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Hawaii health decisions '83: A case study in participatory democracy, bureaucracy, and televoting

Toews, Donald William, Ph.D.

University of Hawaii, 1992

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HAWAII HEALTH DECISIONS '83
A CASE STUDY IN PARTICIPATORY DEMOCRACY,
BUREAUCRACY, AND TELEVOTING

A DISSERTATION SUBMITTED TO THE GRADUATE DIVISION OF THE
UNIVERSITY OF HAWAII IN PARTIAL FULFILLMENT
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By

Donald William Toews

Dissertation Committee:

Richard Chadwick, Chairperson
Theodore Becker
Gigliola Buruffi
James Dator
Fred Riggs
ABSTRACT

The Televote methodology of public opinion polling was used by the State of Hawaii, Department of Health, to elicit public participation in important public health issues pertaining to adolescent health care.

The Televote public opinion survey, Hawaii Health Decisions '83, was conducted statewide utilizing the staffs of the nursing, social work, speech and hearing, and administrative departments of the Family Health Services Division as well as political science undergraduate/graduate students and faculty of the University of Hawaii, Manoa campus.

Utilizing random sampling of computer-generated statewide telephone numbers, the Televote staff contacted 1,204 potential participants. Of those contacted, 666 contacts stated they would participate in the survey. Of those agreeing to participate, eighty-three percent (83%) actually completed the Televote questionnaire and telephoned their responses back to the Televote committee to be used by the Department of Health for program decision-making.

The findings of Hawaii Health Decisions '83 were used by the State of Hawaii, Department of Health, Maternal and Child
Health Branch, to develop and implement an Adolescent Family Life Project in selected sites throughout the state.

In addition, the Televote, Hawaii Health Decisions '83, demonstrated that public opinion polls based on the Televote methodology are ideal mechanisms to promote decision-making by governmental bureaucracies based upon an improved method of eliciting community participation in the decision-making process.

As a result the Department of Health's success with the Televote methodology, two more Hawaii Health Decisions were conducted by the Family Health Services Division in 1985. The Waimanalo Health Clinic Televote (Hawaii Health Decisions-3) was particularly successful. Although the findings of this Televote were not immediately implemented, the results were used seven years later to redesign the services of the Waimanalo Health Clinic to meet the needs identified by the Waimanalo community in 1985.
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INTRODUCTION

It is the purpose of this study to inquire as to the possibility that the TELEVOTE method of public opinion polling can be used as an innovative decision making tool: to bring the ideas and thoughts of the people together with the governmental decision makers, be they congressmen, state legislators, city councilmen, or, particularly, public administrators at any level of government; and to improve the relationship between the public and bureaucracy.
Chapter 1

THE AMERICAN BUREAUCRATIC ENVIRONMENT

Elements of Bureaucracy

A major part of the American "presidentialist system" (Riggs, 1991c) of representative democracy is its administrative apparatus. Whether this apparatus is in actuality a government agency, office, bureau, or a multitude of other federal, state or local government entities, to the general public it is simply the "bureaucracy". There is strong sentiment that this bureaucracy is neither democratic, nor efficient, that it does not serve the values of pluralist democracy nor administer efficiently in American government. Moreover, there has been a concern that, while government bureaucracy is purported to exist to help the citizenry, it does so with reluctance and with very little participation of those it is supposed to serve.

There seems to be no shortage of complaints against bureaucracy. The findings are, however, conflicting. The most common complaint is that bureaucracy, especially at the federal and state levels, has become remote, self-serving and inefficient. Yet as we complain about government
bureaucracy, we are nonetheless quick to recommend
government agencies as the solution to such problems as
unemployment, poor health care, and overwhelming crime. It
is probably fair to say that whether government is seen as
doing too much ineptly or too little depends on what it is
doing or not doing for specific individuals and interest
groups.

Some critics of government agencies demand that bureaucracy
provide accountability, equality, efficiency,
responsiveness, and sound fiscal management. Others say
that many government agencies are programmed to fail due to
systematic under funding. James Wilson, commenting on the
demands placed on governmental bureaucracy, has suggested
that complaints against bureaucracy arise because citizens
ask bureaucracy to perform conflicting functions. He
suggests that these demands pull the bureaucracy in opposite
directions (Wilson, 1967: 5).

It is little wonder then, given the various roles,
expectations, and resources of government bureaucracy, that
the general public perception of the bureaucracy is both
conflicting and confusing.
Conflict, Competition and Fragmentation

A basic structural element of bureaucracy is a pattern of conflict, competition and fragmentation in relationships among bureaucratic organizations and between levels of the same bureaucracy. Yates notes that bureaucrats:

try to avoid this situation by creating a more manageable or acceptable situation in which they have as much autonomy as possible and thus are free of jurisdictional disputes with other agencies and levels of government (Yates, 1982: 74).

In Martha Derthicks' study of the way in which administrators of the Social Security program have maneuvered over decades to eliminate bureaucratic adversaries, Derthick noted that the Public Assistance program, a potential rival for funding, was not promoted by the Social Security Administration. As a result, expenditures for Social Security old age and survivors' pensions grew from 1950 to 1979 with a remarkable absence of political conflict and controversy while little growth in the Public Assistance program was evident (Derthick, 1979).

While Derthicks' example presents what to many observers of american bureaucracy is normal behavior, it points to a logic of political self-service in bureaucratic settings that to some may be a shocking result of bureaucratic turf
preservation. One may envision a departmental head who wants to maximize the political and economic power of his organization. Building on Derthick's study, one can speculate with a fairly high degree of certainty that the bureaucrat will seek to maximize the autonomy of his unit, the amount of money to be garnered from the legislature, and the unit's total control over its own policy processes and agenda. At the same time, the bureaucrat will want to minimize conflict by eliminating competition with other bureaucratic organizations. This makes sense and fits Graham Allison and Morton Halperin's analysis of how bureaucratic politics function. According to Allison and Halperin:

Organizational interests are often dominated by the desire to maintain the autonomy of the organization in pursuing what its members view as the essence of the organization's activity ... Organizations rarely take stands that require elaborate coordination with other organizations (Allison and Halperin, 1972: 49).

Further, government bureaucrats, as do their private sector counterparts, often rely upon independent experts to defend the policy positions of their respective bureaucracies. In particular, this political role is undertaken by a growing corps of policy analysts in government. As Arnold Meltsner has noted:
Like the bureaucrat, the policy analyst is a political actor ... it is not surprising that analysts succumb to bureaucratic forces, folkways, and incentives ... the irony is that the analyst starts off expecting to influence the bureaucracy, but it is the bureaucracy that influences him. By working in it he takes on a particular identity (Meltsner, 1976: 11-12).

Bureaucracies will use their experts and their policy evaluations as political weapons in bureaucratic conflict. This leads to the now familiar pattern of policy debates characterized by a clash of expert testimony. Congressional committee hearings often follow this pattern, as do expert prescriptions to cure inflation, to reduce street crime, or to eradicate drugs from the streets of the American cities.

In addition, Kaufman has noted that there often is a basic conflict between higher-level and lower-level bureaucrats (Kaufman, 1960). In some bureaucracies, such as the Federal Bureau of Investigation, strong centralized training serves to diminish this vertical conflict. But more often than not, the differing perspectives of higher-level and lower-level bureaucrats lead to internal bureaucratic conflict. This is especially true when the lower-level bureaucrats are in the field and the higher-level bureaucrats are at "headquarters." In such cases, higher-level bureaucrats typically feel that their policy directives are not being adhered to, that they do not know what is going on in the
field, and that local bureaucrats are favoring their own particular constituents.

At the same time, lower-level employees express frustration at the seemingly arbitrary central policy directives and complain about the lack of concern at headquarters for the local needs of their individual programs.

