field assistant then approached people in their order on the list. The initial contact was by phone. Those who indicated an interest in serving were visited in person. This entailed a considerable amount of staff time, but we felt it was very important that those willing to serve have a personal contact with staff, so that all their questions could be answered and so that their commitment to attend would be enhanced.

C. Selecting the Statewide Jurors

As noted above, the selection of the statewide jurors was done using a different method of representation than that used for the district jurors. The statewide jurors are representative not in the sense of their meeting any demographic or attitudinal criteria, but because they were chosen by their peers to represent them. This selection was made at the end of the deliberations on the fourth day of each district Jury meeting. By waiting until after the deliberations had been completed, the jurors would be able to know each other's views and be able to vote for those whom they thought would do the best job of representing them.

The demographic distribution of the statewide jurors (and the district jurors, as well) is shown in Table 5.2, along with our targets for the pool of 800. As can be seen, males, whites, and the well-educated are over-represented, while young people are under-represented. These differences from population norms are typical for elected representatives at all levels of government.

One interesting thing shown by Table 5.2 is that the 96 original jurors come very close to the target demographics for the state. This pleased us because no attempt was made to match the jurors to the demographic data from the census. From the very beginning of the project we made a point of saying that our only concern was to match the jury pool to the demographics, as is the goal within the legal system. Like the legal system, no attempt was made to balance the jury itself on demographics: if we were to come up with a jury of 12 men and 0 women, this would be acceptable. (However, we added the criterion that jurors at the district level must reflect the attitudes of the district from which they were chosen.) In light of this, it is interesting how closely the district Juries matched the state as a whole on the demographics.

This was not the case for the statewide jurors. There we see some significant deviations. Among the district jurors there was a slight under-representation of males, but among the statewide, there was a marked over-representation of males. With race, there were almost twice as many non-whites among the 96 as the target would have required, but among the statewide, there were no non-whites at all. In education, those with less than a high school degree were distinctly underrepresented at the district level, and disappeared completely at the statewide. With age,

the major deviation from target was that those 55 and over were poorly represented at the statewide level. Finally, on urban/rural residency, rural residents were over-represented by a considerable amount among the statewide jurors.

It is the position of the Jefferson Center that when the district jurors decided to select representatives who do not match the demographics of the state, that was their privilege. Since this situation is accepted in other elected bodies, we saw no reason not to accept it with regard to the statewide Policy Jury.

Table 5.2: Comparison of the district and statewide jurors to the pool of 800 and the original target demographics.

| | | | | |
|---|---------------|---------------|-----------------------|-----------------------|
| - Sex | Target | Final Pool | District Jurors 96 | Statewide Final 24 |
| Male | 48.3% | 48.3% | 42.7% | 58.3% |
| Female | 51.7% | 51.7% | 57.3% | 41.7% |
| | <u>100.0%</u> | <u>100.0%</u> | <u>100.0%</u> | <u>100.0%</u> |
| - Race | Target | Final Pool | District Jurors 96 | Statewide Final 24 |
| White | 97.4% | 97.5% | 95.8% | 100.0% |
| Other | 2.6% | 2.5% | 4.2% | 0 |
| | <u>100.0%</u> | <u>100.0%</u> | <u>100.0%</u> | <u>100.0%</u> |
| - Education | Target | Final Pool | District Jurors 96 | Statewide Final 24 |
| Less than HS. | 14.0% | 14.3% | 5.2% | 0 |
| High School | 36.0% | 34.7% | 38.5% | 25.0% |
| Some College | 25.9% | 26.4% | 29.2% | 37.5% |
| College grad | 24.1% | 24.6% | 27.1% | 37.5% |
| | <u>100.0%</u> | <u>100.0%</u> | <u>100.0%</u> | <u>100.0%</u> |
| - Age | Target | Final Pool | District Jurors 96 | Statewide Final 24 |
| 18 to 24 | 19.5% | 11.2% | 13.6% | 12.5% |
| 25 to 34 | 23.7% | 28.9% | 27.0% | 37.5% |
| 35 to 44 | 15.9% | 18.2% | 21.9% | 20.8% |
| 45 to 54 | 13.0% | 13.5% | 14.6% | 25.0% |
| 55 to 64 | 12.1% | 11.3% | 10.4% | 0 |
| 65 and over | 15.8% | 16.9% | 12.5% | 4.2% |
| | <u>100.0%</u> | <u>100.0%</u> | <u>100.0%</u> | <u>100.0%</u> |
| - Urb/Rural Residency, <u>All Districts</u> | Target | Final Pool | District Jurors 96 | Statewide Final 24 |
| Urban | 70.0 | 71.6% | 70.8% | 58.3% |
| Rural | 30.0% | 28.4% | 29.2% | 41.7% |
| | <u>100.0%</u> | <u>100.0%</u> | <u>100.0%</u> | <u>100.0%</u> |

SECTION 6

THE DISTRICT AND STATEWIDE POLICY JURY PROCEEDINGS

What Policy Juries can bring to the Legislature may best be described in a Fergus Falls Daily Journal editorial which said:

"What the Legislature will eventually receive is the opinion of an educated group of citizens who made a recommendation after listening to extensive testimony on both sides of the issue. Lawmakers won't be hearing the people who yell the loudest, or the people who spend the most money to lobby for one side or the other."

Policy Juries have been carefully designed in order to achieve these results. The aim of this section is to describe briefly how the district Policy Juries and the statewide Policy Jury were conducted. Those who want an explanation of why the hearings were set up in the way described below should turn to Appendix A.

In spite of the length of this report, we have had to leave out many of the things which indicate the extensive nature of the work which was done. On January 28, 1988, we issued an Interim Report about the work of the district Juries which contains 43 pages summarizing the highlights of the testimony, the things which the jurors liked and disliked about the three views presented to them, and the way they modified those views. None of this information is included in this report.

A. The Congressional District Policy Juries

The time and location of the hearings in each of Minnesota's eight Congressional district were as follows:

| <u>District</u> | <u>Area</u> | <u>Location</u> | <u>Time</u> |
|-----------------|-------------------------|-----------------|---------------|
| Dist. 1 | southeastern Minnesota | Rochester | Oct 28-31, 87 |
| Dist. 2 | southwestern Minnesota | Worthington | Oct 21-24, 87 |
| Dist. 3 | Metro: southern suburbs | Burnsville | Dec 2- 5, 87 |
| Dist. 4 | Metro: largely St. Paul | St. Paul | Jan 6- 9, 88 |
| Dist. 5 | Metro: largely Mpls. | Minneapolis | Jan 13-16, 88 |
| Dist. 6 | Metro: northern suburbs | Brooklyn Park | Dec 9-12, 87 |
| Dist. 7 | northwestern Minnesota | Fergus Falls | Oct 7-10, 87 |
| Dist. 8 | northeastern Minnesota | Duluth. | Oct 14-17, 87 |

The settings for the hearings ranged from a large Holiday Inn conference room to a classroom in a YWCA to a legislative hearing chamber. The twelve jurors present at each hearing were seated at tables arranged in horseshoe fashion to face the front of a room, where two long tables and a lectern allowed the moderator and witnesses to face the Jury. The public sat behind the Jury.

Each district hearing lasted for four days, running from Wednesday through Saturday. Proceedings began each day at 8:30

AM and closed at 4:30 PM. An hour for lunch and a half hour for breaks were scheduled into each day. The first three days were given to testimony on the issues surrounding school-based clinics, and the final day was spent in juror deliberations.

The format of the testimony heard by the jurors was the same in each location, albeit with different witnesses (a complete sample agenda is to be found in Appendix B and a listing of the witnesses testifying in each district can be found in Section 3). The testimony proceeded as follows. Day 1 served to introduce jurors to the problems of teenage pregnancy and sexually transmitted diseases, and to give them an example of what a local school district was currently doing to deal with these problems. Jurors were given a package of basic data about the issues at hand (a list of the materials in the package is found in Appendix H). The purpose of the testimony was to enable the Jury to understand the nature and the extent of these problems (particularly in their district) and to gauge the effectiveness of local school-district responses. Each topic received an hour of testimony followed by an hour of questions from jurors to witnesses.

Testimony on Day 2 was divided between those favoring school-based clinics as a means of dealing with teenage pregnancy and sexual disease, and those opposed to the clinics. Two hours of testimony supporting clinics interspersed with question periods took place in the morning, followed by the same amount of time devoted to testimony opposing clinics in the afternoon.

The morning of Day 3 was devoted to testimony from those favoring alternatives other than clinics (ranging from better use of existing community clinics to education programs about abstinence) to deal with the problems. Finally, in the afternoon, representatives from each of the three perspectives gave summary statements and rebuttals. An average of 22 witnesses testified at each hearing.

Jury deliberations took place on the morning of Day 4, and were structured by a set of questions provided to them (see the charge to each District Jury in Appendix B). Each Jury was given the option of working on their own, without Center staff present, or having staff present to moderate the discussion and record their decisions. All of the Juries chose to have the staff present. We believe this showed both their trust in Jefferson Center staff and their awareness of the complexity of the task.

There were several tasks set by the charge. First, the jurors were asked to give their estimate of the severity of the problems they had been discussing. Second, they were asked to list their likes and dislikes about the three positions which had been presented to them. This gave them the opportunity to discuss their views on the presentations. This listing of likes and dislikes also offered insights which could help policy makers

understand those aspects of the approaches which were most appealing and those which were not.

After the jurors completed their list of likes and dislikes, they went on to vote for the approach they liked the best. They were asked to do this using a two step method of voting. The purpose of this was to make sure that the position finally adopted had the broadest possible support among the jurors. For example, if there were five jurors who held a very strong view (either in favor of clinics or opposed to them), such a group could get their position adopted if a single non-weighted vote were used and the others split their vote three to four. Therefore, a two-step vote was used, with the first being a weighted vote.

B. The Statewide Policy Jury

The statewide Policy Jury was held February 8 - 12 at the downtown Saint Paul Holiday Inn. The twenty-four jurors met in a large meeting room with the same seating arrangements as at the Congressional District Juries.

The Jury proceedings were scheduled to begin each day at 8:30 AM and to end at 4:30 PM. An hour for lunch and two fifteen minute breaks were scheduled into each day. The first two and one-half days were spent on information and testimony, and the last two and one-half days were used for juror deliberations and formulation of conclusions and recommendations. A copy of the agenda for the statewide Policy Jury can be found in Appendix B.

On the first day of the proceedings, after being welcomed by State Senator Linda Berglin, the Jury began its work by hearing reports on the recommendations of each of the District Juries. These reports were made by the three representatives of each district. Following the reports, the jurors worked in small groups, discussing the reports. A full group discussion of the charge before them, and the preparation of questions for the witnesses completed the day.

The next day and one-half was devoted to testimony from eighteen witnesses. Nine of them supported clinics and nine opposed them. Each side presented four and one-half hours of testimony and answered questions for two and one-quarter hours. The witnesses were paired, one supporting and one opposed. They each spoke for fifteen minutes, and together answered questions for fifteen minutes per pair.

The Jury began its deliberations on the afternoon of the third day. In doing this, they were guided by a four point charge presented to them by the Steering Committee (see page 59).

They began with discussions on the witness testimony, and followed this with the task of defining what, based on the testimony, a school-based clinic currently was. At the end of the day, the jurors took a major vote on what role school-based

clinics might have in dealing with the problems of teenage pregnancy, AIDS and other sexually transmitted diseases. They used a weighted voting method to make this determination.

On the fourth day, the jurors began to work on clarifying how teen pregnancy, AIDS and other sexually transmitted diseases would be dealt with in light of their work and votes on the previous day. The jurors continued their deliberations on the fourth day, working until nearly midnight to discuss the recommendations they wanted to make. They completed their work on the afternoon of the fifth day and issued their recommendations and opinions to the Senate Steering Committee representatives.

C. Evaluations by Jurors

It is very important to the Jefferson Center that the Policy Jury hearings be run in a way which is satisfying to both jurors and witnesses and that the impact of any staff biases be held at a minimum. We take several steps to insure this. A Steering Committee of four Senators oversaw the project as a whole and a Process Committee of five prominent individuals was set up to review the statewide agenda for fairness. Also, we on the staff monitor each other to be sure that any biases we have do not influence the way we conduct the hearings.

The main way in which we evaluate how well we have done is through questionnaires which are given to all the jurors at the end of their participation in the hearings. Not only do we have data for the current project, but data from past projects allows us to gain a further perspective on our performance.

Table 6.1: The five main questions asked of the jurors. In all cases, there were five answers provided, as shown in Table 6.2.

PROJECT: In general, how do you feel about the Policy Jury on school-based clinics, now that you have completed the project? Are you very satisfied, satisfied, neutral, dissatisfied, or very dissatisfied?

WITNESS: How do you feel about the witness presentations?

GROUP DISCUSSIONS: How do you feel about the group discussions?

STAFF PRESENTATIONS: How do you feel about the staff presentations?

BIAS: One of our aims is to have staff approach this issue, and run the project, in an unbiased way. How satisfied are you with staff performance in this regard?

The five main questions we ask the jurors in the evaluation forms are shown in Table 6.1. The answers to these questions are

summarized in Table 6.2. That table lists separately the evaluations given by both the district jurors and the statewide jurors. In Table 6.3 the evaluations on the two most important questions are compared to the answers given in 1984 during the Policy Jury project on agricultural impacts on water quality.

Table 6.2: Summary of views on the five main questions, comparing district and statewide results.

| | PROJECT | | WITNESS | | GRP DISC | | STAFF P | | BIAS | |
|--------------|---------|------|---------|------|----------|------|---------|------|------|------|
| | DST | ST | DST | ST | DST | ST | DST | ST | DST | ST |
| Very Satis. | 71% | 54% | 29% | 38% | 58% | 38% | 85% | 79% | 93% | 88% |
| Satisfied | 22 | 46 | 67 | 54 | 36 | 50 | 15 | 17 | 6 | 12 |
| Neutral | 5 | 0 | 3 | 4 | 3 | 8 | 0 | 4 | 0 | 0 |
| Dissatisfied | 1 | 0 | 0 | 4 | 2 | 4 | 0 | 0 | 1 | 0 |
| Very Dissat. | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| Totals: | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |

Table 6.3: Comparison of above results with 1984 project.

| | 1984 | | | | 1987-8 | | | |
|--------|---------------|------|---------------|------|---------------|------|---------------|------|
| | Dist Juries | | Statewide | | Dist Juries | | Statewide | |
| | satis'd with: | | satis'd with: | | satis'd with: | | satis'd with: | |
| | PROJ | BIAS | PROJ | BIAS | PROJ | BIAS | PROJ | BIAS |
| V. Sat | 63% | 72% | 60% | 40% | 71% | 93% | 54% | 88% |
| Sat | 32% | 25% | 40% | 60% | 22% | 6% | 46% | 12% |
| Neut | 3% | 3% | 0 | 0 | 5% | 0 | 0 | 0 |
| Dissat | 2% | 0 | 0 | 0 | 1% | 1% | 0 | 0 |
| V. Dis | 0 | 0 | 0 | 0 | 1% | 0 | 0 | 0 |
| | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |

The result which pleased us the most is the ratings we were given on minimizing the influences of staff biases. At the district level, 93% of the jurors gave us the top rating in that department, while at the statewide level we received an almost equally good 88%. This compares most favorably with the results in 1984 when the ratings were 72% and 40% respectively. This result is not a surprise to us, since we were distressed with the 40% rating given us at the statewide level in 1984 and made a concerted effort to improve on it. Special attention was given to planning the statewide hearings in advance to minimize the need for any last minute changes. This was also the reason we set up the Process Committee to review the proposed statewide agenda.

The ratings on overall satisfaction with the project were good, but not as easy for us to understand. The 71% very satisfied at the district level is a result we are proud of, given that this summarizes the results of eight projects run in a relatively short time period. We were pleased to have improved

on the 63% rating given us at the district level in 1984. Therefore we are somewhat puzzled that only 54% of the jurors were very satisfied with the statewide hearings. Given that 60% were very satisfied at the statewide level in 1984 when there were only 40% very satisfied with bias control, we would have expected a higher set of ratings in the current project.

From Table 6.2 it can be seen that the one place where the statewide hearings were not as satisfying as the district ones was with group discussions. Since the staff felt the group discussions were as well conducted at the statewide level as at the district, we are not sure how to explain this. It may have something to do with the intensity of the question and the wish of the jurors that they had had more time to discuss the issue (although they were given more discussion time at the statewide level than the district level). One possibility is that a 24 person group is not as satisfying to work in as a 12 person group. Another possibility is that the jurors were more clearly divided into two sides by the time they reached the statewide and some were dissatisfied with the substance of the results. We regret that the data we gathered does not shed more light on this.

Jurors added written comments to their forms. The following comments are those made most frequently, together with several we found interesting. Additional comments are found in Appendix F.

- "(We needed) more time to discuss the problem." (24 district jurors made this comment in one form or another.)
- "it would have been nice to have had the printed material available ahead of time. It was excellent and well balanced, but I didn't have time to digest it in a manner that allowed me to question witnesses most effectively." (18 district Jurors made essentially this request.)
- "I would like to see a pregnant teenager ...come in and speak." (8 district Jurors suggested this.)
- "Could there be someone who has the role of judge in a normal courtroom...one who keeps witness testimony relevant?"
- "I believe that the Policy Jury can be swayed by members during question and answer exchanges. Although it may interfere with the 'open air' atmosphere, jurors should write questions and the moderator should solicit an answer...no follow up...no arguing. The best would be two attorneys or advocates."
- "Allow each juror an allotted amount of time to question each presenter, so they can get the best clarification of the questions they have without changing the subject every chance they get."
- "The Policy Jury was able to conduct things the way they saw fit. I liked that."

- "This was without a doubt the most stimulating, exciting, satisfying process I have been involved with in a very long time. (The) information has strengthened me as an individual, enabling me to question issues thoroughly from here on in."

D. Evaluations by the Media

Another way to evaluate the project is to examine the media coverage it has been given. The project was covered by TV news on at least 20 separate occasions (this counts the same show on the 6:00 and 10:00 P.M. news as only one show) and Minnesota Public Television ran a one-hour special on the project. There have been over 60 newspaper articles and the coverage on radio stations around the state was so extensive that it would have been too expensive to monitor it in order to get a count. We were pleased at how many times people reported having heard us interviewed on various radio stations. Four newspaper articles are attached as Appendix G to give examples of the coverage.

This media coverage was important for three reasons. First, it provided solid information to the broader community on a compelling and timely set of issues. This engagement of the readers, viewers and listeners gave the Policy Jury a significantly larger audience than one of just jurors and policy makers. Second, it provided a public evaluation of the Center and the Policy Jury process. Editorials in three daily Minnesota newspapers demonstrate the careful attention which was given the process. Third, the coverage demonstrated that the Policy Jury process was a format which lent itself to media coverage in a concise, thorough fashion and that the issue of school-based clinics was current and of concern to those who write about public policy issues.

SECTION 7

CONCLUSIONS AND RECOMMENDATIONS THE DISTRICT POLICY JURIES AND THE STATEWIDE POLICY JURY

As the St. Paul Pioneer Press Dispatch put it, "Of the health-related problems teens face, this trio threatens most: pregnancy, AIDS and sexually transmitted diseases." But these are not just ordinary health problems, to be conquered with the same scientific objectivity one might expect in a campaign against smallpox or polio. Few things are more controversial in our society than what to do about teen sexuality and the negative consequences which can stem from it.

As a result, when a legislature tries to introduce programs to deal with these problems, there are usually major discussions between proponents and opponents. These are made very complex by numerous side issues (abortion, parental rights and issues of who should educate: schools, community, religious community or parents) which further complicate the problem of what should be done. Too often the policy focus gets lost in such discussions.

Our goal for the recommendations was to set up discussions which were broad enough to include most of what is considered relevant without being so broad as to prohibit clear recommendations. The way we went about defining the question and setting the agenda is covered in Appendix A.

The aim of this section is to review the recommendations and conclusions of the district Policy Juries and the statewide Policy Jury. (Appendix D contains the full recommendations of the statewide Policy Jury.)

A. The Congressional District Juries:

The way in which the district Juries went through the charge they were given has already been discussed in Section 6. The reader may want to refer to that section and also the charge (see Appendix B) when reviewing the following conclusions.

A vote on the severity of the problems was made in light of both the pro and con testimony on school-based clinics, and also the first day of testimony which focused specifically on the nature and severity of these problems. Witnesses included state and local experts on these issues. The results of this vote are given on a district by district basis in Tables 7.1 through 7.3, with the data summarized in Table 7.4.

