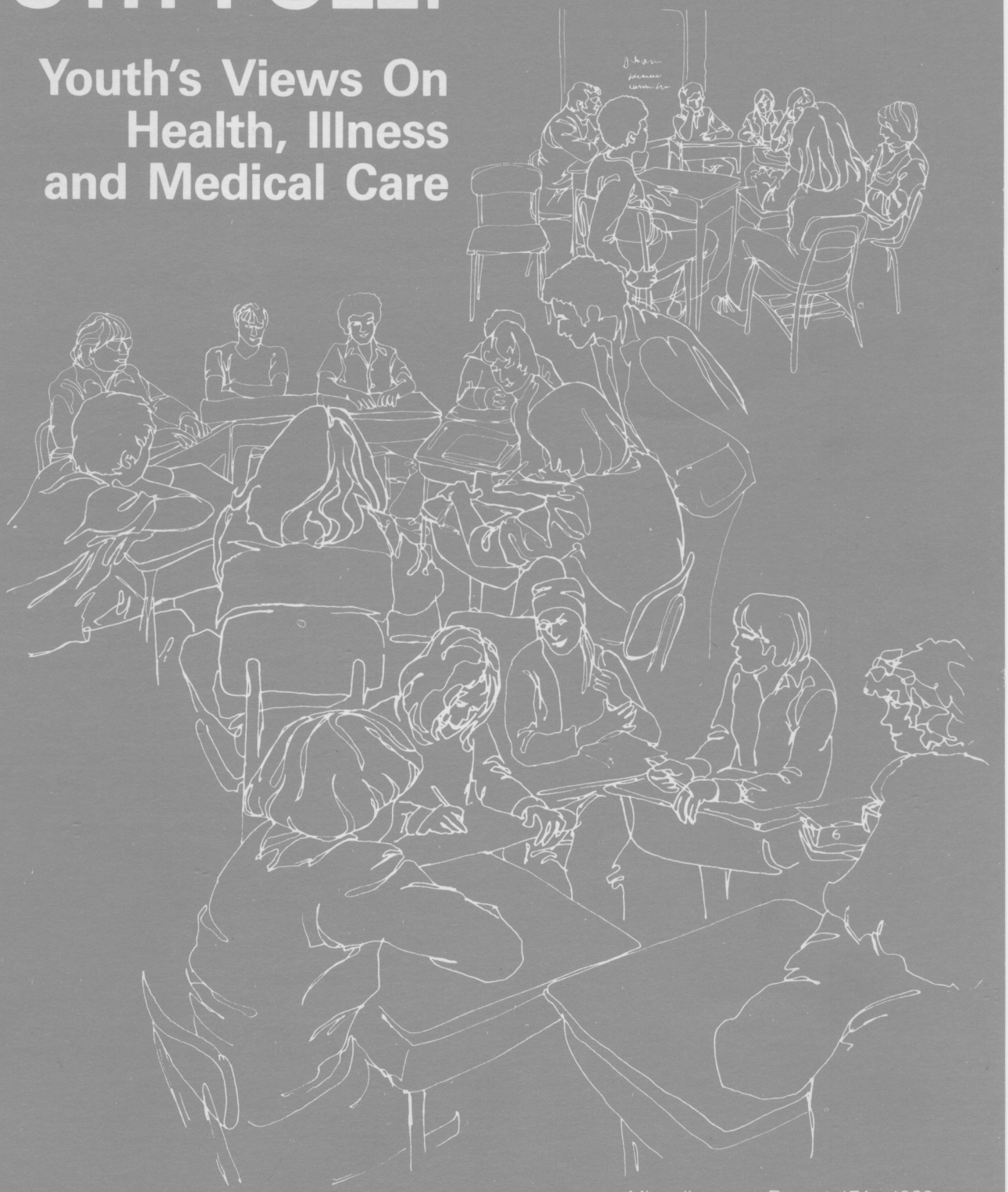
MINNESOTA YOUTH POLL:

Youth's Views On Health, Illness and Medical Care



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by
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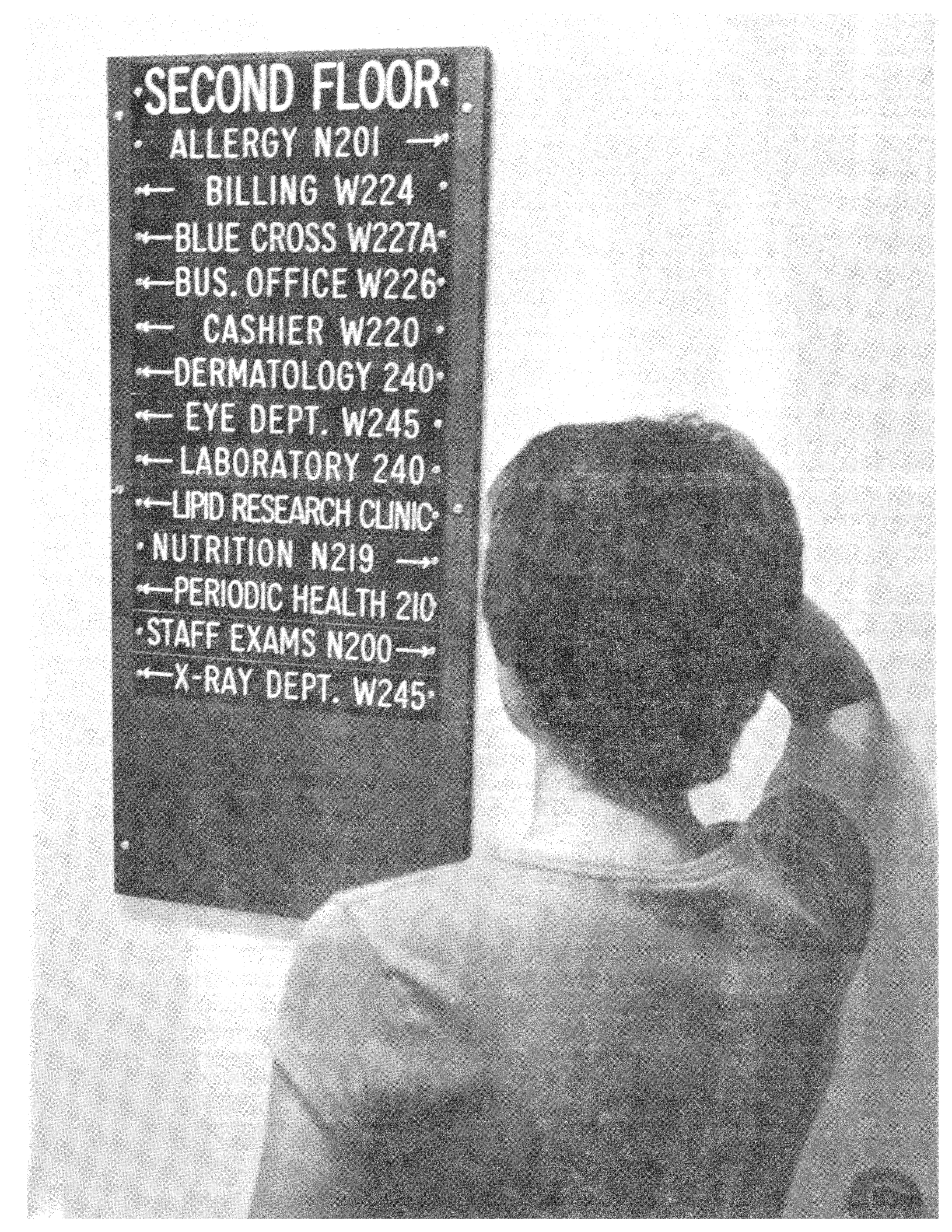
Center for Youth Development and Research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Introduction

The Minnesota Youth Poll is an opinion poll of high school students which provides an on-going communication link between youth of Minnesota and those adults who make decisions affecting their lives. A variety of topics that are of concern and interest to both young people and adults working with youth have been pursued in previous polls.