Lipsky suggests that this pattern of conflict between levels of government policy-making is often found in public service agencies. In the police, fire, health, educational and welfare departments, lower-level bureaucrats, who might be termed "street-level bureaucrats," (Lipsky, 1980) frequently express anger toward their administrative superiors and find themselves in conflict with departmental rules and directives. Such action stems from a belief that they understand the concerns of their clients and that the department seems unaware of or uninterested in these concerns. Meanwhile, higher-level administrators complain that lower-level bureaucrats are unwilling to follow and implement their policies and programs. They complain that their subordinates seem committed to their own agendas and lack a perspective of the problem or program they simply do not see the whole picture.
In the case of government bureaucracies, there are large and significant breaks in many of their political and administrative relationships. Fragmentation may be horizontal, involving separate groups at the same level of government, or vertical, involving a lack of communication and integration among different levels of government. The implication is that government is literally broken into many distinct, independent, and sometimes uncoordinated pieces.

As a result of such fragmentation, bureaucratic units tend to pursue their own separate interests. When agencies seek their own advantage in this way, they create a strong pressure on government. Within any given government agency there tend to be many substantial administrative fragments which seek autonomy. As Harold Seidman states:

...such powerful subordinate organizations as the Public Health Service constitute the departmental power centers and are quite capable of making it on their own... except when challenged by strong hostile external forces (Seidman, 1975: 123).

The point to be made is that the greater the number of autonomous pieces of a particular bureaucracy, the greater the fragmentation of the structure. For example, the fact that the Department of Health and Human Services alone runs several hundred separate programs suggests that there are many such pieces in the national government, each with its
own program agendas and overlapping issues of concern and perhaps, perceived program control.

Bureaucrats often take a narrow view of policy and programs, concentrating intensely on their own administrative back yards. This means that for government as a whole, bureaucratic policy-making is composed of fragments. Hugh Heclo has shown that American career officials tend to spend their entire careers in one agency (Heclo, 1977: 116-120). Fred Riggs notes that such a situation is more by design rather than choice:

... rather it is mandated by the basic logic of the Pendleton Act, and the functionist structure of our career system (Riggs, 1991).

As a consequence, they can be expected to develop long time-horizons with unfortunately narrow outlooks, since all they have known bureaucratically and all they expect to know is confined to a limited administrative space.

Professional Bureaucrats and the Policy-making Process

Congress and the President are usually referred to as the "political" arms of the government because they are the only branches elected by the people. "Political" control over the bureaucracy is exerted by both Congress and the
President, and constitutionally the administrative branch is an agent of both the legislature and the executive. Operationally, the bureaucracy has far more "political" impact on policy development. A major reason for the difficulty of defining precisely the role of public bureaucracies is that Congress often supplies only vague legislative instructions. This loose statutory mandate allows bureaucrats to make decisions as they devise and implement policy. Not only do bureaucrats typically have some significant discretion in interpreting legislation; it is often true that the same bureaucrats or others nearby designed the legislation in the first place. This circular process, with the bureaucracy located at both ends, gives bureaucratic policy-makers a double opportunity to inject their values and goals into the shape of public-policy.

The policy-making process has become increasingly fragmented as groups of professionals and experts develop control in particular segments of policy. As a result of this "professional-bureaucratic complex" (Beer, 1977: 9), professionals gain authority because they are relied on to provide technical and trained skills. At the same time, professionalism stimulates further fragmentation of the policy-making process based upon professional interests as well as maintaining protectionist attitudes towards their professional discipline or field of expertise. As a
consequence, professionalism tends to further fragment government policy making. Samuel Beer noted:

As science itself grows by the creation of new fields of specialized knowledge, so professionalism in government seems to expand by the creation of specialized programs administered by vertical hierarchies (Beer, 1977: 10).

It is tempting to say that there are obvious differences in the level of professionalism in bureaucracies, such as the difference between physicians and policemen. But the concepts of professionalism and expertise can stand for many things, and this difference must be anchored in more specific distinctions.

Such distinctions could, for example, be based on: (1) the level and precision of technology in a profession, (2) the amount of training required to become a professional, (3) the extent of the gap between professional expertise and general knowledge, and (4) the degree to which a professional group dominates employment in its bureaucratic arena (Yates, 1982: 132). For example, at the high end of the spectrum of professionalism are groups of physicians such as research scientists at the Centers For Disease Control. In this case, the professionals work with a strong and well-defined technology; they are highly trained; their knowledge is relatively technical; and, as a professional
group, they have established significant control over employment in their area.

As a result, the policy making process becomes increasingly fragmented as groups of professionals develop control over segments of policy. Professionals gain this control (often understood to mean some level of actual or implied authority) because they are often relied on to provide technical and trained skills which others often do not possess.

This rise of professional domination in public policy tends to fragment government administration in several ways. First, professional specialization is inherently fragmenting.

Specialization makes it difficult for the average citizen as well as for specialists from different areas of expertise to speak one another's language. As a result, this inability to communicate creates a barrier to effectively enter into policy discussions and thus promote further fragmented public policy.

Another source of fragmentation lies in the politics of professionalism. Professional groups are likely to develop tendencies toward "guild professionalism" the attitude that
a particular profession has a "superior" position in a given area of policy, that professionals "know best" about a particular area of policy, and further, that only these professionals should be allowed to "practice" in that area of policy. Guild professionalism is particularly significant among the medical professions. This not only holds true for the individual physician but tends to be actively promoted throughout the physician's medical education as well as by formal guild associations like the American Medical Association.

The outcome of such efforts to compartmentalize policy is the isolation of the general public as well as elected officials from an understanding of policy decisions. Further decomposition of the fabric of government occurs between the interests, habits, and loyalties of transient political executives and those of American career civil servants.

Classical administrative theory suggests that a smooth hierarchy ought to link different levels of the bureaucracy, but Heclo's research supports the proposition that political executives and civil servants inhabit two separate and often opposing worlds (Heclo, 1977). As a presidentialist system we can not avoid political patronage. We survive because we
add a huge infrastructure of non-partisan functionist careerists (Riggs, 1991).

When governments feel a need to demonstrate that they are taking action on a problem, they often will create a special bureaucratic unit to spearhead their activities. Such a pattern has been observable in the cases of energy, antipoverty, and crime prevention. These new administrative creations add to the crowd of agencies attending to interrelated problems and seem to further contribute to the fragmentation of bureaucratic organization. James Barber calls this process "pluralization" and goes on to suggest that the process of pluralization is self-reinforcing. (Barber, 1971: 243).

Pluralization, which adds to bureaucratic fragmentation, ironically, stems from a concern to respond to existing patterns of fragmentation.

This proposition is drawn from the empirical and conceptual work of Jeffrey Pressman and Aaron Wildavsky, who introduce the notion of the "complexity of joint action", (Pressman and Wildavsky, 1973: 107). The fragmentation of bureaucratic units makes the implementation of public programs a complex process. Horizontal fragmentation exists between the authority and jurisdiction of different
bureaucratic units at the same level of government; vertical fragmentation exists between the authority and jurisdiction at different levels of government and the public (see figure 1 below).

Figure 1.
Horizontal and vertical fragmentation of policy implementation

Political Interest-group Behavior

The second element of bureaucratic structure that I will focus on is the notion that public bureaucracies operate as political interest groups. This suggests that bureaucracies constantly calculate the political costs and benefits to themselves of policies being developed or changed in the larger governmental arena and that they 1) design strategies
to increase the benefits accruing to them; 2) lobby the
elected political leadership in pursuit of these strategies;
3) seek to develop constituency support wherever possible;
and 4) block or defeat policies not perceived to be in their
interests.

The political interactions between bureaucracies and
interest groups are intense when bureaucracies allocate
tangible, concentrated benefits and/or costs to a relatively
small number of constituents or interest groups. For
example, Medicare is a program with widely dispersed
benefits and costs; by comparison, the policy decisions made
by the Department of Agriculture impose costs on or award
benefits to only a small group of organizations.

