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## Nursing in the World of DRGs and Prospective Payment

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A major shift in health care financing has occurred in response to the rising costs of health care services. In an effort to control Medicare expenditures, Congress passed legislation in 1983 changing the method of hospital reimbursement from a cost-based retrospective system to a prospective payment system based on diagnosis related groupings (DRGs). Hospital costs exceeding the DRG payment are absorbed by the hospital; costs less than the designated amount yield a surplus for the hospital. In Minnesota other forms of health care financing, specifically health maintenance organizations (HMOs) and self-insured employers, have similar payment systems and

it is anticipated that some form of prospective payment will soon pervade the entire spectrum of health care financing. Minnesota Senator Durenberger has said, "We want to prospectively price not only Medicare services but eventually Medicaid and all personal health care services regardless of provider or setting."

One of the results of implementing the prospective payment system is shortened hospital stays and more intensified home nursing and medical care. Under the guidelines developed by Medicare, and by many of the HMOs, patients cannot be admitted to hospitals without pre-admission screening to determine whether or not the hospitaliza-

tion is eligible for reimbursement. In addition, the length of hospitalization is specified according to the patient's diagnosis; extensions of hospitalization beyond the specified length of stay must be approved by the funding agency. It is generally agreed that under the new system patients are more acutely ill both when they are admitted to the hospital and when they are discharged. This intensifies the work of the hospital nursing staff and transfers a large portion of the acute care of the patient to the home. These changes are bringing about two issues of major concern to citizens of Minnesota: limited access to hospital care and increased individual responsibility for home care.

The research project reported here was designed to describe and interpret current patterns of health care under the prospective payment system in representative sites in the Twin Cities metropolitan area. Recommendations are made for nursing practice under the new system and for consumer access to health care.

## THE CHANGING HEALTH CARE SYSTEM

Not since passage of the Medicare amendment to the Social Security Act has a single piece of federal legislation so revolutionized the health care industry as has the DRG plan for prospective payment. Reimbursement limitations and the emergence of a competitive environment have led to a market-driven health care system.

Institutional survival has become tantamount. Prepaid health plans in the form of health maintenance organizations (HMOs) and preferred provider organizations (PPOs) are being advanced as methods to reduce aggregate health care costs. The ability of HMOs to limit expenditures has been attributed to its greater use of ambulatory services and lowered use of hospital care.

The Twin Cities is often cited as a prototype of HMO activity and competition. Six HMOs in the form of staff models, independent practice associations, and hybrids of both types are located in the Twin Cities area. As the HMOs mature and as competition intensifies, distinctions in organizational design have begun to blur. Currently, 42 percent of the Twin Cities population is enrolled in HMOs with statewide expansion underway in seventy-six of Minnesota's eighty-six counties, making prepaid plans available to 95 percent of Minnesota's residents. Despite the expansion, decreased numbers of state employees are enrolling in HMOs following the introduction of Minnesota's Blue Cross/Blue Shield Aware Gold and Aware Gold Limited, two hybrid pre-

paid plans. Health policy analysts are saying "Minneapolis-St. Paul, which led the nation in the development of HMOs in early 1980, is undergoing a rapid realignment of its health care delivery system that may be the preview of the future face of medical practice."

A number of recent studies credit HMOs with reducing the average costs of hospital care in the Twin Cities. Decreases in annual hospital admissions and shortened lengths of stay (now about 6.2 days) are noted. The aggregate average occupancy rate in all Twin Cities hospitals has dropped to 47.4 percent.

It would appear that HMOs will continue to grow and expand their share of the health care market. HMOs have already begun to aggressively market their services to the elderly. It is reported that sixty-five new HMOs have been seeking federal approval each month to receive payment for Medicare beneficiaries.

Preferred provider organizations (PPOs) are also a major factor in today's health care market. PPOs give employers greater control and review authority than HMOs and allow employees a choice in the selection of physicians and hospitals from a limited list of providers willing to discount their services. Employees are free to choose from beyond those preferred providers but must pay the cost difference themselves. The Teamsters Union recently announced the development of a nationwide PPO, the first of its kind, for its members as an attempt to drive down the costs of employee health insurance benefits.

Ellwood, the originator of the health maintenance organization concept predicts that twenty to forty large health care companies, or "SuperMeds," will control the delivery of services in the near future. Rapid advancements in medical technology, consumer demand, and cost considerations have resulted in the shift of traditional in-patient procedures to ambulatory care settings. Some specialists predict that by 1990, 55-60 percent of all operative procedures will be performed on an out-patient basis.

Perhaps the most dramatic change has been in the movement of highly-specialized technology to the home setting. The ability to manage advanced disease states, rehabilitation, and maternity care in the home has led to a redistribution of services away from acute care settings. It is not unusual for home health nurses to treat respirator-dependent patients or to administer multiple intravenous medications to clients. A projected 191 percent increase in patients receiving intravenous treatments at home will occur between 1983 and 1988.

Home care is expected to grow at an annual rate of 12 to 20 percent through 1990,

attributed in part to shortened hospital stays and increased use of out-patient surgery. A recent study of Medicare patients reported increased use and complexity of home care services for this population group.

As the aging of the population continues, there will be a greater need for chronic rather than acute care. In a study of discharge planning for the elderly, it was found that the service most needed by patients but not received is that of a home health aide. Referrals to providers of community-based health care seem to be based more upon reimbursement consideration than patient need for services.

Of equal importance is the lack of a clearly defined mechanism to guide patients through the maze of health care services. The health care network is confusing, highly fragmented, and poorly coordinated. The director of the New York Visiting Nurse Association, contends, "We are already beginning to see people at home, who have been sent out of hospitals without continuing care, getting into trouble within a few weeks and needing rehospitalization." Pennsylvania Senator Heinz is quoted as saying, "The marked increase in discharges of sicker patients might just be the straw that breaks the backs of family care givers without the additional support of home health and community services." Geriatric assessment teams that function as gatekeepers and assist the elderly with obtaining necessary health care services have been proposed as a method of assisting patients as they move from acute care in hospitals to subacute care in the community. Minnesota has recently instituted an alternative care and preadmission screening department to offer assistance to those elderly who would otherwise be placed in long term care facilities at Medicaid's expense.

## METHODS OF THIS STUDY

Three hospitals and their satellite out-patient operations were chosen as representative of health care delivery in the Twin Cities metropolitan area. Hospitals are the major providers of acute care services and continue to employ the majority of registered nurses. The three chosen were an urban public tertiary-care institution, an urban private multihospital system facility, and a private rural community hospital.

Interviews were conducted during the 1985-86 academic year with three levels of nursing personnel at each of the hospitals: nursing administrators, head nurses, and staff nurses. Key individuals were chosen for the interviews. The initial interview, with directors of nursing, used a semi-structured questionnaire format to obtain general demographic data on the hospital and its operations. These administrators were asked to identify head nurses whom they considered representative and head nurses, in turn, identified staff nurses to be interviewed. Interviews with head nurses and staff nurses were essentially unstructured although key questions were asked of both groups. They

**Photo on page 1: Staff nurses are increasingly called on to function as technicians. Here staff nurse Jill Weldin monitors Ed Buckingham's blood pressure while Margaret Bohman, assistant head nurse, looks on.**



**Nurses function as patient care coordinators when they bridge the gap between hospital care and home care. Staff nurse Marcia Meredith explains his medications to Dan Gall, who is about to be discharged, while Deb Drew, a clinical nurse functioning as patient care coordinator, goes over home care plans with Dan's friend.**

were asked to describe the current pattern of nursing care delivery on their respective units, their particular role in the care, and things that they liked or disliked about their work. The content of the interviews was summarized and shared orally in a meeting with the nurses at each site so that its accuracy could be verified. The summaries were then analyzed and compared, and a synthesis of predominant themes compiled.

Interviews were also conducted with nurses in home care, nurses employed by HMOs, and nurses in alternative care models. The director of a public health nursing organization, the director of a free-standing corporate agency, and the director of a hospital-based department of home health care were asked to identify their current home care offerings, how consumers in need of home care gain access to their services, how their programs are staffed, and how they are reimbursed. A summary was sent to each person interviewed for verification or correction.

Nurses employed by three of the HMOs in the Twin Cities area were interviewed and asked to describe the current and future roles for registered nurses within their organizations as well as their impressions of the changes occurring in the health care industry.

And finally, five consumers were interviewed either in person or by telephone and asked to describe their experiences with obtaining health care services and to dis-

cuss any problems they may have confronted with gaining access to the health care system.

## **FINDINGS OF THE TWIN CITIES SURVEY**

### **Nursing in the Hospital**

Patients who come into the hospital are sicker than they were before the prospective payment system was implemented, and they go home sooner. This is because of the approval mechanisms required by Medicare and HMO regulations, first in terms of pre-admission screening and second in terms of permissible length of hospitalization in relation to medical diagnosis. The effect on nursing has been to bring about an increased density and intensity of workload in the medical regimen to be carried out. Little time or energy is left for attending to the psychosocial aspects of illness and hospitalization or for teaching patients and their families what they can expect and how to care for themselves. The emphasis is on the medical treatments and observations that must be done while the patient is in the hospital. Preparation for discharge must begin as soon as the patient is admitted and is usually performed by the head nurse, a special discharge planner, or a person designated by the HMO to carry out this function.

Generally the way in which patient care is assigned is described as total patient care, meaning that the staff nurse is responsible for the total nursing care of assigned patients for an eight-hour shift. Total patient care includes administration of prescribed medical treatments, observation of the patients' conditions, and assistance with activities of daily living. The staff nurse's assignment is made by the charge nurse or in some instances by the charge nurse on the previous shift. A patient may have the same nurse assigned to her or him over the period of hospitalization, but there is no built-in mechanism for assuring continuity or consistency of assignments. The nurse's preferences or other work assignments may be the determining factors. If Licensed Practical Nurses (LPNs) are part of the staff, their assignments are similar to those of the Registered Nurses (RNs). Nursing aides, when available, are used as assistants to the RNs and LPNs to perform household tasks and run errands.

The head nurses' responsibilities are divided between personnel management and patient management. They have more responsibilities than they have time to complete, but when asked, they do not want to give up either focus of activity. The head nurses feel that they could fulfill their responsibilities better if they had greater control and flexibility in their own use of time.

The directors of nursing expressed a preference for an increased percentage of RNs on their staff. The current RN complement ranges from 69 to 88 percent. This is consistent with the national trends. The Twin Cities directors prefer RNs over LPNs because their greater preparation gives them more diverse abilities so that they can function anywhere in the hospital when additional staff are needed. Staff are encouraged to be generalists so that they can be reassigned if necessary to meet the hospital's needs. Often staff nurses do not know where they will be working until they arrive at the hospital, at which time they are assigned to a unit other than their home base. RNs are viewed as being very versatile, and with the increasing percentage of all RN staffs, they are asked to assume more non-nursing tasks (such as transporting patients, cleaning equipment and serving trays), an aspect of their job that they identified as objectionable.

Most of the nursing staff do not work full time. The reason for this appears to be both the fluctuating needs of the hospital and the extenuating demands of the job. When the census is low, administration "requests" that nursing staff take "voluntary" days off. When the census is high, staff are asked to work extra days and may be reassigned to other units. The result is that the staff who are employed are working at an intense pace and may be working in an area not of their choosing. Staff indicate that hospital nursing is too physically and emotionally demanding to work full time, that they need the extra time off in order to maintain their

own health. Because of their part-time status and the variation in the number of days worked each pay period, their income varies accordingly. Some staff, in spite of the inconvenience of not knowing when these "days off" will occur or how much their salary will be that month, say that they don't mind the setup because it "gives them more time with their families;" but they acknowledge that this arrangement is difficult for single persons or heads of households because they can never be sure of a guaranteed income and have quite a balancing act to perform in terms of child care. The difficulty of part-time status was one of the issues of the 1984 nurses' strike in the Twin Cities. The trend toward part-time employment of nurses is accelerating in several major cities and Minneapolis-St. Paul (with 65 percent working part-time) has the second highest part-time complement in the country.

The dissatisfactions expressed by nursing staff focused on performance of non-nursing tasks, lack of control of their work schedule, and lack of involvement in administrative decisions affecting their work situation. These factors have been noted repeatedly in other analyses of nursing practice settings and in spite of them, most of the nurses interviewed expressed a high level of dedication to their work.

There is little opportunity for advancement of nurses in the clinical role. Advancement takes the form of moving up in the nursing administration hierarchy.

### **Nursing in the Home**

In response to the increasing demand for home care after hospitalization and for assistance with health problems of the elderly, both of the private hospitals surveyed had established home care departments. The urban public hospital contracts with a public health nursing organization (PHNO) for home care services.

Staffing in the PHNO differs considerably from that in the hospital-based home care departments. The PHNO has a full-time staff of public health nurses (usually baccalaureate degree preparation) and home health aides. Some of the nurses have graduate preparation in clinical nursing specialization. The agency offers specialized team care for high risk families, terminally ill patients, and patients needing acute intravenous antibiotic treatment. The average case load ranges from twenty-five to sixty clients.

Both of the private home care units are staffed primarily with part-time RNs and additional on-call RNs and home health aides. Some of the on-call nurses are hospital-based staff who are used for home care if needed when the inpatient census is low. In one of the private home care units, nurses function as case managers and rotate twenty-four hour on-call responsibility.

All three agencies offer skilled nursing care that qualifies for Medicare and similar third-party reimbursement. In accordance

with Medicare regulations, the need for nursing care in the home is dependent on medical necessity and must have a physician's approval. Home care nurses are responsible for assessing patients' needs for home care but are unable to authorize that care without a physician's approval.