The impetus toward this current poll on health, illness, and medical care is derived from two sources. First, a related poll on health was done in 1977, and it touched on several issues including the structure and organization of health services, confidentiality, and the role of government in health services for youth. Since these topics are at the heart of public policy debates regarding health services for adolescents, more in-depth information was thought to be important. For example, in the 1978-1979 legislative session in Minnesota, several bills were introduced relating to adolescent medical care and confidentiality of services. Youth, through the first poll on health, spoke clearly and unequivocally about the need for confidential health care.

Second, the 1980s will see increasingly intense deliberations regarding the form and nature of a national health care policy. While comprehensive legislation remains only a remote possibility, numerous proposals, many of which focus on expanded child and adolescent care provisions, will be debated. As with other public policy issues, much of the discussion regarding the organization of such health services has taken place without the input of adolescents. Within this context, several issues appear of particular importance: youths' attitudes towards categorical programs and specific health service facilities for youth, definitions of appropriate and acceptable sources of care, youths' perception of the role of government and health care financing, life style, habits, and health promotion, payment of services, health care for minors, confidentiality of treatment, and health care within the schools. Accordingly, the youth poll has been structured around these themes.

Approximately 700 Minnesota high school students (15 to 18 year olds), in 150 discussion groups from inner city, urban, and rural schools took part in the poll. In addition to this, approximately 110 youth constituting 25 discussion groups from a variety of alternative educational and social programs for adolescents also participated. (In the analysis of data, these participants are referred to as the 'alternative' groups.)

The opinions and ideas of students are obtained in the following way: In each location, the questionnaire is administered in a required subject matter course—English or social studies. (This did not apply to all of the alternative participants.) This allows us to tap the opinions of students representing a wide range of abilities and interests in each school. The students are asked to sit in small self-selected groups of between five and seven people. One member of the group acts as both the discussion leader and recorder. The recorder reads the questions, which are constructed so that they will elicit discussion, explanation, and elaboration. The recorder then writes down as much of the discussion that ensues as possible.[1]

The group questionnaires are analyzed using qualitative methods. This entails separating the questionnaires by area of residence (and program type, i.e., inner city, urban, rural, suburban, and alternative). Answers to each question are then content analyzed for recurring themes and variations. This poll, in contrast to more standard opinion polls, focuses on the meanings and assumptions young people use to understand their world. The Minnesota Youth Poll method was designed to capture and preserve the richness and complexity of the adolescent experience. Therefore, readers will not find tables of numbers and percentages of yes and no responses as they would in polls using standard empirical survey research techniques. Such presentations would be inappropriate for Youth Poll data in view of both their content and purpose. Rather, the information is treated as themes or pictures in an attempt to retain both the 'music and lyrics' of what the young people have said.

For a more extensive discussion of both the method and underlying philosophical rationale of the Minnesota Youth Poll, see D. Hedin & H. Wolfe, "The Minnesota Youth Poll' in the Center *Quarterly Focus*, Spring, 1979, Center for Youth Development and Research.

[1]The following schools and organizations participated in this Youth Poll: four urban schools—Southwest and West in Minneapolis, Harding in St. Paul, and Duluth Cathedral in Duluth; 3 suburban schools—Eisenhower in Hopkins, Coon Rapids and Osseo; two rural schools—Worthington High School and Lincoln in Thief River Falls; three alternative school programs—Students Serving Students in St. Paul; and two youth-serving organizations—Benton County 4-H Club and Lutheran Social Service Teen Mothers Group.

"You don't want to give them (bad habits) up—you like them and want to keep doing these things."

Section I:

HEALTH BEHAVIOR AND HEALTH PROMOTION

CHANGING FOR HEALTH...

In our last Youth Poll on Health, adolescents reported that being healthy meant having both boundless physical energy and emotional stability. Yet, it appeared that health was an unreflective part of their everyday life. They take their health for granted, and only during an illness do they become aware and conscious of it. Health is something they seek only when it is absent.

But since this heightened consciousness is not part of the day to day routine of adolescents, to what extent are they willing to engage in health *promoting* behaviors in the absence of sickness? We pursued this, first by exploring the kinds of changes that teens regard as most important. We asked students, "If you could change one thing in your life to make you healthier, what would it be?" We also asked a similar question about changes in their parents' lives.

For teenagers, most of the ideas discussed were changes that they could initiate themselves. Most frequently cited were eating better foods (this included fresh fruits and vegetables, 'pure' foods, less sugar and less junk), not smoking (many stipulating that this referred to tobacco only), getting more exercise, drinking less alcohol, losing weight, and getting more sleep. Several also mentioned stopping pollution and moving to a warmer climate, activities less under teens' control.

Suggestions for parents were similar in some respects. Many mentioned parents not smoking, getting more exercise, losing weight, and drinking less alcohol and coffee. But unlike the suggestions teens had for themselves, parents were also advised to worry less, stop fighting and overworking themselves, and learn to ease social and physical tension. (Some suggested parents should have more sex and smoke marijuana to accomplish these ends.) In terms of frequency of response alone, one has the impression of parents as tense, overwrought people who drive themselves too hard, smoke and drink to excess, never exercise, and probably don't know how to relax. While some suggested that this might partially be a result of having teenagers in the house (e.g. "The best change for my parents' health would be if I moved out of the house!"), most seemed to regard this as the unenviable lot of adults in general, living tense and stultifying lives devoid of enjoyment, exuberance, and interest.

...BUT NOT FOR ONESELF

Since there is little question that teenagers know what they "should" and should not be doing, why is it that they are not making these kinds of changes for themselves? Again, most of the factors were reasonably under teens' control, though some cited external influences.

Most said they were unwilling to adopt health promoting behaviors and give up destructive ones because of lack of will power, laziness, ingrained habits, and peer pressure. Some blamed the easy availability of cigarettes, drugs, TV and junk food. For others, however, it was distant factors such as laws, money, the government, and the culture. For these more immediate 'causes' teens explained:

"Who wants to be straight all the time? What a drag!"

"After you get home from school you're tired. Laziness."

"Friends that smoke make it hard to quit."

"You don't want to give them (bad habits) up—you like them and want to keep doing these things."

"I don't want to quit and can't."

"I go to the fridge when I feel bad about things."

"Friends pressure me all the time: C'mon get high."

"Kids grow up without respect for their bodies."

"I don't want to have to worry about all these things I like doing now!"

Underlying these responses is an an overriding orientation toward the present and little sense of the future as it is presented to them by adults. As such, there is little sense of urgency for change, particularly when it is directed toward some vague health benefits which *may* occur sometime in the future.

"They are good because kids with problems can go and not worry about the public finding out, and they can seek help with their problem."

Section II:

SPECIFIC HEALTH SERVICES FOR YOUTH

TEEN CLINICS

One group of questions focused on the acceptability and desirability of teenage medical clinics. The students in urban and alternative schools in particular, tended to emphasize the role that teen clinics play in providing strictly confidential services. Such confidentiality is very important in eliminating the possibility of parents learning of a diagnosis or particular concern. Furthermore, some respondents noted that when dealing with sensitive issues such as sexually transmitted diseases, pregnancy, abortion, and substance abuse, "bad reputations" could easily be established unless confidentiality was assured. Thus, many students spoke of protection from both their parents and the public:

"They are good because kids with problems can go and not worry about the public finding out, and they can seek help with their problem."

"They are good for private things, things you don't want anyone to know."