In situations wherein bureaucratic programs present both
concentrated benefits and concentrated costs, the
bureaucracy is at a potentially high risk of facing sharp
political pressure from potential winners and losers of
government benefits. James Q. Wilson noted:

Where both benefits and costs are concentrated, policy changes will generally only occur as the result of negotiating bargains among them (Wilson, 1973: 334).

When bureaucracies impose concentrated benefits or
concentrated costs they are quickly thrust into interest-
group politics. As a consequence, bureaucracies become deeply involved in the political arts of coalition building, bargaining, and negotiation with interest groups.

In an effort to balance such interest group behavior with the oversight responsibilities of national, state, and local governments, bureaucracies will try to promote as well as to maintain a harmonious relationship between their interest groups and their respective oversight legislative committees. This often involves a balancing of political interests. When a bureaucracy, its supportive interest groups, and the relevant oversight committees working together occupy a strong position of control in a particular segment of public policy-making, their relationship has come to be known as an "iron triangle" (Seidman, 1976: 34).

The underlying phenomenon described by this term is that governmental organizations rarely act as one institution to make policy choices, but tend instead to endorse the decisions made by other agencies of the government. Each functional policy area tends to be governed as if it existed apart from the remainder of government, and frequently the powers and legitimacy of government are used for the advancement of individual interests in society rather than for a broader public interest.
Three principal actors are involved in the iron triangles so important to policy-making. The first are the constituencies. The constituencies want something, usually a favorable policy decision, from government and must attempt to influence the institutions that can act in their favor. Fortunately for the interest group, it need not influence all of the elected officials, but only the relatively small portion directly concerned with its particular policy area, e.g., the members of the relevant committee(s) and subcommittee(s).

The second component of these triangles of the American presidentialist system is the legislative committees or subcommittees. These bodies are designed to review suggestions for legislation in a policy area and to make a recommendation to the legislative bodies as a whole. Congress could not possibly handle its huge agenda in plenary sessions. Thus the formation of powerful committees and subcommittees is a necessary price to pay for the survival of the separation of powers as a viable balance of power between president and congress.

An appropriations subcommittee's task is to review expenditure requests from the executive branch, then to make a recommendation on levels of expenditure to the whole
committee. Several factors combine to give these subcommittees substantial power over legislation.

First, subcommittee members develop expertise over time through seniority or re-election and are regarded as more competent to make decisions concerning a policy than is the whole committee. Generalizations have been developed that support the subcommittee decisions for less rational reasons. If the entire committee were to scrutinize any one subcommittee's decisions, it would have to scrutinize all such decisions and then each subcommittee would lose its powers. These powers are important to individual congressmen, state legislators, and local councilmen. Each wants to develop his or her own power base. Finally, the time limitations imposed by a huge volume of policy choices being made means that accepting a committee decision may be a rational means of reducing the total work load of each individual.

Legislative subcommittees are not unbiased; they tend to favor the very interests they are intended to control. This is largely because the membership on a subcommittee tends to represent constituencies whose interests are affected by the policy in question.
The third component of the iron triangle is the career official. The career official, like the pressure group, wants to promote his or her interests through the policy making process. The principal interests of an agency are its survival, its budget and its policies. The agency need not be, as is so often assumed, determined to expand its budget. Agencies frequently do not wish to expand their budget share, hoping only to retain their "fair share" of the budget pie as it expands. Agencies also have ideas that they wish to see translated into operating programs, and they need the action of the legislative committee or subcommittee for that to happen. They also need the support of organized interests.

Each actor in the iron triangle needs the other two to succeed, and the style that develops is symbiotic. The pressure group needs the agency to deliver services to its members and to provide a friendly point of access to government. The agency needs the pressure group to mobilize political support for its programs. Letters from constituents to influential legislators must be mobilized to argue that the agency is doing a good job and could do an even better job, given more money or a certain change. The pressure group needs the legislative committee again as a point of access and as an internal spokesman. The committee needs the pressure group to mobilize votes for the
legislator and to explain to group members how and why they are doing a good job. The pressure group can also be a valuable source of policy ideas and research for busy politicians. Finally, the committee members need the agency as an instrument for producing services for their constituencies and for developing new policy initiatives. The agency has the research and policy analytic capabilities and career professionals that legislators often lack, so the committee members can profit from association with the agency. And the agency obviously needs the committee to legitimate its policy initiatives and provide it with necessary funds.

Much of the American domestic policy can be explained by the existence of these functionally specific policy subsystems and by the absence of effective central coordination. This system of policy making has been likened to feudalism, with the policies being determined not by central authority but by aggressive subordinates the bureaucratic agencies and their associated interest groups and committees. Both the norms concerning policy making and the time constraints of political leaders tend to make central coordination and policy choice difficult.

A second effect of the division of American government into a number of subgovernments is the involvement of large
numbers of official actors in any policy area. This is in part a recognition of the numerous interactions within the public sector and between the public and private sectors in the construction of a public policy. For an issue area such as health care, the range of organizations involved cannot be confined to those labeled "health" but must inevitably expand to include consideration of the nutrition, housing, education, and environment that may have important implications for citizens' health. But the involvement of a number of agencies in each issue area also reflects the lack of central coordination so that agencies can gain approval from friendly legislative committees for expansion of their range of programs and activities. Periodically, the president's political appointees will attempt to streamline and rationalize the delivery of services in the executive branch and in the process frequently encounter massive resistance from career officers with entrenched interests.

As easy as it is to become enamored of the idea of iron triangles in American government they do help to explain some of the apparent inconsistencies in policy there is some evidence that the iron in the triangles is becoming rusty. More groups are now involved in making decisions, and it is more difficult to exclude other interested parties. The idea of "issue networks," involving large numbers of interested parties with substantial expertise in the policy
area, is now said to be descriptive of policy making. As important as these issue networks may be in the recruitment of personnel and in providing expertise, they remain an addendum to the underlying structure of subsystems. Fred Riggs notes that there are many issue networks that cut across entrenched iron triangles and all of these networks typically include public officials, interest groups and legislators. Riggs goes on to suggest that:

A more neutral term that could include both 'iron triangles' and 'issue networks' might be useful—a term like 'interest network.' When we think about careerists in relation to interest networks, we see that their publics vary a great deal, ranging from powerful and well organized constituencies to weak and unorganized clienteles (Riggs, 1988: 365).

American government, although originally conceptualized as divided vertically by level of government, is now better described as divided horizontally into a number of expert and functional policy subsystems. These federal subsystems divide the authority of government and attempt to appropriate the name of the public interest for their own private interests. Few, if any, of the actors involved in policy making, however, have any interest in altering the existing governing process. The system of policy making is seen as effective by those who are involved because it results in the satisfaction of most established and organized interests in society. Unfortunately, the existing
policy making process fails the majority of citizens because they are not organized into politically powerful interest groups.

The basic patterns of decision making are logrolling and pork barreling, through which, instead of conflicting over the allocation of resources, actors minimize conflict by giving one another what they want. These patterns of policy making are extremely effective means of government as long as there is wealth and growth to pay for the subsidization of a large number of public activities without reducing the private consumption of individuals.

The Changing Bureaucracy

Changes are, however, taking place within the bureaucracy. Eugene Lewis' study of the increasing role of public administration in the development, as well as the implementation, of political decisions of American bureaucratic structures, advances a notion of citizen participation in terms of roles: constituents, clients, or victims (Lewis, 1977).

Lewis contends that a bureaucratic constituent is constituted by a formal, organized, and interdependent tie to a public bureaucracy. The tie between constituents and
public bureaucracy includes the requirement that each gives up some individual power for the mutual benefit of both the bureaucracy as well as the constituent.