The second major need, extended long-term care of chronically-ill patients, does not qualify for Medicare benefits. This need is growing rapidly with the increasing needs of the elderly. Both private home care units offer extended home care but third-party reimbursement is not readily available and most patients must be able to pay directly for these services. In some instances when patients are unable to pay, they are referred to publicly-financed home care agencies.

Patients are usually seen within twenty-four hours of discharge from the hospital, though a time lag may result from insufficient information about the client's health care needs. Considerable time is spent in determining reimbursement for services and detailed documentation of services must be maintained to satisfy third-party payors.

Although many patients in the home receive medical treatments requiring technical expertise, the directors interviewed feel that the major emphasis of home care is on teaching patients and families how to care for themselves. They see nurses as being the coordinators and facilitators of health care. Characteristics deemed important in home care nurses are ability to function autonomously, ability to assimilate and personalize medical care to patients' situations, and good communication and interpersonal skills. Within this context, they see a major need for professional supervision of unskilled care on an ongoing basis.

### **Nursing in HMOs**

Nurses are employed in several roles within health maintenance organizations: patient care coordinators, direct providers, pre-admission screeners/utilization reviewers, and corporate executives.

Patient care coordinators, or case managers, continuously monitor the patient's condition, collaborate with other health professionals in planning the patient's care, and provide information to the patient and family regarding available resources. The patient care coordinator interviewed saw her major responsibility as assisting with discharge planning for an average caseload of thirty to forty patients per week. Most of these patients were elderly. She expressed great satisfaction in this role, citing the autonomy with which she functions and the contact with patients and their families as the most important, satisfying aspect of her work.

Direct care providers are employed with patients in a clinical situation. They vary in levels of preparation and roles. Certified nurse midwives, usually with a master's degree, are responsible for a specific case

load and carry twenty-four hour responsibility for their clients. Obstetricians are involved only if complications occur in the pregnancy.

Nurse practitioners, either master's prepared or otherwise certified, are each responsible to a particular physician. Their responsibilities differ according to the clinic and specialty area in which they work. For example, an adult nurse practitioner may be responsible for treating certain minor illnesses and monitoring clients with chronic diseases. Nurse practitioners in the obstetrics/gynecology area are responsible for routine examinations, including Pap smears. Pediatric nurse practitioners monitor well babies and administer immunization medications as ordered.

LPNs are employed to assist physicians by preparing patients for physical examinations, following through with specific diagnostic tests or procedures, administering prescribed medications, and performing household tasks.

Nurses who function as pre-admission screeners interact primarily with physicians rather than clients. Their major role is in utilization review during hospitalization. They monitor the patient's care to assess medical necessity and have the authority to levy financial restraints on providers who do not comply.

Other nurses are responsible for authorizing home health care. They make an initial assessment visit with a member of the contracting agency to determine whether or not the case qualifies for payment. This role contains aspects of both case management and utilization review.

In one HMO, nurses also function in a triage capacity by answering a sixteen hour phone line available to members for information about their health care questions.

A number of nurses hold upper management positions in operations and marketing. These nurses usually hold dual graduate degrees in nursing and business administration.

### **Consumer Concerns**

The problems consumers face in the current health care system are problems of access to the system, information about various alternatives for health care and transfer from facility to facility or professional to professional within the system. A case example will serve to illustrate this point.

The patient, an 89-year-old man, was living at home with his wife of approximately the same age. He was enrolled in an HMO and was a veteran. He had two adult children, a son and a daughter who was a nurse. While the daughter was out of town, Mr. X, a known borderline diabetic, experienced some symptoms of a stroke but was not incapacitated. The next day he fell. The son called the clinic and they instructed him to bring his father to the hospital outpatient department. Diagnostic tests confirmed the stroke, but the physician said there was nothing to be done and that the family should take "good care" of him



**Home nursing care is rapidly expanding. Here Mary Sue House, a public health nurse, shows Cornelia McCune how to wrap her husband's leg after by-pass surgery. George McCune is a professor emeritus of history and social studies from the University's General College.**

at home. When the daughter came home, almost a week later, she noticed the Mr. X was having difficulty with his speech, memory loss, and difficulty walking. He was eating often, sleeping, and very thirsty. She wondered if his diabetes was out of control.

The daughter called the physician, but his response was that she was "handling things fine." Her father became increasingly thirsty, irritable, hungry, and weak. Finally she felt she could not manage. She was sure his diabetes was out of control and that he was critically ill. He had Cheynes-Stokes respirations,

incontinence, and was drinking gallons of water. She did not get any help with the situation until she burst into tears over the telephone and said she absolutely could not handle the situation. The clinic staff were on strike at that time and she was told to take her father to the emergency room. There they confirmed her observations and determined that Mr. X had a blood sugar of 700 (normal is 80-120). He was admitted to the hospital in a confused, weakened state but responded immediately to the administration of insulin, bringing his blood sugar down to 400. His daughter was

told that he could go home in 2-3 days. They had a nutritionist teach him about his diet while he was still confused. The daughter said she could not care for him at home, that he was too confused and weak.

Eventually a representative of the HMO helped her explore transfer to a VA hospital. This was accomplished in approximately twelve hours. But her father was not a medical challenge, and his illness was not a service disability, and they wanted him transferred to another facility. The physician turned his case over to a social worker for placement in a nursing home. After two weeks, he was transferred to a VA-approved nursing home, for which the VA would pay for six months.

The daughter had questions about his care at the VA, but felt she had to be careful what she complained about because she didn't want to preclude his returning there if it became necessary. She felt that placing her father in the nursing home was not well thought out or an individualized decision. He was placed on a semi-skilled nursing unit but needed very little care—primarily food and time orientation. She observed that the people in the various organizations that treated her father (the HMO, the VA (federal system), the nursing home (state system)), did not know what services were available in the other systems. She felt that there was no one to guide them (the patient and family) through the maze from hospital to VA to nursing home.

In the meantime the daughter was taking care of her mother, who was then living alone but did not want to leave her home. The mother was legally blind, suffered from a Parkinsonian-like tremor, and was very weak (weighing less than ninety pounds).

At the end of all this, the daughter was still worrying about whether or not she should try to bring her father home. That was what her mother wanted, but her own energy was depleted and she herself was suffering from tachycardia and osteoarthritis of the spine. Her final remark was "I have to put it all together for myself and my husband and my parents."

In situations like this, patients and their families need someone to relate specifically to them and to assist them as they move in and out of the myriad agencies within the health care system.

Another consumer expressed frustration with the lack of personal care and apparent staff indifference to her situation. She felt that no one knew the answers to her questions or cared to find out. She said she felt "lost in the system." She recommended that consumers be offered clear information about available options, that professionals be more accessible to consumers, that the link between acute and chronic care systems be facilitated and monitored, and that custodial home care be made available at a reasonable cost.

#### **IMPLICATIONS AND RECOMMENDATIONS FOR NURSING PRACTICE**

The prospective payment system has ushered in a new world of health care—decreasing use of hospitals and increasing care of patients in the home. The changes

have directly affected nursing practice—increasing the emphasis in hospitals on short-term high tech care, increasing the rotation of nursing staff to different units of the hospital and to home care according to census needs, increasing the proportion of nurses working part-time, and increasing the non-nursing tasks performed by nurses. Nursing administrators interviewed in this study were concerned about maintaining an environment in which nurses could function in creative ways; but financial constraints now constitute a “bottom line” issue, particularly in private institutions.

### Changes in Hospital Nursing

The inherent nature of the bureaucratic structure of the hospital emphasizes efficiency, predictability, rules, and authority. For at least two decades nursing administrators have tried with varying success to organize nursing practice to facilitate autonomy and creativity within that environment. In the early 60s **team nursing** was introduced. The idea of team nursing was to have a highly qualified nurse responsible for planning the nursing care of a specified group of patients and for supervising a team of associate nurses and nursing aides in implementing this care. The team leader's responsibility was patient care, not unit management as was the case for head nurses. The goal was to develop individualized care plans for patients and to work as an integrated team to carry out those plans. This concept of nursing faded under the pressure of bureaucratic priorities, and the teams reverted to the more segmented, but efficient, function of carrying out assigned tasks.

In order to recapture the personal nature and responsibility of the nurse-patient relationship, which was minimized in the functional approach, **primary nursing** was introduced and received widespread endorsement as a desirable mode of practice. In primary nursing, the designated primary nurse theoretically has twenty-four hour responsibility and accountability for the nursing care of specific patients from hospital admission to discharge. In practice, however, particularly with the present condensed period of hospitalization, primary nursing often falls short of the concept. There may be lag time between patient admission and assignment of the primary nurse. The short period of hospitalization permits little opportunity for the nurse to act on behalf of the patients needs. Primary nurses, in the instances we examined, were expected to carry out routine procedures of patient care on a particular shift and were therefore limited in their freedom to relate to the patient on an ongoing twenty-four hour basis.

The predominate pattern of nursing care in the hospitals studied was **total patient care**, meaning the staff nurse is responsible for the total medical/nursing regimen to be carried out for assigned patients for a particular shift. The focus is on

carrying out delegated medical care and assisting patients with activities of daily living. Performance of this role requires judgement in recognizing changes in the patient's condition and in relating the care to a particular patient's situation. The position is subordinate to medicine and permits little autonomy. It is the role of a medical-nursing technician.

Staff nurses have little or no control over when and where they work and minimal participation in decisions affecting patients' care. The part-time, rotating status of the large majority of staff nurses accentuates their lack of control over their work situation and exemplifies the segmented, exchangeable nature of their role in patient care. They are dedicated to high quality care of patients, but financial constraints require that the patient get in and out of the hospital as quickly as possible, and nurses are complying with this objective by streamlining the performance of their tasks. The result is that all staff nurses, regardless of their education or abilities, function primarily as technicians. Head nurses assume some patient care management but are occupied a large part of the time with their unit and personnel management activities. This means that professional nursing is all but lost.

### The Need to Differentiate Professional and Technical Practice

Part of the problem is that there is no clear distinction within the present structure of nursing practice between the roles of the nursing professional and the nursing technician. Both team nursing and primary nursing have specified that the team leader or primary nurse be the “best qualified” nurse and be assisted by “support staff.” But in operation these distinctions have not been clear.

Most baccalaureate nursing programs claim that they prepare graduates for entry-level positions in hospitals and other agencies, namely, the staff nurse position. Staff nurses educated at this level, however, are frustrated by their inability to practice what they have learned. Programs of professional education in nursing emphasize the development of critical thinking, decision-making, and independent judgement. Graduates are expected to be able to establish collaborative relationships with a variety of individuals and groups. These characteristics are critically needed in patient care, both within the hospital and the home, but are not fully used in the rapid-paced implementation of medical technology that is characteristic of the staff nurse position. To relieve their frustration, some nurses have sublimated their professional values, others have left hospital nursing for other nursing positions where more autonomy and interpersonal involvement are allowed. Many have given up nursing practice.

The problem is one of a mismatch of education with the expectations of the position. The expectations of the staff nursing

position are for a highly skilled technician. Nationally, 66 percent of employed nurses occupy staff positions in hospitals. Interestingly 69 percent of the registered nurses in the United States were educated in either associate degree or diploma programs, which are designed to provide technical education. This appears to be a good match between education and expectations of the position.

Differentiation of professional and technical nursing practice is beginning to occur where nurses are employed as patient care coordinators to bridge the gap between hospital and home care. In these situations, the nurse assesses patients' needs for home nursing and families' ability to handle those needs and assists patient with the task of living with various health problems. The nurse serves as a patient advocate and a liaison between patient and other health professionals and agencies. The knowledge base and interpersonal skill needed for these responsibilities are consistent with professional nursing education.

When nursing administrators were asked what they think of a nursing position that permits movement in and out of the hospital according to the patient's needs, they favored the idea but found it hard to envision, possibly because their budgets start and stop at the boundaries of the hospital. Fortunately the restrictions imposed by the boundaries of the old isolated hospital system no longer apply as the new conglomerates in health care delivery encompass hospital and home and beyond. The nurse, traditionally the hub of health services within the hospital, or within the home, is becoming an even more effective patient advocate in the new conglomerate.

### The Working Environment for Staff Nurses

Continuing to place the burden of non-nursing tasks on the nursing staff is reprehensible. This practice is thought by some administrators to be a way of increasing efficiency but is a source of great dissatisfaction for nurses, a factor which in the long run may not be efficient at all. The expectation that nursing staff will take on additional non-nursing tasks contributes to “working short,” a phenomenon associated with low staff cohesiveness, low morale, increased errors, decreased attention to the psychosocial needs of patients, and generally poorer quality and continuity of care.

A major source of dissatisfaction, revealed in this and other studies, is staff nurses' lack of control over their work schedule, particularly the demands that they work weekends and holidays without extra compensation.

In addition, there is no mechanism for recognizing and rewarding outstanding performance at the staff nurse level. There is little external incentive, therefore, to continue performing the physically and emotionally demanding work of a nurse as a life-time career.



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We present here a complete list of CURA publications that are currently available. Individual works are cross-referenced if they could be placed under more than one subject heading. Major articles that have appeared in the *CURA Reporter* are also included in each subject area if copies of the *Reporter* are still available. Publications are available free-of-charge unless otherwise noted. A large number of CURA publications are now out of print but can be photocopied at a cost of 10¢ per page. For a complete backlist order a copy of The Complete List of CURA Publications, included on the order form at the end of this listing.