"It doesn't multiply your problems—the problem of pregnancy—by informing your parents."

Desirability and Acceptability of Teen Health Services

Based upon students' discussions in this poll, as well as existing literature, it is, in fact, a small proportion of youth who actually use health clinics (Korlath, et al., 1976; Hallstrom, 1970). There was, nonetheless, an extraordinarily favorable attitude toward the availability and provision of such services. Features such as low cost, easy accessability, interest in youth, and confidentiality were frequently cited as reasons for the acceptability of these health services:

"They are there when you need them, and that's really important. Kids have no other place to go and nobody else really can give them accurate information about V.D., pregnancy, birth control, family problems, drug problems, etc."

"There were 1,000,000 pregnancies last year in the U.S., and if there weren't any of these clinics around there would be a lot more."

Regarding the issue of cost, teenagers indicated that such youth specific clinics were important for those who were unable to afford their private physicians. Furthermore:

"Kids need to have a place they can go for free care because we don't have the money to do it on our own."

In addition to the factors of confidentiality, availability of services, and costs, the training of the staff and their regard for adolescents were viewed as extremely important considerations. In a previous youth poll, health providers were frequently viewed as cold, aloof, and inconsiderate of their teenage patients. In contrast, medical providers working in teen clinics were viewed first and foremost as competent, but also warm and compassionate, straight forward, and willing to communicate information in an understandable way. Among the positive traits physicians in teen clinics exhibited were being able to listen, explain, and regard the patient as a thinking, feeling human being. A number of respondents spoke about how different the staff were in special teen facilities when compared with health care providers in general:

"The doctors are more interested in your feelings."

"Most of the employees are trained to work with teenagers so they can deal with them better."

"They are geared to take care of us—they are more understanding of us and our problems."

"They know the special problems of teens and you don't have to worry about being seen by adults or the doctor being shocked because you are so young."

"Doctors would understand teenage problems and teens would probably relate better to them because they could be more trusted."

"Staff would specifically be trained for the teens. The doctors would probably be more modern and relate to their needs and lifestyle."

"The doctors are honest and straightforward. They use tact and don't try to score. We like it because it's more casual and not like going to a hospital."

"You get the kind of doctors you want. . . . They explain, answer your questions."

"They treat you like a person! They make you feel they want to help you."

Advantages of Teen Clinics

Other comments reflected a positive feeling about the overall health services of teen facilities:

"These programs are helpful and personable. They are far more than examining you—they really want to help and do."

"It's inexpensive, personal and informative."

"They treat you like a person! They make you feel they want to help you."

This acceptance and approval contrasted sharply with the comments of many students from both urban and alternative schools about conventional medical services which are often viewed as inappropriate for teenagers. For them, sitting in a physician's office with infants and children raises feelings of embarrassment, discomfort, and anger which they indicate may result in subsequent underutilization of needed health services:

"Teenagers have problems at other offices because they feel too old for a pediatrician but aren't old enough to have established rapport with a personal doctor."

"Feel more comfortable. At a doctor's office we're around little babies."

"If teens have a special problem, they have doctors especially for them—not a pediatrician who's used to a six year old baby."

"We resent going to a pediatrician—handles little kids and you feel dumb."

"Better to be surrounded by folks your own age."

With adolescent medical clinics and programs perceived as a far more appropriate setting for receiving health care and information, the result is that they are more likely to be used by teenagers in the community, resulting in better health of the adolescent population:

"Teens would be less afraid of going for medical attention."

". . . more willing to get help instead of letting it ride."

"You wouldn't be embarrassed to go get a checkup or whatever you need."

"More likely to have better health, less teenage pregnancy, more likely to have a problem taken care of in early stages."

Disadvantages of Teen Clinics

When asked about the disadvantages of health care facilities, most respondents felt there were none. Among the groups of urban, suburban, and rural respondents who did discuss drawbacks to such facilities, major issues focused on the presumed high cost of such services, because of the clinics' age-exclusive nature. Rural students further noted the difficulty in recruiting sufficient employees to staff such a facility—an observation which reflects more upon medical care manpower issues in rural areas than on disadvantages of adolescent medical clinics themselves.

Some teenagers were concerned about the divisiveness that adolescent medical clinics would presumably engender within families:

"Parents wouldn't be informed, and they should, because it's widening the generation gap."

"It would cause a lot less parent-teenager relationship."

"It would breed parents' distrust."

Some saw potential medical dangers if parents were not informed of their children's health status:

"If something were seriously wrong and your parents should know about it, they don't because of the privateness of the clinic."

"There could be a bad problem and the parents wouldn't be able to find out about it."

Other respondents felt that because of the low cost, confidential treatment, and lack of disclosure to parents or guardians, adolescent clinics would foster irresponsible and inappropriate behavior:

"They (kids) may become more free. Like, if they want to do it, they'll think it's okay because they can always go to the clinic."

"A person wouldn't worry about getting the problem because they know it could be taken care of."

"They can do things they shouldn't be doing. Little kids using birth control and growing up too fast, and stuff like that."

A different theme was found in the comments of young people from urban alternative schools and organizations. While most supported adolescent health clinics, they also were concerned that other age groups, particularly the elderly, might not have access to equitable health care. While some respondents from alternative settings discussed the distrust and resentment adults might feel toward an adolescent clinic and its clientele, many more were concerned with the unfairness of having such a resource for teens but not for adults:

"We wouldn't want it if there aren't any for people of other ages, like old people."

"Other age groups need a place to go to make it fair and for them to be healthy."

"Adults wouldn't feel right about it because they wouldn't have any place that was tuned into their needs too."

"Adults, especially old people, would need to have a place to go for free or low cost care where people would understand them too. Otherwise, it isn't fair for just kids to have it."

"All people in neighborhood couldn't go. Too many people of the same age so they don't relate to other ages."

"If you're not a teenager, you can't go."

Rural Areas

When comparing rural and urban area responses, it becomes evident that rural adolescent medical clinics and related organizations are far less plentiful than in urban areas. In rural settings, students most frequently named Planned Parenthood, Alateen, and general youth centers as sources of such services. Most indicated that either no teen clinics existed in their rural area or that they did not know of any. This lack of awareness of available health services for youth in rural areas contrasts with the study by Korlath, et al., who found that in the Twin City metropolitan area teenagers had a high level of awareness regarding resources for both physical and emotional concerns of youth.

"Lots of people do not know about these clinics...They should be publicized on T.V., radio."

Some rural respondents noted that there was need for more awareness of such services when they were available:

"Lots of people do not know about these clinics. . . . They should be publicized on T.V., radio."

"Kids need to know more about what's out there."

Despite the finding that many teenagers in rural areas have had no contact with special youth facilities and many others are not aware of such services when they do exist in their community, most expressed the opinion that teen clinics were both good and necessary:

"They are good if we had more and we'd use them. The clinics would be used for a lot of different (things)."

"They would be good—solve problems they might have if they can't talk to their parents. A place to go also if they have home problems."

"I don't think (name of town) has had enough money for teen clinics. . . . If businessmen would consider the youth in this town!"

While support for the concept of adolescent clinics was prevalent in rural areas, there was also a somewhat greater tendency than in urban and suburban communities for respondents to raise questions about the ill effects of such services. For some, the lack of familiarity induced anxiety:

"Really scary—don't know who you might meet there."

"Nobody really knows about them and they feel uncomfortable going."

"Kind of scared to go—word might get out that you went there and we don't really know what it would be like."

Others felt that such facilities would unnecessarily raise taxes and promote resentment among taxpaying adults toward the younger generation. Others felt that while the idea was generally good, it was more applicable to bigger communities where the problems were more widespread:

"I think it would be better for a larger city. There are not enough problems in a smaller town."