Clients, according to Lewis, are dependent upon a patron (Lewis, 1977: 15-16). In this case the patron is an administrative entity of a public bureaucracy. The distinguishing difference between a client and a constituent is based upon the client's inability to significantly alter the behavior of a bureaucratic agency. Unlike a client whose needs and wants are likely to be made by public officials rather than by clients, a constituent, on the other hand, has the ability to influence outcomes of the policy process. Victims, as far as Lewis is concerned, are entirely dependent upon public policy decisions (Lewis, 1977: 21).

In addition to his notion of constituents, clients, and victims, Lewis promotes the notion of "efficacy", which he describes as the power to produce intended results (Lewis, 1977: 24). Lewis maintains that efficacy is probable for the elites who govern most constituencies, is highly unlikely for clients, and absent for victims.

Douglas Yates focuses his optimism toward a bureaucratic democracy more concretely in citizen participation than does
Eugene Lewis (Yates, 1982).

Douglas Yates notes:

We often hear the argument that for democratic reasons bureaucracies should be opened up, should both be more visible and involve citizens in their activities to a greater extent. I believe that opening up the bureaucracy is a critical aspect of any useful reform of bureaucracy. There are numerous institutional mechanisms by which bureaucracies might be made open. They range from citizen advisory and policy review boards, to question periods in the British fashion, to ombudsmen, to joint citizen-bureaucrat decision-making bodies, to stronger forms of community control (Yates, 1982: 173).

Yates maintains that democracy and efficiency should be high on our list of objectives by which to guide American government (Yates, 1982: 9).

The problem, according to Yates, is that these objectives are in conflict with each other. The pluralist democracy model is based on the role of multiple centers of governmental power and multiple interest groups in the political process. Being pluralist, government therefore offers well organized groups an opportunity for direct involvement in or benefit from democratic decision making.

A significant problem with the pluralist democracy model as described by Yates that parallels what Lewis has to say is
that public bureaucracy interest groups fail to include the "general public" as a viable factor in the decision-making process.

Yates identifies a number of trade-offs between pluralist democracy and administrative efficiency that for the most part parallels those of Lewis (Yates, 1982: 32-33). Yates and Lewis have come to the same conclusion that the existing bureaucratic administrative model described as the "iron triangle" continues to dominate the American arena of public administration. Where Lewis and Yates differ is in the emphasis each places on the ability of the general public to actively participate in the decision-making processes of bureaucratic decisions. Lewis is less optimistic about citizen participation being at the forefront of any bureaucracy. Yates, on the other hand, sees citizen involvement and participation in public bureaucracy as a central theme of public administration responsiveness. In his discussion of participation, Yates questions what is actually meant by participation. Yates notes:

Does it mean that citizens are heard, or heard and listened to, or heard, listened to, and as a result, given their way? ... How many issues or decisions must be governed by participatory procedures for participation to be considered real? What of the nature of the participatory decisions? (Yates, 1982: 172).
Central to Yates is the role of bureaucracies through the development and implementation of offices of public service (Yates, 1982: 194). Such "offices" would serve three major functions: address the problem of citizen knowledge of bureaucracy programs and services; promote ombudsman activities by bureaucracies; and, create "citizen advocates" whose job would be to represent interests that would otherwise be either weakly represented or un-represented.

To address the problem of citizen knowledge of bureaucracy programs and services, Yates suggests that the office of public service would make an inventory of tasks performed and programs supplied by a department. Such an inventory, a "guide to government," (Yates, 1982: 195) would illuminate bureaucratic functioning for citizens' groups, legislators, state and city officials. Yates believes that this proposal, while a simple one, would constitute a dramatic form of public accounting to the world outside of government.

Yates further suggests that ombudsman activities should be promoted by bureaucracies. Yates has proposed a centralized role in bureaucracy for agents whose job it is to respond to complaints and grievances about bureaucratic functioning. The ombudsman role would be to address complaints and account for the bureaucracy's actions.
The third function of the office of public service would be the creation of "citizen advocates" whose task would be to represent public interests that would otherwise be either weakly or un-represented. The citizen advocate would provide a focal point for outside groups to make claims on or express their views concerning existing and proposed government policies. The more active role of the citizen advocate would be to create a network of communication with interests of all kinds - mayors, women's groups, neighborhood groups, chamber of commerce, as well as public interest groups so as to stimulate open debate about policy in the bureaucracy.

Yates' proposal suggests that bureaucracies need to do more of what is already being done in the areas of public information about bureaucratic responsibilities. For example, Yates' suggests that his "guide to government" is needed. While such a guide may be useful, simply knowing what offices of government handle certain matters seems to do little to assist the weakly or un-represented to increase their voice in the decision-making process.

The proposed utilization of ombudsman by bureaucracies to address public complaints has been a popular mechanism that needs to be expanded. Although this proposal may increase access to bureaucracies, the ombudsman proposal is directed
to the resolution of complaints rather than the promotion of citizen participation in the decision-making process of bureaucracies.

The office of public service that Yates proposes goes further than his other proposals to suggest a real change in the way bureaucrats should interact with the weakly and unrepresented citizen. Yates acknowledges that bureaucracies not only promote citizen participation, but develop an ongoing process, manned by bureaucrats to fulfill this goal.

The Making Of Health Policy

Like other areas of administrative decision-making, the making of health policy across several levels of government and hundreds of programs is complex, and no single analytical scheme can do it sufficient justice. However, public policy observers can generally identify five characteristics of the policy process: 1) the relationship of government to the private sector, generally directed to constituents who have a formal, organized, and interdependent tie to the public bureaucracy, and represented on both sides by professionals, (i.e. physicians); 2) the distribution of authority within a federal system of government, primarily in the hands of government professionals with a knowledge base of the policy
area (i.e. "government physicians"); 3) pluralistic ideology as the basis of politics, again formal, organized, and interdependent between interest groups and professionals in as well as outside of government; 4) the relationship between policy formation and administrative implementation, generally interest group and professional expertise oriented; and 5) a reform strategy generally referred to as incrementalism.

Pluralists argue that democratic societies are organized into many diverse interest groups which pervade all socio-economic strata, and that this network of constituent pressure groups prevents any one elite group from overreaching its legitimate bounds. As an ideology that continues to influence the way elites and masses think about government, pluralism is a basis for considering some essential elements of the process of public decision making in the United States.

Interest groups which Lewis argues are primarily made up of constituents play a powerful role in the health policy process. Most federal and state laws designed to address the health care needs of the population are shaped by the interaction among such interest groups, key legislators, and agency representatives (Iron Triangle). A significant power center in the health care industry that influence the nature
of health care and the role of government is composed of physicians, within as well as external to the government agency.

The growing influence of these power centers is evident in policies at all levels of government. The development of Medicare and Medicaid policies reflects the powerful influence of physicians (health care "experts"). For example, in enacting Medicare, Congress ensured that the law did not affect the physician-patient relationship, including the physician's method of billing the patient. The system of physician reimbursement adopted by Medicare is highly inflationary because it provides incentives to physicians to raise prices and to provide ancillary services, such as laboratory tests, electrocardiograms, and x-ray films.

As the case of Medicare suggests, health policy in the United States has been largely a product of medical politics. Health policy reform has been characterized as a series of new opportunities for the medical system (a special interest) to expand its influence, scale, and control. As a result, the marketing of the American health care system is imbalanced. In an imbalanced market, participants have unequal power, or as in the case of Lewis' clients, or victims no power. And those with concentrated rather than diffused interests have a greater stake in the
effects of policy. So far, provider interest groups have had a far greater stake in shaping health policy than have consumer interests and thus have been largely ineffective, except for a small percentage of citizens and a large percentage of health professionals.

The nature of the health policy process is determined not only by the imbalance between provider and consumer interests, but also by the relationships of these interests to government actors. Policy making moves through at least three stages: 1) agenda setting, the continuous process by which issues come to public attention and are placed on the agenda for government action; 2) policy adoption, the legislative process by which elected officials decide the broad outlines of policy; and 3) policy implementation, the process by which administrators develop policy by addressing the numerous issues unaddressed by legislation. An important element of the health policy process involves the relative roles of elected officials and professional administrators. As one moves from agenda setting to policy adoption and implementation, the role of elected officials (and voters) becomes more remote and that of administrators more significant.