Table 7.1: The findings of the eight district Policy Juries regarding the severity of the problem of teen pregnancy in their district.

| Problem Size: | 1 | 2 | 3 | Congressional Districts: | | | | | All |
|---------------|----|----|----|--------------------------|----|----|----|----|-----|
| | | | | 4 | 5 | 6 | 7 | 8 | |
| Very Large | 2 | 2 | 3 | 4 | 9 | 2 | 7 | 1 | 30 |
| Large | 3 | 6 | 4 | 6 | 2 | 6 | 4 | 5 | 36 |
| Medium | 6 | 3 | 4 | 1 | 1 | 3 | 1 | 6 | 25 |
| Small | 1 | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 5 |
| Very Small | 0 | | | | | | | | |
| Totals: | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 96 |

Table 7.2: The findings of the eight district Policy Juries regarding the severity of the problem of AIDS in their district.

| Problem Size: | 1 | 2 | 3 | Congressional Districts: | | | | | All |
|---------------|----|----|----|--------------------------|----|----|----|----|-----|
| | | | | 4 | 5 | 6 | 7 | 8 | |
| Very Large | 2 | 2 | 1 | 2 | 1 | 2 | 4 | 0 | 14 |
| Large | 0 | 1 | 2 | 4 | 3 | 4 | 2 | 0 | 15 |
| Medium | 1 | 1 | 2 | 2 | 3 | 3 | 4 | 4 | 19 |
| Small | 7 | 5 | 4 | 4 | 2 | 0 | 2 | 6 | 30 |
| Very Small | 2 | 3 | 3 | 1 | 4 | 3 | 0 | 2 | 18 |
| Totals: | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 96 |

Table 7.3: The findings of the eight district Policy Juries regarding the severity of the problem of other sexually transmitted diseases in their district.

| Problem Size: | 1 | 2 | 3 | Congressional Districts: | | | | | All |
|---------------|----|----|----|--------------------------|----|----|----|----|-----|
| | | | | 4 | 5 | 6 | 7 | 8 | |
| Very Large | 0 | 1 | 2 | 1 | 5 | 4 | 6 | 0 | 19 |
| Large | 1 | 3 | 4 | 7 | 4 | 5 | 5 | 7 | 36 |
| Medium | 4 | 5 | 2 | 3 | 2 | 2 | 1 | 3 | 22 |
| Small | 6 | 3 | 4 | 1 | 1 | 1 | 0 | 2 | 18 |
| Very Small | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Totals: | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 96 |

Table 7.4: Summary of data in Tables 7.1, 7.2, and 7.3.

| | teen pregnancy | other sexually transmitted diseases | AIDS |
|---------------------|-------------------|--|------|
| very large or large | 69% | 57% | 30% |
| medium | 26% | 23% | 20% |
| small or very small | 5% | 20% | 50% |

The next step in the charge called for the jurors to look at the three approaches presented them regarding school-based clinics: The position in support of clinics, the position opposed to clinics, and the position supporting other alternatives. The jurors were asked to discuss what they liked best and least about the three approaches as presented to them. The list of likes and dislikes has been summarized in the Interim Report which was distributed in February, 1988. Upon completing their lists of likes and dislikes, the jurors then were asked to vote in favor of the position which they liked the best.

The discussion over the likes and dislikes provided the basis for the vote on the three positions presented to the jurors. The results of these votes in each Congressional District are shown in the following tables. Table 7.5 shows the results of the first weighted vote. Upon completion of this vote, the approach receiving the lowest score was removed from consideration. Each Policy Jury was then asked to vote again between the remaining two approaches. The results of this run-off vote are shown in Table 7.6.

The votes were conducted as follows: In the first vote, each juror was asked to place a 1 in front of the approach s/he liked best, a 2 in front of the next preferred approach, and a 3 in front of the least preferred approach. These votes were then scored by assigning a weight of 3 to the first place vote, a weight of 2 to the second place vote, and a weight of 1 to the last place vote. These scores were then totaled, the lowest scoring position dropped from the running, and a final simple majority vote was held.

After this, the jurors were asked to modify the proposals and then vote again. Our original intention was that they revise all three proposals and then use the same two-step voting method. This turned out to be artificial, however, given that there was little interest in modifying the least popular position. Therefore, this vote on the modified alternatives was a simple majority vote between the two most popular positions.

Table 7.5: Vote #1: the weighted vote

| <u>Approaches:</u> | 1 | 2 | <u>Congressional Districts:</u> | | | | | 8 |
|--------------------|----|----|---------------------------------|----|----|----|----|----|
| | | | 3 | 4 | 5 | 6 | 7 | |
| Support Clinics | 15 | 27 | 26 | 29 | 35 | 20 | 20 | 34 |
| Oppose Clinics | 23 | 14 | 17 | 15 | 12 | 19 | 25 | 17 |
| Alternatives | 34 | 31 | 30 | 28 | 25 | 33 | 27 | 21 |

Table 7.6: Vote #2: the run-off

| <u>Approaches:</u> | 1 | 2 | <u>Congressional Districts:</u> | | | | | 8 |
|--------------------|---|---|---------------------------------|---|----|----|---|----|
| | | | 3 | 4 | 5 | 6 | 7 | |
| Support Clinics | - | 5 | 6 | 8 | 11 | 2 | - | 11 |
| Oppose Clinics | 4 | - | - | - | - | - | 7 | - |
| Alternatives | 8 | 7 | 6 | 4 | 1 | 10 | 5 | 1 |

Note: the blank (-) indicates this approach was removed as a result of the first vote.

Table 7.7: Vote #3: vote after modifications

| <u>Approaches:</u> | 1 | 2 | <u>Congressional Districts:</u> | | | | | 8 |
|--------------------|----|----|---------------------------------|---|----|----|---|----|
| | | | 3 | 4 | 5 | 6 | 7 | |
| Support Clinics | - | 2 | 7 | 7 | 12 | 2 | - | 11 |
| Oppose Clinics | 0 | - | - | - | - | - | 7 | - |
| Alternatives | 12 | 10 | 5 | 5 | 0 | 10 | 5 | 1 |

Note: the blank (-) indicates this approach was removed as a result of the first vote.

The results of the jurors' votes at the district level can be summarized in two ways. The most obvious is to refer to how the majority in each district voted: in four districts there was a majority vote in favor of school-based clinics, in three districts there was a majority in favor of an alternative approach,

and in one district the majority voted in favor of the position which was strongly opposed to school-based clinics. Using this approach, one can say that half the district Juries voted in favor of school-based clinics.

The other way to summarize the district results is to refer to the votes of individual jurors while ignoring the dividing lines between districts. This approach is shown in Table 7.8. There it can be seen that in the third vote there were 43% of the jurors who voted in favor of school-based clinics and 50% who voted in favor of the alternatives approach. The position opposing clinics is still in a distant third place, but this method shows half the jurors favoring alternatives, while the first approach shows half the Juries favoring clinics.

Table 7.8: Summary of jurors' votes as shown in Tables 7.5, 7.6, and 7.7:

| | first vote | second vote | third vote |
|-------------------------------------|---------------|----------------|---------------|
| A. Presentation supporting clinics: | 36% | 45% | 43% |
| B. Presentation opposing clinics: | 25% | 11% | 7% |
| C. Presentation of alternatives: | <u>39%</u> | <u>44%</u> | <u>50%</u> |
| | 100% | 100% | 100% |

Significance of the Congressional District Policy Jury Votes:

The simplest thing to say about the above results is that the position opposed to school-based clinics was clearly the least popular, while the alternatives position and the position supporting school-based clinics were almost equally popular. In the list of likes and dislikes the jurors made up regarding the opposed position, the two most frequently mentioned dislikes were that no alternatives were offered and that there was too much emphasis placed on the abortion issue. Each of these was mentioned by four Juries. Three Juries objected to what they saw as a misuse or distortion of statistics and three also felt that the emphasis placed on abstinence was too idealistic (unrealistic). Interestingly, the first thing listed by the one Jury which voted in favor of the position opposed to clinics was the emphasis placed on abstinence by this position.

The low support given the position opposed to clinics masks a change which was occurring in the attitudes of the jurors. This trend is revealed through the answers to the original survey questionnaire, which we administered to the jurors as the project advanced. This was something which we did not originally plan to do, but which seemed like a good idea once we got into the project. Therefore, six of the eight district Juries were given

the survey questionnaire on Day 1 and seven were given it on Day 4 as well. From this, we can track what the attitudes of the jurors were when they arrived and what they were on Day 4 after the deliberations were completed. Because we did not give the Day 1 and Day 4 survey to all districts, the data is complex and therefore reviewed in detail in Appendix E. The trends are interesting enough, however, so that they are shown in Table 7.9.

What happened was that at the very time that the jurors were rejecting through their votes the position opposed to clinics, their attitudes were moving in the direction of opposition to clinics. Using only the information from six of the eight districts, it can be seen that on Day 1 those answering Question 4 of the survey as "opposed" slipped from 13% of the original survey to only 4%. But by Day 4, this position was selected by 32% of the jurors. The largest decrease occurred with the "unsures", where the change from Day 1 to Day 4 was from 31% to 10%. But the strongest support for clinics also slipped from 29% to 20%.

Table 7.9: The change in the attitude categories from the initial survey through Day 1 to Day 4 of the district Juries. This summary excludes Districts 2 and 7.

| | <u>Initial Survey</u> | <u>Day 1</u> | <u>Day 4</u> |
|----------------|-----------------------|--------------|--------------|
| Opposed | 12.5% 9 | 4.2% 3 | 31.9% 23 |
| Unsure | 26.4% 19 | 30.5% 22 | 9.7% 7 |
| Middle | 29.2% 21 | 34.7% 25 | 38.9% 28 |
| More Favorable | 31.9% 23 | 29.2% 21 | 19.5% 14 |
| Missing Data | | 1.4% 1 | |
| Totals | 100.0% 72 | 100.0% 72 | 100.0% 72 |
| ----- | | | |

The significance of the missing data should not be lost. Because we have excluded Districts 2 and 7, this means that the data analyzed in the above table comes from six Policy Juries, four of which voted in favor of clinics and two of which voted in favor of alternatives. How can this be explained, when 32% of these jurors had moved to the "opposed" position? We believe the answer lies in the difference between being opposed to school-based clinics and being in favor of the views presented by those who represented the position in opposition to clinics.

Although the jurors' attitudes were moving away from support of the clinics, this did not mean that they favored the views espoused by the strongest opponents of clinics. Also it should be noted that even on Day 4 the "middle" and "more favorable" categories made up 59% of the jurors and the "middle" category consisted of those who were supporters of clinics, albeit with reservations.

B. The Statewide Policy Jury:

The recommendations of the statewide Policy Jury are more elaborate than those of the district Juries. They have already been released in their entirety in the Interim Report which was distributed in mid-February to those who were tracking the project closely. What follows is our summary of the recommendations, the complete version of which is found in Appendix D.

Definition of School-Based Clinics:

The first point in the charge to the jury was to make sure that all jurors shared the same understanding of what a school-based clinic is. The need for this arose from the fact that there were many different versions of clinics presented by the numerous witnesses who appeared at both the district and statewide levels. The jurors first created and agreed to a definition which was a complete and comprehensive school-based clinic model. The jury decided this model was one based on what clinics currently are, rather than what they thought they should be, and that such clinics might offer all, or just some, of the services which they listed (see p84).

Should School-Based Clinics be Used?

The second step in their deliberations was for the jury to deal with the major question of whether or not school-based clinics should be used. The charge called for them to recommend whether clinics should be a major part, one part, or no part of dealing with the problems of teen pregnancy, AIDS or other sexually transmitted diseases.

After changing some of the language, and further discussion, the jury used a weighted method of voting to remove the option calling for clinics to be a major part of any new set of programs dealing with the problems.

In a vote between the option of using clinics as one part of the on-going effort to deal with the problems and the option of not using clinics and using alternative approaches instead, the jury split evenly in a 12 - 12 vote.

Following additional discussion in which they clarified their intent that existing clinics, under either option, would not be affected by their recommendation, the jury voted again. In this

vote, the option calling for use of clinics as one part of the solution received 13 votes and the position supporting alternatives, and no use of clinics, received 11 votes. The statement which received the 13 votes was:

School-based clinics should be one part of the on-going effort to prevent and deal with teen pregnancy, AIDS, and other sexually transmitted diseases. We made this vote because we understand this option to mean that school-based clinics may be, but are not required to be, used as part of the on-going efforts in dealing with the above problems.

Why the Jurors Voted As They Did:

The third item in the charge called for the jurors to give reasons as to why they voted as they did. The top reasons for supporting clinics as one part of the solution included that they provide competent and convenient medical care at no expense and that the option of clinics should be preserved for local input. The reasons given for voting for no clinics, and use of alternatives instead, included that there was insufficient evidence that the clinics are effective and that all witnesses, for or against clinics, had agreed that K - 12 sex education, along with education on morals and values was the long term solution to the problem.

Additional Policy Recommendations and Conclusions:

The final task undertaken by the jurors was to review other details and general information which had been brought to their attention at the district and at the statewide hearings. They listed 31 points and then voted to indicate the amount of support and opposition to each point.

The points included items related to school-based clinics, welfare, media, schools and education, teenage sexuality and contraceptives, community services, and parental and male responsibility.

In the jury vote on these items, three received unanimous support. They dealt with the implementation of a formal human growth and curriculum program in the schools, a statewide media campaign to promote responsibility and to discourage adolescent sexual activity, and a call for teenage mothers to actively pursue a high school diploma if receiving public assistance funds.

The jury expressly wished that the point unanimously recommending a formal human growth and development curriculum, modeled on one adopted in Wisconsin, be listed first among their recommendations. Their revised version of one part of the Wisconsin model is found on page 93.

Significance of the Final Recommendations:

The final recommendations of the statewide Policy Jury represent a result which is in line with the votes at the district levels where four Juries voted in favor of school-based clinics, three voted in favor of alternatives to school-based clinics, and one voted in opposition to school-based clinics. But the closeness of the vote shows that the support for clinics is marginal. The jurors were most willing to see clinics used in the large cities, where the support for them seemed strongest: ie, in the communities of Minneapolis, Saint Paul and Duluth. However, given that the overall level of support was weak, especially outside the major cities, further attempts to use clinics outside the metropolitan areas is likely to face either major opposition or extensive further discussion of the policy implications.

The strength of support given the other options on which the jurors voted is also interesting. Of these, 18 received support from 2/3 or more of the jurors. While none of these issues were discussed in the same depth as the question of school-based clinics, and therefore cannot be given the same weight as that question, they should be viewed as directions worthy of further exploration.

It is important to note that these additional recommendations should be viewed as more than just juror brainstorming. For example, the recommendation that the jurors asked to have listed as the first of their three unanimous decisions was on the idea of sex education. This subject was raised by most of the witnesses who testified, regardless of the position they took on school-based clinics. Also it received considerable discussion by the jurors at the district level. The witnesses almost unanimously favored sex education, but varied on approaches to carrying it out. The Wisconsin plan, recommended by the statewide Jury, seemed to hold the promise of allowing the kind of education which the Jury felt was needed while respecting value differences and approaches to the issue.

Because the statewide Jury did not hear pro and con testimony on this specific plan, as they did on the primary question before them, they were not in a position to make judgements about the complete workability of the program. But, given the large amount of time the Jury devoted to discussing this approach, it is clear that they felt this would be an acceptable way to deal with a sensitive issue where the public might have strongly differing views. Given the attention paid to this recommendation, we believe it is worthy of careful review by those policy makers who are seeking an educational approach to dealing with the problems of teen pregnancy, AIDS and other sexually transmitted diseases.

Finally, it is important to note the shift in attitudes which occurred from Day 4, when the statewide jurors were selected, to the last day of the statewide hearings. It is our estimate that, among the 24 jurors who attended the statewide hearings, 35%

answered "opposed" to Question 4 at the end of the district hearings. By the time the statewide hearings were complete, this had jumped to 50%. Although the strongest support dropped negligibly (from 17% to 13%) the qualified supporters dropped from 43% to 33% of the group. Thus the attitudes in opposition to clinics were somewhat stronger than the final vote indicated. The shift in attitudes from the beginning of the district hearings to the end of the statewide shows that the more the jurors heard about clinics, the weaker their support for them became.

SECTION 8

JEFFERSON CENTER CONCLUSIONS

We believe this project shows how Policy Juries can be useful to public policy makers on controversial issues where broad public input and support is desired.

The project started with a survey of 800 Minnesotans, done using a quota sampling method to insure that the sample matched census data on age, education, race, sex, and urban/rural residency. To an initial question about school-based clinics, 77% responded that they were a "generally good" idea. When asked some more precise questions, however, it turned out that 30% were unqualified supporters of clinics, 28% supported them with reservations (some did not want distribution of contraceptives, others did not want counseling on abortion services), 29% were unsure, and 13% were opposed.

This would seem to indicate that school-based clinics are generally favored in Minnesota, although there is a small, well-organized opposition. One might assume that, if clinics were more widely used and avoided certain controversial activities, then the undecideds would split evenly and there would be something like a 70% majority in favor of them.

This was not the result with our Policy Jury. At the state-wide level, the final vote showed 13 jurors favoring a modest use of clinics (which did not distribute contraceptives, or counsel abortion services) and 11 not wanting clinics at all. In other words, a resolution favoring one of the least controversial types of school-based clinics gained support from only 54% of the jurors. The most frequently cited reason for opposition was that clinics had not been proven to work. On the other hand, the jurors voted 24 to 0 in favor of a comprehensive and mandatory program of sex education in the schools.

It would be possible to argue that the jurors made a mistake and that clinics really do work. But it is hard to imagine that the state as a whole could be convinced of this if people in a Policy Jury setting were not. With the broader public the activism of those in opposition is likely to be more telling than it was in the Policy Jury setting where opponents and supporters were given equal time and attention.

These results seem to us to give a good indication about what programs to expand in order to deal with teen pregnancy and AIDS. An expanded use of school-based clinics in Minnesota is very likely to meet continued opposition from a strong minority and weak support at best from the public at large. The votes of the jurors, however, indicate that there are programs of mandatory sex education which should receive wide public support, in spite of the minority opposition which currently shows up in the polls.

One of our conclusions from this project is that we should have taken a clearer approach to the way we described the expected results to the Senators who sponsored it. In our eagerness not to take up too much of their time, we emphasized that a written report would summarize all the conclusions and that this would be delivered to the Senators in a timely fashion. This was done: within a week, the Special Report and the Initial Report had been made available to legislators. But we went to an extreme in trying not to intrude on the lives of the legislators. Although we issued many invitations to visit the hearings, we only made a few specific requests that Steering Committee members attend meetings and these were usually accepted. Senators Berglin and Brandl took time out of a busy legislative schedule to visit the statewide hearings on the final day and receive the recommendations. During the conduct of the project, we felt the Senators were doing a satisfactory job of tracking its progress.

Retrospectively, the time spent by the Senators was not sufficient for them to make some important judgements about the recommendations. In particular, they should have been in attendance long enough to make judgements about the quality of the work which was done. This was especially true with the additional recommendations, where not as much testimony was heard as on the school-based clinics issue. It is the estimate of the Jefferson Center staff that the jurors considered some of these carefully and had good reasons for voting for them. But this is not nearly as easy for us to demonstrate as on the main recommendation. We believe it would be wrong for us to draw conclusions on our own subjective observations, lest the problems of staff bias enter at a most critical point.

Elected representatives are used to taking time to listen to their constituents; in future projects, we must make sure that the sponsoring officials are prepared to take this kind of time to appreciate the quality of work which is done by the jurors in a Policy Jury. One of our goals is to get the sponsoring government to cover a portion of the costs of the project. This will surely lead them to pay greater attention to the project, as they will want to be sure that they invested public monies wisely.

One way to deal with this situation would be through the collection of more extensive attitudinal data. If our original survey had been more extensive and had been thoroughly tested so that it was clearly a reliable and valid set of questions, then this could have been given to the jurors throughout their progress through the hearings and might have provided a better indication of why the jurors voted as they did.

We do not favor this approach, however. It was clear to us that the jurors want to be able to craft their own recommendations at the end of the hearings, rather than simply taking a final attitude survey. Given all the work they did, they wanted to express themselves in their own words, rather than having the staff do it for them.

In sum, there were two substantive results, and two procedural ones, which we find very important:

- School-based clinics are not going to be an easily accepted solution to the problems of teen pregnancy, AIDS, and other sexually transmitted diseases, other than, perhaps, in the large cities in Minnesota.
- There are some other solutions which are worth exploring, given the unanimous or near unanimous support given them by the jurors. Some of these are interesting because they hold out the promise of finding compromise solutions for some of the core emotional issues which lie at the heart of the teen sexuality issue.
- The Policy Jury process works effectively over a large geographic area to gather informed and representative citizen input. The process was found very satisfactory by 2/3 of those who served as jurors and was respected by the media. The staff received high marks for minimizing their biases.
- We learned that in future projects we must strive for a closer working relationship between the jurors and the sponsoring officials. This should give them a good enough understanding for the project so that they know what weight to put on the various recommendations which are made. Also it should increase their commitment to insuring that the recommendations find their way into law.

APPENDIX A

FRAMING THE QUESTION AND SETTING THE AGENDAS

The most difficult aspect of designing a Policy Jury lies in framing the question under consideration and setting the agendas for the meetings (hereafter "agenda setting" will be used to refer to both of these activities together). One of the benefits of Policy Juries is that they allow the agenda to be set outside the pressures of normal legislative life, thereby opening the possibility of hearings which are less hurried and where the key issues can be addressed with more precision.

It is in this area of agenda setting that the largest lessons have been learned in this project. At the outset, we wanted to make most of our decisions on the basis of what would be fair to the legislators, jurors, and interested parties. By the end, it had become much clearer to us how subjective the guidelines of fairness are in this area and that agenda setting must rely more heavily on political will than we had hoped. We must adapt our future projects so that some of the key agenda setting decisions are taken out of the hands of the staff and are made instead by legitimate representatives of the general public.

Experience has taught us that there are at least four aspects of agenda setting which must be reviewed carefully if the job is to be done properly:

1. Should the question be framed to deal with a means to one or more ends, or should the question concentrate on the nature of the ends themselves?
2. How much leeway should be given the jurors to build their own program? Should they be forced to vote on a limited set of programs designed by advocates and experts, or should they be allowed to design their own program, or should the agenda be some sort of compromise between these two?
3. How should witnesses be selected? If the decision was made under #2 that there should be a concentration on a few specific programs, then the selection of witnesses should be made around those programs. But if the jurors will be given more leeway than that, then should the staff:
 - A. attempt to select a fairly large number of witnesses who represent a wide variety of views, or
 - B. select two or three teams (or team leaders) and let each team construct its own argument and select its own witnesses?
4. How much time should be allocated for the hearings and how should they be configured? Should there be a single large Policy Jury to represent the whole state or should there be a

two-tiered system with district Policy Juries and then a statewide Jury made up of members of each district Jury? The greater the regional differences and the more time needed for the hearings, the more reason there is to use the two-tiered system.

Our Approach

One of the novelties of this project is that it was requested by the Health and Human Services Committee of the Minnesota Senate. Because we were hoping that the committee would issue a request which would be the first of its kind, we were not eager to get into elaborate discussions about the philosophy of agenda setting. Instead, we felt we could frame the question and set the rest of the agenda through a two step process after the project had been requested.

First, we would meet with a Steering Committee, made up of members from the full committee, and review with them what we had learned from an extensive set of field interviews. In light of this, we would give the final wording to the question and we would set up a charge to be used in directing the deliberations of the district Juries.