"It would be good in a larger city because it would deal with the younger people who need more help in understanding their problems."

Other respondents from rural areas raised serious objections to adolescent clinics based on the wedge which such services would drive between parent and teenager relationships:

"Enough to worry about, why should we have to worry about hurting parents?"

"We already have enough emotional stress without adding our parents to it. It would only hurt them."

These reservations about teen clinics were most common among rural students. However, when each discussion group was asked to indicate the number of respondents in favor and those opposed to having an adolescent health clinic, less than 5 percent of teenagers who participated in this youth poll opposed such facilities. In rural areas, the number was only slightly higher.

Utilization of Services

The issue of cost containment and the rising costs of health care are on the minds of adolescents as well as the nation at large. At least one discussion group from urban, suburban, rural, and alternative settings each mentioned the possibility of unnecessary utilization arising from the presence of teen clinics. Each of those groups saw overutilization or misutilization as a potential risk. Subsequently, we asked whether adolescents thought their peers were likely to overuse medical care services.

Teenagers presented both sides of the argument. On the one hand, they saw those who would overutilize services as motivated by hypochondria or fear of illness:

"Some people like to go because they find out they have nothing and they feel fine."

"Just to be on the safe side."

"Yes—some people are pessimists."

"Some people are paranoid."

"Yes, every age group does this. People have psychosomatic illnesses."

"Yes, their parents are over protective."

"Yes, my ma sends me to a doctor every time I get a sore throat."

"Kids are too active. They usually get forced to go."

Individual teenagers and their parents were not viewed as solely responsible. Some respondents believed that the roots of the problem could be traced to cultural beliefs and normative expectations:

"Yes, in our society it has been taught whenever you are sick you go to the doctor so we become too dependent on it."

"Because the culture tells you to go in as soon as something might be wrong—a nation of hypochondriacs."

"Yes, we are so afraid of being sick. Everything's cancer. At least they're finding some cures for it now. Like those hair dryers they found with asbestos in them. Everything has asbestos in it and there's no way to get rid of it."

Several other reasons were given for potential overuse of health services including attention seeking, avoiding school and responsibility, obtaining drugs, or having a crush on the physician.

More significantly, while many reasons were given for the overutilization and misutilization of health services, most respondents felt that as a group, teenagers do not overutilize services and if anything, they try to avoid seeking medical help. To the questions, "Do people your age ever go for medical help when they actually don't really need to go? Why do you think this might happen?" teenagers responded:

"Kids don't do that."

"No, usually they won't go, even if they have to."

"It's just the opposite—we avoid going."

"No it would be too embarrassing."

"Actually, more kids wait too long and *don't* go for medical help when they need it."

"I don't go unless I have to. Doctors smell too clean (like bologna)."

While adolescence is a developmental period with relatively few health problems, only one discussion group cited this fact as a reason for not seeking medical services. Overall teens indicated that avoiding needed medical care was normal, and stemmed from anxiety, embarrassment, and finances. Overuse was regarded by most as unusual and atypical of 'ordinary' adolescent behavior.

"Actually more kids wait too long and don't go for medical help when they need it."

"Probably a mess. Lots of forms to fill out, workers' apathy, lots of red tape, slim chances for quick services..."

Section III:

FINANCING OF HEALTH SERVICES

The issue of payment for services was raised at several points during the course of discussion. Teens tended to present two perspectives. On one hand, lack of money was seen as a barrier to seeking needed medical services. Conversely, insurance coverage, while decreasing out of pocket expenses, was viewed as possibly facilitating the seeking of unnecessary medical care. In light of these divergent opinions, we sought to determine what adolescents thought the consequences would be if financial barriers were removed. We asked students: "What would health care be like if you weren't charged for it and instead the government paid for it?" While the variety of responses were great, youth tended to reflect several distinct themes.

GOVERNMENT INVOLVEMENT

Many students went beyond the specific question to discuss governmental running and controlling of the health care sector and its adverse effects. Some envisioned a second rate health care system mired in a bureaucratic bog:

"Rotten—just like everything the government pays for and probably have to fill out dozens of forms with not very good services."

"It could be like England—poor health care. . . ."

"Government would only give the bare necessities."

"Government would care more about keeping costs down and care wouldn't be good."

"Mass production, sleazy hospitals, unqualified doctors. Like T.V., free clinics."

"Probably a mess. Lots of forms to fill out, workers' apathy, lots of red tape, slim chances for quick services. . . ."

Not only do youth believe that the quality of services delivered would be diminished by federally funded health care services, but many also believe their options would be more restricted in terms of privacy, choice of physician, and the availability of quality services:

"No confidentiality. Less concern. Wouldn't be as thorough."

"You'd have to be of age for everything."

"Not as good of birth control, etc. programs."

"I think it'd be bad, real bad. The quality would go down—you just have to go to any doctor."

"If you weren't charged for it . . . the service would go downhill because of a lack of competition."

From these and other comments, it becomes apparent that teenagers view the involvement of the federal government in the health care sector as leading to inferior quality, restricted services, and diminished privacy and confidentiality. Beyond the specific problems of federal involvement noted above, other teenagers went on to raise the spector of communism, socialized medicine, impersonal services, and lack of freedom of choice of physician.

The Government and Overutilization—The Public Unleashed

Many students felt that if health services were free, most people would abuse them.

"Everyone would take advantage of the opportunity to get medical treatment for free—so they wouldn't care what they did."

"People would go in with nothing wrong — hypochondriacs."

"Folks would take advantage of it—abuse it."

"People would be coming in for the smallest things."

"People may take advantage of it so the care wouldn't be as good."

"There would be so many people in the health care clinics that people who really needed aid wouldn't get it."

"Everybody would get sick all the time, even if they weren't sick."

"Hypochondriacs will drain the system."

Some also argued that without the deterrent of high cost, young people would engage in irresponsible, unthinking behavior:

"Everybody would take advantage of the opportunity to get medical treatment for free—so they wouldn't care what they did."