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**CURA Publications in Print—Dec. 1986**

# BUSINESS, INDUSTRY, AND EMPLOYMENT

**"Beyond the Malling of America: The Rise of Twin Cities Festival Markets."** Judith A. Martin. May 1985. *CURA Reporter* 15(2):1-6. Festival markets are a new type of retailing springing up in urban centers across the country. Shoppers at Butler Square, St. Anthony Main, Riverplace, Calhoun Square, and Bandana Square were surveyed to discover what it is that attracts people to these new retail centers. (See also *"Twin Cities Festival Markets: The Merchant's Perspective"* in this section.)

**"The Business Firm as an Instrument of Social Change: A Colombian Model."** Chip Peterson. January 1986. *CURA Reporter* 16(1):7-8. A corporate conglomerate in Colombia is dedicated to establishing social justice for the poor. This article presents background on the organization and work of Fundación Social. (See also *Fundamental Principles and Model...* in this section.)

**"Economic Health Through Community-Based Development."** Jeffrey D. Freeman and Warren W. Hanson. March 1984. *CURA Reporter* 14(2):7-10. A survey of fourteen community-based economic development organizations discovered how they began, what they have accomplished, what is needed for them to be successful, and how they contribute to a healthy economy.

**Fundamental Principles and Model for Social Intervention of Colombia's Fundación Social.** Fundación Social. Translated from the Spanish by Rosa Maria de la Cueva de Peterson. 1985. CURA 85-7. 30 pp. A corporate conglomerate in Colombia, guided by Jesuits and contemporary Catholic social teaching, is dedicated to establishing social justice for the poor in that country. This document presents the history and fundamental principles of their organization.

**The Growth of Minority Business in the Twin Cities Metropolitan Area.** Earl P. Scott. 1977. 91 pp. This monograph traces how federal government efforts to eliminate inequities in the American business community affected minority businesses (and particularly black businesses) in the Twin Cities area between 1969 and 1975. Maps showing changes in minority business are included.

**"Hmong in the Workplace."** See "Minorities."

**A Look at Four Plant Shutdowns in Minnesota.** Mark H. Skidmore. 1985. CURA 85-5. 18 pp. What happens to the workers when a plant is shutdown? Four case studies in Minnesota are explored: Knudsen Trucking, Farmhand, Tonka, and Munsingwear. The amount of advance notice given to workers and the roles of company management, workers, community, and the state government in planning for the shutdown are noted for each company.

**"New Firms in Minnesota: Explorations in Economic Change."** Paul D. Reynolds and Steven West. July 1985. *CURA Reporter* 15(3):1-5. Results of a survey of 551 new firms in Minnesota show what kinds of businesses are succeeding in Minnesota, what their growth patterns are, and how they are contributing to the state economy. Policy implications for the state are spelled out.

**"New Jobs From Community-Based Economic Development."** Thomas Lussenhop and Candace Campbell. May 1985. *CURA Reporter* 15(2):7-10. An update on how new businesses and jobs have been created in Minnesota through the efforts of local residents and business people organized to rebuild the economy in their area. Seventeen Minnesota community-based economic development projects were surveyed in the fall of 1984.

**"Northeast Minneapolis: Have Jobs Declined?"** William J. Craig. July 1985. *CURA Reporter* 15(3):6-8. A report on what has been happening to jobs in "Northeast" is presented, based on three data sources. Company migrations, long-term economic and demographic changes, and changes in employment are explored.

**"Prospects for Retail Business in Duluth."** Jerrold M. Peterson and John M. Charnes. October 1983. *CURA Reporter* 13(4):1-5. Using a combination of marketing and economic forecasting models, the authors predict that Duluth may be on the brink of a modest budding expansion in retail trade.

**"Questions About Women in the Minnesota Economy."** William J. Craig. January 1984. *CURA Reporter* 14(1):8-9. A brief analysis of data from the 1980 population census indicates the tough economic position of many Minnesota women. Maps show the percent of women in the labor force by county and the percent of women and young children in poverty by county.

**"Toward Hmong Self-Sufficiency: The Challenge of Economic Development for the Hmong."** See "Minorities."

**"Training Refugee Women for Employment in Minnesota."** See "Minorities."

**Training Southeast Asian Refugee Women for Employment: Public Policies and Community Programs, 1975-1985.** See "Minorities."

**Twin Cities Conversions. The Case Studies: How the Finances Work.** See "Housing."

**"Twin Cities' Festival Markets: The Merchants' Perspective."** Judith A. Martin. July 1985. *CURA Reporter* 15(3):9-11. Merchants in the new festival markets—St. Anthony Main, Riverplace, and Bandana Square—were asked what they thought about the location and design of their marketplace, who their clients were, and how the business climate was. (See also *"Beyond the Malling of America..."* in this section.)

**"Working and On AFDC: The Impact of Recent Federal Cutbacks."** See "Human Services."

**"Working and On AFDC: The Impact of Recent Federal Cutbacks One Year Later."** See "Human Services."

## COMMUNITY/NEIGHBORHOOD STUDIES

**"Assessing Neighborhood Health and Social Needs: The People's Center Re-examines Its Constituency in Cedar-Riverside."** Donald Chock. March 1983. *CURA Reporter* 13(2):7-11. Results of a survey conducted for the People's Center show what areas of health and social needs are most important to the center's clients and potential clients. The survey was used to discover how aware people are of the center and to help plan directions the center might take in the future.

**"Changing Populations in an Urban Renewal Area."** Richard A. Chase. March 1982. *CURA Reporter* 12(2):6-9. A study of displacement in the Minneapolis neighborhood of Seward West is summarized in this article. Data about the neighborhood population before urban renewal (1969) and after renewal (1980) are compared and analyzed.

**"Citizen Participation in Minneapolis."** See "Planning and Public Affairs."

**Community Involvement in the Whittier Neighborhood: An Analysis of Neighborhood Conditions and Neighborhood Change.** Rebecca Lou Smith and Thomas L. Anding. 1980. CURA 80-4. 90 pp. A revitalization effort in the inner city of Minneapolis is evaluated. A corporate and neighborhood partnership enabled a variety of programs to be tackled: housing, crime, business, and neighborhood image.



**"Economic Health Through Community-Based Development."** See "Business, Industry, and Employment."

**"Future City: Duluth Tomorrow."** William K. Miller. July 1984. *CURA Reporter* 14(4):7-10. Highlights of a series of futures forums held in Duluth in 1983 present a fresh look at Duluth's demographics, economics, land use, transportation, human services, and quality-of-life.

**A Guide to Survey Research: How to Plan a Survey, Estimate Costs, and Use a Survey Research Service.** See "Planning and Public Affairs."

**Harrison Neighborhood Needs Assessment, A Community-Based Project for Neighborhood Improvement Planning.** Candace Campbell and Paul Schersten. 1985. CURA 85-6. 32 pp. A survey conducted for the Harrison Neighborhood Association (Minneapolis) in the fall of 1984 asked residents about the assets and problems of their neighborhood. Twenty-five percent of the neighborhood responded. The survey aided the neighborhood association in planning future activities.

**"The Hmong and Their Neighbors."** See "Minorities."

**Institutionalizing Organized Citizen Participation: Challenges and Opportunities.** See "Planning and Public Affairs."

**"The Loring Park Development: the Design, the Development, and the Difference it Has Made."** B. Warner Shippee, Philip Wagner, and Dana Reed. March 1984. *CURA Reporter* 14(2):1-6. A redevelopment project on the edge of downtown Minneapolis is traced through planning stages, design, and construction. Were development goals met? Has a new type of resident been attracted to the city? CURA researchers report on their conclusions after surveys and discussions with planners, designers, developers, and residents.

**"The Minneapolis Survey: How the City Grew and What Should be Preserved."** Judith A. Martin. March 1983. *CURA Reporter* 13(2):1-6. Reports on a major survey of the City of Minneapolis that shows the development of the city, recommends which buildings and districts should be preserved, and suggests what role the preservation process can serve for the city.

**"Neighborhood Therapy for Duluth's West End."** Rick Ball. January 1982. *CURA Reporter* 12(1):11-13. An old neighborhood in Duluth has gone through a neighborhood planning process and begun a revitalization program that involves both local business and residential areas.

**"New Jobs From Community-Based Economic Development."** See "Business, Industry, and Employment."

**"Northeast Minneapolis: Have Jobs Declined?"** See "Business, Industry, and Employment."

**"Prospects for Retail Business in Duluth."** See "Business, Industry, and Employment."

**Recycling the Central City: The Development of a New Town-In-Town.** See "Housing."

**Windows to the Past: A Bibliography of Minnesota County Atlases.** See "Land Use."

## EDUCATION

**The Berman, Weiler Study of Minnesota Student Performance: A Critical Review.** Edward L. Duren Jr. and Thomas R. Peek. 1984. CURA/College of Education Project on the Future of K-12 Public Education in Minnesota. CURA 84-4. 16 pp. An assessment of performance by Minnesota students in grades K-12 was prepared for the Minnesota Business Partnership by Berman, Weiler Associates of Berkeley, California. This report offers a summary and critique of their assessment.

**"Challenging Myths About Welfare."** CURA. May 1983. *CURA Reporter* 13(3):5. Course materials have been prepared, field tested, and published that present the social welfare system to high school students.

**"Citizen Opinion On Education."** William J. Craig. March 1986. *CURA Reporter* 16(2):1-5. Results of a Minnesota survey of citizens' opinions about education are summarized here. See 1985 *Minnesota Citizen Opinions...* in this section for the full study.

**"Financing Education Beyond High School: Is the Minnesota Experiment Working?"** James C. Hearn. June 1986. *CURA Reporter* 16(3):1-5. A blanket subsidy of postsecondary education tuition has been replaced with a targeted subsidy for low income students. The full study of this policy change is also available (see *Targeted Subsidization...* in this section).

**"Internships by the Group."** Barbara Lukermann. November 1984. *CURA Reporter* 14(5):6-7. A new kind of professional internship has been created for students in the Humphrey Institute. Students were placed as a group with two governmental offices—the Minneapolis Planning Department and the St. Paul District Heating Development Corporation—during the first year of this new internship.

**"K-12: What the Data Show About Public Education in Minnesota."** Thomas R. Peek. October 1985. *CURA Reporter* 15(4):10-14. A highly condensed version of CURA's report on public education in Minnesota is presented here. The full report is *Minnesota K-12 Education: The Current Debate...* listed in this section.

**"Looking at Public Education in Minnesota."** Thomas R. Peek. October 1983. *CURA Reporter* 13(4):8-11. Highlights of a four-part television and radio series on Minnesota public education are presented: a profile of students, teacher background and reforms for excellence, what's going on inside the schools, and possibilities for reform.

**Minnesota K-12 Education: A Catalogue of Reform Proposals.** Lawrence C. Wells. 1986. CURA/College of Education Project on The Future of K-12 Public Education in Minnesota. CURA 86-2. 140 pp. Major education reform proposals from Minnesota organizations in the mid-1980s are presented in summary form by eleven subject areas. For each proposal there is a brief description, a statement of basic premises, and a note about the cost implication. An overview of the proposals, a legislative update on educational reform in Minnesota, a bibliography, and information about the eighteen Minnesota organizations making the proposals are included.

**Minnesota K-12 Education: A Catalogue of Reform Proposals, a summary version.** Lawrence C. Wells. 1986. CURA/College of Education Project on The Future of K-12 Public Education in Minnesota. CURA 86-2s. 28 pp. An overview of reform proposals presented in the mid-1980s is presented along with a legislative update on educational reform in Minnesota, a bibliography of the proposals, and information about the eighteen Minnesota organizations making the proposals.

**Minnesota K-12 Education: The Current Debate, The Present Condition.** Thomas R. Peek, Edward L. Duren Jr., and Lawrence C. Wells. 1985. CURA/College of Education Project on the Future of K-12 Public Education in Minnesota. CURA 85-3. 164 pp. A review and analysis of the debate on public education in Minnesota,

the book includes a history of educational change in Minnesota, a description of recent trends affecting schools in Minnesota, challenges facing education today, and a policy framework for understanding Minnesota public education.

**"Solving Real Engineering Problems."** David Potyondy. January 1984. **CURA Reporter** 14(1):9-12. An innovative way of introducing students to the field of engineering allows college students to interact with engineering faculty, computers, and engineers working in the community.

**Targeted Subsidization of Postsecondary Education Enrollment in Minnesota: A Policy Evaluation.** James C. Hearn, Hideki Sano, and Susan Urahn. 1985. CURA 85-9. 159 pp. Over the past five years, Minnesota has been raising tuition for postsecondary education and at the same time increasing the money available for need-based student financial aid. In effect this has replaced a blanket subsidy for all students with a targeted subsidy aimed at those in greatest need. Has this policy change affected high school students' expectations and plans for further education? Has it affected their access to more education or their choices of what schools to attend? And has the quality of aid packages for needy students changed in recent years? Two separate data sources are used in answering these questions and looking at the whole picture of equity in financing postsecondary education.

**"Teacher Supply and Demand: A Problem for Minnesota?"** Lawrence C. Wells. October 1986. **CURA Reporter** 16(4):5-8. The supply of elementary and secondary school teachers is expected to be short by the 1990s at the national level. Will this affect Minnesota? The article presents the best available statistical projections for the nation as a whole and for Minnesota.

**"Training in Co-op Development."** CURA. July 1984. **CURA Reporter** 14(4):6-7. An internship program allows graduate students to develop housing opportunities for low and moderate income people in the metro area.