Second, as the district Juries came to the close of their work, we would convene a Process Committee to help us set the agenda for the statewide Jury. In 1984 we discovered that over 70% of the jurors at the district level were "very satisfied" with the job we did in keeping staff biases at a minimum, but that only 40% of the statewide jurors felt the same way. We were sure this related to the difficulties we had in setting a clear agenda and sticking to it without modification. For that reason, in this project we felt comfortable in setting the district agendas in conjunction with the Steering Committee, but felt we should have some sort of special supervision in setting the statewide agenda (hence the Process Committee).

Even before we went into the field, we decided that the project should be run using the two-tiered system (point #4 above). Everyone with whom we spoke about the issue assured us there were significant urban/rural differences on the issue and that it was complex. This was adequate reason for us to choose the two-tiered over the one-tiered approach before doing our field interviews.

We spent over a month in the field trying to discover who in Minnesota was interested in the school-based clinics issue. What we soon discovered was that many of those interested did not fall into a simple pro or con category. Some had alternative solutions they preferred and some were pro or con, but with significant reservations which made them different from the mainstream support or opposition. Even those who were clearly supportive and clearly opposed had significant differences among themselves.

The complexity was great. A rather lengthy separate report could be written on how the various attitudes overlapped and differed. Our reaction to this plethora of views was that there was another category of views which was not represented by a simple pro and con division. We therefore created three categories of witnesses: those in favor of school-based clinics, those opposed, and those who favored some alternative. Even these categories were fuzzy, since some of those "opposed" had alternatives they wished to introduce and were dismayed at being labeled simply as opposed. Conversely, not all of those who wanted to testify in the "alternatives" category really had alternatives; some placed themselves there because they did not want to take what seemed to be a stand of unequivocal support or opposition.

Ends Vs. Means

As a result of our field research, we concluded that most of the strong opponents to clinics did not share the same underlying goal regarding teen sexuality as that held by clinic supporters. Another way to put this is that clinic supporters and some who favor alternatives concentrate their attention on means, while most strong opponents of clinic want to talk about ends. In retrospect, we should have paid more attention to this. At the time, however, we concentrated our efforts on trying to figure out how to get all the points of view represented in our hearings, without having so many witnesses that the jurors would simply be confused by the different views presented.

Most of the supporters of school-based clinics (and many, but not all, of those favoring alternatives) assumed that their major aim should be to attack the negative consequences of teen sexual activity (such as teen pregnancy, AIDS, and other sexually transmitted diseases). Almost all would agree that these problems would be cured by abstinence, but they did not see their main goal as promoting this. Hence, school-based clinics were one means to the end of dealing with the negative consequences of teen sexual activity. In order to judge whether this is an effective means to the end, one should compare it to other programs in order to judge cost-effectiveness and review any possible negative side-effects. A concentration on these questions would necessitate hearings where witnesses would speak about alternative programs. Such hearings are likely to pay little attention to ends and a great deal to means.

But most of those opposed to clinics felt that the best way to prevent teen pregnancy, AIDS, and other sexually transmitted diseases is to convince teens to abstain. Some felt this because of deeply held moral convictions, while others felt it was the best approach to avoiding the negative results and at the same time developing healthy attitudes about sex. Furthermore, the issue of abortion played an important role. Obviously, one of the ways of dealing with unwanted pregnancies of teenagers is through abortion. In spite of the insistence of clinic suppor-

ters that they did not counsel abortion, opponents tended to view clinic supporters as part of a group which accepted teen sexual activity and which was not working to stop abortions. Hearings which concentrate on whether the aim is to reduce the negative effects of teen sexuality or reduce the occurrence of teen sexuality itself are concentrating on ends rather than means.

We never gave serious consideration to hearings directed mainly to the question of ends rather than means. As noted above, we concentrated instead on how to divide the witnesses up into the pro, con and alternatives categories we had created. One reason why we did not give serious consideration to hearings on ends rather than means was that such hearings would raise the possibility of whether there really should be discussions of school-based clinics at all. Given the novelty of what we were doing, we did not want to approach the Steering Committee with a proposal to completely rework the request they had made to us.

With hindsight, it now seems our task would have been easier had we dealt with the basic question of ends first and only dealt with means if there was a consensus over doing so. By analogy, a great deal of anger can be created if hearings are limited to the question of where the highway should be run (ie: a discussion of means), without giving people the chance to discuss whether the highway is needed (ie: a discussion of ends).

The importance of dealing with the question of ends can be seen more clearly when one realizes that the question of whether we should be stopping the activity or simply dealing with its negative side effects arises with the issues of alcohol and drug consumption, as well as with teen sexuality. In the case of alcohol, the failure of prohibition has led our society to content itself with trying to limit the negative consequences of the behavior. Abstinence is no longer a society-wide goal. With drugs, most Americans agree we should try to enforce abstinence on most or all drugs. The strongest opposition to school-based clinics comes from those who want to promote abstinence rather than simply dealing with the negative consequences of teen sexuality. The heat generated by these problems is as great as any in 20th century American politics.

Selecting Witnesses

As the project progressed, we found that the problems of ends vs. means caused difficulties in explaining the balance between witnesses. The majority of the opposition to clinics saw the middle category as unlike them and therefore claimed they were getting only 1/3 of the time to testify, while their opposition got 2/3. Conversely, clinic supporters claimed they were at a disadvantage, since they got only 1/3 time, while 2/3 of the time was divided evenly between two groups: those who opposed clinics because of their ends and those who opposed them because they thought another means more appropriate.

The staff found it difficult to deal with these claims, in

part because of our prior assumption that if only we tried hard enough a fair solution could be found. One thing which made us feel better was that if both clinic supporters and clinic opponents found the middle category inappropriate, then perhaps we were on target. As we approached the last half of the district hearings, we attempted to have some of the alternatives be those who opposed clinics and other alternatives presented by those generally favorable to clinics. This reduced the criticism from the two sides that the middle was really opposed to their views.

It was when we got to the statewide Policy Jury that the problems of witness selection loomed largest for us. By that time, we were much more familiar with the nature and range of the points of view and we had already had several discussions about how the testimony should be organized. Also, the pressures on us to do a good job were mounting, given the increasing publicity we were receiving and the increasing interest shown by the various sides to the dispute. There were lengthy staff discussions about whether to divide up the testimony into three parts, with a clear alternatives section, or simply into two parts, a pro and a con. Finally, we decided on a compromise in which every witness would have to declare him/herself as a clinic supporter or clinic opponent, but three of the nine witnesses on each side should present an alternative to school-based clinics.

This plan did not work out as hoped. When the staff set out to gather the nine witnesses for each side, objections were raised that the staff was playing an inappropriately large role in determining how the sides would be presented. After considerable negotiations, the staff turned the selection of witnesses over to two of the leading clinic supporters and three of the leading clinic opponents. Although each side was told to find three people who would present alternatives to clinics, this request was largely ignored under the time pressures to find witnesses who would agree to serve in the time slots which were available.

Should Jurors Devise Their Own Plans?

One of the continuing debates about how to structure Policy Jury hearings is over the freedom which should be given to the jurors to devise their own plans. At one extreme, jurors can be given virtually no freedom: they could simply be presented with two to four alternative plans and forced to select one as the program they favor. This approach would be founded on the belief that programs run by public agencies will not function well unless designed by someone who really knows the details of how programs in that area work. Given the complexity of the problem and its solution, and given the short time available to the jurors, the most we should expect of them is to choose between programs which have been carefully designed by people very familiar with the field and the organizations which operate within it.

At the other extreme, the jurors could be given a wide range

of information and then allowed to put together their own solution as best they see fit. This point of view usually holds that experts are likely to introduce their own biases into anything they design and therefore their input should be limited to testifying about their views to the jurors, allowing the latter to take the information and use it to put together their own recommendations.

This project fell somewhat in the middle of the extremes. On one hand, the jurors concentrated their attention on a single program: the idea of school-based clinics. On the other hand, they were presented with a wide range of alternatives from which they could select. The charge at the district level first asked the jurors to vote on programs as presented to them, and then to modify them and vote again.

By the time the statewide hearings were conducted, we had begun to speak of what we called "the policy making vacuum". This referred to the fact that not only were there not clearly defined options which had been designed as alternatives to clinics, but there was not a clear consensus among clinic supporters about how they should be structured and run. We believe this policy making vacuum existed in part because the policy debate fluctuated so widely between ends and means that it was not at all clear what kind of action would be taken. Without any clear indication that some major program to deal with the problems of teen sexuality would be adopted, people were reluctant to put a great deal of time into designing specific options. Thus the wide range of additional recommendations issued by the statewide jurors is reflective of more than the way the hearings were structured: it was indicative of the wide range of options floating around, with widely varying amounts of information about what these ideas meant and how soundly they had been thought through.

Comments for Future Projects:

One of the changes we feel strongly is needed in future Policy Jury projects is the need for a better and more extensive working relationship between the sponsoring Steering Committee and the staff of the project. The lack of such a close relationship in this project did not result simply from the reluctance of the Steering Committee to devote more time to the project. Instead, we, the staff, tried very hard not to bother the Senators, knowing how busy they were. As a result we did not demand, nor did the Senators give, the time needed to work through some of the difficult questions covered in this appendix.

First, the staff should not have accepted the definition of the question as whether or not there should be school-based clinics until we had researched the question more carefully and presented the significance of the means vs. ends problem to the Steering Committee. We never made clear to the Steering Committee the pros and cons of concentrating on one approach or the

other. Our assumption was that we could take the question they set for us, spell it out in a fair way and then structure an agenda which would be fair in dealing with the issue. From this, the selection of witness and the degree to which the jurors should be allowed to build their own plans would follow.

We now see that we should have spelled out all these options for the Steering Committee and let them decide what would be most beneficial for them to learn. Do they really want to have a concentration on a single program, when the strongest opposition centers on ends rather than a particular means? If so, do they want to compare the one program to other alternatives intended to achieve the same means? If this is what they really want, then what can be done to get planners to be more specific about what the programs are and how they should be run? Or in light of what we viewed as a policy making vacuum, would they have preferred to concentrate first on some of the questions of basic ends, before going on to means?

Also, for future projects we do not intend to use a Process Committee. Although the Process Committee made some useful recommendations about how the statewide hearings should be conducted, we now see that they cannot be expected to guarantee the fairness of the proceedings, as we had initially hoped. As noted above, the defining of the question and the setting of the agenda is a political act, to be done by the Steering Committee which represents the sponsoring officials.

For the next two years, our intention with Policy Juries is to work with local governments in the state so that we can find sponsoring officials who have the time to work through such questions with them. Indeed, we will be asking the sponsoring officials to pay a portion of the cost of each project to insure their commitment to working through some of these issues before the question is defined and the agenda set.

This does not mean that we feel the recommendations of the current project are not useful. We stand by the conclusions in Section 8 regarding the value of the jurors recommendations about school-based clinics and other options which could be pursued. But with a closer working relationship between Steering Committee and staff, the agenda could have been set with greater clarity. Also with a closer relationship between jurors and sponsors, the latter would have had a much better feel for the quality of the various recommendations.

APPENDIX B

SAMPLE AGENDAS AND CHARGES TO THE JURIES

This appendix contains the following materials:

- p.51 The Fergus Falls agenda, as an example of a district Policy Jury agenda.
 - p.54 The agenda for the statewide Policy Jury.
 - p.58 Charge to the district level Policy Juries.
 - p.59 Charge to the statewide Policy Jury.
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FERGUS FALLS AGENDA

Holiday Inn
I-94 and Highway 210
Fergus Falls, MN

Day 1, Wednesday, October 7

Morning

- 8:30 Introductions
- 9:15 Introduction to Process, Policy Juries and Charge
- 10:00 Break
- 10:15 Teenage Pregnancy: an Overview
Presentations:
 - 1. Kay Brown, Social Worker, Otter Tail County Social Services
 - 2. Sue Frost, R.N., Maternal Child Health Specialist, Otter Tail Co. Public Health Dept.
 - 3. Jan McClellan, Program Coordinator, Alternative Education Center, Fergus Falls Schools
- 11:00 Questions and Answers
- 12:00 LUNCH

Afternoon

- 1:00 AIDS and other Sexually Transmitted Diseases: an Overview
Presentations:
 - 1. Phyllis Knutson, P.H.N., B.S.N., Director, Communicable Disease Program, Otter Tail
 - 2. Gene Williams, Chief, STD Control Program, MN State Department of Health County Health Department
- 2:00 Questions and Answers
- 2:30 Break

2:45 Examples of Current Programs to Address Teenage
Pregnancy and Sexually Transmitted Diseases In
a Local School Population

Presentations:

- Schools
1. Steve Atchison, Teacher, Fergus Falls
 2. Jerry Horgen, Principal,
Fergus Falls High School
 3. Dorothy Porter, R.N.

3:45 Questions and Answers

Day 2, Thursday, October 8

Morning

8:30 School-Based Health Clinics to Address Pregnancy and
Sexually Transmitted Diseases Among Teenagers

Witnesses:

1. Nancy Harold, Social Worker, Healthstart,
St. Paul
2. Father Charles Cherry, St. James Episcopal
Church, Fergus Falls
3. Susan Groff, Social Worker
4. Diane Gunvalson, parent, Fergus Falls
5. Steve Nagel, Community Action Council,
New York Mills
6. Rud Wasson, M.D. Fergus Falls Medical
Group

9:30 Questions and Answers

10:00 Break

10:15 Further testimony

11:15 Questions and answers

12:00 LUNCH

Afternoon

1:00 Problems with and Alternatives to School Based
Health Clinics

Witnesses:

1. Frances Crummy, Warren, MN
2. Rev. Dan Domke, Trinity Lutheran Church
Fergus Falls
3. Jay Patterson, Teacher, Henning, MN
4. Donna Steichen, St. Cloud
5. Father Paul Zylla, Holy Trinity Parish,
Royalton

2:00 Questions and Answers

2:30 Break

2:45 Further Testimony

3:45 Questions and Answers

Day 3, October 9

Morning

8:30 School-Based Health Clinics: More Alternatives

Witnesses:

1. Jo Kantrud, Social Worker
Lake Park-Wild Rice Treatment Center
2. Rita Lais, R.N., Fergus Falls Medical Group
3. Dorothy Porter, R.N.
4. Cindy Skalsky, Health Educator, Battle Lake

9:30 Questions and Answers

10:00 Break

10:15 Further Testimony

11:15 Questions and Answers

12:00 LUNCH

Afternoon

1:00 Review of Charge to Panel

1:30 Small Groups

2:00 Summary Statements by one representative from each
of the categories testifying

2:30 Break

2:45 Summary Statements, Continued

3:15 Summary Statements, Continued

3:45 Questions and Answers

Day 4, October 10

Morning

8:30 Panel Deliberations

10:00 Break

10:15 Panel Deliberations, continued

11:45 Elections: Panel Spokespersons and Representatives

12:00 Luncheon Address: Ned Crosby, Jefferson Center

Afternoon

1:30 Seventh District Policy Jury Conclusions and
Recommendations

2:30 Break

2:45 Evaluation

3:00 Closure

AGENDA
STATEWIDE POLICY JURY ON SCHOOL-BASED CLINICS

Day 1: Monday, February 8, 1988

8:30 Introductions
9:00 Welcome by Senator Berglin.
9:20 Introduction: the statewide Policy Jury
9:45 Break
10:00 Reports from all eight districts
12:00 Lunch
1:00 Group discussion/small group discussion of reports
3:00 Break
3:15 Group discussion of the charge/preparation of questions for the testimony to be heard
4:30 Closure/discussion of next day activities, including vote on jury spokespersons

Day 2: Tuesday, Feb. 9, 1988

8:30 Introduction to the day
8:45 Sandy Naughton, Health Educator, Healthstart, Inc.
Claire Andersen, New Life Homes & Family Services
9:15 Questions and answers
9:30 Marshall Fightlin, Licensed Psychologist and Frank Wharton, Youth Advocate, Central High School
10:00 Question and answers
10:15 Break
10:30 Small Groups
11:00 Mayor George Latimer, City of St. Paul, and Father Tom Finucan, Director of Catholic Education, Archdiocese, Minneapolis-St. Paul
11:30 Question and answers
11:45 Small Groups
12:00 Lunch

Day 2: (Continued)

1:00 Ceil Wilde and Mary K. McJilton, Parent
1:30 Questions and answers
1:45 Carolyn McKay and Jackie Schweitz, Minnesota
Citizens Concerned for Life
2:15 Questions and answers
2:30 Break
2:45 Small Groups
3:15 Patrick Foley, Director, Wakota Life Care Center and
Anne St. Germaine, Coordinator of School Based
Clinics, Minneapolis Public Schools
3:45 Questions and answers
4:00 Small groups
4:30 Large group
5:00 Closure

Day 3: Wednesday, Feb. 10, 1988

8:30 Introduction to day
8:45 Dr. David Bennett, Superintendent of Schools, St.
Paul and Senator Tad Jude
9:15 Questions and answers
9:30 Dennis O'Hare, M.D., River Valley Clinic, and
Vicki Jones-Pribyl, R.P.A.-C.
10:00 Questions and answers
10:15 Break
10:30 Small groups
11:00 Nancy Harold, Social Worker, Healthstart, Inc. and
Jeanine Czech, M.D.
11:30 Questions and answers
11:45 Small groups
12:00 LUNCH

Day 3: (Continued)

- 1:00 Large Group Deliberations:
a) reports from small groups on witnesses
b) A task of definition: what is a school-based clinic?
- 1:45 Small Group: define clinics
- 2:15 Break
- 2:30 Large Groups:
a) Report on what a clinic is.
b) Define a clinic...final draft.
- 4:00 Vote on one definition of a clinic.
- 4:15 Major vote on school-based clinics: using a weighted voting method, the jurors will be asked to choose between one of the following three options:
1. School-based clinics should be a major part of any new set of programs aimed at preventing and dealing with teen-pregnancy, AIDS, and other sexually transmitted diseases.
 2. School-based clinics should be one part of the on-going effort to prevent and deal with teen-pregnancy, AIDS, and other sexually transmitted diseases.
 3. School-based clinics should not be part of the on-going efforts to prevent and deal with teen-pregnancy, AIDS, and other sexually transmitted diseases. Instead, alternative approaches should be used.
- 5:00 Closure

Day 4: Thursday, Feb. 11, 1988

- 8:30 Introduction to day
- 8:45 Lecture, Ned Crosby, Executive Director, Jefferson Center "Making Usable Policy Recommendations"
- 9:15 Small groups: begin work to clarify how teen pregnancy, AIDS, and other STDs will be dealt with in light of the vote on the previous day.
- 10:00 Break
- 10:15 Large groups:
a) report on key features of a program
b) prioritize these features.
- 12:00 Lunch

Day 4: (Continued)

- 1:00 Small groups to work out opinions and recommendations to present to large group
- 2:30 Break
- 2:45 Small group/large group: note that from this point on the proceedings will move at the pace of the jury. If they choose to stay in large group, they may do so, and vice-versa or any combination that is suitable.
- 4:30 Closure

Day 5: Friday, Feb. 12, 1988

- 8:30 Introduction to day; review charge
- 8:45 Large or small group deliberations
- 10:15 Break
- 10:30 Large group deliberation
- 12:00 Lunch
- 1:00 Reviewing the typed recommendations
- 2:30 Break
- 2:45 Final vote on all the recommendations
- 3:30 Break
- 3:45 Presentation of recommendations and opinions to Senate Steering Committee
- 4:30 Evaluation and closure

CHARGE TO THE DISTRICT LEVEL POLICY JURIES

The Health and Human Services Committee of the Minnesota Senate has requested a Policy Jury project to help determine whether or not the state of Minnesota should encourage or require schools to have clinics to deal with teen pregnancy, AIDS, and other sexually transmitted diseases. On the fourth day of this project, the jurors will be asked to deliberate and render a verdict on this issue. They will be asked to use the following questions to guide them in their deliberations. (There will also be instructions given to the jurors about how to structure their deliberations and what time schedule they should follow. These instructions are not included here.)

1. How great a problem do you believe exists in this area of Minnesota with:

| A. Teen pregnancy? | B. AIDS? | C. Other sexually transmitted diseases? |
|--------------------|------------------|---|
| _____ Very large | _____ Very large | _____ Very large |
| _____ large | _____ large | _____ large |
| _____ medium | _____ medium | _____ medium |
| _____ small | _____ small | _____ small |
| _____ very small | _____ very small | _____ very small |

2. You have heard testimony about three general approaches to deal with these problems. Please discuss each of these approaches and make up a brief list of what you like best and least about each approach. In doing this, consider both the practicality of the approach and how well the approach suits your values.

3. Now that you have discussed each of the approaches, rank them in order of your preference, placing a 1 in front of the approach you like best, a 2 in front of the one you like next best, and a 3 in front of the one you like least.

_____ A. Presentation A. (morning, Day 2).

_____ B. Presentation B. (afternoon, Day 2).

_____ C. Presentation C. (morning, Day 3)

(The above answers will be scored and the least liked approach will be eliminated. Then a second vote will be taken between the two remaining approaches.)

4. In question 3 you chose between the three approaches as they were presented to you. Now make any changes in the approaches which you think would improve them. Once that is complete, repeat the above voting process to select the one which you as a group like best.

CHARGE TO THE STATEWIDE POLICY JURY

The Health and Human Services Committee of the Minnesota Senate has requested a Policy Jury project to help determine whether or not the state of Minnesota should encourage or require schools to have clinics to deal with teen pregnancy, AIDS, and other sexually transmitted diseases.

In order to answer this question, the statewide Policy Jury is asked to provide the following information:

1. Please clarify what you mean by a school-based clinic.
2. In order to answer the question about whether or not school-based clinics should be used in Minnesota, please select one of the three following statements as the one which best expresses your views:
 1. School-based clinics should be a major part of any new set of programs aimed at preventing and dealing with teen-pregnancy, AIDS, and other sexually transmitted diseases.
 2. School-based clinics should be one part of the on-going effort to prevent and deal with teen-pregnancy, AIDS, and other sexually transmitted diseases.
 3. School-based clinics should not be part of the on-going efforts to prevent and deal with teen-pregnancy, AIDS, and other sexually transmitted diseases. Instead, alternative approaches should be used.
3. After selecting one of these three statements, please give reasons for why you voted as you did.
4. Given the vote under #2, please add comments and details to indicate how you believe the option you have chosen should be carried out.