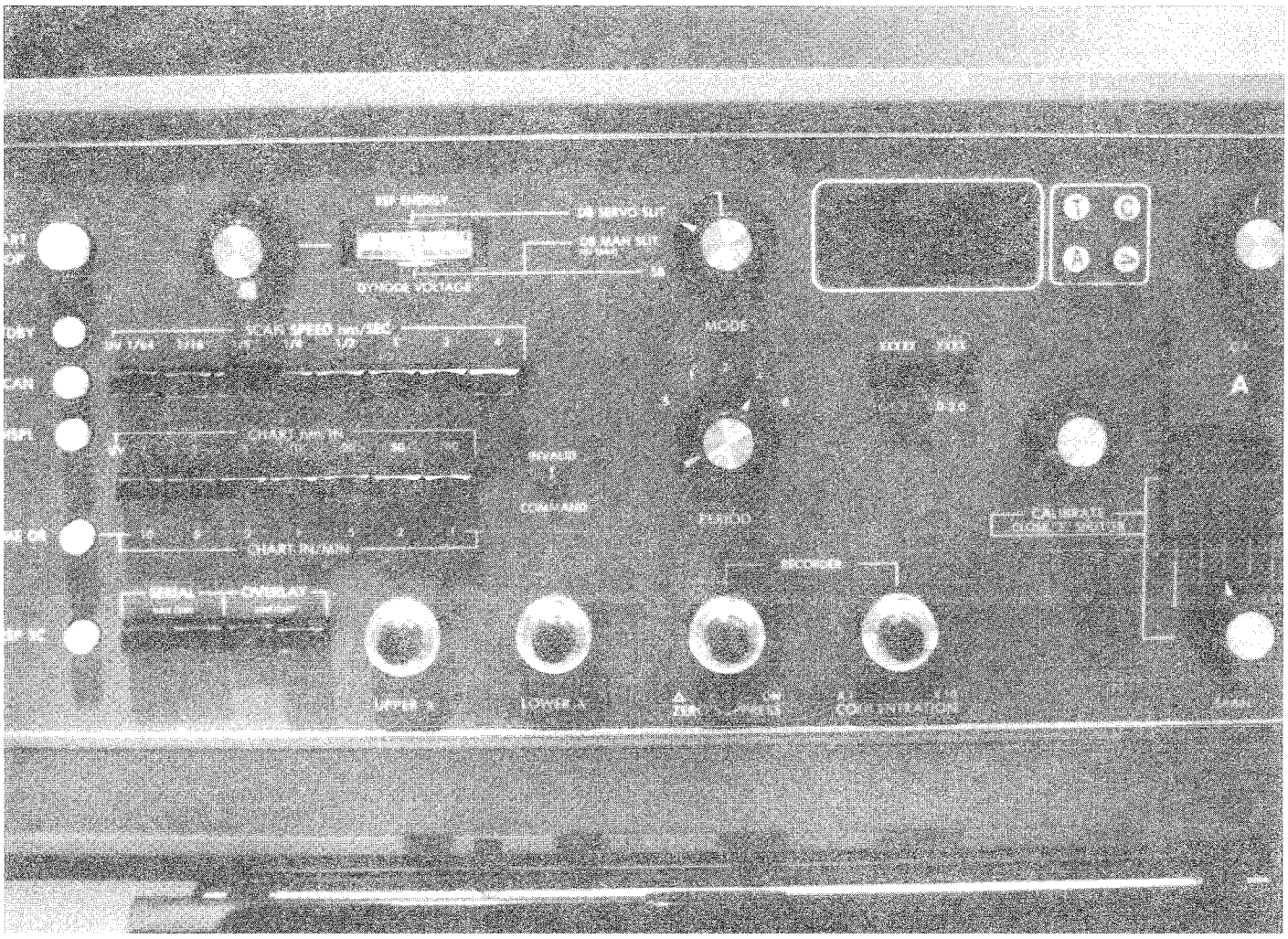
"People would get into more trouble."

"Then they (girls) would get pregnant all the time."

"Everybody would get birth control pills."

The Doctor's Dilemma

A large number of teenagers expressed concern that if the government paid for medical care, physicians would lose their incentive and motivation to provide high quality care.



"Doctors would not want to reach for the heights of their profession."

"Doctors wouldn't care about their patients as much as if the patients paid for it themselves."

"If we had free health care, the quality would be bad because the doctors wouldn't care anymore. They'd have to love their profession because they wouldn't be in it for the money."

"Not as many doctors would want to be as good in their field."

"Socialized medicine is bad because doctors lose all inspiration to become professional."

Not only would the motivation to deliver high quality services be diminished with federal involvement, but with limited incomes, few would want to become physicians and thereby everybody would suffer:

"Wouldn't have as many doctors and nurses because the pay wouldn't be as good."

"Wouldn't be as many doctors."

In a previous youth poll on health, teenagers reflected an ambivalent attitude towards physicians, expressing both praise and criticism. While some were viewed as competent, hard working and altruistic, others were regarded as greedy and self-serving. In the present study, teenagers indicate their belief that one main motivation for entering the profession lies in economic rewards. Additionally, many believe that governmental involvement in the financing of all health care costs invariably reduces the income of physicians. Therefore, the consequences of such federal activity is regarded as the dilution of the medical profession and its accompanying negative effects on health care delivery.

"Doctors would not want to reach for the heights of their profession."

Positive Consequences of Federal Financing

The minority opinion of teenagers was that government payment of health care expenses would have beneficial results by reducing financial anxiety, increasing accessibility of services without financial constraint, and improving the health of the population in general:

"Not as many folks would be sick because the poor would be able to go to the doctor."

"Instead of worrying about paying, you could work on feeling better."

"People would be able to go to the doctor when they're supposed to."

"More people would get help when they needed it because they wouldn't worry about the cost."

"Great. It would help a lot of people out who are poor and can't afford it."

"Everyone would be healthy because they wouldn't have to think of cost."

"Lot of healthier people. Makes people sick to worry about money."

"More people would be taking care of themselves. Everyone would go in earlier. It would be good for prevention."

Despite these favorable observations, most teens reflected the belief that governmental financing would diminish service and quality, resulting in poor health care for America.

"More people would be taking care of themselves. Everyone would go in earlier. It would be good for prevention."

Section IV:

PARENTS, PAYMENT, AND MEDICAL CARE: WHO PAYS FOR WHAT AND WHEN

"If they can take the responsibility for having kids, then they should take the responsibility for taking care of the kids."

For many teenagers, questions about governmental involvement in health care are theoretical: While many have strong opinions on the effects which would result, few are touched by the reality. Under the present system, parents absorb most of the cost of teenagers' health care. At a time in their lives when adolescents are striving to establish their independence and seek autonomy from their parents, they remain financially dependent upon them for health care services. Because of this financial dependence, teenagers become very concerned and focus upon the issues of confidentiality. While some saw confidentiality as an inalienable right, others were sensitive to the interrelationship between confidentiality and payment for medical services. Some, however, took it for granted that parents were responsible for paying their teenagers' medical costs. To several, this responsibility was described as a legal obligation which parents incur by having children:

"'Cause they're responsible for your health needs as long as you live with them and you're still a minor."

"Because the parents are supposed to care for you until you're 18."

"It's their duty to keep us healthy."

"Parents are supposed to take care of you. It's their kid."

Others described parental responsibility less as a legal obligation and more as a moral imperative:

"Because before they have kids they should have figured out how much they would have to pay for health care costs."

"Parents—it's their fault we're here."

"They're (parents) the ones who wanted the children, so they can take responsibility."

"If they can take the responsibility for having kids, then they should take the responsibility for taking care of the kids."

Not all teenagers, however, saw financial responsibility as an automatic burden of parenthood. Many believed that the assumption of cost was contingent upon the type of problem and the nature of services being sought. These respondents stressed the importance of responsibility for oneself and thus for abortions, birth control, drug and alcohol treatment, V.D. checkups and treatment, and hospital costs for having a baby were viewed as the teenagers' responsibility, since for these situations the "fault" is clearly the adolescent's:

"Like abortion, if they think they're responsible enough to do it, they should pay for it themselves."

"Diseases that the kids get themselves, even though their parents warn them."

"Something that the teenager did out of his own delinquency to need health services."

" . . . kids should be responsible for the decision of their sex lives."

"People have to pay for their own mistakes."

"Teens should think first."

Several participants indicated that if teenagers seek confidential treatment, for whatever reason, they should be willing to pay for it. We pursued this directly and asked, "If your parents pay for your health care, what right do they have to find out about the treatment you receive?" There was strong agreement by most teenagers that parents should know about the medical services purchased by adolescents when parents pay. In cases where confidentiality was absolutely necessary, many adolescents indicated that they should either go to a free clinic, or find means of paying for the services themselves.

WHY CONFIDENTIALITY?

With confidentiality described as a crucial element of health care services, we sought to explore its various aspects and dimensions. Why was it regarded by teens as an essential component of adolescent medical services? For some, the issue centered around the importance of protecting one's reputation and self concept. With confidential services, one could avoid gossip, rumors and a sense of shame—especially regarding conditions such as pregnancy, abortion, venereal disease, and chemical dependency. For other students, confidentiality meant more than preservation of reputation; it also meant avoiding abuse and retribution from parents:

"If pregnant, (you) might get beat up."

"Getting kicked out of the house."