**White Hmong Dialogues.** See "Minorities."

**White Hmong Language Lessons.** See "Minorities."

**White Hmong Language Lessons Tapes.** See "Minorities."

**1985 Minnesota Citizen Opinions on Public Education and Educational Reform.** William J. Craig and Kumarasiri Samaranyaka. 1985. CURA/College of Education Project on The Future of K-12 Public Education in Minnesota. CURA 85-10. 39 pp. The results of a statewide survey of 2,000 adults in the spring of 1985 indicate that Minnesotans are concerned about primary and secondary education and are willing to spend money to improve the schools, especially equal access to quality education. They want schools to be accountable through published results of standardized tests and they reject the concept of open enrollment.

## ENVIRONMENT AND ENERGY

**Courses in the Environment: A Student Guide to Courses in the Environment on Minneapolis and St. Paul Campuses, 1986-87.** September 1986. 54 pp. Courses relating to environmental studies at the University of Minnesota are listed by subject area and by department. Course descriptions are included. Special centers' services, and libraries related to environmental studies are also described if they are within the Twin Cities metro area.

**Energy From Peatlands: Options and Impacts.** CURA Peat Policy Project. 1981. CURA 81-2. 193 pp. This book is a major report on Minnesota's peat resources and how they might be developed. It

includes a discussion of direct peat mining, using peatlands as farmland for growing energy crops, and preserving peatlands. It analyzes the economies of these various approaches; considers the impact development would have on local economies, communities, and the environment; explains the legal and regulatory options available to Minnesota; and presents the recommendations of the peat panel that prepared the report.

**Fiscal Constraints on Minnesota—Impacts and Policies: Budget Cuts and Environmental Programs.** See "Planning and Public Affairs."

**Growing Crops for Energy: A Bibliography of Bioenergy References 1970-80.** Julie A. Winkler. 1982. CURA 82-3. 98 pp. References for books, articles, reports, and conference proceedings on renewable energy crops are collected here. Also available in a computerized retrieval system, INDEX, at the Minnesota Department of Energy and Economic Development.

**Growing Energy Crops on Minnesota's Wetlands: The Land Use Perspective.** Jeffrey P. Anderson and William J. Craig. 1984. CURA 84-3. 103 pp. A major report that analyzes the land use issues that will control development of bioenergy in Minnesota. The report includes an inventory of Minnesota's wetlands, analysis of possible land use conflicts and economic limitations, case studies of three Minnesota counties, and projections as to how much land will be available for growing energy crops.

**"A Growing Role for County Government in Water Management and Water Quality."** Roger Steinberg. October 1985. **CURA Reporter** 15(4):1-5. Four case studies are presented to show how county government is taking the initiative in protecting water quality and organizing for water management.

**Homeowners That Use Solar Energy: A Study of the Social Aspects of Diffusion of Solar Technology.** Edward J. Mack, Ronald E. Anderson, and Brian C. Aldrich. 1983. Minnesota Center for Social Research. CURA 83-6. 32 pp. People who use solar energy in their homes were surveyed to find out who they are, what their experiences have been with the new technology, and what role various government agencies played in their choosing solar.

**"If We Develop Peat..."** Thomas R. Peek and Douglas S. Wilson. March 1981. **CURA Reporter** 11(1):9-11. The creation of the CURA Peat Policy Project and the different areas it is studying are outlined here. These include: the development options and the problems surrounding the economic, social, and environmental effects of peatland development.

**The Minnesota Land Management Information System Ten Years Later.** See "Land Use."

**"Minnesota's Shorelands."** See "Land Use."

**"Owners of Private Forest Lands in Minnesota."** See "Land Use."

**Peatland Energy Options: System Analysis.** Roger Aiken and Douglas S. Wilson. 1982. 36 pp. A technical supplement to the CURA Peat Policy Project's major report, *Energy from Peatlands: Options and Impacts*, this work presents calculations that compare the amount of energy that could be extracted from Minnesota peatlands using three different mining techniques as well as a renewable approach. Cattails are used as the renewable crop to be grown on the peatlands, harvested, and converted to usable energy.

**Public Control of Privately-Owned Land: Approaching Land Use From the Legal Perspective.** See "Land Use."

**"Top Ten Environmental Issues."** Thomas L. Anding. March 1984. **CURA Reporter** 14(2):10-11. A survey of Minnesota-based environmental organizations reveals what these groups consider the most important environmental problems facing Minnesota in mid-1983. These rankings are compared with similar environmental priorities set in France and Sweden.

**Uranium in Minnesota: An Introduction to Exploration, Mining, and Milling.** Dean Abrahamson and Edward Zabinsky. 1980, revised 1981. CURA 80-2. 74 pp. Prepared as a primer on uranium and how it is mined, this work gives particular attention to current explorations for uranium in Minnesota, the radiation hazards involved in mining and milling, and the means available to the state for controlling the development of uranium mining in Minnesota.

**"Who Uses Solar Energy?"** Edward J. Mack, Ronald E. Anderson and Brian C. Aldrich. May 1983. *CURA Reporter* 13(3):6-10. This article summarizes *Homeowners That Use Solar Energy...* in this section.

## HOUSING

**"The Business Firm as an Instrument of Social Change: A Colombian Model."** See "Business, Industry, and Employment."

**"Changing Populations in an Urban Renewal Area."** See "Community/Neighborhood Studies."

**"The Costs of Regulation: Home Builders, Developers and the Maze of Government Review."** B. Warner Shippee. January 1982. *CURA Reporter* 12(1):2-8. A year-long study of the regulatory processes that local, regional, state, and federal governments have created as controls on residential development is presented here. The article discusses the regulatory picture in Minnesota and details the additional costs that accrue to the home buyer as a result of local fees, delays, and uncertainties in the home building process.

**"From Soybeans to Split-levels: Ex-urbanites in Wright and Olmsted Counties."** See "Land Use."

**Homeowners That Use Solar Energy: A Study of the Social Aspects of Diffusion of Solar Technology.** See "Environment and Energy."

**Housing Rehabilitation Loan Programs in Minnesota.** James D. Fitzsimmons, Julia A. Nutter, and Kathleen A. Gilder. May 1975. 83 pp. Three programs created in 1974 to assist mainly low and moderate income people in maintaining and rehabilitating their homes are described: the Minneapolis Housing Rehabilitation Loan and Grant Program, the Saint Paul Housing Rehabilitation Loan and Grant Program, and the Minnesota Housing Finance Agency Rehabilitation Loan Program.

**"The Loring Park Development: the Design, the Development, and the Difference it Has Made."** See "Community/Neighborhood Studies."

**"The Minneapolis Survey: How the City Grew and What Should be Preserved."** See "Community/Neighborhood Studies."

**"New Homes in the Countryside: Prime Farmland for Residential Development?"** See "Land Use."

**New Homes, Vacancy Chains, and Housing Submarkets in the Twin City Area.** John S. Adams. August 1973. 57 pp. The results of a University of Minnesota class project are presented here. The impact of new housing in the Twin Cities area was studied by following the "vacancy chains" created when one family moves into a new housing unit, thus leaving their old housing unit vacant for another family to move in, vacating a third unit and so on.

**Postwar Housing in National and Local Perspective: A Twin Cities Case Study.** Rebecca Lou Smith. 1978. CURA 78-4. 67 pp. After World War II a housing boom swept the nation. This study reviews the major features of that boom and its Twin Cities component. Changes in some typical Twin Cities postwar suburbs are analyzed in depth.

**"Public Housing for the Elderly: Reducing the Vacancy Rates in Minneapolis."** See "Human Services."

**Recycling the Central City: The Development of a New Town-In Town.** Judith A. Martin. 1978. CURA 78-1. 165 pp. Author Martin presents a detailed examination of the planning and development of Minneapolis' Cedar-Riverside project, the first federally sponsored new town. Her study includes the origins of the project through the first phase of development, along with a survey conducted after the first year of occupancy. Illustrated with many maps and photographs.

**"Response: Protecting Agriculture vs. Preserving Prime Farmland."** See "Land Use."

**"Training in Co-op Development."** See "Education."

**Twin Cities Conversions. The Case Studies: How the Finances Work.** Milo Pinkerton. 1981. CURA 81-8. 27 pp. The financial aspects of three actual conversions are described here, each representative of a particular type of conversion. Time lines for development, income and expenses, and profits and loss are recorded for each project. A comparison of three apartments is made in terms of costs to the renter or owner before and after conversion. And the effects of conversion on real estate taxes are analyzed.

**Twin Cities Conversions. The Complete Inventory: 1970-1980.** Milo Pinkerton. 1981. CURA 81-9. 40 pp. This is a complete listing of the addresses of all the conversions studied. All converted condominiums in the seven-county metro area and all converted cooperatives are included along with the new condos and new co-ops in Hennepin and Ramsey counties.

**Twin Cities Conversions of the Real Estate Kind.** Barbara Lukermann, et al. 1981. CURA 81-5. 96 pp. A major study of condominium and cooperative conversions in the Twin Cities metropolitan area was completed in 1981. The results, presented here, include maps locating all the conversions; surveys of condominium developers, of buyers, and of those displaced when the buildings were converted; an analysis of cooperative housing; financial case studies; an evaluation of the Minneapolis Homeownership Program; and a discussion of the study results in terms of housing policy for the metropolitan area. More detailed reports of parts of this study are also printed separately under the general title: *Twin City Conversions*.

**"Who Uses Solar Energy?"** See "Environment and Energy."

## HUMAN SERVICES

**American Indian Alcoholism in St. Paul.** See "Minorities."

**"Assessing Neighborhood Health and Social Needs: The People's Center Re-examines Its Constituency in Cedar-Riverside."** See "Community/Neighborhood Studies."

**"The Business Firm as an Instrument of Social Change: A Colombian Model."** See "Business, Industry, and Employment."

**"Challenging Myths About Welfare."** See "Education."

**Courses on Aging: University of Minnesota, 1986-87.** Monica Colberg. 1986. All-University Council on Aging. 19 pp. The University of Minnesota offers many courses related to aging. This is a listing of those courses in which aging is a primary focus. Courses are listed by campus (Twin Cities and coordinate campuses) and by department.

**Down to the Bone: Community-Based Facilities in a Time of Retrenchment.** Esther Wattenberg. 1986. CURA 86-4. 99 pp. How do community-based social service facilities respond to a period of fiscal austerity? A history of the development of community-based facilities is followed by results of a survey of directors of sixty-nine facilities in the Twin Cities metropolitan area in 1982 and two case studies: facilities for troubled adolescents and facilities for the developmentally disabled.

**"Down to the Bone: Community-Based Facilities in a Time of Retrenchment."** Esther Wattenberg. June 1986. **CURA Reporter** 16(3):10-14. A history of how these facilities have evolved is followed by two case studies of vulnerable populations. These are highlights from the full publication *Down to the Bone*...

**"Down the Road with Aging."** Donald W. Legler. January 1982. **CURA Reporter** 12(1):9-11. The tasks facing the All-University Council on Aging are depicted along with a brief history of the council.

**The Experience of Smaller Nonprofits Raising Money from Minnesota's Largest Foundations.** See "Planning and Public Affairs."

**"Hmong Resettlement."** See "Minorities."

**"Maps for the Fingers."** See "Land Use."

**"Nursing Home Beds in Minnesota: An Unsung Shortage?"** Ruth Stryker-Gordon. March 1986. **CURA Reporter** 16(2):8-10. A survey taken in 1984 looks at what has happened to access to nursing home care since the institution of the Prospective Payment System. What are occupancy rates? Are there waiting lists? How long does one wait and who gets in when an opening occurs?

**"Public Housing for the Elderly: Reducing the Vacancy Rates in Minneapolis."** Jean K. Quam and Maryann Syers. January 1986. **CURA Reporter** 16(1):9-13. High vacancy rates in high-rises for the elderly have plagued Minneapolis. This study explores the rental application process and why, despite many improvements, the high vacancy rates continue.

**Research on Aging, University of Minnesota 1980-1985.** AUCA Research Committee. 1986. All University Council on Aging, Center for Urban and Regional Affairs. CURA 86-1. 163 pp. Research on aging is an expanding field at the University of Minnesota. An inventory of research projects in aging is presented with summary descriptions of 134 projects conducted during the first half of the 1980s. Projects are grouped by their University departments and are also indexed by principal investigator and by keywords.

**"Rethinking Child Care Issues: The Family Day Care Option."** Esther Wattenberg. March 1982. **CURA Reporter** 12(2):13-16. Current patterns of child care for working parents are examined in relation to the social revolution we are experiencing, the changing patterns of government social policy, and the economic realities of the day. Recommendations are suggested for government policy in relation to day care.

**Room at the Top: Moving Women into Administrative Positions in Social Welfare.** Esther Wattenberg, ed. 1978. CURA 78-3. 35 pp. Basic administrative concepts, historical patterns and trends in Minnesota, different styles of administration and some typical administrative problems are presented and discussed in this proceedings of a seminar held by the Minnesota chapter of the National Association of Social Workers in January 1978.

**"Senior Centers in Minnesota."** Theodore R. Anderson and Jan Benson. March 1982. **CURA Reporter** 12(2):10-13. Senior centers have sprung up in community after community across the state. An-

dition and Benson offer the results of their study of senior centers, focusing here on the kinds of service they offer and how they relate to their communities.

**"Who Benefits? Looking at Minnesota Foundation Grants to the Disadvantaged."** Frederick W. Smith. February 1985. **CURA Reporter** 15(1):1-6. How much of Minnesota's generous private philanthropy goes to benefit the disadvantaged? A detailed analysis is presented of which disadvantaged (racial minorities, women, and others) get what, from whom.