APPENDIX C

THE SURVEY AND SELECTION OF WITNESSES

This project with its sample of 800 people, eight district Policy Juries, and statewide Jury of 24 is by far the most elaborate Policy Jury project conducted by the Jefferson Center. Larger projects have been run in Germany using randomly selected citizens, but these did not use a survey to establish jury pools balanced on demographics, nor did they balance the Policy Juries on their attitudes towards the question at hand. In this appendix we review the survey and the selection of witnesses in greater detail than what was done in Section 5.

A. The Survey

Given our aim of making Policy Juries representative of the populations from which they are chosen, it would be very nice if the survey could be conducted in some way which was intuitively so obvious that virtually everyone would agree with the way in which it was conducted. Regrettably, this is not possible.

As noted in Section 5, we used a number of standard techniques to insure quality. This included not only the steps mentioned there, but we also used a method for randomizing those whom we selected to interview. This is why we asked to interview the person in the household who had the most recent birthday, rather than simply interviewing the person who answered the phone. In addition, we took steps to control for response bias on some of the questions. For example, on Question 4 of the survey, we reversed the order in which "support" and "oppose" were asked on every other form.

The only deviation from normal standards of quality control was that the survey was conducted over a period of several months: we started in late August and did not finish until November. We did this because we wanted a good balance between the Jury and the district from which they were drawn. Therefore it made sense to do the survey fairly close to the time the Policy Jury hearings were held. This means that the survey of 800 is not a good snapshot at one point in time of the attitudes of those in Minnesota on the issue at hand. Since this was not the purpose of the survey, we do not view this as a fault in our methods. The only drawback from our point of view was that this extended time led to personnel shifts among those doing the calling. This made it more difficult for us to guarantee the consistency and quality of the survey.

But there are two further questions which deserve to be explored in some detail. The use of a weighted list of telephone numbers raises some difficult questions regarding the proper balance of urban and rural populations. Also the building of a quota sample is something which is complex and worthy of review.

Urban/Rural Balance and Weighted Telephone Exchanges

One of the standard techniques of modern survey research is to draw the sample using a list of randomly generated telephone numbers. Many survey research organizations generate their own sets of numbers; other companies generate their own lists, but are willing to sell these to smaller groups which want to conduct their own surveys. These lists are created by gathering a list of all the exchanges (the first three numbers) in use in Minnesota and balancing them in some way so that they will yield an appropriate geographic distribution of those surveyed. The last four digits are then generated at random by a computer. After reviewing several possibilities, we purchased a list from Winona Inc., a nationwide survey research organization based in Bloomington MN. We gave them instructions so that they could break down the lists by Congressional District in Minnesota. This was something which Winona had not done before. Most of the work of identifying exchanges on the district borders was done by Jefferson Center staff. It was a time consuming process.

One of the selling points about the Winona list of numbers was that they kept a running tally of the success their own interviewers have had in reaching residential numbers in each exchange in Minnesota. Since an exchange is defined by the first three digits, it is possible for an exchange to have up to 9,999 residential numbers in it. But some exchanges in large cities are made up almost exclusively of businesses. Other exchanges, especially in rural areas, may simply not have very many telephones in service in the exchange.

By keeping track of which exchanges had many residences and which did not, they were able to create a weighting system which gave each exchange a rating of 1 to 9. Then when their computer generates the next list of random numbers, it will generate nine times as many numbers for exchanges which are filled with residences as for exchanges with the fewest residences.

We agreed to use this method, as it could save us a great deal of time by not giving us numbers which would turn out to be not in use at all, or in use by businesses or other organizations rather than private residences. This approach seemed to work quite well in the Metro Area, where the exchanges which are typically businesses were sparsely represented and the residential exchanges were strongly represented.

In the non-Metro area, however, we ran into difficulties. The usual tactic used by survey organizations for non-Metro areas is to complete interviews so that they are proportional to the population within each county. But the U.S. census defines a rural resident as someone who lives in a completely rural area or a city of less than 2,500 people. We, therefore, decided to use this criterion for setting up our quota for urban/rural residency (we decided not to try to identify rural residents in the four Metro districts, on the grounds that it would be too difficult to

do so). We went through the list of exchanges in non-Metro Minnesota and identified them as being in urban (over 2,500) or rural (under 2,500) areas.

When we started making our calls in the four non-Metro congressional districts, we discovered that our numbers were heavily concentrated in the cities of over 2,500 people. For example, in District 7 where we started the survey, our target was that 68% should be rural and 32% urban. When we checked our progress after completing 66 interviews, we discovered that we already had 41 people from urban areas in our sample. At this rate, we would have ended up with 62% of the sample urban. We therefore instructed the interviewers to place calls only to rural exchanges. The result was that we ended up with 41% urban, rather than the 32% which was our target.

It was not until several weeks later, as we were selecting the participants in District 2, that we discovered there were difficulties with the strategy we were using. In both Districts 1 and 2 we discovered that more than one person was coming from a very small town which should be represented by at most one juror. This resulted from an oddity of the weightings which were given to those exchanges which contained a high percent of residences. It turns out that most of the exchanges in non-Metro Minnesota which have a high proportion of residences are located in cities of over 2,500. There are very few such exchanges in the truly rural parts of Minnesota. This means that our calling in rural exchanges was concentrated in just a few exchanges. As a result, our rural interviews were not spread around the rural areas, but instead concentrated in just a few areas within the district.

The result was that we ended up in a few instances with the jurors inappropriately clustered in a specific small town. The worst situation was in District 1, where there were three jurors from West Concord and only one from Rochester, even though West Concord has less than 0.2% of District 1's population and Olmsted County (where Rochester is located) has 19%. Our jury pool was not off by as much as this would indicate: 21% of the pool was from Olmsted County (very close to target) and 12.5% from Dodge County (2 1/2 times as large as it should have been). What compounded the error was that the acceptance rate in Olmsted County was much lower than that of Dodge County.

There are two things we might have done to avoid this problem. First, we could have balanced the jury pools so that they reflected the population living in each county in the state. This would have avoided the problem of too many jurors from small towns, but it would also have meant many fewer rural people in our sample. The indication from our initial calling in District 7 was that we would have had only about one half the rural representation needed if we had not made a conscious effort to include rural people. Instead, we would have had many more people from the larger non-Metro cities, although this would have been masked by the fact that we would have had the proper balance on a county by county basis.

The other solution would have been to not use the weighting suggested to us by Winona. But this would have led to a great deal more calling by our surveyors, since they would have reached many more non-working numbers and non-residences. It is difficult for us to know how much more work this would have meant for us. It might have meant twice as much time spent in the survey, but that is only a guess. Before conducting the next project using such randomly generated lists, we will check with survey organizations to ascertain their experience along these lines.

We are proud of our effort to include rural Minnesota residents. Although many groups doing surveys make sure that their sample is distributed proportionally to the population of the counties in the state, we are not aware of organizations which survey in such a way as to insure the proper percent of rural residents, as defined by the U.S. census. We have no easy way to check out this suspicion, but those who care about seeing rural views represented accurately may want to do some investigating.

Building a Quota Sample

If one has the aim of building a jury pool which is balanced with the demographic characteristics of the population according to census data, there are two ways of meeting the quotas: First, you can instruct the surveyors to interview only certain categories of people, until the last person sought has to be selected so as to be correct on all or most of the demographics (often a laborious search). Second, you can complete more interviews than the target figure and then, when it appears there are enough to meet all or most of the quotas, cut back the jury pool by excluding those who do not fit the quotas.

After using the first approach with two districts, we decided to rely on a combination of the two for the remaining districts. The second was easier for the surveyors, who found it very demoralizing at the end of the survey for a district to make contact with numbers of people who were willing to be interviewed, but who had to be turned down because they did not fit all the characteristics. Even here, we were pragmatic about keeping costs down. If we had not reached a quota by the end of an evening of calling and if we had completed well over 100 interviews in the district, we would simply stop the interviews without meeting all quotas, rather than getting behind in the schedule we had set for completing the calls.

But the problem with surveying too many people and then cutting the pool back to 100 is that the method for doing this can become very complex. It is not something which can easily be described in common sense terms. For example, in District 1 where we completed 134 interviews, we discovered that the distribution on education was quite good, but that we should remove 27 rural interviewees to only 7 urban, 24 men and only 10 women, and protect age categories 1, 2, and 5, while removing 20 from category 3, four from category 4, and eight from category 6. The

instructions for doing this are so complex that they take up four pages of an internal office memo. If we were ever challenged to prove that we were indeed constructing the jury pool in an objective way, it would be quite difficult to explain the process satisfactorily to anyone not trained in statistics.

Table C.1: Setting up "jury pools" to match demographic data.

| - Sex | Original Pool | Final Pool | Target |
|--------|------------------|---------------|---------------|
| Male | 48.7% | 48.3% | 48.3% |
| Female | 51.3% | 51.7% | 51.7% |
| | <u>100.0%</u> | <u>100.0%</u> | <u>100.0%</u> |

| - Race | Original Pool | Final Pool | Target |
|--------|------------------|---------------|---------------|
| White | 97.8% | 97.5% | 97.4% |
| Other | 2.2% | 2.5% | 2.6% |
| | <u>100.0%</u> | <u>100.0%</u> | <u>100.0%</u> |

| - Education | Original Pool | Final Pool | Target |
|---------------|------------------|---------------|---------------|
| Less than HS. | 14.5% | 14.3% | 14.0% |
| High School | 33.5% | 34.7% | 36.0% |
| Some College | 27.2% | 26.4% | 25.9% |
| College grad | 24.8% | 24.6% | 24.1% |
| | <u>100.0%</u> | <u>100.0%</u> | <u>100.0%</u> |

| - Age | Original Pool | Final Pool | Target |
|-------------|------------------|---------------|---------------|
| 18 to 24 | 10.2% | 11.2% | 19.5% |
| 25 to 34 | 28.3% | 28.9% | 23.7% |
| 35 to 44 | 21.4% | 18.2% | 15.9% |
| 45 to 54 | 13.1% | 13.5% | 13.0% |
| 55 to 64 | 10.8% | 11.3% | 12.1% |
| 65 and over | 16.2% | 16.9% | 15.8% |
| | <u>100.0%</u> | <u>100.0%</u> | <u>100.0%</u> |

- Urb/Rural Residency, Districts 1, 2, 7, and 8

| | Original Pool | Final Pool | Target |
|-------|------------------|---------------|---------------|
| Urban | 47.3% | 43.3% | 40.0% |
| Rural | 52.7% | 56.7% | 60.0% |
| | <u>100.0%</u> | <u>100.0%</u> | <u>100.0%</u> |

The data in Table C.1 above shows how close we were able to come in matching the demographic characteristics of the people of Minnesota. These aggregate tables make it look as though it was not at all difficult to make the adjustment from the original pool of 895 to the final 800. But there were in fact considerable changes on a district by district basis which do not show up in the aggregate data.

It is important to note that no attention was paid to the respondents' attitudes about school-based clinics in deciding which people to remove from the sample. Only after we had developed a jury pool of 100 balanced on the five demographic variables did we look at which attitude categories the people fell in.

As can be seen from Table C.1, we came very close to meeting all of the quotas, except for age: the younger categories are under-represented, while the 25-44 categories are over-represented. The over-representation of the 25-34 category was intentional to make up for the deficit in the younger group. The result is that if one divides the jury pool into those over and those under 45, then the final jury pool is within one percentage point of being on target with regard to age. The most difficult quota to meet was urban/rural residency in the four non-Metro congressional districts. The problems with this have been discussed above.

Total Contacts

One important datum about a survey is the number of people who finally were contacted and what their responses were. Under subsection B below, we discuss the rate of acceptance among those invited to serve as jurors. The acceptance rate for the total project was 22% and this was calculated on the basis of those who were actually in the jury pool. Beyond this, however, there were a number of people who refused even to participate in the survey. It is very difficult to know how these people would have responded to an invitation to serve on a Policy Jury. Their unwillingness to be surveyed may simply represent their skepticism about surveys and telephone solicitations. If this were true, they might have been willing to accept our invitation, if only they had known what we were offering. Nevertheless, it is important for us to report how many people did refuse to be interviewed. This is shown in Table C.2. The non-qualified respondents were people who were willing to be interviewed, but who were not eligible, either because they were under age 18 or because we were attempting to fill a demographic quota and they did not fit our needs.

Table C.2: Responses by those contacted through the survey.

| | <u>Congressional Districts:</u> | | | | | | | | |
|----------------|---------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | All |
| Jury Pool | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 800 |
| Selected out | 35 | 10 | 14 | 1 | 17 | 15 | 0 | 3 | 95 |
| Non-qualified | 5 | 10 | 4 | 6 | 8 | 2 | 3 | 6 | 44 |
| Refused intvw. | <u>66</u> | <u>49</u> | <u>68</u> | <u>90</u> | <u>59</u> | <u>88</u> | <u>27</u> | <u>56</u> | <u>529</u> |
| Totals: | 206 | 169 | 186 | 197 | 184 | 205 | 130 | 165 | 1468 |
| Refusal rate | 32% | 29% | 37% | 46% | 32% | 43% | 21% | 36% | 36% |

Note: The above total for refusals contains 26 people who were not categorized by district. These were people on the borders of districts; we felt it was not worth the effort to categorize them, given that they refused the interview.

B. Selecting the District Jurors

There are several important steps in selecting the district jurors which were covered only briefly, if at all, in Section 5 and which deserve to be covered here. We went to considerable lengths to insure that the Policy Juries ended up with the same balance of attitudes on the question at hand as was found in the district (according to our survey). Those who are concerned about the fairness of our selection process should be interested in the details provided here.

Establishing the Attitude Categories

As noted in Section 5, the jury pools were balanced on five demographic variables, but we attempted to balance the district Policy Juries only in terms of the attitudes of the jurors. It is not easy to create attitude categories which are non-controversial. Nevertheless, we feel strongly that it is better to risk some controversy than not to use the categories. Here it is important to describe our aims and analyze how closely we came to meeting them.

The reason for creating the categories was to help us meet our aim of having a Policy Jury in each Congressional district which mirrored the attitudes of the district on the question at hand. In 1981 the Center did a project on "peacekeeping" for the Presbytery of the Twin-Cities Area. It was there that we were able to prove what we suspected: that people from different points of view would accept the invitation to participate in the Jury at different rates. In that case, the "hawks" (or pro-force, as we called them) were only half as likely to accept the invitation to participate as the neutrals or "doves" (anti-

force). Had we not insisted on selecting according to these categories, we would have had a Jury which was biased against the pro-force point of view.

In 1984 we discovered that the highest acceptance rate for our project on the impacts of agriculture on water quality came from those who said they had spent quite a bit of time thinking about the problem and who felt that the impacts of agriculture on water quality were small. Therefore, we designed Questions #2 and #3 of the survey (for a copy of the survey, see the end of this appendix) to divide the jury pool into attitudinal groups based on amount of interest in the issue and what their opinions were. But the answers to the two questions led us to be uncertain of their meaning, given that so many seemed willing to voice an opinion on #3, even when they had not heard of the idea before they were asked #2.

2. There's been quite a bit of talk recently about teenage pregnancy, AIDS, and other sexually transmitted diseases. There are many ideas about how we should deal with these problems. Have you heard or read about the idea of using clinics in Minnesota's schools to deal with these problems?
Yes 386 (48%) No 414 (52%)
3. Does the idea of clinics in schools to deal with teenage pregnancy, AIDS and other sexually transmitted diseases seem like a generally good idea or a generally bad idea?
Good 619 (77.4%) Bad 146 (18.2%) Unsure 35 (4.4%)

The above results showed up early in the pretesting of the questionnaire (the results listed do not, of course, reflect any of the results of the pretesting). In light of what we found in the pretest, we developed Question 4, pretested it, and then added it to the questionnaire. The results were as follows:

- #4 Would you oppose or support having such clinics in the schools in your community, or are you unsure?
Support 465 (58.1%)
Oppose 103 (12.9%)
Unsure 232 (29.0%)

IF SUPPORTIVE:

- A. Would you still support such clinics in the schools in your community if the clinics were to distribute contraceptives?
Yes 330 (71.0%)
No 137 (16.1%)
Unsure 60 (12.9%)
- B. Would you still support such clinics in the schools in your community if the clinics were to counsel about abortion services?
Yes 289 (62.1%)
No 137 (29.5%)
Unsure 39 (8.4%)

These results presented us with a dilemma. We have a strong inclination to use only three attitudinal categories, for reasons described below. But those answering "oppose" to Question 4 were only 13% of the total sample (and initial surveying in District 5 indicated it might be quite a bit smaller than that). We did not want to use a category which would not be represented in some districts. Furthermore, the imbalance between 58% support and 13% opposed was so great that we thought we would have great difficulty explaining this to the lay public unfamiliar with survey techniques. Therefore we created three categories, as shown in Table C.3.

Since the three categories shown in Table C.3 do not give a clear reading of the data to someone who looks at them without explanation, the normal question to ask is why we did not use the four categories more directly related to the answers to the questions (eg: opposed, unsure, qualified support, and unqualified support of school-based clinics).

Table C.3: Dividing the jury pool into three attitudinal categories.

- More Favorable: All of those who answered "support" to Question 4 and answered "yes" to A and B were included here. There were 242 people who fell in this category.
 - Middle: All of those who answered "support" to Question 4, but answered "no" or "unsure" to either A or B were included here. There were 223 people who fell in this category.
 - Less Favorable: All of those who answered either "oppose" or "unsure" to Question 4 were included here. There were 335 people who fell in this category.
-

There are two reasons for our decision. First, the primary aim of the survey is to make sure that each Policy Jury is similar to the district from which it was drawn. We have a low interest in using it to characterize the attitudes of the people in Minnesota, given our belief that surveys are not a good foundation upon which to build public policy. Therefore, the fact that attitude categories can be understood only with some explanation is not a high concern of ours (as it would be if the survey were conducted primarily for publication in a newspaper). This is why we did not put the results of our survey in a press release, but simply announced them on the first day of each district meeting.

Nevertheless, we owe an explanation to those members of the public who are interested in our process. Most people are aware of the dangers of biased survey questions. To many people it

seems obvious that it makes a great deal of difference whether we announce that "only 13% of our sample of Minnesotans were opposed to school-based clinics" or "42% of the sample were less favorable to school-based clinics".

From this, it would seem to follow that it makes a great deal of difference whether 13% or 42% of our jurors are opposed to school-based clinics. The answer to this is that of course it does, but this is not our dilemma in selecting members of our Policy Juries. The people who qualify to be jurors were issued invitations to serve in the order they fell on our randomized lists. Whether we say we have "42% less favorable" or "13% opposed and 29% unsure", the same people would be approached and asked to serve. The problem of lumping the two groups together is that if one group accepts at a different rate than the other, then the two categories could get out of balance due to this. This point is analyzed in depth below.

Given this, let us now turn to the reasons for preferring three over four categories. The main reason lies in what we call the "dividing line" problem. Since we were using a jury of 12 people, we could not divide a jury up according to the exact percents found in the jury pool of 100. Table C.4 shows the exact dividing lines for assigning people to a 12-person jury according to the percent in the jury pool who hold an attitude.

Table C.4: Dividing lines for assigning people to a 12-person jury according to percents found in the jury pool.

| Number of jurors | | exact percent of jury | range in jury pool |
|---------------------|---|--------------------------|-----------------------|
| 1 | = | 8.33% | (4.167 to 12.50%) |
| 2 | = | 16.67% | (12.50 to 20.83%) |
| 3 | = | 25.00% | (20.83 to 29.17%) |
| 4 | = | 33.33% | (29.17 to 37.50%) |
| 5 | = | 41.67% | (37.50 to 45.83%) |
| 6 | = | 50.00% | (45.83 to 54.17%) |

At first glance it might seem that Table C.4 gives clear guidelines about how to divide up a jury so that the percent of people on the jury in each attitude category corresponds roughly to the percent in the jury pool. But some of the problems encountered can be seen in Table C.5, where the actual jury pool for District 3 is used as an example.

Table C.5: How to divide jurors in District 3

| | <u>less favorable</u> | | <u>middle</u> | <u>more favbl</u> | <u>total</u> |
|---|-----------------------|---------------|---------------|-------------------|--------------|
| | <u>opposed</u> | <u>unsure</u> | | | |
| District 3 | | | | | |
| total in pool | 12 | 28 | 29 | 31 | 100 |
| actual number of jurors assigned for 3 categories | 5 | | 3 | 4 | 12 |
| possible jurors if 4 categories | | | | | |
| example 1 | 1 | 3 | 3 | 4 | 11 |
| example 2 | 1 | 3 | 4 | 4 | 12 |
| example 3 | 2 | 3 | 3 | 4 | 12 |

Given that we lumped those answering "opposed" and "unsure" into the same "less favorable" category, there were 40 jurors in that category. As shown in Table C.4, this 40% falls right in the middle of the range of 37.5% to 45.83% and therefore five jurors were assigned. But if we had been using four categories, we would have had a difficult choice to make. The 12% in the opposed category are just short of the number needed to qualify for two jurors (12.5%) and the 29% under the middle category is just short of the number needed to qualify for four jurors (29.17%). If we follow Table C.4 strictly, then we should assign jurors as shown in example 1 of Table C.5.

This is not acceptable, however, because it would yield only 11 jurors. The most logical place to add a juror would be in the middle category, since this is only 0.17% away from the step. The result, as shown in example 2 above, is that what is now labeled the "less favorable" category would only have four rather than five jurors. This might be corrected by adding the extra juror to the opposed category instead (since that is the category next closest to the dividing line), but those favoring clinics would surely not like seeing the strongest opposition doubled from one to two when technically they did not deserve it.