A central theme in what Lowi calls "interest-group liberalism" (Lowi, 1979: 52-56) is the growing role of
administrators in politics. Through this process, public programs have become captives of the interest groups because the administrative agencies themselves were captured. Interest groups dominate the policy process, not only through their influence on the legislative process (policy adoption) but also through control of administration.

The powerful role of administrators in the implementation of policy is derived in part from the broad and ambiguous nature of federal and state health legislation. Despite the capacity of congressional and state legislative staffs to conduct policy analysis, the constraints of politics are such that ambiguity frequently is employed to assure the passage of legislation.

Alford has identified several approaches to reform (Alford, 1977: 1-21), including market reformers, who call for an end to government interference in health care delivery and the restoration of market competition in health care institutions, and bureaucratic reformers, who blame market competition for defects in the system and call for increased administrative regulation of health care. What these perspectives share is that each leads to incremental reform, and the extent to which they challenge fundamental patterns of policy is limited.
At the same time, relatively little research has examined the institutional and class basis of health policy. It has been suggested that those who hold that defects in health care are rooted in the structure of a class society would radically alter the present health care system, creating a national health service with decentralization of administration and community control over health care institutions and health professionals. Those who view defects in health care as having a class basis believe that tinkering with the health care system itself cannot achieve the desired outcomes but that these outcomes will only follow major structural changes in society.

The evolving dominance of professionalism has come to pass for several reasons. We believe that we cannot live without certain professional services (e.g. physicians and dentists), and we do not wish to live without others (e.g. social workers, engineers, and city managers). Such professionals bring to the bureaucracy a powerful set of images in the value of detached knowledge. Whether such belief is justified in all professions or whether all people believe it uniformly is questionable the fact is that our society has found the products of professionalism useful. The ideals of neutral competence and objective sources of knowledge in the formulation of public policy are probably as significant in modern American public administration as
the ideals of freedom of expression and representative democracy. (Lewis, 1977: 160).

It is quite clear that professionals do in fact play a dominant role in the development, implementation, and evaluation of American health policies. However, we must be mindful that their interests are often quite focused not only by the need not to "rock-the-boat" through incremental development of health policy, but also the dependency of government health policy centers on professional information and knowledge sources internal and external to the agency.

While the prospects are high that constituents and the elites that control them get the kind of health policies they desire, the prospects of equal footing for clients is far more dismal.

The observations noted by Lewis earlier that clients for the most part are dependent on a public bureaucracy to "represent" their interests suggests that hope for change is unlikely. Are professionals, administrators, and constituents of public policy so intertwined that those who are dependent on the good intentions of the bureaucracy for equality will remain victims?
PARTICIPATORY MOVEMENTS IN AMERICAN BUREAUCRACY

Introduction

Participatory movements in America have, for the most part, been focused on the interaction of the general citizenry in the election of the President and members of Congress, as well as their counterparts at state and local levels. Such a focus, however, represents only a part of the historical and contemporary concerns of the American public at large in their quest for greater participation in American Democracy. How the citizenry is able to express its concerns on public issues to government bureaucracies and how the latter are manned to address such issues are equally important concerns.

Representative Government and the Founders

The struggle for and against widespread public participation was a hotly debated issue among some of America's earliest democratic activists like Alexander Hamilton, James Madison, and Thomas Jefferson. While all three agreed on the principle of popular government, elected representatives, and separate but equal branches of government to limit the
influence of any single branch, each advocated a different form of representative government.

Hamilton supported the position that a limited representative system would not only hold the majority in check, but it would ensure that representatives would not have to base policy on the "narrow, unstable, and inconsistent opinions of the public" (Bennett, 1980: 31). Since property requirements were generally a pre-condition to vote, Hamilton believed that the interests of the general citizenry, the "common man", could best be served through representation by men of wealth and wisdom.

In remarks at the Constitutional Convention in 1787, Hamilton stated:

All communities divide themselves into the few and the many. The first are the rich and the well born, the other the masses of people. The voice of the people has been said to be the voice of God; and however generally this maxim has been quoted and believed, it is not true in fact. The people are turbulent and changing; they seldom judge or determine right. Give therefore to the first class a distinct, permanent share in the government. They will check the unsteadiness of the second, and as they cannot receive any advantage by change, they therefore will even maintain good government. Can a democratic assembly who annually revolves in the mass of the people, be supposed steadily to pursue the public good? Nothing but a permanent body can check the imprudence of democracy (Bennett, 1980: 31-32).
Hamilton's thinking reflected the opinion of the most well-organized, conservative political leadership of the times felt that the opinions of the general public on most issues were "uninformed, inconsistent, and unstable" (Bennett, 1980: 32). Such beliefs supported their aristocratic notion that a few good men of wisdom and stable social position should judge the good of all. A popular government was acceptable to Hamilton if final judgments about the public interest could be made by the elite "few" who had the intelligence and common material interests necessary to make informed, stable, and internally consistent decisions.

For James Madison, a true democracy, one in which the people decided on each issue, would be a corruption of good government. Madison was convinced that the representative system, based on a political elite to interpret the interests of the general public, would make it possible to moderate the extremes of public opinion while taking some measure of popular feeling into account in making public policy. Madison states that representative democracy will:

refine and enlarge the public views by passing them through the medium of a chosen body of citizens, whose wisdom may best discern the true interest of their country and whose patriotism and love of justice will be least likely to sacrifice it to temporary and partial considerations. Under such a regulation it may well happen that the public vote, pronounced by the representatives of
the people, will be more consonant to the public good than if pronounced by the people themselves (Hamilton, Madison, Jay, 1982: 46-47).

The opinions of the public could not be used to settle each question of policy directly because such images of common interest in society held by the general public would be too numerous and too opposed to one another.

According to W. Lance Bennett's analysis of James Madison's view of public opinion:

Public opinion could be expressed directly in the election of representatives, but the representatives should then retire to conduct calm and reasoned discussions of volatile issues (Bennett, 1980: 33).

Jefferson also believed that a republican form of government was necessary. However, Jefferson favored a far more open system than that advocated by Madison and Hamilton. Jefferson felt that the public had the capacity to make informed and consistent judgments about important issues. Jefferson did not consider the channeling of public opinion through elected representatives to be a cure for public ignorance.

Jefferson saw representative government as a solution for translating the opinions of the citizens into applicable policy. America from Jefferson's perspective was: "... too
large in territory and population to make direct democracy feasible" (Mason, Baker, 1985: 332).

Jefferson saw the people blessed with equality of status and a common history of shared beliefs and values. In contrast to Hamilton, who feared the ignorance of the public, Jefferson envisioned the creation of an enlightened citizenry. Jefferson concluded that the institutionalization of particular images of the public could affect the very nature of public thinking as well as behavior. Jefferson noted:

Both of our political parties ... agree conscientiously in the same objective - the public good; but they differ essentially in what they deem the means of promoting that good. One side ... fears most the ignorance of the people; the other, the selfishness of rulers independent of them. Which is right, time and experience will prove. We think that one side of this experiment has been long enough tried, and proved not to promote the good of the many; and that the other has not been fairly and sufficiently tried (Bennett, 1980: 38).

The struggle during the formative period of the American experiment in democracy did little to further citizen participation in the affairs of government. The most salient characteristic of administrative institutions and procedures created during this vital period was the underlying commitment to a strong, politically based executive. Of nearly equal importance was that opposing
political factions could see substantive advantage accrue to their cause through the expansion of executive police power.

This was the situation during the period the Jeffersonians were in power.

The overall impact of Jefferson on the general character on American public administration was minimal. The Federalists were insistent on the development of a unified, independent, policy-oriented executive. This was due to a lack of faith in the people to make sound decisions through legislative representatives. As White notes, the strong, policy-oriented executive of the Federalists was a reflection of their "distrust of the people" (White, 1951: 510).