**"Working and On AFDC: The Impact of Recent Federal Cutbacks."** William J. Craig and Ira Moscovice. May 1983. **CURA Reporter** 13(3):1-4. A report on the AFDC study after six months had elapsed. This report includes four outstate counties in addition to Hennepin County.

**"Working and On AFDC: The Impact of Recent Federal Cutbacks One Year Later."** William J. Craig and Ira Moscovice. May 1984. **CURA Reporter** 14(3):9-11. What happened to AFDC families when benefits were cut back in early 1982? A sample of AFDC families in Hennepin County were followed through a series of three surveys to see how the cutbacks affected their lives and economic situation.

## LAND USE

**Building Permits Monitor Development and Land Use Change in Wright County.** William J. Craig. 1979. CURA 79-5. 137 pp. A new method of monitoring growth and land use changes is proposed and a pilot study using this method in Wright County is reported. County building permits were geocoded and computerized so that computer generated maps could show land use changes.

**Energy From Peatlands: Options and Impacts.** See "Environment and Energy."

**"From Soybeans to Split-levels: Ex-urbanites in Wright and Olmsted Counties."** Lizbeth A. Pyle. March 1981. **CURA Reporter** 11(1):4-8. The first in a series of papers reporting on the urbanization process in rural areas, this paper discusses characteristics of new homeowners in rural areas of Wright and Olmsted counties, compares them with long-time residents, and reports on the problems of converting rural land to residential use as seen by the two groups.

**Growing Energy Crops on Minnesota's Wetlands: The Land Use Perspective.** See "Environment and Energy."

**"If We Develop Peat..."** See "Environment and Energy."

**"A Lost Lake Reconsidered."** Hans Olaf Pfannkuch. June 1986. **CURA Reporter** 16(3):6-9. A hydrologic study was made in Columbia Park in northeast Minneapolis to discover if it would be feasible to restore Lake Sandy, which had once been located there. Background on how the lake disappeared is also included.

**"Maps for the Fingers."** Judith H. Weir. October 1983. **CURA Reporter** 13(4):5-7. A project to create maps of the Twin Cities that can be used by the blind is described along with ongoing research in tactual map-making and studies of how special concepts are learned.

**The Minnesota Land Management Information System Ten Years Later.** William J. Craig. 1986. CURA 86-3. 11 pp. What has happened to MLMIS since it began ten years ago at CURA? This

computerized databank of the state's natural resources—one of the world's premier systems for supporting natural resource planning and decision making—is now operated by the state of Minnesota. Craig describes how the system is working today.

**"Minnesota's Shorelands."** Joseph Stinchfield, Jeffrey Stitt and Glenn Radde. November 1984. **CURA Reporter** 14(5):7-11. Results of an extensive study of residents on Minnesota's lakes and river shorelands give a portrait of who these owners are, what their homes are like, how they use the water, and what concerns they have about Minnesota's shorelands.

**"New Homes in the Countryside: Prime Farmland for Residential Development?"** Lizabeth A. Pyle. September 1982. **CURA Reporter** 12(3):9-14. The third in a series of papers reporting on urbanization in rural areas, this paper discusses patterns of residential development in Olmsted County, how development is affecting prime farmland, and what the county's response has been.

**"Owners of Private Forest Lands in Minnesota."** Karen Harrington. March 1986. **CURA Reporter** 16(2):6-8. A statewide survey of private forest lands asked who are the owners? Where are their holdings? What do they want from their land? And how do they make management decisions about their land?

**"Preserving Metro Area Farmland: A Survey and Perspective."** Darrell E. Napton and John R. Borchert. January 1986. **CURA Reporter** 16(1):1-7. Background on the development of various government efforts to protect farmland in the Twin Cities area is presented along with the results of a survey of metro area farmers that assessed views of farming, the threat of urbanization, and reactions to the Agricultural Preserves Program.

**Public Control of Privately-Owned Land: Approaching Land Use From the Legal Perspective.** AUCEQ. 1975. All University Council on Environmental Quality. 28 pp. A brief history of the development of public restrictions on the use of private land is presented along with descriptions of five acts passed by the Minnesota State Legislature in the early 1970s that extended the state's role in regulating private land use.

**"Response: Protecting Agriculture vs. Preserving Prime Farmland."** Philip H. Wheeler. September 1982. **CURA Reporter** 12(3):14-15. A different interpretation of the data in "New Homes in the Countryside..." is presented by an Olmsted County planner.

**Windows to the Past: A Bibliography of Minnesota County Atlases.** Mai Treude. 1980. CURA 80-3. 198 pp. Treude has prepared a comprehensive listing of Minnesota's county atlases and where they are available. Published from 1867 to the present, these atlases contain records of land use and land ownership, directories of businesses and residences, photographs of buildings and people, geneologies, county histories, and advertisements. In an introduction to the bibliography, a brief history of the county atlas and how it developed in Minnesota is presented along with a number of illustrations from Minnesota atlases.

## MINORITIES

**American Indian Alcoholism in St. Paul.** Michael Miller and Laura Waterman-Wittstock. 1981. CURA 81-11. 60 pp. The findings of a survey designed and conducted largely by Indians are reported here. Data are presented on who is alcoholic, how widespread the problem is, and how programs and services for the alcoholic Indian are working. Recommendations and an extensive annotated bibliography are included.

**Annotated Bibliography of Recent Research on Chicanos and Latinos in Minnesota.** Greg Stark, Kathryn Guthrie and Cheryl Selinsky. 1980. Minnesota Spanish-Speaking Research and Data Collection Task Force. CURA 80-1. 60 pp. The bibliography includes both published and unpublished works of merit. Research is presented in four categories: policy and issue oriented studies, immigrant affairs, data sources and descriptive studies, and specific program studies. At least one verified location of where to obtain each study is given.

**A Bibliography of the Hmong (Miao) 2nd Edition.** Douglas P. Olney. 1983. Southeast Asian Refugee Studies Project. Occasional Papers, Number One. CURA 83-7. 78 pp. \$3.00. Writings on the Hmong people of Laos are listed under eight subject headings: general works on Southeast Asia, general Hmong ethnography, specific aspects of Hmong ethnography, linguistic studies of Hmong and Mien, refugee resettlement, journalism, Hmong language books, and bibliographies. Most of the works listed are available at the University of Minnesota.

**Bibliography of Social Science Research and Writings on American Indians.** Russell Thornton and Mary K. Grasmick. 1979. CURA 79-1. 163 pp. Thornton and Grasmick compiled a listing of social science knowledge on American Indians as it appeared in scholarly journals in the fields of history, sociology, geography, political science, economics, and American and ethnic studies. Entries date from the late 19th century to 1976.

**The Experience of Smaller Nonprofits Raising Money from Minnesota's Largest Foundations.** See "Planning and Public Affairs."

**The Growth of Minority Business in the Twin Cities Metropolitan Area.** See "Business, Industry, and Employment."

**"Hmong Resettlement."** Bruce T. Downing, Glenn Hendricks, Sarah Mason and Douglas Olney. May 1984. **CURA Reporter** 14(3):1-8. A major study of the Hmong resettlement experience in the United States was completed for the federal government. This article highlights the Twin Cities component of that study, looking at employment, welfare dependency, English proficiency, education, and community relations.

**"The Hmong and Their Neighbors."** Douglas P. Olney. January 1983. **CURA Reporter** 13(1):8-14. Reports on a study of Hmong in the Phillips neighborhood in Minneapolis which examined Hmong acquaintance with neighbors and the community, their attitudes toward Americans, language problems, and problems they have encountered in the neighborhood.

**The Hmong in the West: Observations and Reports.** Bruce T. Downing and Douglas P. Olney, eds. 1982. Southeast Asian Refugee Studies Project. CURA 82-1. 410 pp. \$8.25. Papers of the 1981 Hmong Research Conference are published here. The papers cover a wide range of subjects and include a brief history of the Hmong people and why they left Laos, traditional Hmong culture and cultural change, Hmong linguistics, problems of English language training, Hmong communities in the United States, and problems of resettlement.

**"Hmong in the Workplace."** Glenn L. Hendricks and Brad Richardson. March 1982. **CURA Reporter** 12(2):1-5. Hendricks and Richardson report on a study they made of local employment needs of the Hmong refugees in the Twin Cities and on local employers' experiences with Hmong workers.

**"Refugees and Researchers."** Judith H. Weir. March 1981. **CURA Reporter** 11(1):12-14. Background on the influx of Southeast Asians to Minnesota is presented along with a description of the Southeast Asian Refugee Studies Project and some of their research efforts.

**"Services for Indian Children: How Local Government Responds."** Mary L. Duroche. September 1982. **CURA Reporter** 12(3):1-7. Reports on changes in government policies affecting American Indian children, how county and tribal government inter-

act in providing social services for these children, and what it is costing the counties.

**"Toward Hmong Self-Sufficiency: The Challenge of Economic Development for the Hmong."** Simon M. Fass. July 1984. *CURA Reporter* 14(4):1-6. A comprehensive study of Hmong economic development projects examines how the Hmong are progressing in their attempts to become self-sufficient. Reports on sewing projects, farming projects, small businesses, and employment projects.

**"Training Refugee Women for Employment in Minnesota."** Sarah R. Mason. October 1986. *CURA Reporter* 16(4):8-14. Results of a survey of sixty-nine community programs are presented. This article highlights parts of the full study (*Training Southeast Asian Refugee Women...*) also listed in this section.

**Training Southeast Asian Refugee Women for Employment: Public Policies and Community Programs, 1975-1985.** Sarah R. Mason. 1986. Southeast Asian Refugee Studies Project. Occasional Papers, Number Two. CURA 86-6. 142 pp. \$5.00. Sixty-nine community programs for training Southeast Asian refugee women were surveyed. The report includes background on the development of public policy in regard to refugee training as well as case studies of the training programs that were surveyed across the country from Santa Ana, California to Providence, Rhode Island.

**"Voiceless" Groups in the Twin Cities Community: Programming Needs of Some of Public Television's Non-Audiences.** Orville C. Walker, Priscella Goldstein, and William Rudelius. 1974. 22 pp. Results are presented from a survey conducted among minority groups in the community as to how television can serve their needs. Those surveyed were: elderly on fixed income, hard of hearing, mental health patients, women prisoners, teenage expectant mothers, runaway teenagers, V.D. victims, American Indians, black teenage girls, Asians, disabled, and nuns.

**White Hmong Dialogues.** David Strecker and Lopao Vang. 1986. Southeast Asian Refugee Studies Project. Occasional Papers, Number Three. CURA 86-5. 22 pp. \$2.00. Twenty dialogues in White Hmong are presented in Hmong and English as a teaching aid for students learning to speak Hmong. These dialogues were originally developed for an intensive beginning Hmong class and include vocabulary, grammar notes, and pattern drills.

**White Hmong Language Lessons.** Doris Whitelock. 1982. Southeast Asian Refugee Studies Project. Occasional Papers, Number Two. CURA 82-6. 131 pp. \$6.25. This book presents a series of structured lessons in one of the major Hmong dialects. The lessons should be studied with the help of a native Hmong speaker.

**White Hmong Language Lessons Tapes.** Judy Fuller and Vang Vang. 1983. Southeast Asian Refugee Studies Project. Three cassette tapes. \$10.00. The tapes are designed to accompany *White Hmong Language Lessons*.

**"Who Benefits? Looking at Minnesota Foundation Grants to the Disadvantaged."** See "Human Services."

**"Citizen Participation in Minneapolis."** Karen Hult. November 1984. *CURA Reporter* 14(5):1-6. Citizen participation in Minneapolis from 1980-84 is examined and analyzed. This article summarizes *Institutionalizing Organized Citizen...* also in this section.

**"The Costs of Regulation: Home Builders, Developers and the Maze of Government Review."** See "Housing."

**"CURA Adds Survey Research Center."** William J. Craig. October 1986. *CURA Reporter* 16(3):1-5. The Minnesota Center for Survey Research has become part of CURA. The article presents background on the center and what kind of research it does.

**Down to the Bone: Community-Based Facilities in a Time of Retrenchment.** See "Human Services."

**"Down to the Bone: Community-Based Facilities in a Time of Retrenchment."** See "Human Services."

**"Economic Health Through Community-Based Development."** See "Business, Industry, and Employment."

**The Experience of Smaller Nonprofits Raising Money from Minnesota's Largest Foundations.** Frederick W. Smith and Rosangelica Aburto. 1985. The Philanthropy Project. CURA 85-8. 13 pp. Members of the Philanthropy Project, a coalition of ninety Minnesota nonprofit organizations, were surveyed about their experiences in raising money from Minnesota's forty largest foundations in the years up to and including 1983. Results of the survey are presented here along with a number of recommendations that may prove useful for new, small nonprofit organizations.

**"Expert Advice: Can Computers Help Government Find and Use It?"** Robin D. Crickman. March 1981. *CURA Reporter* 11(1):1-4. How has computer conferencing been used as an aid in conducting government business? This paper discusses several systems (INDEX, CONFER, and LEGITECH) and their strengths and weaknesses.

**Fiscal Constraints on Minnesota—Impacts and Policies: Budget Cuts and Environmental Programs.** Nancy Walters. 1983. CURA 83-4. 42 pp. The impact of federal budget cuts on Minnesota's environmental programs is examined agency by agency.

**Fiscal Constraints on Minnesota—Impacts and Policies: Economic Conditions and Changing Government Policies.** Thomas R. Peek and Douglas S. Wilson. 1983. CURA 83-1. 161 pp. The report gives a comprehensive look at the state's fiscal crisis in the early 1980s and the resulting fiscal and intergovernmental policy changes.