If there were only one Jury of 12 people in the project, this dividing line problem would cause significant problems. With eight Juries, however, the problem can be dealt with by making corrections in one Jury to compensate for the inequities in another. The point, however, is that the problems are considerably easier to deal with when there are only three categories rather than four.

There are also some pragmatic reasons for wanting three categories. First, this simplifies the work of the field assistants and means they probably will need to find fewer alternates.

Second, by having only three categories, we avoid using a category which is so small that it might not be represented in some Juries. This is especially desirable when the fourth category would be on one extreme of the continuum where its absence might cause considerable objections from those who hold that point of view.

It was for these reasons that we decided to lump the "opposed" and the "unsure" positions together into one category, "less favorable". Given the choice in favor of three categories, we then used the terms, "more favorable", "middle", and "less favorable" in hopes that these rather bland terms would be less likely to be used to describe the views of Minnesotans as a whole.

Determine the Possibles and Likely Acceptance Rates

Besides dividing the members of the jury pool into the three attitude categories, the other step necessary in deciding how to issue invitations was how likely someone was to serve. The willingness of people to serve was determined through questions 8 and 9 of the survey. The former described the project briefly and then asked people whether they "probably" would want to serve, "might", or "probably would not". The latter asked people to give us their names and addresses if there were any possibility they might serve on the project. The results from all the districts were that we had 445 people who were put in the pool of "possibles" to be approached and asked to serve on the Juries.

We entered these results into tables for each district in order to see how many jurors there should be from each attitude category in each district and how likely we were to be able to find enough people to serve on the Jury from each category. Tables C.6 and C.7 are examples of the tables we used. Our experience in 1984 was that about 1 out of 2 of those who said they would "probably" participate did so, while about 1 of 3 who said "might" did so.

Using this rule of thumb, we created estimates like those in Table C.8 about how likely we were to be able to fill our quotas. What this table shows is that in both Districts 2 and 5 there should be no trouble in finding enough jurors in the more favorable category. (For example, the target for "more favorables" in District 5 is 5 and the likely acceptances is 12.) The worst situations were in the less favorable and middle categories in District 2, although in District 5 there were none to spare in the less favorable category. Since these are just rules of thumb, there is no guarantee that they will work as predicted. But whenever the prediction for those likely to accept is smaller than the target quota, then more calling to add to the jury pool is quite likely.

Table C.6: The jury pool of 100 from District 2, according to their attitudes on school-based clinics and their willingness to serve on the Jury.

DISTRICT 2

9-22-87

| SUPPORT FOR CLINICS? | WILLING TO PARTICIPATE? | | | | | |
|------------------------------|-------------------------|-----------|----------------|------------|------------|--|
| | PROBABLY YES | MIGHT | PROBABLY NO | TOTALS | JURORS | |
| Q 4: Support A & B: Yes | 7 29% | 15 63% | 2 8% | 24 100% | 24% 3 | |
| Q 4: Support A &/or B: No | 4 13% | 7 23% | 20 64% | 31 100% | 31% 4 | |
| Q 4: Unsure | 2 8% | 7 29% | 15 63% | 24 100% | | |
| Q 4: Oppose | 1 5% | 4 19% | 16 76% | 21 100% | 45% 5 | |
| Totals | 14 | 33 | 53 | 100 | 100% 12 | |

Table C.7: The jury pool of 100 from District 5, according to their attitudes on school-based clinics and their willingness to serve on the Jury.

DISTRICT 5

11-16-87

| SUPPORT FOR CLINICS? | WILLING TO PARTICIPATE? | | | | | |
|------------------------------|-------------------------|-----------|----------------|------------|------------|--|
| | PROBABLY YES | MIGHT | PROBABLY NO | TOTALS | JURORS | |
| Q 4: Support A & B: Yes | 16 43% | 12 33% | 9 24% | 37 100% | 37% 4 | |
| Q 4: Support A &/or B: No | 10 46% | 6 27% | 6 27% | 22 100% | 22% 3 | |
| Q 4: Unsure | 5 17% | 9 30% | 16 53% | 30 100% | | |
| Q 4: Oppose | 3 27% | 0 0% | 8 73% | 11 100% | 41% 5 | |
| Totals | 34 | 27 | 39 | 100 | 100% 12 | |

Table C.8: Estimates of the likelihood of meeting the attitude targets (quotas) in Districts 2 and 5.

| | District 2 | | District 5 | |
|----------------|-----------------|----------------------|-----------------|--------------------|
| | Attitude Target | Likely Acceptances | Attitude Target | Likely Acceptances |
| More Favorable | 3+1= 4 | 3.5+ 5= 8.5 | 4+1= 5 | 8+4= 12 |
| Middle | 4+1= 5 | 2+ 2.3= 4.3 | 3+1= 4 | 5+2= 7 |
| Less Favorable | <u>5+2= 7</u> | <u>1.5+ 3.7= 5.2</u> | <u>5+2= 7</u> | <u>4+3= 7</u> |
| Totals | 12+4= 16 | 7 + 11 = 18 | 12+4= 16 | 17+9 = 26 |

Note: Attitude target is calculated by the target number of jurors plus alternates. The likely acceptances are the totals from the "probably" and "might" columns of Tables C.6 & C.7, with the "probabilities" weighted 0.5 and the "mights" 0.3.

Extend Invitations

Once the above steps were taken, we were prepared to start the selection process itself. Within each district, the "possibles" were randomized after they were divided into the three attitudinal categories "more favorable", "middle", and "less favorable". This randomization was done so that we would be as likely to extend invitations to those surveyed last as to those surveyed first. The quotas and the actual acceptances in each district are shown in Table C.9.

Once we had the three lists in their new random order, they were sent to the field assistant in the appropriate district. Together with each list was the quota of jurors and alternates to be selected from each list. Letters were sent to those on the lists, informing them that they would soon be contacted.

The field assistant then approached people in their order on the list. The initial contact was by phone. Those who indicated an interest in serving were visited in person. This entailed a considerable amount of staff time, but we felt it was very important that those willing to serve have a personal contact with staff, so that all their questions could be answered and so that their commitment to attend would be enhanced. Close contact was maintained with the field assistant in case additional calls were needed in those categories where the number of likely participants was not large enough to cover the number of jurors and alternates needed.

Table C.9: Comparison of quotas with those who actually served in the eight Congressional districts.

| | <u>less favorable</u> | | <u>middle</u> | <u>more favbl</u> | <u>total</u> |
|----------------|-----------------------|---------------|---------------|-------------------|--------------|
| | <u>opposed</u> | <u>unsure</u> | | | |
| District 1 | | | | | |
| total in pool | 8 | 39 | 29 | 24 | 100 |
| jurors assignd | | 6 | 3 | 3 | 12 |
| jurors serving | 3 | 3 | 3 | 3 | 12 |
| District 2 | | | | | |
| total in pool | 21 | 24 | 31 | 24 | 100 |
| jurors assignd | | 5 | 4 | 3 | 12 |
| jurors serving | 2 | 3 | 4 | 3 | 12 |
| District 3 | | | | | |
| total in pool | 12 | 28 | 29 | 31 | 100 |
| jurors assignd | | 5 | 3 | 4 | 12 |
| jurors serving | 2 | 3 | 3 | 4 | 12 |
| District 4 | | | | | |
| total in pool | 14 | 20 | 26 | 40 | 100 |
| jurors assignd | | 4 | 3 | 5 | 12 |
| jurors serving | 2 | 2 | 4 | 4 | 12 |
| District 5 | | | | | |
| total in pool | 11 | 30 | 22 | 37 | 100 |
| jurors assignd | | 5 | 3 | 4 | 12 |
| jurors serving | 1 | 3 | 4 | 4 | 12 |
| District 6 | | | | | |
| total in pool | 11 | 26 | 24 | 39 | 100 |
| jurors assignd | | 4 | 3 | 5 | 12 |
| jurors serving | 0 | 4 | 3 | 5 | 12 |
| District 7 | | | | | |
| total in pool | 11 | 38 | 29 | 22 | 100 |
| jurors assignd | | 6 | 3 | 3 | 12 |
| jurors serving | 4 | 2 | 3 | 3 | 12 |
| District 8 | | | | | |
| total in pool | 15 | 27 | 33 | 25 | 100 |
| jurors assignd | | 5 | 4 | 3 | 12 |
| jurors serving | 1 | 4 | 4 | 3 | 12 |

An additional task of the field assistant during this time was to do further screening of the jurors. To serve, a person must be aged 18 or over, a resident of Minnesota, and a U.S. citizen. People who fell in the following categories were not allowed to serve:

- A. those who work in any capacity (including under their own auspices as a private citizen) for more than 10 hours a week on the issue of clinics in schools to deal with teen pregnancy, AIDS, or other sexually transmitted diseases.
- B. those who work at a job where they spend over 10 hours a week directly involved in treating AIDS or other sexually transmitted diseases or dealing with teens on birth control or other issues related to pregnancy.
- C. those who work (with or without pay) over 10 hours a week for, or serve on the board of directors of, or in an elected leadership position with, an organization which has taken a position on the question of school-based clinics to deal with teen pregnancy, AIDS or other sexually transmitted diseases.

The application of the above criteria could not always be done on the basis of the questions asked during the survey. Therefore, the field assistants asked these questions during the phone conversations which followed up the letter we sent. Sometimes it was necessary for the field assistants to make the final check during the visit to the home of the potential juror.

Expand Jury Pool Where Necessary

In designing the project, we estimated the size of the jury pool on the basis of previous acceptance rates for Policy Jury projects. Since the acceptance rates have been around 20%, and we needed 12 jurors and four alternates in each district, we decided that we should have at least $5 \times 16 = 80$ in each jury pool. But as was seen in Tables C.6 & C.7, the likely participants did not divide up evenly between the three categories. Still, we hoped that by having 100 in each jury pool, we would be able to cover even those categories with lower acceptance rates.

In four of the districts the pool of 100 was sufficient for our needs. But in Districts 1, 2, 6, and 7 we ran out of names in one or more attitudinal categories and needed additional names to meet our quota. If we had had the time and money, we would have made sure that these additional names were balanced in the same way as the original 100. But the time and financial constraints under which we worked meant that we simply looked for people in the proper attitudinal category to fill the needed places on the Jury. First, we approached those from the appropriate attitudinal category who had been deselected in order to construct the original jury pool. If this was not sufficient to meet our quota, then we did additional surveying until we found those we needed. The additional potential jurors beyond the jury pool is shown in Table C.10. (This table does not show all the calls made. In order to find the 49 additional people in the correct attitudinal categories in District 2, we had to complete 68 interviews; beyond that, there were the usual refusals.)

Table C.10: Additional potential jurors beyond the jury pool

| | <u>Congressional Districts:</u> | | | | | | | | |
|-----------------|---------------------------------|-----------|----------|----------|----------|----------|-----------|----------|-----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | All |
| Jury Pool | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 800 |
| Deselects | | | | | | | | | |
| contacted | 7 | 10 | 0 | 0 | 0 | 1 | 0 | 0 | 18 |
| Add'l survey | <u>0</u> | <u>49</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>14</u> | <u>0</u> | <u>63</u> |
| Total effective | | | | | | | | | |
| jury pool | 107 | 159 | 100 | 100 | 100 | 101 | 114 | 100 | 881 |

Some readers may ask why we went through the elaborate task of establishing the demographic quotas for each district, only to choose people in four districts without regard to these quotas. Our answer is pragmatic. As pointed out in Section 5, we had two aims: to have a jury pool balanced on demographics, and to have the Jury itself balanced on the attitudinal categories. We believe that the second criteria is more significant than the first. Therefore, when reasons of time and money forced us to drop one of our criteria, we decided to drop the first. In spite of this deviation from our aim of having a jury pool which was a completely accurate representation of the district, Table 5.2 shows that the 96 district jurors still came very close to an accurate representation of the state of Minnesota on the five demographic characteristics we monitored. The deviations which occurred were more related to general trends in acceptance rates in the population as a whole than to the 82 additional contacts we made beyond the initial jury pools.

Acceptance Rates

An important datum on any Policy Jury project is the rate at which people accept the invitation to join a Policy Jury. If the acceptance rate is too low, this would reduce the legitimacy of the project, since those accepting would represent too small a minority of the total population. Some projects in Germany have had an acceptance rate of 5%, something we would consider too low. In past projects, the acceptance rates for our projects have been around 20%, a level we feel is quite acceptable, given the novelty of the method and the difficulty many have in getting time off from their work to participate.

The determination of the acceptance rate is not a simple matter. It might seem as though the acceptance rate is simply the percent of those who accept as compared to the total who have been asked. But this would yield an artificially high acceptance rate because it would ignore the 44% of the total sample who said they "probably would not" want to participate and who therefore were not even considered for an invitation. On the other hand, there are a number of people who do not receive invitations because we have met our quotas before we reach the end of the

invitation list. Our acceptance rate, therefore, is calculated in such a way as to take these two factors into account (we assume that none of those who refuse to give us their address would have accepted an invitation if we had called and invited them).

Table C.11: Acceptance rates of the jurors by attitudes on the question and by district.

| | <u>less favorable</u> | | <u>middle</u> | <u>more favbl</u> | <u>total</u> |
|---------------------|-----------------------|---------------|---------------|-------------------|--------------|
| | <u>opposed</u> | <u>unsure</u> | | | |
| District 1 | 37.5% | 13.3% | 20.7% | 14.6% | 17.6% |
| District 2 | 11.8% | 9.1% | 12.9% | 19.3% | 12.6% |
| District 3 | 27.8% | 21.4% | 35.5% | 29.7% | 28.2% |
| District 4 | 42.9% | 26.7% | 40.0% | 16.2% | 24.6% |
| District 5 | 9.1% | 11.5% | 40.9% | 52.1% | 26.4% |
| District 6 | 0% | 25.9% | 16.7% | 28.6% | 20.5% |
| District 7 | 50.9% | 26.3% | 12.6% | 40.4% | 25.0% |
| District 8 | 23.3% | 19.7% | 29.8% | 50.7% | 30.4% |
| Total all districts | 21.1% | 17.0% | 21.6% | 27.3% | 21.9% |

We are quite pleased with the acceptance rate for the project as a whole. As can be seen from Table C.11, the average acceptance rate for the whole project was 22%. There were variations in the acceptance rates of districts, from 13% in District 2 to 30% in District 8. There is no obvious pattern to the acceptance rates. For example, we have no ready explanation for the fact that the two lowest acceptance rates were in southern Minnesota (Districts 1 and 2), while northern Minnesota (Districts 7 and 8) had above average acceptance rates. There is also no clear pattern between Metro and non-Metro districts regarding the rates at which the more favorable and less favorable responded.

Did the Categories Represent the Districts Fairly?

We have already covered above the question of whether the attitude categories themselves were fair. This does not, however, deal with a second problem: are there any biases which might be introduced by the acceptance rates of different categories, or biases resulting from those invited who failed to show up for the meetings? Here the answer is a definite yes. Our decision to use three rather than four categories in the project opened up the possibility that uneven acceptance rates between the "opposed" and the "unsures" could introduce a bias. Indeed, reference to Table C.9 shows that this happened in Districts 1, 6, 7, and 8. Using Table C.11, it can be seen that in District 1 the "opposed" accepted at the rate of 37% and the "unsures" at the rate of 13%, with the result that there were three jurors who were "opposed", when there should only have been one. In District 7, an acceptance rate of 51% among the "opposed" led to there being four jurors from that category when there should only

have been one. In Districts 6 and 8 the reverse occurred (ie: the "unsures" intruded on the "opposed"), but not nearly to as great a degree.

The other factor which led the jurors not to be a completely accurate representation of the attitudes in their districts was the fact that some people dropped out at the last minute and in two cases had to be replaced with alternates from an incorrect category in order to have 12 people on the jury. In the whole project, there were 18 people who initially accepted the invitation to serve on the Juries, but who dropped out and who had to be replaced by an alternate. In all but one case, they dropped out before the hearings got underway and the alternate was able to be on the Jury from the time it started.

The problems occurred in Districts 4 and 5 where we had to act at a late enough point in time, and after having already called on other alternates, so that we were forced to rely on alternates from the wrong category. In District 4, we shorted the more favorable category by one juror and added one too many to the middle category. In District 5, we shorted the less favorable by one juror and also added there to the middle category. Since each end of the scale lost one juror to the middle, we felt this was an appropriate balance. We would not have used two alternates from the wrong category had they both led to a bias in the same direction.

The cumulative results of the biases caused by the dividing line problem, uneven acceptance rates within the less favorable category, and drop-outs is shown in Table C.12. This table makes use of two target figures. The "jurors assigned" figures are the totals of the actual targets we developed as the survey was in progress. These are the quotas which were sent to the field

Table C.12: The number of jurors serving according to attitude categories, as compared to target figures.

| | <u>less favorable</u> <u>opposed</u> <u>unsure</u> | | <u>middle</u> | <u>more favbl</u> | <u>total</u> |
|---------------------|---|----|---------------|-------------------|--------------|
| Total All Districts | | | | | |
| jurors assigned | 40 | | 26 | 30 | 96 |
| correct target | 12 | 28 | 27 | 29 | 96 |
| jurors serving | 15 | 24 | 28 | 29 | 96 |

Note: The "correct target" was calculated from the totals from the completed survey, while the "jurors assigned" is the sum of the quotas we established as the survey and selection of jurors was in progress.

assistants. The second figure, "correct target", is the calculation of what the targets should have been if we had based them on the total 800 who were in the jury pool, without worrying about dividing them properly within districts. Using the "correct target" figure, it can be seen that the more favorable category was right on target, while the less favorable category had one too few jurors and the middle category had one too many. But among the less favorable, there were three more "opposed" than there should have been and four too few "unsures".

One thing which is clear is that it was essential for us to have used the attitude categories in order to select the jurors. In Table C.13 it can be seen that if we had not used attitude categories in District 5, that Policy Jury would have been biased in the direction of those more favorable towards school-based clinics. The "likely acceptances" is given with decimals to indicate the most likely number. In fact, it is impossible to know what the breakdown of acceptances would have been from names which were randomly assigned to a list. But our prediction is that there would have been only 2 jurors in the less favorable category and 7 in the more favorable. This would have been a major deviation from the target numbers (it would have been 60% under target for the less favorable and 43% over target for the more favorable).

Table C.13: Breakdown of jurors in District 5 if attitude categories had not been used.

| | <u>less favorable</u> | | <u>middle</u> | <u>more favabl</u> | <u>total</u> |
|------------------------|-----------------------|---------------|---------------|--------------------|--------------|
| | <u>opposed</u> | <u>unsure</u> | | | |
| # in category | 11 | 30 | 22 | 37 | 100 |
| Acceptance rates | 9.1% | 11.5% | 40.9% | 52.1% | 26.4% |
| Likely acceptances | 0.37 | 1.27 | 3.30 | 7.06 | 12 |
| Targets for categories | 1 | 4 | 3 | 4 | 12 |

One way to summarize the above is in terms of how far away from target we were in terms of percentages. Using the correct target figure of Table C.12, the more favorable category was right on target, the less favorable was underrepresented by 2.5%, and the middle category was overrepresented by 7.7%. We are very pleased with how close the final results were to the target figures, given the novelty of the method and the time and budgetary limits under which we were forced to work. We believe that, at the district level, our Policy Juries were by far the most accurate representation of the people of Minnesota that has ever been convened on a statewide issue.

C. Selecting the Statewide Jurors

This section on the selection of the statewide jurors is very brief because the material is covered elsewhere. We have already compared in Section 5 the demographics of the statewide jurors to the demographics of the state as a whole. There, we pointed out that the statewide jurors were representative because of the way they were chosen and not because of their similarity to the state as a whole.

But this still leaves the question of whether the district jurors chose people to represent them whose attitudes on school-based clinics were similar to theirs. But this question cannot be answered in terms of what the statewide representatives answered in the initial phone survey. Instead, the question is whether or not the statewide jurors were representative of the other jurors on Day 4 of the district meetings (ie: at the time that they were selected). But this question is covered more appropriately in Appendix E, where we review the attitude changes which occurred over the course of the project. We therefore ask those readers interested in this question to turn to that appendix.

JEFFERSON CENTER
QUESTIONNAIRE ON SCHOOL BASED CLINICS

CONTROL_____ DISTRICT_____ INTERVIEWER_____
COUNTY_____ AREA CODE/PHONE NUMBER_____ - _____ - _____ RURAL_____

| | DATE | TIME | DISPOSITION |
|----------------------------|-------|------|-------------|
| SUGGESTED CALL-BACK TIMES: | | | |
| DATE | TIME | 1. | _____ |
| _____ | _____ | 2. | _____ |
| _____ | _____ | 3. | _____ |
| _____ | _____ | 4. | _____ |
| _____ | _____ | 5. | _____ |

Hello, I'm _____, and I'm calling from The Jefferson Center in Minneapolis. We are a non-profit group doing a random survey on some statewide health issues.

We can interview only one person per household. In order to make sure we interview a cross-section of the public, we choose the adult who had the last birthday in the household. Could you tell me which adult in your household, aged 18 or older, had the most recent birthday?

PRINT NAME _____

IF RESPONDENT HAS LAST BIRTHDAY, PROCEED WITH INTERVIEW QUESTIONS.

IF NOT, CONTINUE: May I please speak with him/her?

IF AVAILABLE, REPEAT FIRST PARAGRAPH ABOVE AND GO TO FIRST QUESTION.

IF NOT: When would be a good time to call back to speak with _____
?