Conversely, a few respondents thought that the ability to seek confidential care would protect parents from self-recrimination and a sense of failure:

"A lot of parents feel they've failed if they know their children have had sexual intercourse."

Finally, confidentiality was seen as an inducement to seek early medical care when needed. Interestingly, no participants raised the issue of confidential services precipitating irresponsible behavior as they had envisioned with governmentally supported health care services. On the contrary, it was stated by many that due to the availability of confidential treatment, adolescents would be more likely to seek help rather than delay.

Regarding confidentiality, there was no distinction between responses of urban and rural teenagers. All adamantly emphasized its fundamental importance in adolescent health care delivery.

Confidentiality: If I Were A Parent . . .

The principle of confidentiality of health care services for youth was almost uniformly affirmed by the teenage participants. We also wanted to know how respondents would view the "right to confidentiality" if, in fact, they were parents and their own sons or daughters sought confidential services to obtain birth control, treatment for venereal disease, or abortion. Posed as an issue of role reversal, the question became not one of privacy as a privilege or right, but rather an issue of trust, communication, and respect between parent and teenager. While most adolescents indicated that they would approve of their son or daughter seeking confidential care and treatment, there was divided opinion regarding whether they, as parents, would want to know about the services sought and the underlying problems:

"I hope my kids are more open with me than I was with my mom."

"It wouldn't be any of my business."

"It's the kid's right."

" . . . we understand that some problems are embarrassing."

"I wouldn't mind if they didn't fill me in. I'd expect it because I didn't tell my mom."

"So wouldn't have to worry or pay for their mistake."

More frequently, however, teenagers thought they would want to know about the services being sought by their adolescent children, were they to be parents:

"We as teenagers want to keep these things confidential but would want to know about them as parents. (But I, myself, wouldn't want to tell them.)"

"We would be MAD, but then maybe there WOULD be less teenage pregnancies."

Significantly, many discussed the issue of communication between parent and teenager, emphasizing the importance of open relationships which would permit the discussion of even the most sensitive issues:

"If you have an open relationship, then you should be able to talk about it."

"I would want my kid to be close to me. I'd get him birth control, or whatever."

"Hope that I was close enough to my kid that they would tell me anyway."

"I hope my kids are more open with me than I was with my mom."

"I'd rather be open enough so that you can understand each other."

Furthermore, some participants indicated that if their son or daughter were to seek confidential treatment, it would be an indication that their communication as parents was not as open or free as they would hope. These comments reflected upon the idealized relationship which teenagers sought between parents and themselves. As students said, "If I were a parent . . ."

"I'd feel bad that they couldn't talk with me."

"Glad they were responsible enough to get help—but disappointed they didn't come to me."

"It would bother me to think my children would tell someone else their problems before their own parents!"

Finally, several groups discussed the question of confidential treatment in terms of individual responsibility and the seriousness of the condition for which confidential services are being sought:

"Some teens like to be independent. It would be good for their decision."

"If he wants to act old, he should have responsibility."

". . . if they can get themselves into it, they should get themselves out of it."

"It's his own problem (if he doesn't come to me)."

"Abortion, parents should know."

"It's fine if they have enough sense to get help for V.D. or birth control, but for abortions, I'd be MAD."

"Go along with everything but abortion."

In summary, most respondents expressed the same views as hypothetical parents as they expressed as teenagers. Most approved of their adolescent sons or daughters seeking confidential care if it were necessary, yet hoped that good communication and mutual regard would permit open discussion of options and decisions. While few did not want to know about the services being sought by their teenagers, most did want to be informed directly. To a few participants, the importance of parental awareness was contingent upon the nature of the condition.

Section V:

SCHOOL HEALTH

"Should be taught by a health person who knows about it and wants to do it."

Increasingly, schools have become the focus for health education, prevention, and to a limited extent, a site for health care delivery. Parenting classes, nutrition education, sex education, and contraceptive information are frequently provided within school systems. We sought first to find out what teenagers thought they had learned in school health classes and what areas they would like to examine in the future.

Of those who remembered what had been taught (those whose responses were other than "nothin" or "not much"), a wide range of areas were cited: first aid, nutrition, drug abuse, cardiopulmonary resuscitation, and smoking. Other areas included: human development, sex education, and venereal disease. Teenagers from alternative organizations listed areas not mentioned by other groups: love, death, assertiveness, sexism, and sexual assault.

To gain an understanding of areas teenagers would like to learn more about in school, we asked: "What kinds of things would you LIKE to learn in your school health classes?" A wide array of responses were given. Some expressed an interest in sex education, with several rural groups requesting it to be "thorough," and many requested it to be on a level that adolescents can relate to—not merely "scientific" information. Some wanted instruction on parenting, while others indicated an interest in drug education, including both the effects and dangers of drugs. Clearly, there was little interest in the usual didactic presentation which was frequently viewed as unrealistic and propagandistic. Respondents indicated that they wanted: "*Realistic* things about drugs—not about a bunch of stuff from people who don't know what they're talking about—like the picture in the health book of what you should see while on pot—melting clocks."

Interest was also expressed in health insurance, cardipulmonary resuscitation, exercise, and especially in nutrition, including information on dieting and current literature on health foods, pure foods, and food additives. It is of interest that for more than any other group, teenagers from alternative organizations expressed an interest in areas dealing with human interaction and relationships:

"How to say 'no'."

"Emotions."

"More about abusing personal power."

"More on feelings—should be small group, coed."

Of equal importance to the material is the presenter—someone who is both competent and credible. One group summed it up this way: "Should be taught by a health person who knows about it and *wants* to do it."

While there were always complaints of boredom, for many areas cited there was a desire to learn information in depth and to apply the information to current situations rather than focusing on future applicability. It is precisely this kind of relevance to the everyday world of youth that often discriminates between the interesting and the uninteresting class. Frequently, while school boards and educators tend to avoid sensitive issues by providing an "objective" context for their discussion, teenagers are indicating that such a format fails to touch on their everyday world. While there is very little evidence that avoiding the discussion of sensitive issues diminishes their frequency of occurrence, there is evidence that by not discussing those same issues in an open and honest manner, teenagers get partial and misinformation on which to base their actions.

"I don't know whether we have one or what she does, but whatever it is, it sure isn't much."

SCHOOL NURSES

While adolescents have discussed their dislike of seeking health care services both in this and a previous youth poll on health, within public schools the school nurse or health aide is frequently the provider seen by many students.

Nurses lack the status of physicians, their activities are circumscribed by institutional regulations, and they most frequently are female. We expected that these three factors would contribute to the school nurse having low status in the students' eyes and sought to explore youth's attitudes toward the role of the "house nurse." We asked first whether the school has a nurse and what the nurse does. Most students were aware of a nurse or health aide being at the school but even those that were not aware were critical of her activities and job performance: "I don't know whether we have one or what she does, but whatever it is, it sure isn't much."

Students viewed nurses and their function in predominantly two ways. To many respondents, school nurses were perceived as ineffectual individuals who sit in their office all day avoiding students and drinking coffee; this perception was most prominent among suburban respondents. Others viewed school nurses as verifiers of student illnesses (giving passes or excuses for home, calling parents and checking for student malingering) and as such, representatives of authority. As the gate keeper of legitimate excuses for home passes and respite from class work, the school nurse is cast in a role invariably entailing scolding, yelling, and being crabby. Finally, as medical care providers, nurses were identified as bandaging wounds, taking temperatures, giving shots and physical examinations, giving aspirin (or refusing to do so), providing tampons, and offering health information and advice. Many criticized these activities as insufficient in terms of student need. A few students did recognize, however, that nurses may be limited by school regulations through no fault of their own: "She really doesn't give you attention because of school regulations."