What we see and experience today within the American bureaucratic setting is a direct result of attitudes and practices that reach back to the very foundation of American government.

However, there was emerging on the Western horizon a glimpse of hope in the possibility that the common man might soon have his way with a new democratic order of American government.
The next era, the Representative era, extended from the election of Andrew Jackson as President through the Civil War. The Jacksonians cast the bureaucracy in the mold of the average man. Such a goal was best served by an anti-federalist, anti-elitist policy of staffing administrative agencies with those citizens who worked faithfully for the party victory. Government could best be held responsible if those to be governed were in control of the government.

While emphasis on the common man had a strong political appeal, its overall effect during the latter part of the era was to institutionalize a situation wherein, notes O. Glenn Stahl:

...experience was systematically scrapped; the exaltation of inexperience and incompetence; the stagnation in administrative policies; the favoritism and partiality in the ordinary conduct of public business; and the taboo that grew up about public service as a career (Stahl, 1976: 44).

With the westward expansion of the American frontier, the strength of the traditional eastern merchant and landowning elites began to diminish. The poor and landless who had gone to the frontier to settle new lands and create new businesses were beginning to emerge with a sense of self-imposed confidence in their ability to run the new states and cities they had created. These frontiersmen were quick
to identify with a new president, Andrew Jackson, who identified with the struggles of the "common people" and deposed the old merchant-elite from their dominant position (Aldrich, Miller, Ostrom, Rohde, 1986: 133).

As for the emerging new states, the new state constitutions established during the Jacksonian period abolished the old property restrictions on voting and established universal white male suffrage. The new state constitutions were designed to demonstrate faith in the electorate by requiring the citizens to vote directly on long lists of public officials. Rosenbaum notes:

> By the early 1900s ballots reached extraordinary lengths, as every official from water commissioner to dogcatcher was included in local elections (Rosenbaum, 1978: 143).

Patterned after the state constitutions of the Representative Era, many a local charter enacted a "weak mayor" form of government. Under such forms, mayors had little administrative powers. In the Jacksonian view, no officeholder, elected or appointed, should hold office for long. Consequently, when one political party took control of local or state government, it was expected that the party would replace officials with loyal party members. This "spoils system," as noted earlier has existed since the presidency of George Washington, but under Jackson's
leadership it intensified. The intent of this practice seemed to be to grant to the general citizenry a number of means by which government could be controlled. Such citizen control was focused on changes in the governmental and political processes of the times that would 1) make appointed as well as elected officials responsive to the mass electorate; 2) prevent the creation of a permanent "official" elite; and 3) provide the basis for the creation of strong political parties.

Reforms of the Progressive Movement

The reforms of the Jacksonian era, according to John Aldrich, Gary Miller, Charles Ostrom, and David Rohde:

...seemed to many people to be directly responsible for crooked elections, corrupt party bosses, and inefficient administrative agencies (Aldrich, Miller, Ostrom, and Rohde, 1986: 136).

As a result, a second period of reform began to change state and local governments at the turn of the century. This reform movement, referred to as the Progressive movement by Aldrich, Miller, Ostrom, and Rohde, argued that:

democracy was better served by a short ballot, strong executives, restricted suffrage, and professional administration (Aldrich, Miller, Ostrom, and Rohde, 1986: 136).
The reforms created the constitutional machinery of most twentieth-century state and local governments. The reformers were mostly middle-class professionals. They did not accept Andrew Jackson's belief in the ability of the common people to perform well in public office.

Furthermore, they vigorously rejected the Jacksonian faith in the political party as the proper vehicle for conveying the democratic wishes of the mass electorate. The party machine, the reformers believed, was a distorting lens placed between the people and their government. The Progressives vowed to restore local and state government to the "direct democratic ideal" (Aldrich, Miller, Ostrom, and Rohde, 1986: 136).

Paramount among their original goals were clean elections and efficient administration. To reach those goals, the reformers realized, the rules had to be changed. The reformers got many state governments to grant new "nonpartisan" city charters that changed election rules. The new charters required nonpartisan ballots that did not show the candidates' party affiliations. The charters also required that city council members be elected from the city at large rather than from geographic divisions called wards. Reformers had sought this change because party machines were based on neighborhood strength in wards. In addition, the
charters mandated secret ballots so that party workers could not spy on or intimidate voters. Finally, the new city charters reduced the number of city council members and the number of elected officials as a whole, following the rationale that the party machines survived by electing minor officers about whom voters had little or no information. These new charters often successfully lessened party politics, especially in small and middle-sized cities.

The initial focus on the movement to restore local and state government to the "direct democratic ideal" evolved from the movement for direct citizen involvement in governmental decision-making was the expansion of popular control over legislative action. This was a logical place to begin since legislatures dominated governmental decision-making.

The movement for direct citizen involvement was the result of discontent with corrupt and arrogant actions of state and city legislators (Rosenbaum, 1978: 144). The approach progressives supported was a combination of closely related procedural innovations: initiative, referendum, and recall.

Initiative allows citizens to propose legislation by petition. Referendum provides veto power over particularly sensitive and important legislative acts.
The recall provides an opportunity for citizens to specify a particular set of grievances against a legislator or other elected official and to require a special election by petition.

In an effort to undue Jacksonian politics, there was a purposeful reaction to encase public administration in neutrality. It took two decades of post Civil War pressure for federal reaction to Jacksonian excesses to establish controls of corruption within public services bureaucracies. The cardinal norm of the Pendleton Act (Civil Service Act of 1883), was neutrality, an attempt to purify public administration by appointing administrators on the basis of what they knew rather than who they knew, thus removing bureaucrats from the realm of politics. While such "neutrality" efforts did represent a change in the direction in which Jacksonian philosophy was leading the country, it did not reject Jackson's goals. Instead, Morrow notes:

[Pendleton Act] it attempted to make them more realistic in light of growing administrative corruption and incompetence. Instead of rejecting the democratic goals of equality of access to the public service, reformers of the 1880's tried to purify it by substituting merit for spoils (Morrow, 1975: 22).

The new moralism was grounded in public reaction to the corruption that infiltrated the legislative and executive
branches of government, from the halls of Congress to the local halls of town government. It was reinforced at the time by a rural Granger-Populist revolt against businessmen controlling transportation facilities and market outlets for farm products. The popularity of laissez-faire capitalism, with its emphasis on rational planning, also furnished a psychological thrust for this crusade of purification. The result was public pressure to insure that the bureaucracy, whose powers were expanding in response to the increasing complexities of an industrializing nation, would remain faithful to its public administration duties.

The Scientific Management Period

The sequel to public administration neutrality was the goal for administrative efficiency. The Scientific Management Period is so labeled because its dominant administrative goal was that of efficiency furthered by appropriate practices and procedures. Its purpose was to make neutrality work and to make administration a science, hence the term scientific management.

According to William Morrows' review of the scientific management movement during the first three decades of the 1900's:
If administration could be depoliticized, then it could also be subjected to scientific analysis - devoid of values - and the one best way for administering policies could be determined (Morrow, 1975: 24).

In reality, the situation is, however, that the American cliche about a divorce between politics and administration is incorrect. According to Fred Riggs:

The myth of a dichotomy between politics and administration rests on a misuse of the word "political" to mean "partisan." Career officials are just as political as transients, but theirs is a type of policy and program oriented non-partisan politics (Riggs, 1991: 1).

Public administration and public policy-making are not products entirely of nonpartisan bureaucrats. Public bureaucracy is often controlled by decision-makers who are political appointees dependent on elected or appointed chief executives for their jobs. As a result, these transient officials are naturally partisan in outlook.

Public administration can never be depoliticized. However, American public administration can be made comparatively non-partisan when handled by career bureaucrats, although it will always be partisan when conducted by transients.