I'm wondering if you would be willing to spend a couple of minutes answering a few questions? **

1. First, I'd like to ask your opinion about health care in Minnesota. In general, do you think our health care system works quite well, average, or not very well at all?
Quite well _____ Average _____ Not very well _____
2. There's been quite a bit of talk recently about teenage pregnancy, AIDS, and other sexually transmitted diseases. There are many ideas about how we should deal with these problems. Have you heard or read about the idea of using clinics in Minnesota's schools to deal with these problems?
Yes _____ No _____
3. Does the idea of clinics in schools to deal with teenage pregnancy, AIDS and other sexually transmitted diseases seem like a generally good idea or a generally bad idea?
Good _____ Bad _____
4. Would you oppose or support having such clinics in the schools in your community, or are you unsure?
Support _____ Oppose _____ Unsure _____

IF SUPPORTIVE:

- A. Would you still support such clinics in the schools in your community if the clinics were to distribute contraceptives?
Yes _____ No _____ (Do not volunteer) Unsure _____
- B. Would you still support such clinics in the schools in your community if the clinics were to counsel about abortion services?
Yes _____ No _____ (Do not volunteer) Unsure _____

IF OPPOSED:

- C. Would you still oppose such clinics in the schools in your community if parental consent were necessary before a student could go to the clinic?
Yes _____ No _____ (Do not volunteer) Unsure _____

IF UNSURE:

- D. Is there any particular reason which makes you hesitate to have such clinics in the schools in your community?

Now, I have just a couple of more questions for you.

5. Would you please tell me in what age category you fall?
(READ LIST)

18 to 24 ____ 25 to 34 ____ 35 to 44 ____

45 to 54 ____ 55 to 64 ____ 65 and over ____

6. What's the last grade you attended in school? (DO NOT READ LIST!)

Less than high school ____ High school graduate ____

Some college or vo-tech ____ College graduate or more ____

7. What race do you consider yourself to be: white, black or some other race?

White ____ Black ____ Other ____

8. After this survey is completed, we will be randomly selecting people from it to serve on a panel like a jury. This panel will study whether there should be clinics in schools to deal with teen pregnancy, AIDS, and other sexually transmitted diseases. The Panel will report its findings to a committee of the Minnesota Senate. Those who serve on the Panels will be paid \$75 a day for their services. Is this something which you probably would want to do, might want to do, or probably would not want to do?

Probably do ____ Might do ____ Probably not ____

9. If there is any chance you might do this, we will need your name and address. Would you be willing to give that to me?

PRINT: NAME _____

ADDRESS _____

CITY _____ ZIP _____

10. CIRCLE GENDER: M F

11. NOTE ANY COMMENTS:

That's all the questions we have for you today. Thanks very much for helping us by answering them. Goodbye.

PANEL DATES (4 days @, W-Sa):

District 7 October 7-10 Fergus Falls
District 8 October 14-17 Duluth

District 2 October 21-24 Worthington
District 1 October 28-31 Rochester

District 3 December 2-5 Burnsville
District 6 December 9-12 Coon Rapids

District 4 January 6-9 St. Paul
District 5 January 13-16 Minneapolis

APPENDIX D

FINAL RECOMMENDATIONS

The following reproduces in full the findings and final recommendations of the statewide jurors, as approved by them on the final day of their meetings. A description of the five days of hearings is found in Section 6, while Section 7 contains a summary and analysis of these recommendations.

A brief recap of the hearings is as follows: The jurors spent the first of their five days reviewing the results of the district Policy Juries. All of Day 2 and half of Day 3 was devoted to presentations from witnesses. On the afternoon of Day 3 the jurors began the deliberation process. In doing this, they were guided by a four point charge presented to them by the Steering Committee (see page 59).

Definition of School-Based Clinics:

The first point in the charge to them was to make very sure that they all shared the same understanding of school-based clinics. They decided that this should be a definition of what school-based clinics currently are, rather than what they think such clinics should be. They spent the remainder of Day 3 arriving at a consensus about what should be included.

The definition they arrived at is as follows:

We, the statewide jurors, have adopted the following definition of school-based clinics in response to the charge presented to us by the Steering Committee. Some school-based clinics may have all the following services, others only some.

The components of a school-based clinic are:

- Comprehensive primary medical care
- Counseling
- Nutrition
- Referral and follow-up
- Education
- Day care for children of teen parents

The staff of a school-based clinic consists of:

- Doctor
- Nurse
- Clerical support
- Social worker / counselor
- Health coordinator
- Nutritionist
- Day care / teen parent coordinator

There are a wide variety of services offered by school-based clinics. We found it difficult to categorize these, but they tended to fall into rough groupings:

- Physicals; immunizations; lab and diagnostic services; first aid; prescriptions; dental services; eating disorders, weight control, and special diet information.
- Drug education and chemical dependency; hygiene; issues dealing with self-esteem and decision-making; dealing with peer pressure; value clarification; family and teen problems.
- Pre- and post-natal counseling, care and education; family planning; sex education; no abortion referrals.
- Day care facilities; teaching parenting skills; contact and referral to outside agencies; coordinate and facilitate the health care curriculum and help implement it; parental consent forms; record-keeping.

Should School-Based Clinics Be Used?

The second point in the charge was to deal with the major question of whether or not school-based clinics should be used. The charge read as follows:

The Health and Human Services Committee of the Minnesota Senate has requested a Policy Jury project to help determine whether or not the state of Minnesota should encourage or require schools to have clinics to deal with teen pregnancy, AIDS, and other sexually transmitted diseases.

In order to answer the question about whether or not school-based clinics should be used in Minnesota, please select one of the three following statements as the one which best expresses your views:

1. School-based clinics should be a major part of any new set of programs aimed at preventing and dealing with teen-pregnancy, AIDS, and other sexually transmitted diseases.
2. School-based clinics should be one part of the on-going effort to prevent and deal with teen-pregnancy, AIDS, and other sexually transmitted diseases.
3. School-based clinics should not be part of the on-going efforts to prevent and deal with teen-pregnancy, AIDS, and other sexually transmitted diseases. Instead, alternative approaches should be used.

Most of the jurors found difficulty with the above wordings. After several hours of discussion and several votes, they decided to add explanations to the first two options. These read as follows:

1. School-based clinics should be a major part of any new set of programs aimed at preventing and dealing with teen pregnancy, AIDS, and other sexually transmitted diseases. We made this vote because we understand this option to mean that school-based clinics are required to be a major part of any new programs to deal with the above problems.
2. School-based clinics should be one part of the on-going effort to prevent and deal with teen pregnancy, AIDS, and other sexually transmitted diseases. We made this vote because we understand this option to mean that school-based clinics may be, but are not required to be, used as part of the on-going efforts in dealing with the above problems.
3. School-based clinics should not be part of the on-going efforts to prevent and deal with teen pregnancy, AIDS, and other sexually transmitted diseases. Instead, alternative approaches should be used.

After agreeing on the above, they then voted on them, using a weighted method of voting. The results were as follows:

- | | |
|---|----------|
| 1. School-based clinics should be a major part of ... | 31 votes |
| 2. School-based clinics should be one part of ... | 58 votes |
| 3. School-based clinics should not be part of ... | 55 votes |

As a result of this vote, option #1 was removed and a run-off vote held between the remaining two options. In this vote the result was a 12 to 12 tie. This led to considerable further discussion, centering around the question of whether a vote for #3 indicated that existing clinics should be removed. When it became apparent that the definition of "on-going" may have been misinterpreted, the jurors agreed on its meaning (i.e., "continuing to exist or progress and decided by a vote of 21 to 1 (with 2 abstentions) for another run-off vote to be taken between options #2 and #3. In this vote, option #2 (school-based clinics should be one part of ...) won 13 to 11.

Explanation of vote

The third point in the charge was for the jurors to give reasons as to why they voted as they did. This exercise took about 1 1/2 hours. First each juror was asked to write down a few reasons. Some of them wrote up to two pages of explanation. They then broke into two groups, according to whether they had voted for option #2 or option #3, in order to come up with a succinct list of reasons for their votes. Finally, they voted for the five reasons they found most important. In choosing these reasons, they could work off of the list prepared by either group.

THE REASONS FOR VOTING FOR #2:

The top five reasons selected off the flip charts for having chosen #2 are:

- 1) "Competent and convenient medical care is available at no expense" (8 votes)
- 2) "Option of using SBCs should be preserved for local input" (6 votes)
- 3) Five options received four votes:
 - "That existing SBCs are able to continue"
 - "It allows for the development of alternatives to SBCs"
 - "They address the here & now problems of students"
 - "A good program to keep teen mothers in school"
 - "Knowledgeable family planning counseling is available for students who want it"

The following are some examples from the jurors' written explanations of why they voted for #2:

"I chose statement #2 because I feel that teen pregnancy, STDs, and AIDS are problems that need more attention. I believe that along with an effective sex education program, school based clinics are better able to help teens by being where they are most accessible to the students. Keeping in mind that all schools will not need the exact same services and possibly none at all."

"Even though I'm from a rural community with a small population in our schools there is a good chance that my grandchildren will be raised in a metropolitan area where I deeply believe the clinics work."

"I voted to use school based clinics as one part of the on-going effort to deal with teen pregnancy, STDs and AIDS for the following reasons:
- This choice did not require all schools to utilize the concept of an SBC, but left it as an optional decision. I assumed that this means the community (school) would be presented with the school-based clinic model we developed (defined) and use that to

base their decision.

- The choice does not limit the effort of dealing with teen pregnancy, STDs & AIDS to school-based clinics alone. I felt it allowed for other programs to be used in equal or more emphasis, depending on community choice."

"I feel that school-based clinics should be one part of the on-going effort to deal with and prevent teen pregnancy, AIDS & STDs. Teens should have access to these facilities in their schools where it is most convenient for them. A greater percentage of teens will use school-based clinics as opposed to community-based clinics. To take these facilities out of the schools and put them back in the community will be to take a step backwards for the two steps forward that we have come. To have them in the schools (where the teens congregate) is showing them that we are making a strong effort to understand and help them to better themselves.

But to put SBCs in every school is not feasible. Also, to duplicate some services provided in small communities would be a waste of the taxpayers' money. To offer or refer to abortions and contraceptives to teens should not be a part of school-based clinics. The fact that teens do not need parental consent is not a good idea. They are not emotionally evolved to decide on issues of birth control and abortions, without extensive counseling."

"Although I question the validity of school-based clinics in reducing the problem of teenage pregnancy and STDs, I do not feel the evidence was sufficient to discontinue existing programs in current school-based clinics attempting to address these problems. Also, by voting for #2, it allows for the development of alternatives to school-based clinics."

"I feel school-based clinics should be encouraged by the Senate but not mandated. I did not choose number three for the primary reason that it appeared to me that existing clinics would be directly or indirectly forced to close down if that option had been endorsed. I also saw that future clinics would be impossible to establish in light of our decision. Regardless of the fact that school-based clinics may or may not lower the incidence of teen pregnancy, AIDS, and other STDs (it hasn't been proven for or against), it is apparent that they do work in the areas of pre-natal care, counseling and general care. I feel very strongly that the presenters in favor of

SBCs presented a very good case, and the opposition had the burden of proof on their shoulders, which they failed to do. They did not successfully discount the clinics, in my opinion."

THE REASONS FOR VOTING FOR #3:

The top five reasons selected off the flip charts for having chosen #3 are:

- 1) "Insufficient evidence from testimony that school-based clinics, after being in some schools for over ten years, are reducing these problems" (11 votes)
- 2) "All witnesses for or against SBCs agreed K-12 sex education, values and morals in schools was the long term solution" (10 votes)
- 3) "Alternative approach frees us to implement other programs that have shown effective means of dealing with pregnancy, STDs, AIDS" (7 votes)

plus education, meaning that we should help young people recognize that it is unwise for them to be sexually involved prior to marriage, but more importantly to help them understand clearly why that is true. By making contraceptives available, this implies that they are being responsible by using contraceptives rather than being responsible by maintaining abstinence. (6 votes)

- 5) Three options received 4 votes:

"Mixed message" (hearing values, seeing other)

"Clinics used by a limited number of students"

"We believe that state of Minnesota should not encourage or require schools to have SBCs with high expectations. This should be the choice of school district and community"

The following are some examples from the jurors' written explanations of why they voted for #3:

- "My reasons for voting for #3 are as follow:
- All witnesses agreed Sex Education K-12 was needed to deal with the teen pregnancy, AIDS & STDs.
 - School based clinics, after being implemented in some schools in MN for over ten years, were unable to provide evidence that they have lowered the numbers of teen pregnancies or STDs or AIDS.
 - Witnesses in favor of school-based clinics were unable to provide a way to implement the clinic

concept in rural areas other than using services that are already in the community."

"Parents today are already expecting the school system to "babysit" their children. By adding another project for the schools, the parents are relinquishing even more responsibility. I believe that this attitude will reflect in our entire social system, and I do not want the social attitude to move in that direction."

"The effectiveness of the school-based clinic in the reduction of teenage pregnancy, AIDS and STDs is not demonstrable or indicated. The long term financial support for school-based clinics is not quantifiable and its sources not identifiable. The school-based clinics are not accountable to any community based authority. Therefore, any assertion of a valid reflection of community standards is coincidence. The school-based clinic testimony indicated that de facto abortion referral is performed. Regardless of claims to the contrary."

"I voted for #3 because I do not believe we have sufficient evidence to indicate that school-based clinics (as defined) will effectively deal with teen pregnancy, AIDS and STDs. I am concerned that having primary medical services in the school would be costly to the point of being prohibitive for many schools. I believe the essential ingredient in a program to reduce these problems is a value positive education. This means that we clearly help young people to recognize that responsible adults, who are concerned about them and their long range health (physical, emotional and mental), believe it is unwise for them to be sexually involved prior to marriage. But more importantly, this approach helps young people to understand clearly why that is true. I believe this type of education will be effective not only in reducing the problems of teen pregnancy, AIDS and other STDs but also be excellent preparation for them in making wise decisions to enter and remain faithful in a monogamous marriage."

"I voted #3 in the District Policy Jury, as well as in this Statewide Policy Jury, because there is no real data to prove or disprove the effectiveness of school-based clinics when dealing with teen pregnancy, AIDS, and STDs. Given this, it seems premature to have a state "mandate", "encourage" or "require" school-based clinics to deal with these

problems.

I also voted #3 because I do not feel that these services are appropriate in a school setting. Most of the communities already have agencies in place, funded by the State, to deal with these various issues. I believe the answers lie in the choices of alternatives used. But first we must utilize those services already available within our communities. I don't care if the clinic is school or community based, there is still time lost from school to attend these places. Also there are the problems of liability."

Other Recommendations

The final task undertaken by the jurors was to review other details and general information which had been brought to their attention, both at the district level and at the statewide hearings. They listed 27 points and then voted to indicate the amount of support and opposition given to each point. Their points are listed in order of majority vote.

yes no abstain

1. 24 0 0 A formal human growth & development curriculum shall be offered as per 1985 Wisconsin Act 56. The jurors spent considerable time reviewing parts of this law and making some revisions in it. (See last page of this appendix for text.)
2. 24 0 0 The State of Minnesota will implement a statewide communication media campaign to discourage adolescent sexual activity & encourage the assumption of responsibility by adolescents, including males, for their sexual activity and for parenting.
3. 24 0 0 If a teenage mother utilizes public assistance funds, she must actively pursue her high school diploma.
4. 22 0 2 We would encourage the state to examine the San Marcos program as one of the possible models of a human growth and development curriculum. (Information on this is available from the Jefferson Center.)
5. 22 1 1 Also from Wisconsin Act 56, p4, Section 18 49.90: ...Each parent has an equal obligation to support his or her minor children. Each parent of a dependent person under the age of 18 has an equal obligation to support the child of the dependent person.

yes no abstain

6. 22 1 1 School-based clinics should be required to keep better documentation to evaluate effectiveness.
7. 21 3 0 The state should encourage classes to be held in the community for parents to deal with child and teenage sexuality.
8. 21 2 1 Education on AIDS and other STDs should clearly teach what the diseases are, how they are transmitted and how they can be prevented.
9. 20 0 4 Medical and human service providers should be invited into classrooms to inform students of services they provide.
10. 19 5 0 Create a financial incentive program, i.e., AFDC + 10% for high school attendance, free day care, free one-on-one counseling. Premiums terminate at high school completion or age 19, whichever occurs sooner.
11. 19 3 2 There shall be no contraceptives dispensed on school grounds.
12. 18 6 0 The state will implement more public service announcements directed at parents which suggest parents talk to their children about what they are watching. e.g., "For Kids' Sake" blurbs during prime time.
13. 18 3 3 The state should authorize and fund a comprehensive study of existing school-based clinic programs to evaluate their impact on the problems of teen pregnancy, AIDS and other STDs.
14. 18 2 4 School-based clinic parental consent forms should be monitored more closely.
15. 18 5 1 There shall be no direct or de facto referrals for abortion by any school-based clinic.
16. 16 7 1 Schools shall encourage a peer support program, moderated by qualified staff, operated by students, dealing with peer pressure, eating disorders, chemical dependency, and abstinence.
17. 16 1 7 A value-positive education shall be offered. This means that we should help young people recognize that it is unwise for them to be sexually involved prior to marriage, but more importantly to help them understand clearly why that is true.

18. 16 4 4 There shall be no contraceptives prescribed or dispensed on school grounds.
19. 15 7 2 The State shall reconsider the minor consent law to require parental consent for family planning services.
20. 14 6 4 School districts should have counselors available throughout the entire year that have a concentration on adolescent development. There should be one-to-one counseling to promote good physical, emotional and social health related to peer pressure, interpersonal relationships, and chemical dependency.
21. 9 14 1 There shall be no prescriptions of any type written on school grounds.
22. 14 6 4 The state shall establish an 800-telephone number to access the compiled list of services for teenagers.
23. 14 8 2 Each community shall have the availability of a teen hotline staffed by qualified individuals for counseling during non-school hours.
24. 5 14 5 A community crisis center should be established to serve chemical dependency, mental illness, and suicidal issues, etc.
25. 9 13 2 By making contraceptives available to teens, this implies that they are being responsible by using contraceptives rather than being responsible by maintaining abstinence.
26. 13 6 5 Compile and publish a list of all human resource services for teenagers available statewide.
27. 13 7 4 School-based clinics will coordinate with other community resources to prevent duplication of services.
28. 11 12 1 No contraceptive services shall be offered to unmarried teens prior to high school graduation.
29. 10 12 2 No new school-based clinics shall be implemented until studies show their effectiveness.
30. 9 11 4 Teen sex inhibits the individual natural growth process which is so essential for their own well-being. This inhibition is physical, emotional, and psychological.
31. 9 6 9 Medical providers should develop settings in which teenagers feel comfortable.

Full Text of Recommendation 1

1985 Wisconsin Act 56, as modified
(See statute p6 Col 1 118.019)

(1) Purpose. The purpose of this section is to encourage all school boards to make available to pupils instruction in topics related to human growth and development in order to promote accurate and comprehensive knowledge in this area and responsible decision making and to support and enhance the efforts of parents to provide moral guidance to their children.

(2) Subjects. A school board shall provide an instructional program in human growth and development in grades kindergarten to 12. The program shall offer information and instruction appropriate to each grade level and the age and level of maturity of the pupils. The program shall include instruction in the following areas: (a) self esteem, responsible decision making and personal responsibility. (b) Interpersonal relationships (c) Discouragement of adolescent sexual activity. (d) Family life and skills required of a parent. (e) Human sexuality; reproduction, contraception, including natural family planning; prenatal development; childbirth; adoption; available prenatal and post-natal support; and male responsibility. (f) sex stereotypes and protective behavior. (g) Media influences. (h) AIDS and sexually transmitted disease education.

(3) Distribution of Curriculum to Parents. Each school board shall annually provide the parents of each pupil enrolled in the school district with an outline of the human growth and development curriculum used in the pupil's grade level and information regarding how the parent may inspect the complete curriculum and instructional materials. The school board shall make the complete human growth and development curriculum available upon request for inspection at any time, including prior to their use in the classroom.

(4) Exemption for individual pupils. No pupil may be required to take instruction in human growth and development or in the specific subjects under sub. (2) if the pupil's parent files with the teacher or school principal a written request that the pupil be exempted.

(5) Advisory Committee. Each school board shall appoint an advisory committee composed of parents, teachers, school administrators, pupils, health care professionals, members of the clergy and other residents of the school district. The advisory committee shall develop a human growth and development curriculum and advise the school board on the design, review and implementation of the advisory committee's human growth and development curriculum. The advisory committee shall review the curriculum at least every 3 years and shall file a written report with the department indicating it has done so.

APPENDIX E

ATTITUDE CHANGES DURING THE PROJECT

In Section 7 we made reference to the changes in attitudes by the jurors as the project moved from the initial phone survey through the district hearings to the statewide recommendations. It was noted there that these results were rather complex, especially since there was some missing data. This appendix lays out in detail the information we have about the attitude changes among the jurors.

The way in which we tracked the attitude changes was by taking the questionnaire used in the initial telephone survey and giving it to the jurors four additional times. These uses are shown in Table E.1.

Table E.1: How and when the questionnaire was administered:

| <u>Survey</u> | <u>To whom given</u> | <u># surveyed</u> |
|---------------|--|-------------------|
| Phone survey | All those in the jury pool | 800 |
| Survey #2 | Day 1, all jurors, except Dists. 2 & 7 | 72 |
| Survey #3 | Day 4, all jurors, except District 7 | 84 |
| Survey #4 | Statewide jurors on Day 1 | 24 |
| Survey #5 | Statewide jurors on Day 5 | 24 |
| ----- | | |

Table E.2 shows the shifts in the answers to Question 4 of the questionnaire between the phone survey and Day 1 of the district jury hearings. The reason for the complexity of Table E.2 is that it is necessary to give as much information as possible to show what the trends were in light of missing data. This arose because we did not think of doing these additional surveys until after the completion of the first set of hearings in District 7. We also neglected to conduct survey #2 in District 2. Therefore, we can compare the attitude shifts between the phone survey and Day 1 of the hearings only for six of the eight district Juries.

As can be seen, there was a considerable shift away from "opposed", and a slight shift away from "more favorable", towards the more moderate middle positions. It seems likely to us that when the jurors arrived at the hearings, knowing they were going to hear pro and con evidence, they were more guarded in their responses than they were when initially contacted over the phone. The shift from 9 jurors to 3 in the "opposed" category cuts it to only 1/3 its original size. This is interesting,

because the major attitude change overall in the project is the growth in those answering "opposed". The results in Table E.2 show that this shift occurred despite the initial drop in those answering in this way. (It is possible that the shifts in Districts 2 and 7 were smaller or even in the opposite direction, but there is no reason to believe this was the case and it would be surprising to find shifts significantly large enough in the opposite direction to reverse the trends in the six other districts.)