**Fiscal Constraints on Minnesota—Impacts and Policies: Local Perspectives on Minnesota's Intergovernmental System.** Thomas R. Peek and Douglas S. Wilson. 1984. CURA 84-1. 41 pp. Perspectives of local officials on Minnesota's intergovernmental system are summarized and proposals for its reform suggested.

**Fiscal Constraints on Minnesota—Impacts and Policies: Proposals for Fiscal Reform.** Thomas R. Peek and Douglas S. Wilson. 1984. CURA 83-5. 64 pp. Major proposals for reform of Minnesota's fiscal system are presented along with a policy framework for examining them.

**"From Soybeans to Split-levels: Ex-urbanites in Wright and Olmsted Counties."** See "Land Use."

**"Future City: Duluth Tomorrow."** See "Community/Neighborhood Studies."

**"A Growing Role for County Government in Water Management and Water Quality."** See "Environment and Energy."

**A Guide to Survey Research: How to Plan a Survey, Estimate Costs, and Use a Survey Research Service.** Paul D. Reynolds and G. C. Sponaugle. 1982. CURA 82-4. 64 pp. An overview of the survey research process and its uses is provided along with details of how to estimate costs and a description of survey research services available in the Twin Cities area.

## PLANNING AND PUBLIC AFFAIRS

**"The Baby Boomers are Coming Home."** John Fraser Hart. February 1985. *CURA Reporter* 15(1):7-10. This article presents a study of migration patterns between counties in Minnesota during the 1970s.

## CURA NEWSLETTERS, PROGRAMS, AND PUBLICATIONS

**Aging: News.** This quarterly newsletter from the All-University Council on Aging includes news on seminars, classes, and programs in aging at the University of Minnesota as well as announcements of meetings in Minnesota and nationally, research opportunities, short reports, and book reviews.

**AUCA Brochure.** An explanation of the structure, programs, and functions of the All-University Council on Aging is presented in succinct form.

**The Complete List of CURA Publications.** A listing of virtually every CURA publication (both in and out-of-print) is kept on computer and may be ordered at any time. Out-of-print publications may be ordered from this list at a cost of 10c per page for photocopying.

**CURA Brochure.** This small brochure offers an explanation of what CURA is, what kinds of projects CURA undertakes, and how CURA operates.

**CURA Reporter.** Research reports, articles about current CURA projects, and announcements of new CURA publications are published five times a year in the *Reporter*.

**Southeast Asian Refugee Studies Newsletter.** Information about research and publications that relate to the Indochinese refugees, and particularly the Hmong people of Laos, is reported in this quarterly newsletter.

**"Update: CURA Programs 1983-85."** May 1985. **CURA Reporter.** 15(2):12 page insert. Capsule descriptions of CURA projects over a two year period are presented as a way to review CURA's work in progress.

**The Hmong in the West: Observations and Reports.** See "Minorities."

**"Hmong Resettlement."** See "Minorities."

**Institutionalizing Organized Citizen Participation: Challenges and Opportunities.** Karen M. Hult. 1984. CURA 84-5. 42 pp. Changes in citizen participation in Minneapolis were studied and analyzed over a four-year period: 1980-84.

**A Look at Four Plant Shutdowns in Minnesota.** See "Business, Industry, and Employment."

**The Minnesota Land Management Information System Ten Years Later.** See "Land Use."

**Minnesota Population Change 1970-1980.** CURA. 1982. CURA 82-7. Two-sided colored map 18x24 inches.

**"Minnesota's Intergovernmental System: Perspectives of Local Officials."** Thomas R. Peek and Douglas S. Wilson. January 1984. **CURA Reporter** 14(1):1-6. This article summarizes the full report, *Fiscal Constraints on Minnesota—Impacts and Policies: Local Perspectives on Minnesota's Intergovernmental System* in this section.

**"Neighborhood Therapy for Duluth's West End."** See "Community/Neighborhood Studies."

**"New Firms in Minnesota: Explorations in Economic Change."** See "Business, Industry, and Employment."

**"New Homes in the Countryside: Prime Farmland for Residential Development?"** See "Land Use."

**"New Jobs From Community-Based Economic Development."** See "Business, Industry, and Employment."

**Policies and Community Programs, 1975-1985.** See "Minorities."

**"Questions About Women in the Minnesota Economy."** See "Business, Industry, and Employment."

**Recent Population Change in the United States.** David J. Borchert and James D. Fitzsimmons. 1978. 26 pp. Twenty-six computer-generated maps document changes in the U. S. population growth rate from 1950 to 1975. Data on population change, net migration, natural increase, and per capita income are presented on a county-by-county basis.

**Recycling the Central City: The Development of a New Town-In Town.** See "Housing."

**"Response: Protecting Agriculture vs. Preserving Prime Farmland."** See "Land Use."

**"Services for Indian Children: How Local Government Responds."** See "Minorities."

**Targeted Subsidization of Postsecondary Education Enrollment in Minnesota: A Policy Evaluation.** See "Education."

**"Training Refugee Women for Employment in Minnesota."** See "Minorities."

**Training Southeast Asian Refugee Women for Employment: Public Policies and Community Programs, 1975-1985.** See "Minorities."

**Twin Cities Conversions of the Real Estate Kind.** See "Housing."

**What is the Population of St. Cloud?** John Fraser Hart. 1985. CURA 85-4. 21 pp. A detailed look at the concept of geographic place—urban and rural and metropolitan—and how U.S. Census concepts and definitions affect statistical information.

**"What is the Population of St. Cloud?"** John Fraser Hart. October 1985. **CURA Reporter** 15(4):6-9. This version is substantially the same as the full publication listed above.

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## BUSINESS, INDUSTRY, AND EMPLOYMENT

- Fundamental Principles, and Model for Social Intervention of Colombia's Fundación Social.** Fundación Social.
- The Growth of Minority Businesses in the Twin Cities Metropolitan Area.** Scott.
- A Look at Four Plant Shutdowns in Minnesota.** Skidmore.

## COMMUNITY/NEIGHBORHOOD STUDIES

- Community Involvement in the Whittier Neighborhood: An Analysis of Neighborhood Conditions and Neighborhood Change.** Smith and Anding.
- Harrison Neighborhood Needs Assessment, A Community-Based Project for Neighborhood Improvement Planning.** Campbell and Schersten.

## EDUCATION

- The Berman, Weiler Study of Minnesota Student Performance: A Critical Review.** Duren, Jr. and Peek.
- Minnesota K-12 Education: A Catalogue of Reform Proposals.** Wells.
- Minnesota K-12 Education: A Catalogue of Reform Proposals, a summary version.** Wells.
- Minnesota K-12 Education: The Current Debate, The Present Condition.** Peek, Duren Jr., and Wells.
- Targeted Subsidization of Postsecondary Education Enrollment in Minnesota: A Policy Evaluation.** Hearn, Sano, and Urahn.
- 1985 Minnesota Citizen Opinions on Public Education and Educational Reform.** Craig and Samaranayaka.

## ENVIRONMENT AND ENERGY

- Courses in the Environment: A Student Guide to Courses in the Environment on Minneapolis and St. Paul Campuses, 1986-87.**
- Energy from Peatlands: Options and Impacts.** CURA Peat Policy Project.
- Growing Crops for Energy: A Bibliography of Bioenergy References 1970-80.** Winkler.
- Growing Energy Crops on Minnesota's Wetlands: The Land Use Perspective.** Anderson and Craig.
- Homeowners That Use Solar Energy: A Study of the Social Aspects of Diffusion of Solar Technology.** Mack, Anderson, and Aldrich.
- Peatland Energy Options: System Analysis.** Aiken and Wilson.
- Uranium in Minnesota: An Introduction to Exploration, Mining, and Milling.** Abrahamson and Zabinsky.

## HOUSING

- Housing Rehabilitation Loan Programs in Minnesota.** Fitzsimmons, Nutter, and Gilder.

- New Homes, Vacancy Chains, and Housing Submarkets in the Twin Cities Area.** Adams.
- Postwar Housing in National and Local Perspective: A Twin Cities Case Study.** Smith.
- Recycling the Central City: The Development of a New Town-In Town.** Martin.
- Twin City Conversions of the Real Estate Kind.** Lukermann and others.
- Twin City Conversions. The Case Studies: How the Finances Work.** Pinkerton.
- Twin City Conversions. The Complete Inventory: 1970-1980.** Pinkerton.

## HUMAN SERVICES

- Courses on Aging: University of Minnesota 1986-87.** Colberg.
- Down to the Bone: Community-Based Facilities in a Time of Retrenchment.** Wattenberg.
- Research on Aging, University of Minnesota 1980-1985.** AUCA.
- Room at the Top: Moving Women into Administrative Positions in Social Welfare.** Wattenberg, ed.

## LAND USE

- Building Permits Monitor Development and Land Use Change in Wright County.** Craig.
- The Minnesota Land Management Information System Ten Years Later.** Craig.
- Public Control of Privately-Owned Land: Approaching Land Use From the Legal Perspective.** AUCEQ.
- Windows to the Past: A Bibliography of Minnesota County Atlases.** Treude.

## MINORITIES

- American Indian Alcoholism in St. Paul.** Miller and Waterman-Wittstock.
- Annotated Bibliography of Recent Research on Chicanos and Latinos in Minnesota.** Stark, Guthrie, and Selinsky.
- A Bibliography of the Hmong (Miao) 2nd Edition.** Olney.
- Bibliography of Social Science Research and Writings on American Indians.** Thornton and Grasmick.
- The Hmong in the West: Observations and Reports.** Downing and Olney, eds. \$8.25.
- "Voiceless" Groups in the Twin Cities Community: Programming Needs of Some of Public Television's Non-Audiences.** Walker, Goldstein, and Rudelius.
- White Hmong Dialogues.** Strecker and Vang. \$2.00.
- White Hmong Language Lessons.** Whitelock. \$6.25.
- White Hmong Language Lessons Tapes.** Fuller and Vang. \$10.00.



PLANNING AND PUBLIC AFFAIRS

- The Experience of Smaller Nonprofits Raising Money from Minnesota's Largest Foundations.** Smith and Aburto.
- Fiscal Constraints on Minnesota—Impacts and Policies: Budget Cuts and Environmental Programs.** Walters.
- Fiscal Constraints on Minnesota—Impacts and Policies: Economic Conditions and Changing Government Policies.** Peek and Wilson.
- Fiscal Constraints on Minnesota—Impacts and Policies: Local Perspectives on Minnesota's Intergovernmental System.** Peek and Wilson.
- Fiscal Constraints on Minnesota—Impacts and Policies: Proposals for Fiscal Reform.** Peek and Wilson.
- A Guide to Survey Research: How to Plan a Survey, Estimate Costs, and Use a Survey Research Service.** Reynolds and Sponaugle.
- Institutionalizing Organized Citizen Participation: Challenges and Opportunities.** Hult.
- Minnesota Population Change 1970-1980.** Map.
- Recent Population Change in the United States.** Borchert and Fitzsimmons.
- What is the Population of St. Cloud?** Hart.

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## Long-term Care

One of the biggest gaps in the delivery and financing of health care is that there is no organized plan to provide long-term supportive care. The increasing aged population in our society, brings with it an increasing incidence of chronic disease and need for assistance in the activities of daily living. This situation has not been adequately addressed by the current reimbursement system. Home care under Medicare regulations is limited to cases of medical necessity. This rules out the assistance needed for patients with a variety of degenerative diseases. It does not provide for continuing care on a long-term basis either in a nursing home or at home. Patients and families who need long-term nursing care do not know how to obtain it, and even if they can find it, there is little financial assistance for this kind of care. A master plan for the coordination and financing of acute and long-term care is desperately needed now and will become increasingly imperative.

## Matching Responsibility and Authority for Patient Care

The present system of reimbursement for health care services is riddled with confusion about the authority for determining needed patient care. Medicare regulations specify that home nursing care must be authorized by a physician on the basis of medical necessity rather than by a nurse on the basis of nursing care needs. In practice, the nurse doing the discharge planning usually assesses the patient's needs for home nursing and then obtains the physician's approval of this plan. On the other hand, nurses are being employed by HMOs as utilization reviewers and given the authority to make decisions regarding eligibility for treatment based on medical need. In practice, physicians develop the guidelines for determining appropriate medical care, and nurses follow these guidelines in making decisions affecting other physicians' practice. These situations set up a continuing adversarial relationship between physicians and nurses rather than promoting a collaboration that would yield the best possible care for patients. It seems reasonable that physicians monitor medical care and nurses monitor nursing care, and that the goal be the integration of the two.

## IN CONCLUSION

Within the context of the present prospective payment system the role of the hospital staff nurse is that of a medical-nursing technician and is most appropriately performed by RNs educated in programs emphasizing technical education. Even though the total number of nursing positions has decreased along with reductions in hospital occupancy, there will be an increased need for highly skilled technicians in critical care. The continuing expansion of home nursing care will be accompanied by an increased

need for RNs skilled in technical care in the home.

Patients and their families have a critical need for nurses who serve as patient care coordinators and are accessible on a continuing basis prior to, during, and following acute care episodes. Such nurses should have a professional nursing education. The responsibilities of this position include assessment and authorization of a patient's need for nursing care and coordination of the services of associate nurses in implementing that care. By serving as patient advocates and liaisons with other health professionals and agencies, these nurses can assure continuity and quality of care.