Such an environment also set the stage for the emergence of administration as an academic discipline. If the study of
administration could be made more systematic, then the
development of administrative doctrines, or rules of
acceptable administrative practice, would seem to follow.

Administrative efficiency did not emerge as a standard
without reason. Policy solutions to growing public problems
were becoming more complicated as the country was subjected
to further industrialization and urbanization. Problems of
regulating big business, preserving natural resources
against unwarranted exploitation, and breeding some forms of
systematic theory into national economic management
propelled presidential leadership to reassert the energy
that Hamilton considered so vital to the conduct of public
business.

An end product of the New Deal was a larger and politically
more powerful bureaucracy. This was the era, according to
Morrow, of "Macro-administrative Management" (Morrow, 27:
1975). Roosevelt's recovery efforts nationalized
governmental administration and decision making to a degree
that America had never before encountered. Such laws as the
Social Security Act, the Agricultural Adjustment Act, the
National Labor Relations Act, and the National Industrial
Recovery Act resulted in the establishment of new
administrative agencies empowered with policy
responsibilities which previously had been the exclusive concern of Congressional decision making.

The New Deal period, with its macro-administrative management began a new age in American bureaucratic responsibility in which executive institutions were expected to assume policy leadership. Once the new policy responsibilities of the chief executive had been firmly established and there was public acceptance of bureaucracy's role in establishing public policy, the path was clear for administrative institutions to be more fully involved in responding to presidential decision making.

The administrative institutions evolving at this time stressed the integrative approach to decision making. As a result, potential policies were required to be run through the decision making mill before any claim could be made that a decision would represent the public interest.

Consequently, such institutions were staffed with policy and program specialists able to make the appropriate recommendations. Morrow notes, when diverse pressures confronted the "proper" recommendations of presidential policy that such recommendations were "subject, of course, to the president's preferences" (Morrow, 1975: 27).
Unfortunately, these new macroadministrative institutions failed to put to rest the old problems of corruption and inefficiency of government. Instead, the growth of more bureaucratic machinery to enable the president to make better decisions, based on evidence collected from a variety of bureaucratic agencies, created a larger pool of bureaucrats eager to protect their agency in terms of power, influence, and growth. Instead of resolving the old problems of government corruption and bureaucratic inefficiency, the new macroadministrative institutions simply added new resources to old problems.

Such interaction by career public servants in these iron triangles, while becoming more conspicuous, gave a new emphasis to questions about the political aspects of administration. Distrust of legislatures and elected officials seems to have led to two apparently contradictory movements: a heavier reliance on appointed officials and an effort to transfer power to the people directly.

One of the most significant revolutions in administrative history began in the mid-1960s. Just as earlier eras were dominated by generalizations geared toward controlling the excesses of their fads, decentralization as a standard was introduced to counterbalance excesses in centralization, which accompanied the macro-administrative management.
movement. However, as in all previous cases, the introduction of new doctrines did not mean that existing ones were abandoned.

The entrenched scientific management and macro-administrative management practices both relied on central agencies to deal rationally with policy, management, and supervisory problems. Yet social problems did not disappear after such agencies were established. Centralized administration seemed to many to symbolize the indifference of the technological state. In addition, riots and civil disorders of the 1960's provided graphic challenges. Anti-establishment movements often targeted the huge, indifferent bureaucratic apparatus in Washington.

The decentralization movement of the 1960's stressed participation in policy making by administrators in subordinate offices and by citizens with increased access to policy-making centers. Such decentralization movements of the 1960's reflect strains of democracy of the Jacksonian era in the resurgence of participation in the Model Cities programs of the 1960s as well as in the professional public administration writings of Orion White, Jr., Philip S. Kronenber, and H. George Frederickson at the same time. More recently there has been a proliferation of writings by Douglas Yates, Benjamin Barber, and Thomas Cronin
delineating a more aggressive role for the general public in bureaucratic policy decision making.

There are, however, important differences between the participatory movement of the 1960's and the Jacksonian representative movement. The latter sought participation because of the inherent right of individuals to be involved in political processes and because such involvement was considered a built-in safeguard against elitist dominance in policy-making. The reappearance, or resurgence, of the participation standard in the 1960's, while not rejecting the goals or assumptions of the Jacksonian era, based its appeals mostly on the acknowledged failure of major policy crusades in the areas of welfare, poverty, race relations, urbanization, transportation, housing and the environment as demonstrated, for example, by the Students for a Democratic Society and the Port Huron Statement:

As a social system we seek the establishment of a democracy of individual participation, governed by two central aims: that the individual share in those social decisions determining the quality and direction of his life; that society be organized to encourage independence in men and provide the media for their common participation.

In a participatory democracy, the political life would be based in several root principles:

that decision-making of basic social consequence be carried on by public groupings;
that politics be seen positively, as the art of collectively creating an acceptable pattern of social relations;

that politics has the function of bringing people out of isolation and into community, thus being a necessary, though not sufficient, means of finding meaning in personal life;

that the political order should serve to clarify problems in a way instrumental to their solution; it should provide outlets for the expression of personal grievance and aspiration; opposing views should be organized so as to illuminate choices and facilitate the attainment of goals; channels should be commonly available to relate man to knowledge and to power so that private problems - from bad recreation facilities to personal alienation - are formulated as general issues (Miller, 1989: 333).

Another difference between the two movements lies in the fact that the most recent drive has had to accommodate those exigencies and institutions produced by the macro-administrative management period. The technocratic-oriented professionals and their massive organizations are necessary sources for policy ideas because contemporary problems are highly complex. The most recent citizen participation movements have often involved citizen groups along with specialists to study problems relative to the environment, urbanization, poverty, and race relations. The intent is not to subvert the specialists, but to integrate their influence with that of the concerned citizen. This assumes that there is some functional value to public policy accruing from community involvement in policy-making.
Direct Democracy

Writers and reformers in American politics such as Douglas Yates, Thomas Cronin, James A. Dator, and Benjamin Barber say it is time to consider bolder, more innovative forms of citizen education and citizen involvement if we want to become a robust, healthy, and strong democracy.

If we have learned anything about democracy in the twentieth century, it is that the slogan "the cure for democracy is more democracy," is only a partial truth. A democracy requires more than popular majority rule and a system of democratic procedures to flatter the voters. A vital democracy puts faith not only in the people but also in their ability to select representatives who will provide a heightened sense of the best aspirations for the whole country and who can make sense of the key issues.

It would seem that a demand for more democracy occurs when there is growing distrust of legislative and administrative bodies and when there is a growing suspicion that privileged interests exert far greater influences on the typical politician and bureaucrat than does the common voter.

Direct democracy, especially as embodied in the referendum, initiative, and recall, while viewed by most as typically an
American political response to perceived abuses of the public trust, has its roots firmly attached to the initiative and referendum movement in Switzerland (Tallian, 1977: 9-21). Voters periodically become frustrated with taxes, regulations, inefficiency in government programs, and the inequalities or injustices of the system, just to mention a few key areas. This frustration arises in part because more public policy decisions, such as the commitment of local tax revenue for obligated state funded programs as found in the State of Florida or semi-private yet seemingly unaccountable entities such as electric power regulatory bodies, or the interest rate decision making powers of the Federal Reserve Board, are now made in distant capitals by remote agencies instead of at the local or county level as once was the case, or as perhaps we like to remember or imagine.

The main theme that runs throughout discussions of initiative and referendum focuses upon the following elements: 1) citizen initiatives will promote government responsiveness and accountability; 2) initiatives are freer from special interest domination than the legislative branches of most states, and this provides a desirable safeguard that can be called into use when legislators are corrupt, irresponsible, or dominated by privileged special interests; 3) The initiative and referendum will produce
open, educational debate on critical issues that otherwise might be inadequately discussed; 4) referendum, initiative, and recall are nonviolent means of political participation that fulfill a citizen's right to petition the government for redress of grievances; 5) direct democracy increases voter interest and election day turnout; 6) finally, citizen initiatives are needed because legislators often evade the tough issues. Fearing to be ahead of their time, they frequently adopt zero-risk mentality.