Table E.2: Attitudes of the jury pool of 800 and of the district jurors as shown by the telephone survey and survey #2. (Please note: Districts 2 & 7 were not given survey #2).

| | Telephone Survey | | | | Survey #2 |
|--------------|------------------|----------------|-----------------------|--------------------|--------------------|
| | Jury Pool | Jurors Serving | Jury Pool wo 2 & 7 | Jurors wo 2 & 7 | Jurors wo 2 & 7 |
| Opposed | 12.9% 103 | 15.6% 15 | 11.8% 71 | 12.5% 9 | 4.2% 3 |
| Unsure | 29.0% 232 | 25.0% 24 | 28.3% 170 | 26.4% 19 | 30.5% 22 |
| Middle | 27.9% 223 | 29.2% 28 | 27.2% 163 | 29.2% 21 | 34.7% 25 |
| More Favorbl | 30.2% 242 | 30.2% 29 | 32.7% 196 | 31.9% 23 | 29.2% 21 |
| Missing Data | | | | | 1.4% 1 |
| Totals | 100.0% 800 | 100.0% 96 | 100.0% 600 | 100.0% 72 | 100.0% 72 |

This major shift in the "opposed" category can be seen in Table E.3. Whereas the "opposed" response was given by only 12.9% of the original jury pool, by the end of Day 4, 28.6% of those for whom we have responses answered the question this way. The district jurors in turn selected a greater percent of the opposed to attend the statewide hearings. A further shift occurred between the time these people were selected and when they showed up on Day 1 of the statewide. Finally, during the statewide hearings, there was a further shift so that on Day 5, half of the respondents answered the questionnaire this way. The shift from 13% to 50% is indeed dramatic. This shift can be seen in the other categories, where those answering "unsure" dropped from 29% to 4% and those who were the strongest supporters dropped from 30% to 13%. Indeed, given the final answers, it is

surprising that the statewide jurors voted 13-11 in favor of school-based clinics.

Table E.3: Attitude shifts from original jury pool through the statewide hearings, as shown by a third, fourth and fifth administration of the original survey. (District 7 was not given survey #3 and some data was extrapolated from known information.)

| Survey: | 1st | | 3rd | | 4th | 5th |
|--------------|--------|--------|-------------|-----------|-----------|-------------|
| | Phone | Survey | Day Four of | district | | |
| | Pool | Jurors | Jurors | Statewide | Statewide | Final St-w. |
| | 800 | 96 | 84 | Original | Final | Final |
| Opp. | 12.9% | 15.6% | 28.6% | 39.1% | 34.6% | 41.7% |
| | 103 | 15 | 24 (4) | 9 (1) | 8 | 10 12 |
| Uns. | 29.0% | 25.0% | 9.5% | 4.4% | 4.4% | 12.5% |
| | 232 | 24 | 8 (2) | 1 | 1 | 3 1 |
| Mid. | 27.9% | 29.2% | 40.5% | 39.1% | 43.4% | 33.3% |
| | 223 | 28 | 34 (3) | 9 | 10 | 8 8 |
| M.F. | 30.2% | 30.2% | 21.4% | 17.4% | 17.4% | 12.5% |
| | 242 | 29 | 18 (3) | 4 | 4 (1) | 3 3 |
| Tl. | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| | 800 | 96 | 84 | 23 | 23 | 24 24 |
| Missing data | | | (12) | (1) | (1) | |

One of the decisions made in selecting the jurors was to use three attitude categories: more favorable to clinics, middle and less favorable. But for the purpose of analyzing attitude changes, the importance of breaking down the "less favorable" into the "opposed" and "unsure" can be seen by comparing the Table E.3 to Table E.4. From an examination of Table E.4 it would appear that there was no great shift in the less favorable category between the original phone survey and the survey #3 (the attitudes of those who finally attended the statewide hearings). This apparent lack of a shift occurred because the growth in the "opposed" was accompanied by an almost equal drop in the "unsures". If we had used the less favorable category without breaking it down into "opposed" and "unsure", we would then have the problem of explaining the sudden shift in attitudes between the end of the district hearings and the beginning of the statewide, where the less favorable category jumps from 39% to 54%.

Table E.4: Attitude shifts from original jury pool through the statewide hearings, as shown by a third, fourth and fifth administration of the original survey, with "opposed" and "unsure" lumped together under L.F. (less favorable) and middle and more favorable lumped together. (District 7 was not given survey #3.)

| Survey: | 1st | | 3rd | | 4th | 5th |
|--------------|--------|--------|-------------|-----------|-----------|-------------|
| | Phone | Survey | Day Four of | district | | |
| | Pool | Jurors | Jurors | Statewide | Statewide | Final St-w. |
| | 800 | 96 | 84 | Original | Final | Final |
| L.F. | 41.9% | 40.6% | 38.1% | 43.5% | 39.2% | 54.2% |
| | 335 | 39 | 32 (6) | 10 (1) | 9 | 13 |
| M & M.F. | 58.1% | 59.4% | 61.9% | 56.5% | 60.8% | 45.8% |
| | 465 | 57 | 52 (6) | 13 | 14 | 11 |
| Tl. | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| | 800 | 96 | 84 | 23 | 23 | 24 |
| Missing data | | | (12) | (1) | (1) | |

An examination of Table E.3 makes it appear that there was not a great deal of attitude change which occurred during the statewide hearings. But Table E.5 shows differently. From the former, it looks as though only two jurors changed their minds during the statewide hearings, while there were more changes taking place between the end of the district hearings and the beginning of the statewide. But Table E.5 shows there were four changes which canceled each other out: there was a pair which switched on middle/more favorable, and another pair which switched on middle/unsure (one of these is the one who switched from middle to unsure between #3 and #4). This left the two who moved from unsure to opposed as the only ones whose change showed in Table E.3.

It will be noted that in Table E.5 under "jurors who did not change", three are listed as based on incomplete data. Although the data is incomplete, we listed them in this position because we felt we could make an accurate guess on their views. Two of these were from District 7, where we were missing surveys #2 and #3. We knew these two well enough, however, to be confident they maintained their "opposed" position throughout the project. The third person was someone who started as a more favorable, but who had switched to "opposed" by survey #3 and maintained this position in survey #4. Her form is missing for survey #5, but we are fairly sure that she did not change her point of view. The person we are not sure about is one of the two who switched from "unsure" to "opposed" between survey #4 and survey #5. This person started as a more favorable in the phone survey, but we

are missing survey #2 and #3, since this person is from District 7. We guess that this person moved away from the more favorable position during the district hearings, but this is only a guess and therefore we have not entered it in the tables. This person shows up in Table E.3 under survey #3 in parentheses next to the four people who clearly were in the more favorable category.

Table E.5: Shifts in the attitudes of the final statewide jurors from Day 4 of the district hearings (survey #3) through Day 1 of the statewide hearings (survey #4) to Day 5 of the statewide (survey #5).

Jurors who did not change:

8 opposed (3 of these are based on incomplete data)
 0 unsure
 6 middle
 2 more favorable

Jurors who changed between survey #3 and survey #4:

1 more favorable to opposed
 1 middle to opposed
 1 middle to unsure, (and back to middle in survey #5)

Jurors who changed during the statewide (btw. #4 and #5):

2 unsure to opposed (1 poss. change btw #3 & #4 as well)
 1 middle to unsure
 1 more favorable to middle
 1 middle to more favorable

Table E.6: Changes in attitudes in District 2 by all jurors and by the three statewide representatives (A, B, & C).

| | <u>Phone Survey</u> | | <u>Survey #3</u> | <u>Positions of A, B, & C</u> | | | |
|---------------|---------------------|----------------|------------------|-----------------------------------|--------------|-------------|-------------|
| | <u>Jury</u> | <u>Jurors</u> | <u>Day 4</u> | <u>Phone</u> | <u>Day 4</u> | <u>Surv</u> | <u>Surv</u> |
| | <u>Pool</u> | <u>Serving</u> | | <u>Survey</u> | | <u>#4</u> | <u>#5</u> |
| Opposed | 21.0% 21 | 16.7% 2 | 8.3% 1 | B | C | A,B,C | A,B,C |
| Uns. | 24.0% 24 | 25.0% 3 | 8.3% 1 | A,C | | | |
| Middle | 31.0% 31 | 33.3% 4 | 50.0% 6 | | B | | |
| More Favorabl | 24.0% 24 | 25.0% 3 | 33.3% 4 | | A | | |
| Totals | 100.0% 100 | 100.0% 12 | 99.9% 12 | | | | |

Interestingly, the 16 who did not change their views were equally divided between the opposed on one hand and the middle and more favorable on the other. This made the eight who changed their views the swing votes between these two groups. The five who changed only during the statewide can be assumed to have done so in light of the hearings and discussions which occurred. But the changes of three during the interim between the district hearings and the statewide is not as easy to understand. Two of these were from District 2, where some interesting attitude shifts occurred, as shown in Table E.6 above.

What Table E.6 shows is that juror A and juror B changed their views considerably from their phone survey to survey #3 on Day 4, while juror C moved a shorter distance, and in the opposite direction. The shifts by A and B reflected a similar shift among the Jury as a whole, where those from the "opposed" and "unsure" positions dropped from 42% to 17% of the Jury. What is interesting, however, is that by the time the statewide hearings started (three months after the District 2 hearings), B had switched back to his/her original telephone survey position, while A had switched from more favorable to a more anti-clinic position than s/he had originally held. Juror C maintained the opposed point of view for the last three surveys. We have no explanation for the changes made by A and B, since we did not interview the jurors about when they changed their views and why.

Given the above information on attitude shifts, what can we now say about how well the statewide jurors represented the district jurors? As noted earlier in this report, the criteria for representativeness are not the same at the statewide level as for the district level. The statewide jurors can be claimed to be representative on prima facie grounds, given that they were selected in a fair vote by the other jurors in their districts. But the demographic data in Section 5, together with the attitudinal data above, allow us to make a further judgement on this topic.

In Section 5 we saw that there were some major discrepancies between the demographics of the original jury pool and those of the statewide. Females, non-whites, the elderly, and the less well educated were all under-represented, while rural areas were over-represented. This is not dissimilar to the demographics of the Minnesota legislature when compared to the public at large. Some of these deviations were considerable (eg: there were only 25% with a high school education or less on the statewide Jury, whereas this group makes up 50% of the population at large).

The attitude differences between the district jurors on Day 4 and the statewide jurors (as represented by the same survey) were much smaller than this. The way of portraying this to make the difference the smallest is to use Table E.4. There it can be seen that the jurors ended up on Day 4 with 38.1% in the less favorable category. Among those jurors who attended the statewide, 39.2% fell in this category. This comparison makes it look

as though the district jurors did an almost perfect job of choosing their representatives for the statewide hearings.

But a different perspective can be obtained by using Table E.3. There it can be seen that among the jurors on Day 4, 28.6% answered "opposed", but among those they chose for the statewide, the percent was 39.1%. This dropped off to 34.6% for those actually attending, but jumped up to 41.7% when they arrived for the first day of hearings. This latter figure is almost half again as large as it "should" have been, if jurors had been out to select those whose attitudes were like theirs.

The difference between the interpretations found in Tables E.3 and E.4 is the result of the fact that the latter lumps those answering "opposed" and those answering "unsure" together, while the former does not. It is understandable that the district jurors did not choose to be represented by those who still could answer "unsure" at the end of four days of hearings. In this sense the over-representation of those "opposed" is understandable. But the unexplained changes of the two jurors from District 2 are something which may indeed have led them not to be good representatives of the jurors who selected them.

For those readers interested in examining the attitude shifts on the district level on a Jury by Jury basis, we have included Table E.7 on the following page.

Table E.7: Attitude shifts on a district by district basis.

| | <u>less favorable</u> | | <u>middle</u> | <u>more favbl</u> | <u>total</u> |
|------------------|-----------------------|---------------|---------------|-------------------|--------------|
| | <u>opposed</u> | <u>unsure</u> | | | |
| District 1 | | | | | |
| total in pool | 8 | 39 | 29 | 24 | 100 |
| jurors assignd | | 6 | 3 | 3 | 12 |
| jurors serving | 3 | 3 | 3 | 3 | 12 |
| Day 1 (survey 2) | 2 | 3 | 4 | 3 | 12 |
| Day 4 (survey 3) | 10 | 2 | 0 | 0 | 12 |
| District 2 | | | | | |
| total in pool | 21 | 24 | 31 | 24 | 100 |
| jurors assignd | | 5 | 4 | 3 | 12 |
| jurors serving | 2 | 3 | 4 | 3 | 12 |
| Day 1 (survey 2) | - | - | - | - | - |
| Day 4 (survey 3) | 1 | 1 | 6 | 4 | 12 |
| District 3 | | | | | |
| total in pool | 12 | 28 | 29 | 31 | 100 |
| jurors assignd | | 5 | 3 | 4 | 12 |
| jurors serving | 2 | 3 | 3 | 4 | 12 |
| Day 1 (survey 2) | 0 | 4 | 5 | 3 | 12 |
| Day 4 (survey 3) | 2 | 3 | 4 | 3 | 12 |
| District 4 | | | | | |
| total in pool | 14 | 20 | 26 | 40 | 100 |
| jurors assignd | | 4 | 3 | 5 | 12 |
| jurors serving | 2 | 2 | 4 | 4 | 12 |
| Day 1 (survey 2) | 0 | 4 | 5 | 3 | 12 |
| Day 4 (survey 3) | 3 | 1 | 7 | 1 | 12 |
| District 5 | | | | | |
| total in pool | 11 | 30 | 22 | 37 | 100 |
| jurors assignd | | 5 | 3 | 4 | 12 |
| jurors serving | 1 | 3 | 4 | 4 | 12 |
| Day 1 (survey 2) | 0 | 2 | 4 | 5 | 12 |
| Day 4 (survey 3) | 0 | 0 | 8 | 4 | 12 |
| District 6 | | | | | |
| total in pool | 11 | 26 | 24 | 39 | 100 |
| jurors assignd | | 4 | 3 | 5 | 12 |
| jurors serving | 0 | 4 | 3 | 5 | 12 |
| Day 1 (survey 2) | 0 | 3 | 3 | 6 | 12 |
| Day 4 (survey 3) | 7 | 1 | 1 | 3 | 12 |
| District 7 | | | | | |
| total in pool | 11 | 38 | 29 | 22 | 100 |
| jurors assignd | | 6 | 3 | 3 | 12 |
| jurors serving | 4 | 2 | 3 | 3 | 12 |
| Day 1 (survey 2) | - | - | - | - | - |
| Day 4 (survey 3) | - | - | - | - | - |
| District 8 | | | | | |
| total in pool | 15 | 27 | 33 | 25 | 100 |
| jurors assignd | | 5 | 4 | 3 | 12 |
| jurors serving | 1 | 4 | 4 | 3 | 12 |
| Day 1 (survey 2) | 1 | 6 | 4 | 1 | 12 |
| Day 4 (survey 3) | 1 | 0 | 8 | 3 | 12 |

APPENDIX F

ADDITIONAL DATA ON EVALUATIONS

This appendix contains additional information on evaluations which did not fit easily into Section 7. At the end of this section is a copy of the main evaluation form we used both at the district and statewide levels.

Results of the evaluations at the district level:

The tables in Section 7 summarize the results of the evaluations for all districts together and for the statewide level. The following tables allow the interested reader to see what the results were on a district by district basis.

Table F.1: In general, how do you feel about the Policy Jury on school-based clinics, now that you have completed the project? Are you very satisfied, satisfied, neutral, dissatisfied, or very dissatisfied?

| | 1 | 2 | 3 | <u>Congressional Districts:</u> | | | | | All |
|----------------------|----|----|----|---------------------------------|----|----|----|----|-----|
| | | | | 4 | 5 | 6 | 7 | 8 | |
| <u>Satisfaction:</u> | | | | | | | | | |
| Very Satis. | 7 | 10 | 8 | 7 | 11 | 11 | 6 | 8 | 68 |
| Satisfied | 4 | 2 | 2 | 4 | 1 | 1 | 3 | 4 | 21 |
| Neutral | 1 | 0 | 2 | 1 | 0 | 0 | 1 | 0 | 5 |
| Dissatisfied | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| Very Dissat. | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| <u>Totals:</u> | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 96 |

Table F.2: One of our aims is to have staff approach this issue and run the project, in an unbiased way. How satisfied are you with staff performance in this regard?

| | 1 | 2 | 3 | <u>Congressional Districts:</u> | | | | | All |
|----------------------|----|----|----|---------------------------------|----|----|----|----|-----|
| | | | | 4 | 5 | 6 | 7 | 8 | |
| <u>Satisfaction:</u> | | | | | | | | | |
| Very Satis. | 11 | 12 | 12 | 10 | 9 | 11 | 12 | 12 | 89 |
| Satisfied | 0 | 0 | 0 | 2 | 3 | 1 | 0 | 0 | 6 |
| Neutral | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dissatisfied | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Very Dissat. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| <u>Totals:</u> | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 96 |

Table F.3: How do you feel about the witness presentations?

| | 1 | 2 | 3 | <u>Congressional Districts:</u> | | | | | All |
|----------------------|----|----|----|---------------------------------|----|----|----|----|-----|
| | | | | 4 | 5 | 6 | 7 | 8 | |
| <u>Satisfaction:</u> | | | | | | | | | |
| Very Satis. | 4 | 2 | 1 | 2 | 5 | 4 | 4 | 5 | 27 |
| Satisfied | 7 | 9 | 10 | 10 | 7 | 7 | 6 | 7 | 63 |
| Neutral | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 3 |
| Dissatisfied | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Very Dissat. | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| <u>Totals:</u> | 11 | 12 | 12 | 12 | 12 | 12 | 11 | 12 | 94 |
| | | | | (2 NA) | | | | | |

Table F.4: How do you feel about the group discussions?

| | 1 | 2 | 3 | <u>Congressional Districts:</u> | | | | | All |
|----------------------|----|----|----|---------------------------------|----|----|----|----|-----|
| | | | | 4 | 5 | 6 | 7 | 8 | |
| <u>Satisfaction:</u> | | | | | | | | | |
| Very Satis. | 8 | 7 | 3 | 5 | 9 | 7 | 5 | 10 | 54 |
| Satisfied | 4 | 5 | 8 | 6 | 3 | 5 | 1 | 2 | 34 |
| Neutral | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 3 |
| Dissatisfied | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 2 |
| Very Dissat. | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 1 |
| <u>Totals:</u> | 12 | 12 | 12 | 12 | 12 | 12 | 10 | 12 | 94 |
| | | | | (2 NA) | | | | | |

Table F.5: How do you feel about the staff presentations?

| | 1 | 2 | 3 | <u>Congressional Districts:</u> | | | | | All |
|----------------------|----|----|----|---------------------------------|----|----|----|----|-----|
| | | | | 4 | 5 | 6 | 7 | 8 | |
| <u>Satisfaction:</u> | | | | | | | | | |
| Very Satis. | 9 | 10 | 11 | 11 | 10 | 9 | 10 | 11 | 81 |
| Satisfied | 3 | 2 | 1 | 1 | 2 | 3 | 1 | 1 | 14 |
| Neutral | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dissatisfied | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Very Dissat. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| <u>Totals:</u> | 12 | 12 | 12 | 12 | 12 | 12 | 11 | 12 | 95 |
| | | | | (1 NA) | | | | | |

Additional comments made:

Some of the comments made by the jurors have already been listed in Section 7, especially those made with the greatest frequency. Additional comments which we found interesting are listed here:

- "(I) wish there were many more juries like this so grass roots soundings would be presented to our legislatures on many more issues."
- "I've never been too 'politically minded' but having had this experience I will be more attentive to political issues in my community and state."
- "All in all the effect of this effort is to effectively reawaken the notion of civic responsibility. A feeling of valid participation is produced. The 'high' may be the 'Hawthorne effect' yet even illusion can be pleasant."
- "The choice of witnesses was excellent in providing well stated opinions that fairly represented both sides of the issue. The unbiased way the staff directed the process. The type of respect shown by staff and jury toward everyone else."
- "The neutral (low key) tone seems to help keep jurors from making personal assaults on one another just because of opinion differences."
- "The process by which people assimilate and synthesize bodies of data was not observed. On several occasions we passed the point of diminishing returns in discussions, kept going, and rolled right over the less assertive members. Keep in mind that the break is a valid and valuable tool, not some sort of process breaker. People clarify their positions with one another during the stretch."
- "You will need to provide some instruction in methods of evaluation and decision making. The jury was awkward in the task of figuring out how you identify the options available under the charge. Have the charge written as carefully as a law."
- "Small groups should change every day to enable group members to get different insights into other group members' thinking."
- "(We need) a printed biography of the witnesses prior to their appearance. This would allow them more time to address the issue during the presentation rather than themselves."

Additional statewide comments:

At the statewide level, we passed out an additional questionnaire in order to elicit answers to some questions not found in the standard evaluation form. What follows is a list of the questions, followed by some of the answers we found most interesting.

1. What do you feel to be the primary purpose of Policy Juries?

- "To have a group of interested persons hear extended evidence from people on both sides of the issue, then come to an enlightened opinion about that issue."
- "To obtain information about one issue which concerns the public and make an informed decision about the issue. The jury consists of a cross-section of the community so the jury voice represents the people."
- "It gives the average citizen a chance to make informed decisions and turn them over to policy makers."
- "They do give a juror a feeling that he is involved in the democratic process. Help Legislature to get an idea how the public feels on matters."
- "To make an educated solution to complex problems by a representative sample of a community."
- "Provide citizen input without special interest pressure or influence"
- "Very good way to get individuals involved and aware"

2. Do you think that Policy Juries should have a role in our current system of government? If so, what should that role be, and what levels of government (local, state, national, international)? Can they play a role in other areas of public life?