**Margaret Newman is a professor in the University's School of Nursing. The major emphasis of Newman's research has been the development and testing of theories of health; however her interest in organization and delivery of nursing care was evidenced in an early study on the efficacy of brief nurse-patient encounters and she was director of nursing service for a clinical research center at the University of Tennessee in the late 1960s.**

**Newman is the author of *Health as Expanding Consciousness* (C.V. Mosby, 1986) in which she addresses her concerns about current health care delivery. She is a member of the governing council of the American Academy of Nursing.**

**Sharon Autio, graduate research assistant, is a master's student in nursing administration. She has experience in nursing service administration and consultation.**

**This study was supported by an interactive research grant from CURA and the Office of the Vice President for Academic Affairs, University of Minnesota. Interactive research grants have been created to encourage University faculty to carry out research projects that involve significant issues of public policy for the state and that include interaction with community groups, agencies, or organizations in Minnesota. These grants are available to regular faculty members at the University of Minnesota and are awarded annually on a competitive basis.**

**This article is based on a full report (*Nursing in a Prospective Payment System Health Care Environment*) which has been published by the University of Minnesota's School of Nursing. Copies of the full report are available free of charge from CURA (612/625-1551).**

**Photos by Robert Friedman.**

**Special thanks to University of Minnesota Hospitals nursing staff for permission to photograph them. The University Hospitals were not one of the institutions surveyed in this research.**

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# Assessing the Metropolitan Council

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Arthur Naftalin, in his new book, **Making One Community Out of Many: Perspectives on the Metropolitan Council of the Twin Cities Area**, writes that the council provides a mechanism for building a regional consensus on metropolitan-wide problems without basically altering the authority of local governments. The council approach, he says, is a way "to resolve the conflict between, on the one hand, the need for regional coordination (among many governmental jurisdictions), and, on the other, public resistance to the shifting of local responsibility to a new and more general level of government."

Naftalin discusses the council's origins, traces how it has evolved over time, and describes how it currently operates. He assesses the impact of the council and offers his views on the council's prospects for the future.

Arthur Naftalin is a professor of public affairs at the University of Minnesota's Hubert Humphrey Institute of Public Affairs and served as mayor of Minneapolis for eight years. Copies of his seventy-nine page book, recently published by the Metropolitan Council, are available from the council for \$4 each. Phone 612/291-6464.

# Slipping By:

## How Postsecondary Options for Minnesota High School Students Were Legislated

by Tim L. Mazzoni

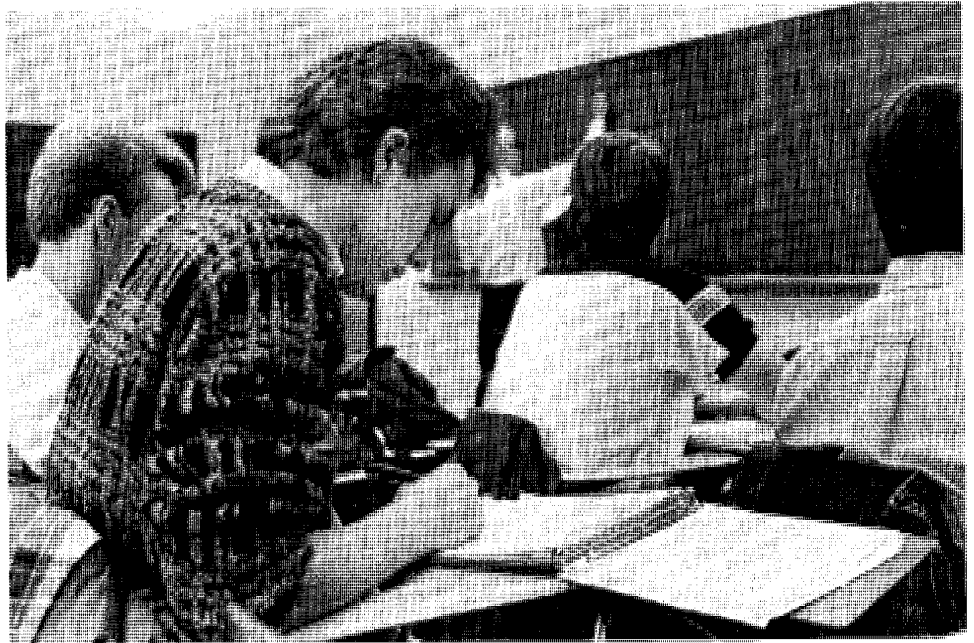
Minnesota has long been known for its innovative approach to education. Yet few of its policy departures have triggered as much commentary, in and out of the state, as the 1985 Postsecondary Enrollment Options Act. This law enables public school juniors and seniors to take courses part- or full-time at a postsecondary institution for dual high school and college or vo-tech credit. State school aid funding follows the student and pays for tuition, books, and related expenses. Some friends as well as some foes of the legislation view it as having the potential, through inter-system competition, for restructuring K-12 education. Whatever its change potential—and it is too early to tell—the act is a unique and intriguing innovation in public policy. Its origins merit description, particularly since they, like the statute itself, have been the subject of misunderstanding and dispute among Minnesota lawmakers and educators.

### The “Levi Law”

The Postsecondary Enrollment Options Act had its legal beginnings in earlier statutory provisions, legislation that had come to be known in St. Paul as the “Levi law” in recognition of its chief author and advocate: IR Representative Connie Levi. In 1982, with Levi serving as a minority member of the House Education Committee, the first of these provisions was adopted, an enactment that at the time elicited little attention and less comment.

The '82 law was modest in scope and permissive in application. Statute language—still in effect—states that Minnesota “school districts...may enter into agreements with postsecondary institutions to allow secondary students to enroll in courses which are not available at the secondary schools.” Postsecondary institutions “shall” award credit for these courses; school districts “may” accept these credits toward high school graduation. Financial arrangements are to be determined by the participating districts and institutions. This law does not empower high school students to initiate college enrollment on their own; these choices depend on whether there is an agreement between their school district and a postsecondary institution, and on the nature of that agreement.

In 1984, Representative Levi authored a revision in the postsecondary enrollment statute. Questions and conflicts had arisen over participating students receiving high school credits (in addition to postsecondary



**Kurt Nelson, a student at St. Anthony Village High School, studies in an honors calculus class at the University of Minnesota under the Postsecondary Enrollments Options Act.**

credits) for college-level work. The '84 revision stipulates that a school district must grant academic credit to a pupil attending an “accelerated or advanced academic course offered by a higher education institution or a nonprofit agency...if the pupil successfully completes the course attended and passes an examination approved by the district.”

During the '85 session, Connie Levi was not only a four-term member of the Education Committee, where she had gained the reputation of being a constructive and non-partisan lawmaker, but also the new majority leader, holding the second most powerful position (next to Speaker Dave Jennings) in the Minnesota House. While she generally worked closely with the many K-12 groups that lobbied in the Capitol, Levi had become increasingly dismayed by educator responsiveness to the postsecondary legislation. As she assessed it, school districts had done little voluntarily to make use of existing statutes. Levi was unimpressed, incredulous, and at times irked by the oft-given rationale for this inactivity: that parents and students were not interested in such choice. She was prepared, given the right opportunity, to promote new legislation that would lodge initiating authority with parents and students—not school dis-

tricts—for taking advantage of postsecondary courses. It was DFL Governor Rudy Perpich and his Access to Excellence plan for school reform that gave the majority leader leverage on the issue.

### Perpich Sets the Reform Agenda

The governor's reform message, presented in January of 1985, emphasized proposals for educational choice, proposals having as their immediate stimulus a widely publicized mid-November report by the Minnesota Business Partnership. (The partnership represents chief executive officers of the state's largest private corporations.) Besides choice, Perpich outlined a number of recommendations in Access to Excellence: 1) state-designed “learner outcomes” and uniform statewide testing, 2) state funding of all school district operating costs, 3) special “model programs,” starting with a state arts school and a district-run math and science school, 4) elimination of burdensome state mandates, 5) state money for staff and program development, and 6) management assistance to local districts.

“Open enrollment”—the label given by the press—was the centerpiece in the governor's plan. Perpich urged that “all Minne-

sota families be able to select the public school their children wish to attend," regardless of district boundaries. But school district open enrollment was not the only choice initiative in Access to Excellence. Perpich also recommended that existing programs permitting high school students to attend postsecondary institutions be expanded; and he remarked, in an aside, that he was "excited" by this prospect. (One interviewee who helped draft the plan recalls Perpich personally requesting that the postsecondary option be included.)

### **Brouhaha Over Open Enrollment**

Legislative and public controversy over the Perpich proposal lasted some four months. It started in early January when the governor unveiled Access to Excellence in a speech to the Citizens League, a public interest group that for several years had been calling for a state policy of "rebuilding" Minnesota schools. Following that presentation, a task force (mostly educators) was appointed by the Commissioner of Education to make procedural recommendations. The governor's choice initiative met with a frosty reception in the legislature, where DFLers held a solid majority in the Senate but IRs held a four-vote edge in the House. A host of concerns were voiced by school board, superintendent, and teacher groups. The "how" of open enrollment implementation prompted endless debate. Questions, complaints, and accusations—and the need for citizen support—caused the governor, beginning in early February, to tour outstate Minnesota high schools. Over the next two and one-half months, Perpich made some twenty visits to tout his reform ideas and to "fire up" a grassroots constituency.

The open enrollment initiative gained the backing of the Minnesota Business Partnership, Citizens League, Public School Incentives, Minnesota Association of Secondary School Principals, and Minnesota PTA, among other groups. The main opposing organizations were the four big K-12 groups: Minnesota Education Association, Minnesota Federation of Teachers, Minnesota School Boards Association, and Minnesota Association of School Administrators. Many local officials, especially from rural areas, denounced the proposal; choice was equated with "consolidation" and school closings in small, outstate districts. The choice debate widened to questions of necessity and of merit. It became polarized, with the escalating conflict over open enrollment drawing extensive media coverage.

The governor's bill was not ready until late February. It borrowed many specifics—but rejected key limitations (including one to eliminate the postsecondary option)—from the task force. With credible bill sponsors in the House and Senate, persuasive hearing testimony, and the lobbying of the governor, partnership, and other advocates, open enrollment won some impressive first-round

committee victories toward the end of March. Then, in April, the choice proposal came under mounting criticism from the K-12 groups as well as from local board members and educators. Many legislators also expressed doubts, and there was no offsetting groundswell of supportive public opinion. The Perpich initiative was amended out of the school aids bill by a 14-13 decision in the House Education Committee (but the postsecondary section remained in the bill) and by a close voice vote in the Senate Finance Committee. While a letter-writing campaign was undertaken by some proponents, open enrollment was not revived on the floor or in a House-Senate conference committee. But this committee did retain—and enlarge—the postsecondary option in negotiating the omnibus bill that was finally adopted by the legislature.

### **Agenda Marginality for Postsecondary Choice**

The governor had campaigned to make open enrollment a public issue. He succeeded in giving it predominant status on the K-12 reform agenda considered by the '85 legislature. But centrality for public school choice on the reform agenda meant marginality on that agenda for postsecondary choice. This was not a diversionary tactic, for Perpich genuinely believed in the school choice innovation. Yet the effect was the same. The uproar over open enrollment deflected the "focus and fire" away from other proposals. It fascinated the media and challenged the education groups. It inspired newspaper editorials, consumed lobbying resources, and aroused grassroots passions. It mushroomed into the biggest K-12 issue that Minnesota had witnessed in years, an issue that had a free-wheeling political leader, colorful verbal set-tos, and a cliffhanger of a finish.

By comparison, the postsecondary references in the governor's speech and the brief provisions in his subsequent bill evoked scant controversy. They started and stayed at the margins of the choice debate. Postsecondary choice was not concealed from public view. The significant reformulation of the option, undertaken by the House Education Aids Division, came early in the process; and legislative decision-making was open and easily accessible until the final conference committee negotiations. Nor was this provision entirely ignored by either opponents or the press. Hearing testimony may have been meager and articles few, but they were there. Marginality, not secrecy, characterized the passage of the postsecondary option.

Marginal agenda status was due in large part to the governor's "crusade" for open enrollment. He pushed it so strongly—and suddenly—that opponents saw no recourse but to treat it as a lobbying imperative. The K-12 groups, from their standpoint, were forced to spend much time

and energy in trying to stave off an initiative they saw as unnecessary, unfair, and unwise. Other concerns, as a result, were given less attention than they otherwise would have received; these concerns had to be addressed by the resources that remained after open enrollment had been confronted. Nor did the school groups believe that postsecondary choice would amount to much. They did not, in principle, like the option, declaring that it would drain money from the K-12 system. Neither, however, did they project that, if implemented, it would affect many 11th and 12th graders.

The postsecondary option, then, was not hidden by its sponsors nor ignored by its opponents. Still, with a few exceptions, it seemed to be only a peripheral interest for participants in the controversy. One core stakeholder, the higher education groups, never became actively involved—"they were conspicuous by their absence," observed one staffer. And the big K-12 groups devoted the bulk of their time, energy, and resources to blocking open enrollment.

### **A Strategically Placed Lawmaker**

Agenda marginality may have been a necessary condition for the passage of the postsecondary option, but it was not a sufficient one. Many such reform items on the agenda simply languished and died in committee; others were scaled down into incremental adjustments. This, in fact, is what happened to much of the governor's Access to Excellence plan. That it did not happen to the postsecondary section is attributable primarily to the interest and involvement of one lawmaker: Representative Connie Levi. The governor's bill provided the majority leader, in the apt words of a staffer, with a "vehicle and foil." It could carry her priority, while deflecting and distracting potential adversaries.