When asked what the job of a school nurse *should* be, most students indicated that the role of the nurse should be expanded and that she should be given more authority to provide care for students as needed. Furthermore, many believed that the nurse should be at the school full time, increasing her visibility by frequently visiting classes (promoting health), and getting to know students better. On the other hand, some had lower expectations:

> "The nurse should continue what she is doing now, but that she be more friendly and less suspicious of those who come seeking her services."

(It is an interesting footnote that when we pretested this study, we asked students what would they do if they were the school nurse. Many responded that they would first give students coming in a hard time to make sure they were not malingering.)

It would appear that between the constraints of bad public image, legal/medical limitations, and ignorance about her activities, the school nurse works in a no-win situation. Would male nurses fare any better? Might students relate to a male nurse any differently than to a female? To these questions we found much ambivalence. While some respondents asserted that gender would make no difference, more had objections. Many females thought they would be too embarrassed to talk to a male nurse about menstrual problems or other personal concerns. Boys, reflecting a very stereotypic notion of nursing, raised questions about the sexual preference of any male who was a nurse. These comments were frequent, particularly from urban participants. Conversely, girls reflected the opposite stereotypic notion of falling in love with a nurse, were he to be male, and going down to the school infirmary as frequently as possible if he were cute.

Several students did think that boys would be more willing to talk with a male nurse, although this would probably have an opposite effect for girls:

> "Guys would probably feel more comfortable, but the girls would either feel uncomfortable or fall in love."

Other benefits of being a male nurse included:

> "Male nurses would get more respect, more salary."
>
> ". . . we'd think of him as a doctor rather than a nurse."
>
> "Take him more seriously."
>
> "A guy would be more authority."

To summarize, school nurses hold low esteem in the eyes of most students. Reputationally, they are described as crabby, ineffecutal, and lazy. While students were able to list a wide range of activities in which the school nurse is involved, these were seen as both trivial and insufficient to meet needs. Suggestions for remedy included more responsibility, more authority, and a friendlier manner. When asked questions about having a male nurse in school, many students, most particularly males, indicated that this was sex-role inappropriate. Male nurses were regarded by a minority of students as a possible improvement over females regarding communicating with adolescent males, but most thought that a male nurse would probably be more difficult to talk with, or at least no better than the status quo. It seems that while some students may be receptive to, or at least not disturbed by, the idea of the school nurse being male, like his female counterpart, such a nurse would probably face the same problems of low status, poor reputation, and student apathy.

"Teenagers have problems at other offices because they feel too old for a pediatrician but aren't old enough to have established rapport with a personal doctor."

Section VI: CONCLUSIONS

MAJOR FINDINGS

The major ideas expressed by the participants in this poll included the following:

1. Health frequently is taken for granted until it is "interrupted" by illness. Without such an interruption there is relatively little interest in health promotion. While teens for the most part know what is "good for them" in terms of health promoting behaviors, there is little interest in engaging in them, because of: 1) habits, 2) laziness, 3) peer pressure, 4) low sense of threat or urgency, 5) advertising, 6) availability of tobacco, drugs, alcohol, junk food, and 7) more distant factors such as 'the culture' and 'society'.

2. Medical services designed especially for adolescents were regarded as more desirable and appropriate than conventional services. Access to free or low cost confidential care was considered important as was the presence of competent, sympathetic staff members who could relate well to teens.

3. Concern was occasionally expressed, particularly by rural students, that the availability of adolescent medical clinics would promote irresponsible behavior on the part of teens and engender distrust among parents. Students in alternative organizations expressed concern over inequities in the allocation of resources, i.e., that young people would have access to age-specific services while adults, particularly the elderly, would not.

4. While some students cited reasons why their peers might overuse the medical care delivery system, most believed that teenagers avoid seeking care until it is absolutely necessary because of anxiety, embarrassment, and lack of money.

5. With government financing of health care, most assumed that quality of care would decline, people would abuse the system, and physicians would lose their incentive for maintaining a high degree of professionalism. Some did see benefits in Federal financing, including the increased access to care by the poor.

6. While teens tended to regard parents as responsible for payment of adolescents' medical costs, most believed this should not include confidential treatment, which should be the teens' responsibility.

7. Confidentiality was regarded as a crucial element of health care, protecting adolescents from gossip, poor reputation, and parental retribution. It was also seen as an inducement for adolescents to seek care earlier when needed, and not to wait until conditions became critical. When students evaluated confidentiality from the perspective of parents of adolescents, most

still favored its provision, and emphasized their hope that relationships between themselves and their adolescent children would be open and trusting, permitting honest communication.

8. Health education in school was regarded for the most part as boring and irrelevant, although there were many areas in which students desired information. Changes in both the content and style of class presentations to make them interesting and meaningful to youth and their everyday lives were suggested.

9. School nurses were universally regarded in a very negative light—as incompetent both technically and interpersonally. While some viewed the nurse as constrained by school regulations, most blamed her for what was perceived to be her own ineffective performance. The prospect of having a male school nurse was regarded as being little improvement. Most females thought they would be embarrassed by male nurses, and males saw it, for the most part, as sex-role inappropriate for men.

CONCLUSION—INTERPRETATIONS AND IMPLICATIONS

In discussing the interpretation and implications of the findings, it is important to emphasize that any such assessment rests on the nature of the information at hand. The information gathered through the youth poll is substantatively different from the kinds of data made available in more conventional empirical attitudinal surveys of youth. These differences stem in part from both the methodology of each approach, and the language in which findings are recorded and reported. Hence, standard survey research in this subject area tends to uncover primarily knowledge of health and medical care as it exists among adolescents. But beyond this, other than descriptive demographic categorization, we learn little in fact about the participants themselves. Here, by contrast, we seek understanding of how young people view and make sense of the world in which they live. On one level then, we learn the amount and types of information they have about various issues, but on this second level, we gain insights into adolescents' experience and organization of that information.

Adolescent Medical Services and Confidentiality

On the first level of understanding, it is apparent from this poll that youth services in rural areas need to make themselves better known to adolescents. In need of emphasis is not only service type and availability but also information on cost and service confidentiality. On the second level, we see that when teenagers' health is in jeopardy, their vulnerability peaks. While illness, injury, and crisis put all at a disadvantage, the uncertainties of seeking medical services is compounded for teens by their lack of resources, experience, and the 'porous sense of self.' Faced with a relative lack of knowledge regarding medical care coupled with social stigma for many conditions, confidentiality allows teenagers to seek care as well as answers to questions they might have, without risking further social isolation and embarrassment. While no students have indicated they enjoy seeking medical care, it is clear that knowing that services are confidential will make seeking of services easier. Some had considered that confidential youth services might raise the potential risk for irresponsible behavior. Yet when it becomes a question of actually needing care or information, most respondents regarded confidentiality as a form of protection—against bad reputations, shame, punitive parents, delays in seeking badly needed medical care.

We also found that the desire for confidentiality depends on the relationship between teenagers and their parents or guardians. Of secondary importance is the trust, communication, and comfort with the provider of care. In most instances, the "need" for privacy of treatment reflects the adolescent's knowledge and definition of parental limits. While protection from peer and health professionals' gossip is important, the crux of the confidentiality issue lies in the trust and confidence that is present or absent between parent and teen.

The Government and Health

On one level of understanding we have come to see that most young people participating in this poll tended to hold an unfavorable view of total government financing of medical care. Since many respondents also discussed the benefits that such an arrangement would hold for the poor, it is reasonable to conclude that responses might have varied greatly had the question been put forth differently. More important, we find demonstrated a view of youth reflected in previous polls—that teenagers are prophets of conventional wisdom. Particularly in the absence of the more compelling evidence provided by personal experience, we frequently found that youth think in a manner that reflects conventional assumptions and beliefs. Traditional anti-government arguments about the financing of health care services were espoused: physicians would be less motivated to perform their roles while the population at large would inundate physicians' offices, hospitals, and clinics. A prevailing cultural stereotype of widespread hypochondria and abuse of physicians' time was articulated again and again.