- "Yes. They should be used to address the most controversial issues the government must pass legislation on. They should be used statewide and nationally."
- "Yes, both local and state government, ...as was said before, very likely corporate officials could use Policy Juries with some corporate problems."
- "I feel that Policy Juries do have a place with all levels of government. The average person given some background information can reach an informed opinion."
- "Yes, state and national"

- "Yes, local and state"
- "Yes, they should be used on state level to deal with issues that legislators do not have time to research"

3. What do you believe is the most important contribution that Policy Juries can make to life in late 20th century America?

- "Because many people are unable to sift through the propaganda offered by special interest groups regarding complex questions, this concept allows people, whether initially biased or not, to hear more balanced evidence to offer an enlightened opinion"
- "Informed decision making by the people who aren't usually involved in government but do have important opinions."
- "Policy Juries can make the average person's ideas heard. Powerfully organized lobby groups are too influential too often."
- "Helping to influence legislature on problems concerning our children and grandchildren"
- "It raises the political awareness level of participants and may in fact contribute to the revitalization of an activist population. Popular opinion would be regarded as an essential component of government not a backdrop to government. It is interesting to note that the rule "there is no free lunch" applies to democracy. The survival of democracy is to a large extent dependent upon real intellectual, moral and to a limited degree emotional labor. Democracy in its true form is truly a "product", the fruits of a labor whose raw material is the citizen and his or her life experience, coupled with an ideal (a vision of the future)."

4. What have you liked best about your participation in this Policy Jury?

- "The opportunity to listen to the evidence and discuss it with those who agree and those who disagree and not feel "put down" by those who hold a different opinion."
- "The information gathering, the exchange of opinion without personal conflict"
- "The chance to voice my opinion"
- "The knowledge I have obtained; knowledge in the subject at hand and also in the knowledge of "people and their life" (constant growth)"

- "I felt my input was important"
- "The openness of how the subject matter was handled"
- "Feeling like I have a say in the issue"

5. What did you like least about your Policy Jury participation?

- "Probably the frustrations of rediscussing a question when it is clear in my mind and not clear in the mind of others, and conversely, trying to understand what is really meant by a point when others seem so sure they know."
- "That the process is subject to getting hung up on definitions"
- "Being away from home this long"
- "The inability of 24 people to come to a seemingly simple conclusion"

6. Further comments on any of the above...?

- "I began this process, when I was first called, very skeptical of the Jefferson Center and what they were trying to do. I was concerned that they had already made up their minds on how the issue should and would be decided. At the district level, I slowly began to lose that skepticism. At the state level, I have become convinced that even if people from the Jefferson Center might have hoped the issue would be settled in a particular way, they have done an outstanding job of providing us with an abundance of information on both sides of the issue and with keeping any biases they might have from coming through as they have led the group. Very few people could afford, or take the time, to listen to the amount of testimony the juries have received and certainly not everyone cares enough to do as even if they could - but if they would, the vote they make would certainly be more meaningful. It is a very expensive process so could only be used on issues that are of real consequence."
- "I have never experienced being a part of any aspect of public policy making and aside from a Policy Jury probably never will be. I am thankful for the opportunity to become so educated on an issue which may be put before me as a voter. I wish all issues on my voting ballot would be presented to me in this manner, back to reality, the Policy Jury idea is great!"
- "Basically, it was great! We obtained a group unity and friendships (though short in time) grew. It was interesting to observe how we all 'came out of our shell' as the week progressed. I will/have become a better and more interesting person and parent because of this issue and its discussion."

FINAL EVALUATION

1. In general, how do you feel about the Policy Jury on School Based Clinics, now that you have completed the project?

☐ Very satisfied
☐ Satisfied
☐ Neutral
☐ Dissatisfied
☐ Very dissatisfied

2. How do you feel about the different parts of the state Policy Jury?

| | very satis. | sat. | neutral | dissat. | very dissat |
|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Witness | | | | | |
| Presentations | | | | | |
| Group Discussions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Staff Presentations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Was there any part of the state Policy Jury which was particularly satisfying or well done?
4. Was there any part of the state Policy Jury which was particularly dissatisfying or poorly done?
5. One of our aims is to have staff approach this issue, and run the project, in an unbiased way. How satisfied are you with staff performance in this regard?

☐ Very satisfied
☐ Satisfied
☐ Neutral
☐ Dissatisfied
☐ Very dissatisfied

6. Are there any changes in the proceedings which you would recommend?

7. Additional comments

8. Name (optional) _____

(Note: In its original form, this form was two pages long for the jurors' convenience.)

Citizens question legislators at hearing

By Robert Franklin
Staff Writer

Duluth, Minn.

There was no judge to rule on points of law, and jurors sat around folding tables instead of in a box.

Instead of lawyers, jurors questioned the witnesses: Are there support groups for kids with problems of pregnancy and depression? What percentage of boys attend parenting classes? What do parents think of medical clinics in schools?

The hearing in the Duluth YWCA last week had no legal standing. It was part of a privately funded project to let ordinary citizens influence government through an innovative method known as "policy juries."

Policy juries are the brainchild of Ned Crosby, 51, an heir of the General Mills family. As the unpaid, full-time president and chief financial backer of the Jefferson Center for New Democratic Processes, he has spent 13 years looking for better ways to

Policy juries continued on page 2B

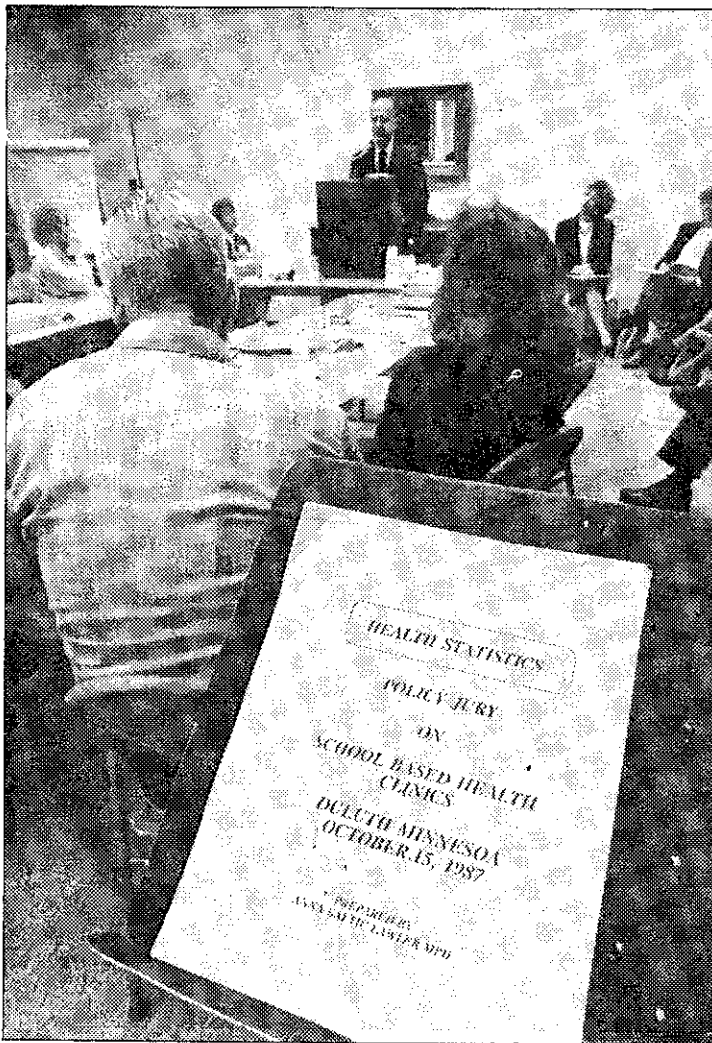


Photo for the Star Tribune by Michael Douglas

Members of a citizen jury heard information they could use in deciding how to vote on issues related to school-based health clinic.

Policy juries

Continued from page 1B

seek informed public opinion.

"It's very hard to get citizen input that is representative and informed," he said. Crosby said most citizens don't study the issues and can be manipulated through the media, and that most people who are informed or exercise influence have an axe to grind and are not representative.

The jurors, chosen to represent a cross-section of Minnesotans and their views, hear witnesses, study documents and vote on recommendations in what the center calls "an innovative combination of New England town meetings and the American jury system."

The Duluth jury and others like it in each congressional district are studying whether public schools should sponsor clinics for pregnancy, venereal disease and AIDS, as well as other medical problems.

Telephone survey techniques helped in finding jurors who reflected the attitudes of each district's residents. That meant picking three jurors in the Eighth District whose attitudes were more favorable toward school clinics, five who were more likely to be opposed or unsure, and four who generally supported the idea but opposed abortion counseling or distribution of contraceptives.

Minnesota legislators have been looking for more ways to put their fingers on the public pulse in recent years: holding outstate minisessions, inviting comments through a TV show, doing more polling during campaigns and running more sophisticated opinion surveys during the State Fair.

Sen. John Brandl, DFL-Minneapolis, chairman of a health subcommittee that will receive the juries' recommendations, said public opinion polls "are much, much weaker and less satisfactory" than the jury study.

The Jefferson Center is spending about \$120,000 to put the clinic issue to four days of study by each regional jury and a statewide panel that will meet in February.

The 12-member Duluth jury included Joe Welgrin, 79, a retired Duluth tailor who was once incarcerated in a Polish concentration camp; Jani Mell of Rush City, a Cambridge State Hospital employee; Elmer Willman of rural Aurora, an electrician with



Erin Nevers

Eric Mining Co.; Charlotte Warner, who works in a Brainerd plastics plant; Curt Bartholomaeus, an Ogilvie mink rancher, and Debi Bodin, a psychology student at University of Minnesota-Duluth.

"I have a young child; I'm interested in what's going to happen to that child's future," said Duluth homemaker Erin Nevers, 27, in explaining why she agreed to serve on the jury.

She and the others were paid \$75 a day for what she called a chance for ordinary people to have some input into the political system. Some took time off work.

Witnesses included doctors, public health nurses, counselors, social workers, school personnel and representatives of groups interested in reproductive issues.

They heard proponents of school clinics say that caring professionals help youngsters handle difficult health and sex issues responsibly.

"The reason for our success is that we're accessible and available," said Sandy Naughton, a health educator with Healthstart, which has operated in-school clinics in the St. Paul district. (Minnesota's only clinics are in the Twin Cities.)

Opponents countered that nonschool people are enabling young girls to sneak around their parents' traditional family values and engage in contraception, abortion and sex with men in their teens and early 20s.

Clinics help keep girls in harmful relationships "by taking away the

most obvious threat, pregnancy," said Marshall Fightlin, a Duluth family counselor. "To me, it's hard to see how the clinics can't be accused of contributing to the delinquency of minors."

Other witnesses gave background about the 40 percent of young U.S. women who get pregnant before age 20 and the thousands who use contraceptive methods that don't protect against disease.

The jury voted 11-1 Saturday in favor of clinics, with stipulations that they involve parents and school personnel, provide extended hours and year-round service, not dispense contraceptives on site and not be paid for with school money.

Jurors suggested that witnesses opposed to clinics lacked experience with teens and discounted teen-agers' problems.

In Fergus Falls a week earlier, a jury with a similar makeup recommended against clinics in schools. Costs, problems in implementing clinics in small schools and lack of parental consent were among problems cited.

Those jurors also voted 7-5 against an alternative — increased accessibility to outstate family planning clinics. But they agreed that schools should provide specially trained personnel to provide nonjudgmental counseling, K-12 sex education and help for health problems.

Both Fergus Falls and Duluth juries expressed strong satisfaction with the process, which has been Crosby's passion since 1974, when he founded what was then called the Center for New Democratic Processes.

Crosby, who has a Ph.D. in political science, said his father died when he was 1, he didn't become a social success and "I never fell into the establishment things" that attracted other members of his prominent family. Instead, he concerns himself with foreign policy issues such as U.S. involvement with contra death squads and domestic issues that lend themselves to policy jury studies.

Brandl, who is also acting dean and professor of public affairs at the University of Minnesota's Humphrey Institute, said of Crosby: "What intrigues me about this is Ned's passionate belief that people have the competence and responsibility to decide intricate issues in America. . . . He's inventing institutional apparatuses for understanding and deciding public issues. In that sense, he's a visionary."

Policy juries: taking Minnesota's pulse

Perry Mason it's not, but a courtroom drama ready to unfold this week in the Twin Cities still is worth watching. Rarely are jurors so bold as to question witnesses themselves. And rarely is a jury called in to settle a squabble that lacks both defendant and plaintiff. But then, the panel convening in St. Paul on Monday is no ordinary jury. Its novel mission is to decide whether or not Minnesota's high schools should sponsor in-school medical clinics — and then to deliver that verdict to state lawmakers.

This week's gathering is the culmination of a half-year project sponsored by the Jefferson Center for New Democratic Processes, a private group which organizes "policy juries" of ordinary citizens to help resolve knotty social dilemmas. Since few controversies are knottier than the one over school-based clinics, the state Senate Health and Human Services Committee last summer asked the Jefferson Center for help in unraveling it.

The center responded by convening 12-member citizen juries in each of Minnesota's eight congressional districts. Each panel was carefully chosen to reflect the attitudes of district residents about school-based clinics. Jurors were paid \$75 a day to listen to four days of testimony. Some witnesses

argued that in-school medical clinics can avert venereal disease and unwanted pregnancies, encourage sexual responsibility and bolster self-esteem. Others condemned clinics for inciting promiscuity and circumventing parental authority. Still others said schools must attack teen-age pregnancy, but insisted clinics were the wrong tool.

Although each jury heard similar evidence, verdicts in the eight districts diverged. Duluth jurors gave clinics an 11-1 vote of confidence — with the conditions that contraceptives not be distributed and that parents and school officials be involved. A Fergus Falls jury voted 7-5 against the clinics. To distill the juries' advice for legislative consumption, each panel deputized three members to participate in this week's statewide policy jury. After a hearing and deliberations, the 24 jurors will make a final recommendation on Friday.

Once the verdict is in, legislators still must decide for themselves whether school-based clinics make public-policy sense. But the Jefferson Center experiment is likely to ease that effort. The project offers ordinary people an extraordinary opportunity to influence government, and promises lawmakers a clearer reading of what Minnesotans think about pressing social problems.

Opinion

A split jury

Are school-based health clinics the answer to reducing teen pregnancies, AIDS and sexually-transmitted diseases? No, said a "jury" of 7th District residents. Maybe, said seven similar juries convened throughout the state.

The juries — they are actually called policy juries — were convened beginning in October by the Jefferson Center for New Democratic Process, a nonpartisan public research organization based in Minneapolis. The first of the eight juries (one was held in each of the state's congressional districts) met in Fergus Falls and heard testimony both for and against the use of school-based clinics.

All eight district juries have concluded deliberations, and the verdict was not unanimous. The 7th District was alone in its opposition to the clinics; four juries favored the clinics, and three favored alternatives for schools to address teen pregnancy.

On Monday, a statewide policy jury began meeting in St. Paul to reach a final "verdict." Members of each of the eight regional districts were chosen to sit on the state jury, and presumably the final verdict will mirror the outcome of the regional juries.

That, fortunately, won't be the end of it. The Jefferson Center has the support of the Minnesota Senate Health and Human Services Committee, which requested the demonstration project. The jury's final verdict will be reported to the committee, which presumably will use the findings during its own discussions of school-based clinics.

The policy juries were hardly thrilling courtroom drama, but there is little that's thrilling about teen pregnancies and venereal diseases. What the juries are, though, is a refreshing example of how grassroots democracy can work.

What the Legislature will eventually receive is the opinion of an educated group of citizens who made a recommendation after listening to extensive testimony on both sides of the issue. Lawmakers won't be hearing the people who yell the loudest, or the people who spend the most money to lobby for one side or the other.

Unlike a real-life jury, there'll be no unanimous verdict on school-based clinics. This is an issue where there are no blacks and whites. In that regard, the juries do reflect real life.

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POLICY JURY ON TEENS

Will verdict favor school-based clinics?

Of the health-related problems teens face, this trio threatens most: pregnancy, AIDS and sexually transmitted diseases. These menaces lay siege to the well-being and — in the case of AIDS — the very lives of young people. Should the state encourage, even require, establishment of school-based clinics to help teens deal with them?

As legislators wrestle with that question, they will hear testimony from a prime source: a well-informed, representative sample of the people of Minnesota. The testimony will come from a statewide "policy jury" concluding its deliberations this week in St. Paul.

Policy juries — a refreshingly democratic way to boost citizen participation in the making of public policy — were the inspired idea of the Jefferson Center for New Democratic Processes. As part of its research activity, the Minneapolis-based center selects citizen panels for policy-jury studies like the one under way.

This jury is framing a recommendation based on preliminary findings by eight regional panels. The early findings favor access for all teens either to a school-based clinic or to some community alternative. Such a conclusion is realistic and wise, provided that "alternative" means more than simply counseling young people on abstinence. That advice, so obviously desirable and clearly necessary, nonetheless falls far short of adequate for young people who may already be sexually active.

Seven of the eight regional groups studying the school-clinic question rejected one option: outright opposition to school-based clinics with no suggested alternatives. Good for them.

Supporting school clinics need not and should not diminish any of these: the role of the family in sex education; the wisdom of postponing sexual activity; or the rightness of holding all males — including teens — responsible for children they father. All these concerns surfaced, as they should have, in the juries' deliberations.

Do existing school clinics actually help teens to stay well, avoid pregnancy and make responsible decisions about overall health as well as sexuality? Evidence in favor of the clinics is much more convincing than evidence from clinic opponents. They have served St. Paul well.

The statewide jury — and the Legislature in its turn — should encourage teen clinics in every community. And urge that they be placed where they are most accessible — in the schools.

APPENDIX H

READING LIST DISTRIBUTED TO JURORS AND WITNESSES

The following articles were included in the 228 page information packet which was distributed to all jurors and witnesses.

TEEN PREGNANCY Pages 1-47

- "Children Having Children" Time 12/9/85 Page 1
- "On Adolescent Parenthood and Public Policy" by Constance A. Nathanson, Ph.D., Health Education Quarterly Page 10
- "Facts at a Glance" compiled by Kristin A. Moore, Ph.D., Child Trends, Inc. Page 13
- Tables 1-3 Birth Rates Page 15
- "A Case Study of Teen Pregnancy in the Twin Cities Metropolitan Area" January 1987 by the Metropolitan Council Page 18
- "Sex and Schools" Time 11/24/86 Page 32
- "Teen pregnancy seen as community problem" by Lynna Williams Page 40
- "Pregnant teenagers face problems, study shows" Metro Monitor 1/87 Page 41
- "Kids and Contraceptives" Newsweek on Health Summer '87 Page 42

AIDS Pages 48-136

- "Aids and Adolescents" Center for Population Options brochure Page 48
- "Women and AIDS Education/Sheet" Page 50
- "100 Questions & Answers AIDS" New York State Department of Health" May 1987 Page 51
- "The Grim ABC's of AIDS" Newsweek 11/3/86 Page 72
- "Breaking America's Heart" cover story People 8/3/87 Page 74
- "Facts about AIDS" U.S. Department of Health & Human Services publication Spring 1987 Page 90
- "Q. and A. on AIDS" by Michael Stone New York 3/23/87 Page 96
- Cover story from Minnesota Monthly on Mike Osterholm, State Epidemiologist August 1987 Page 107
- "AIDS: Balancing the Concerns" The Humanist July/August 1987 Page 118
- "AIDS Testing: Curbing a Deadly Virus" Abbott Laboratories brochure Page 133
- "AIDS Facts" Minneapolis Health Department July 1987 Page 135

SEXUALLY TRANSMITTED DISEASES: Pages 137-150

- "Adolescence and Sexual Behavior...Trends and Implications for STD" by Kevin R. O'Reilly, Ph.D and Sevgi O. Aral, Ph.D from Journal of Adolescent Health Care Page 137
- "New Treatment for a Maternal Risk" by David Holzman Insight 4/27/87 Page 146
- "VD? STD? Who, me? brochure from Private Line Page 147
- "Uptight VD Information" Page 149

SUPPORT FOR SCHOOL-BASED CLINICS: Pages 151-193

- "Sexuality Education" Center for Population Options Page 151
- "School Clinics bs Teen Pregnancies" Insight 12/22/86 Page 153
- "Evaluation of a Pregnancy Prevention Program for Urban Teen-agers" Family Planning Perspectives 5/86 Page 154
- "School-Based Clinics" Center for Population Options Page 162
- "St. Paul School-Based Clinics: A Program of Healthstart, Inc." Page 164
- "Teen Pregnancy: It's Time for the Schools to Tackle the Problem" Phi Delta Kappan 6/87 Page 177
- "Comprehensive School-Based Health clinics: A Growing Movement to Improve Adolescent Health and Reduce Teen-age Pregnancy" Douglas Kirby Journal of School Health 9/86 Page 180
- "School Based Clinic Achieves Dramatic Decrease in Teen Pregnancies" Sexuality Today 7/14/86 Page 183
- "School health clinics (and the controversy they ignite) are on the rise" Anne Bridgman The American School Board Journal 5/87 Page 185

OPPOSITION TO SCHOOL-BASED CLINICS: Pages 194-228

- "Teenage Pregnancy and School-Based Health Clinics" by Barrett Mosbacker brochure from Concerned Women for America Page 194
- "Curbing Births, Not Pregnancies" The Wall Street Journal 10/14/86 Page 204
- "Abortion and the Rise of School-Based Clinics" by Richard D. Glasow, Ph.D., official publication of the National Right to Life Committee Page 205
- "Some Questions on Birth Control and Teenagers" William Raspberry The Washington Post 10/17/86 Page 212
- "Foundations to Pour Millions into 'School-based Clinics'" by Richard Glasow, Ph.D. official publication of the National Right to Life Committee 6/12/86 Page 213
- "SBCs on the Move" Mike Yorkey Focus on the Family 10/86 Page 215
- "Gone all the way, now where? A Womanity Publication Page 219
- "Is There Real, Safe Sex?" Teen-Aid, Inc. brochure Page 221
- "School-Based Health Clinics, not in the Student's Best Interest" International Life Services brochure Page 223
- "School-Based Health Clinics" Berean League report Page 225

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