The active backing of the Perpich proposal by the Business Partnership certainly made it easier for an IR lawmaker to champion the governor's bill. Moreover, the majority leader was in an enviable position to bargain with the Governor's Office. Credibility stakes for Perpich were high on the choice issue. The governor needed a victory, and in the House he had encountered embarrassing difficulty in recruiting a chief bill author. For her sponsorship—and taking the political risks—the majority leader could extract substantial control over the content and politics of the bill. (One suspects that she had virtually a free hand on the postsecondary section.) Connie Levi was a committed advocate for "expanding options for kids," and by most accounts, the majority leader worked hard for Access to Excellence, though she was not enthusiastic about many parts of it and never pressed her caucus for party-line support. Nevertheless, "her baby," as other participants called it, was the postsecondary option.

## Reformulating the Postsecondary Option

When Access to Excellence first came as a bill from the Governor's Office to the House it contained a very limited version of the postsecondary option. As with the '84 Levi law—incorporated directly into the governor's bill—school districts were only required to grant credit for "accelerated or advanced academic courses." The state-funded option for 11th and 12th graders was restricted explicitly to public institutions, with the program not to begin until the 1986-87 school year.

A significantly expanded version of the postsecondary option emerged from the Education Aids Division (of the House Education Committee). The option had acquired a twofold purpose: 1) "promote rigorous academic pursuits," and 2) "provide a wider variety of academic options." Consistent with the second purpose, the revised bill contained no "accelerated" or "advanced" requirement for courses to earn high school credit. Any "nonsectarian academic course" could receive such credit if the pupil successfully completed the course attended and passed an examination approved by the district. The adjective "public" was no longer used to describe postsecondary institutions, and the program was to begin in the 1985-86 school year.

Of all the House changes in the postsecondary option, the most fundamental was with respect to purpose. The option was not intended by Connie Levi and other proponents to be just for "gifted and talented" or "highly motivated" or "college-bound" juniors and seniors. She was just as concerned about students who did not succeed in the high school setting. Her policy perspective and choice advocacy pivoted on providing individual opportunities for students—and not on either the institutional stability or the institutional change of the K-12 system. Although she hoped that competition would encourage school officials to rethink their programs and to communicate—and perhaps collaborate, using the '82 Levi law—with postsecondary institutions, neither of these appeared to be her primary objective. Expanding educational opportunities for high school students was that goal.

### Open Enrollment Deleted, Postsecondary Choice Retained

A "Choice in Education" article, specifying in one brief section the Postsecondary Enrollment Options Act, passed the House Education Aids Division on a close voice vote and was incorporated in the omnibus school aids bill. That bill then went to the Education Committee. Here—by a single vote—open enrollment was amended out of the bill, with Representative Levi casting her vote on the losing side. Yet her policy defeat was not nearly so great as the governor's, for the amendment to strike open en-

rollment deliberately left the postsecondary option intact. No matter which way the decision went, the majority leader was going to retain in the bill her top priority.

The bill's amendment and voting outcome led some observers to question Levi's commitment to Access to Excellence. Said one opposition lobbyist: "If you don't think that the majority leader...couldn't demand a party-line vote to keep the whole [choice] thing in, then you're being very naive...[Do] you know that she kept postsecondary, kept it in? That's her baby." Given the highly charged and emotional conflict over educational choice, however—one where many lawmakers tried to avoid a public position—the issue's identification with a DFL governor, and opposition from Speaker Jennings, who had repeatedly declared that open enrollment would never pass, it would have been unreasonable to expect Connie Levi, whatever her priorities, to have demanded a party-line vote on the full choice article. Executive branch and other choice proponents indicated no such expectation. They concurred, it would appear, with Levi's own assessment: "We gave this a good shot."

### Education Group Reluctance

United opposition from Minnesota's most powerful school groups was the catalyst among the forces that blocked Perpich's open enrollment proposal. But their determined fight on that initiative was not matched by their activity on postsecondary choice. Resistance was mild, almost token in nature. The K-12 lobby did not do much more than sporadically voice objections and criticisms. Confrontation with the House majority leader seemed to promise few and uncertain benefits—and to impose many and certain costs. No one could say what number of high school students would choose a postsecondary institution, but presumably that number was going to be small and consist of part-time attendance. Significant, concentrated opposition to this option by the school groups would cost them resources and goodwill. These groups already were lobbying on many issue fronts. They were worried, too, about a House backlash that could give impetus to a full-fledged voucher movement. Most of all, evidently, they did not want to incur the policy costs of alienating Representative Levi. She was considered to be a friend on funding questions, and her support was thought to be vital.

As multiple-issue groups, the school board, superintendent, and teacher organizations were constrained in the resources they could commit to any single effort. Their lobbying against open enrollment had a price in access to the Governor's Office; Perpich publicly renounced teacher union endorsement for his '86 re-election bid. Outspoken opposition from the Minnesota Education Association had contributed to a perceived erosion of goodwill for it among

lawmakers, the association acquiring, it was reported, a "growing reputation among legislators as a heavy-handed, nay-saying group." Engaging in protracted conflict with Connie Levi over her postsecondary priority entailed not only the costs of neglecting other policy interests but also the costs of offending a legislative leader whose backing was critical to the attainment of these interests. Furthermore, the K-12 groups could hope that the costs of a clash would be avoided—and the benefits still be obtained—by the postsecondary option being "lost" in conference committee jockeying and tradeoffs.

### The Conference Committee Decides

The 1985 legislature closed the regular session with most essential work unfinished, the two houses being deadlocked. The result was an additional month of conference committee meetings to hammer out agreements that could be approved in a special session. The education aids bill was among these agreements. As usual, the arguments in conference deliberations (and later floor debates) were mainly over school funding, not over K-12 reform. One innovation did amplify Senate-House friction on the committee: the governor's insistence on an arts school. This Senate-passed proposal brought resistance from House IR conferees, disrupted and delayed committee negotiations, and necessitated accommodation to House interests in the final compromise.

During these committee conflicts in May and June, the postsecondary option was a minor issue. Though only the House bill contained the option—in the Senate Finance Committee this provision had been cut right along with open enrollment—several key Senate conferees were supportive. The postsecondary "remnant," so termed by the press, received almost no media commentary and appeared to have little visibility to stakeholders. Whatever risk there was to this measure in conference committee disappeared when, after discussions had broken down, Connie Levi became mediator in the dispute. The majority leader and the committee co-chair, DFLer Tom Nelson, who had carried the governor's bill in the Senate, worked out a compromise package. Not only did postsecondary choice survive, it prospered. The examination stipulation was deleted. "Eligible" private institutions were added. And an extra incentive was included to encourage the participation of public colleges, universities, and vocational-technical institutes (secondary student enrollments could be taken into account for the purpose of regular state appropriations).

There was nothing exceptional about the treatment of the postsecondary option provision. In Minnesota, conference decision-making on major spending bills tends to be a behind-the-scenes process of bargaining among caucus, committee, and is-



**Zeu Yang has used the Postsecondary Enrollments Options Act to enroll in the chemical technology program at St. Paul Technical Vocational Institute. Her home school is Como Park High School.**

sue leaders—plus the governor—with the negotiated settlement in the form of a nonamendable report being ratified by the full legislature. Such omnibus bill reports have often been, concludes a Humphrey Institute scholar, “a back door for insertions of provisions that may have received little or even adverse consideration in either or both houses prior to conference.” Discussions that produce these insertions are rarely seen by participants as compatible with open debate and public deliberation. Negotiations more typically resemble a two-person bargaining game as committee co-chairs, frequently acting as delegates of legislative leadership, wrestle through Senate-House differences in private settings. While such processes may well be disturbing, they are hardly peculiar to the enactment of the Postsecondary Enrollment Options Act. The act’s inclusion in a conference committee report fits the modus operandi of the Minnesota legislature, one where its “Third House” operating through centralized and insulated procedures determines much state policy.

### The “Levi-Perpich Law”

A week after the Minnesota legislature had completed all its conference committee reports and adjourned its three-day special session, governor Rudy Perpich amidst much ceremony signed the major education funding bills. He had made peace with the K-12 groups, and their officials were in

the audience to hear Perpich hail the legislation as putting Minnesota “in the forefront of education policy.” The June 27th signing ceremony occurred on a community college campus, a site selected to symbolize the governor’s enthusiasm for what he pointed to as the pacesetter among the new laws: the Postsecondary Enrollment Options Act.

The governor could legitimately claim some responsibility—and take some credit or blame, depending on one’s assessment of the process and product—for the passage of the options statute. Perpich had pushed the choice idea forward and given it momentum. He had set the policy agenda, formulated the initial alternative, sought out a bipartisan ally, and—inadvertently but importantly—diverted lobbying attention. Even so, Connie Levi, more than Rudy Perpich, was the policy architect of postsecondary choice for Minnesota high school students. If the governor provided the vehicle and the foil, the majority leader provided the commitment and the power for what ultimately was enacted. Taking advantage of the “policy window” created by agenda marginality, opponent reluctance, and conference committee negotiations, Connie Levi drew upon the resources of her position, the support of lobbyists (mainly the Business Partnership), and her legislative savvy first to expand the postsecondary option (from the governor’s original proposal) and then to shepherd it through the decision-making process. Along with being in

the right place at the right time, she had the right resources—and the will and skill to use them. All this argues that the 1985 Postsecondary Enrollment Options Act warrants being called the “Levi law”—or, at least, the “Levi-Perpich law”—every bit as much as its statutory predecessors.

### The “Slipping By” Strategy and Policy Stability

Nelson Polsby’s analysis of policy innovation\* identifies two broad strategies for lawmakers who seek to initiate major (nonincremental) reforms. One is “meeting opposition head on and overcoming it,” the other is “slipping an initiation by as a side issue or a nonissue.” Enactment of the college option was much more akin to the second than to the first approach. As the Minnesota case shows, the “slipping by” strategy can finesse many of the obstacles to innovation. It can pass reforms even when the legislative system is fragmented into consensus-oriented subgovernments, even when institutional hurdles are formidable, and even when established interests are powerful as well as resistant. But, as Polsby also suggests, the laws so enacted may have received little systematic analysis, much less searching debate. Their decision processes may violate expectations of involvement. Their base of commitment and ownership may be narrow. Implementation of such measures is particularly prone to unforeseen problems, superficial compliance, and challenges to legitimacy. Should these difficulties become widespread, then the policy itself, being “overscaled” with respect to political support, becomes unstable and susceptible to reversal.

Whether for these reasons, or for reasons more related to basic conflicts over policy content, the stability of Minnesota’s postsecondary option program remains problematic. True, it does seem to be popular (a November 1985 poll showed 48 percent approved, and 29 percent disapproved, with 20 percent neutral). And an overwhelming majority of participating parents and students indicate satisfaction. Further, pupil and resource transfers under the program, while larger than predicted, have not been great when compared to total K-12 enrollments and total state foundation formula aids. A reported 1,733 students (about 1.5 percent of public school 11th and 12th graders) exercised this choice in the fall of 1985-86; the spring quarter figure was reported as 2,548 students (about 2.5 percent of those eligible). And the first quarter/semester enrollment of the 1986-87 school year is 2,162 students. The funding transfers to postsecondary institutions (\$2.1 million) were also small by state standards, less than one percent in aggregate of aid payments being received by local districts.

However modest the overall impact, many school officials and educators con-

\*Political Innovation in America (Yale, 1984).

tinue to raise a variety of objections. More specifically, they decry the manner in which the legislation was passed, brand it as creating unfair and demoralizing competition (with its "two for one" incentives), point to K-12 funds being siphoned from the public schools, condemn the involvement of private colleges, and contend that hundreds of student participants are unready for the college experience. Against the "rights" of parents and students, opponents set the "rights" of professionals and boards. In the '86 session, the act came under heavy and concentrated lobbying from the big K-12 groups and many local districts. The amendments that were enacted, however, were minor—mostly of a "fix up" sort—albeit there were restrictions on the dual credit provision. "Under the new law," according to a Senate summary, "the state will only reimburse tuition expenses if the student enrolls in the postsecondary course for secondary credit. However, if a student takes a course at a postsecondary institution and after high school graduation decides to attend that institution, the student must [also] be given postsecondary credit."

Since the '86 session, the postsecondary program has become much more

vulnerable in the legislature. Its champion—majority leader Connie Levi—did not seek re-election in November, nor did its leading Senate proponent—Tom Nelson, Chair of the Education Aids Subcommittee. The governor himself has publicly retreated from the open enrollment issue, declaring that he will not push public school choice in the '87 legislature. And while Perpich still endorses the college option, it is not clear how much political capital he will invest in this program. On the other hand, the statute is on the books, organized supporters are influential, a client constituency has been mobilized, and a positive evaluation from (and about) participants is likely. Whether opponents, given these circumstances, will again mount a policy challenge is uncertain. They may simply accept the fait accompli. Or they and choice proponents may find a way to transcend the issue and collaborate in improving Minnesota schools. Whatever occurs, the outcome could decisively shape legislative debate in 1987 on K-12 education reform.

**Photos on pages 8 and 11 by Nancy Conroy.**

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**This article is based on a monograph Mazzoni is preparing on the political dynamics of educational reform in Minnesota. His article rests on multiple sources: newspapers, documents, hearing tapes, interest group publications, letters to law makers, and in-depth interviews. Forty-two interviews were conducted in 1985 with legislators and their staffs (10), executive agency officials (6), and lobbying group representatives (26). His study was supported by an interactive research grant from CURA and the Office of the Vice President for Academic Affairs, University of Minnesota.**

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# CURA

## reporter

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