The source of such prevalent notions and how they become espoused by youth is of interest. One explanation is derived from the historical rhetoric about 'socialized medicine' which has surrounded legislative battles for the last half century. Such uncritical reactions fail to take into consideration the host of contradictions inherent in such arguments such as that we have 'socialized' educational, police, fire, and postal services which, maintain a relatively high quality of service. Hence, while many, though not all, of the popular arguments against federal financing of health care have been undercut by evidence from the experience of other health care systems (cf. Canada, Sweden, Britain), many of the assertions regarding the negative consequence of federal involvement expressed by Minnesota teenagers seem to reflect the underlying assumption that governmental involvement with any sector results in inferior services. Opinions might be different if contrary evidence from other systems were to become common knowledge.

Health Promotion and Prevention

There was frequently a discrepancy expressed between teenagers' health knowledge and their subsequent behavior. Further, it appears that most teenagers have an overriding orientation toward the present and little concern about the future in terms of their own health. Both these findings have important implications for health education which often assumes that knowledge and information about good health practices is sufficient to induce intelligent decision-making and subsequent behavior change. These data would indicate that this approach to health promotion and education is inadequate because: 1) teenagers do not perceive much urgency to change their behavior because the future is so ephemeral and far away and 2) the long-term benefits of good health practices do not outweigh the short-term advantages of certain unhealthy activities. For example, as teens themselves explain, smoking, eating, drinking and the use

of leisure time involve much more than the choices of adopting healthy practices and discarding destructive ones. Many of the activities which, according to teenagers, are unhealthy and even dangerous, are inextricably intertwined with issues of identity, self-concept, friendship, security, independence, and authority. Thus to give up smoking, eating "fast food," staying out late and using drugs would be to give up much more than the activity itself. Health education must address itself to these deeper and more subtle issues.

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Appendix I:

MINNESOTA YOUTH POLL

INSTRUCTIONS READ TO YOUTH POLL PARTICIPANTS

The Center for Youth Development and Research at the University of Minnesota is asking you to participate in a project called "The Minnesota Youth Poll."

The Poll is being conducted with approximately twenty high schools and youth organizations throughout Minnesota. The Poll will be an ongoing project and your group is one that has been selected to participate. The purpose of the Poll is to develop a way for you—the youth of Minnesota—to state your opinions on issues important to youth.

To obtain your ideas and opinions, the Center is asking you to participate in a group discussion today. The Center would like each of you to discuss your ideas and opinions openly; but if you want to be quiet during the discussion, you can. In order to insure that no one will misuse what you say please do not refer to yourself directly or use names which may identify other people. If you say something that you don't want recorded, ask the recorder not to write it down, or to erase it if it has been recorded already.

After these instructions are read, your teacher will ask you to divide up into groups of five to seven people and will designate places for the groups to meet (usually one in each corner of the room). Students may be in any group they choose as long as it has seven or fewer people. After you are settled, each group should decide who their recorder will be. Choose a recorder who can write quickly and accurately and who is a good listener.

Your teacher will give each recorder a questionnaire for the group to fill out. At the top of each page there are several questions, which the recorder will read to the group to get the discussion started.

The recorder should use the rest of the page and the back of the page to write down what is being said. Record as much of the conversation as possible. When we read the report of the group discussion it should be complete enough so that we have a good idea of what the discussion was like.

The recorder should take the last five minutes of the discussion to go over his or her notes to make sure that they are readable and to fill in parts that were left out.

After the discussion, please mail your forms to us. We will collect all the forms from your groups and other groups and will report the results back to you, and anyone else interested in the information.

We hope you have a good time, have fun, and learn something.

Thank you,

Diane Hedin, Janis Arneson, Howie Wolfe

Summary of Instructions

1) Have a student or yourself read these instructions to the class.
2) Have the class divide up into groups of 5-7 people.
3) Ask the group to choose a recorder who can write quickly and accurately.
4) Pass out Questionnaires to recorders.
5) When 5 minutes remain in the period, ask the recorders to read their notes to the group to check on accuracy and legibility.
6) Collect all questionnaires and mail them back to the Center.

Appendix II:

MINNESOTA YOUTH POLL Youth's Views on Health, Illness and Medical Care

We would like some information about the members of your discussion group.

Number of Students in each grade? 9th_____10th_____11th_____12th_____

Number of females_____

Number of males _____

Name of your school or organization _____

Instructions for the recorder.

The recorder's job is most important. Without clear, accurate and complete notes of the group discussion it is hard to use what you have done. What your group thinks is very important to us. Unless your writing is clear and the record is as complete as possible, we will not have a good understanding of your opinions.

The recorder's job is to write down as much as possible of what is being said during the group discussion. Don't decide what would be important for us to know about—tell us as much as you can about what people said—even jokes are important to write down.

(Please read this to your group)

It is important to remember that in order for your ideas and opinions to be useful, we must be able to read about and understand what was said during the discussions.

The job of the group members will be to talk to us through the comments that the recorder writes down. Try to make it easy for the recorder to write down your comments by talking slowly and clearly. But that does not mean that your ideas need to be well thought out or carefully worded, although that would help. Also you don't have to agree with each other; in fact, we are just as interested in disagreements.

You can start the discussion now by reading the first question on the next page.

1) Are there teen clinics near here?
2) What are their names?
3) What do people your age think of these types of clinics?

_____

_____

_____

_____

Please write down as much as possible of what is being said.

1) Should parents have to pay for all of their teenager's health care costs? Why or why not?
2) What kind of health care services, if any, should parents not have to pay for?
3) What would health care be like if you weren't charged for it and instead the government paid for it?

_____

_____

_____

1) If you could change one thing in your life to make you healthier, what would it be?
2) What keeps you from making this change in your life now?
3) If you could change one thing in your parents' life to make them healthier, what would it be?

_____

_____

_____

Keep on writing, writing, writing, writing, writing, writing.....

1) What have you learned about health in your health classes?
2) What other kinds of things would you *like* to learn in your school health courses?

_____

_____

_____

1) What are the *disadvantages* of being sick?
2) What are the *advantages* of being sick?
3) Do people your age ever go for medical help when they actually don't really need to go? Why do you think this might happen?

_____

_____

_____

Keep it up, you are almost done!

1) Does your school have a nurse? Check with the group if you don't know.
   No _____ Yes _____
2) What does a school nurse do? (Please discuss the question whether your school has a nurse or not.)
3) What *should* the job of the school nurse be?

4) While most nurses are female, a greater number of males are going into nursing. What difference do you think it might make if your school had a male nurse?

   b) How do you think you might relate to him?

_____

_____

_____

1) Some people like having clinics that provide health care especially for teenagers. Other people don't think it is necessary. Please take a vote on this in your group. How many favor such an arrangement? How many are opposed?

   Number in favor _____ Number opposed _____

2) What, if any, would be the advantages of having health services especially for teenagers?
3) What, if any, are the disadvantages of having health services especially for teenagers?

_____

_____

_____

Take time to get everyone's opinion.

1) Is it important to be able to seek medical care without anyone else knowing about it? Why?
2) If you were the *parent* of a teenager, how would you feel about the issue of confidential treatment (getting medical care without others knowing about it) if your son or daughter wanted to get birth control, treatment for VD, or an abortion?
3) If your parents pay for your health care, what right do they have to find out about the treatment you received?

_____

_____

_____

Thank you! Your ideas are appreciated.