Concern with staying in office often makes them timid and perhaps too wedded to the status quo. One result is that controversial social issues frequently have to be resolved in the judicial branch, which is mostly removed from effective electoral control.

For every claim put forward on behalf of direct democracy, however, there is an almost equally compelling criticism. Many opponents believe that the ordinary citizen usually is not well enough informed about complicated matters to arrive at sound public policy judgments. They also fear the influence of slick television advertisements and bumper sticker messages.

Some critics of direct democracy, according to Cronin, contend:
... the best way to restore faith in representative institutions is to find better people to run for office. They prefer the deliberations and the collective judgment of elected representatives who have the time to study complicated public policy matters, matters that should be decided within the give-and-take process of politics. That process, they say, takes better account of civil liberties (Cronin, 1989: 11).

Cronin further notes that:

Critics also contend that in normal times initiative and referendum voter turnout is often a small proportion of the general population and so the results are unduly influenced by special interests (Cronin, 1989: 11).

It would seem that as the United States has aged, its citizens have continuously preached for increased civic participation. Yet we also have experienced centralization of power in the national government and the development of the professional politician. As a result, the citizen-politician that has been touted in the American Presidentialist system has become an endangered species.

Representative government is always in the process of development and decay. Its fortunes rise and fall depending upon various factors, not the least of which is the quality of the people involved and the resources devoted to making it work effectively. When the slumps come, proposals that reform and change the character of representative government soon follow. Notions of direct democracy have never been
entirely foreign to our country. Countless proponents from Benjamin Franklin to Jesse Jackson have urged us to listen more to the common citizen.

A popular impulse has always existed in the United States, from the Jeffersonian belief in a self-governing democracy of small farmers, through the populist movement of the 1880s and 1890s, and in various manifestations to the present.

The more radical strains of populism have favored explicit economic remedies to penalize the financial giants of business, industry, and commerce, who were thought to be exploiting the struggling farmers. Thus the populists of the 1880s favored government ownership of the railroads, as well as the elimination of monopolies.

The boom-and-bust cycles affecting frontier farmers and miners helped foment resentment toward elites in times of economic distress. Such was the case with Daniel Shay's farmers and anti-federalists and, later, Jeffersonian Republicans and Jacksonian Democrats.

Such feelings of helplessness stood in sharp contrast to the Jeffersonian dream for the new republic. These farmers and others suffering from economic hard times looked to an earlier age when they believed they had been less exploited.
The populist movement seemed to have emerged from a sense of nostalgia for better times in the past. The populists looked to government for assistance. Populist organizers believed they had little choice but to enter politics, build coalitions, and try to bring about some measures of change. By the late 1880s these varied coalitions, consisting mainly of farmers, began holding political action meetings and ran candidates for office. After preliminary conventions in the late 1890s, the Populists held their first national convention in 1892. The Populist platform supported public ownership of railroads, a graduated income tax, and other measures to increase the power and benefits of the plain people. The People's party convention in Omaha, Nebraska, in July of 1892, also passed several resolutions that called for a restructuring of the political system. Two of these were:

- That we commend to the favorable consideration of the people and the reform press the legislative system known as the initiative and referendum.
- That we form a Constitutional provision limiting the Office of President and Vice president to one term, and providing for the election of Senators of the United States by a direct vote of the people (McKenna, 1974: 94).

For most populists, Cronin notes:

... these direct democracy devices were a means of temporarily bypassing their legislatures and
enacting needed laws on behalf of the downtrodden citizenry ... (Cronin, 1989: 45).

According to Thomas Cronin, at the same time that the Populist party emerged, a number of books and pamphlets began to circulate that advocated the initiative and referendum and brought them further attention as reforms worth striving toward (Cronin, 1989: 46). One such advocate noted by Cronin is Nathan Cree. Nathan Cree proposed a national initiative and referendum process as the necessary next step in the development of government (Cronin, 1989: 46). The only way to train people for self-government, according to Cree, was to practice it. Cree was a strong proponent in government by discussion. Direct popular legislation, according to Cree, would:

... break the crushing and stifling power of our great party machines, and give freer play to the political ideas, aspirations, opinions and feelings of the people. It will tend to relieve us from the dominance of partisan passions, and have an elevating and educative influence upon voters ... (Cronin, 1989: 46-47).

While such thoughts press for more involvement by the general public, they also clearly defend the idea that elected representatives of the people would still be necessary and legislatures would remain a vital part of the political process. The best possible response to public apathy, therefore, would be a significant increase, through
the initiative and referendum process, of citizen participation in the government as well as an excellent means of educating the citizenry in public affairs.

Because direct democracy or direct legislation measures in the 1880s and early 1890s were promoted by groups regarded as cranks, socialists and single-issue groups, most notably the single-taxers, incumbent legislators tended to dismiss both the groups and their measures as too radical. A more realistic assessment would be that the existing power bases with their controlling interests would be at risk of losing their power were increased direct democratic measures allowed to take hold. By the late 1890s, however, converts to these measures were gradually increasing throughout the West. A National Direct Legislation League had been formed in the early 1890s. The voices of direct democracy included influential evangelists as well as several U.S. Senators (Cronin, 1989: 50).

Although the populist movement played a significant role in developing direct democracy, much of the basic development can be attributed to the politics of American progressivism, particularly the support of Woodrow Wilson. Wilson and the progressives' support for the initiative, referendum, and recall were vital to the adoption of the initiative and referendum in several states.
The Massachusetts legislature, for example, although embracing the idea of the initiative and referendum as early as the middle 1800s, was not affected by the initiative and referendum movement until the early 1900s. By 1977, some twenty-seven states and the District of Columbia had adopted some degree of initiative and/or referendum process.

In the pursuit of more direct participation of the citizenry in the affairs of government, contemporary observers and proponents of participatory democracy have focused much of their attention at the state and local government levels. Examples of such include the works of Philip Selznick, 1949; Robert Alford, 1968; George Fredrickson, 1973; and Jane J. Mansbridge, 1980. The basis for this focus suggests that the local structures of community power are likely to be more accessible to the ordinary citizen.

**Responsive Administration**

The contemporary expansion of the general participation rights and opportunities of the public can be attributed to the landmark Federal Administrative Procedure Act of 1946. Among other things, the Act required agencies to meet certain minimum standards of fairness and openness in their
decision making procedures and gave citizens the right to judicial relief in case of agency failure to comply (Stewart, 1975).

During the 1960s, federal programs again expanded rapidly and attention again turned to the expansion and protection of general public participation rights in administrative decision-making, partly due as well to the decentralization movements in participation and the 1960's citizen movements.

This was a time for a re-thinking within the ranks of practicing public administrators as well as the academic community as to the role of bureaucrats in policy development implementation as well as the role of bureaucrats in their interaction with the general public.

In assessing the perceived and evolving new role of bureaucrats it is important to acknowledge the efforts of a number of public administration and political scientists who, in September of 1968, met at the Minnowbrook conference site of Syracuse University. The practicing public administrators and their academic counterparts at the Minnowbrook conference resolved to question the direction of public administration in light of the ever growing and changing social conscience of the 1960's. The quest of the Minnowbrook participants, according to Dwight Waldo, was to
seek answers to the question: "... can a case be made for a 'new' public administration?" (Waldo, xvi: 1971).

Where classic public administration strove to address concerns as to how best a bureaucracy could provide more or better public services and how a bureaucracy might maintain a level of public services at decreased cost, new public administration, according to George Frederickson, adds a new concern: "Does this service enhance social equality?" (Frederickson, 1971: 311).

As used by the public administrators and educators of the 1960's pressing for a more socially responsive public administration, the phrase "social equality" is used here to summarize the following set of value premises. Pluralistic government systematically discriminates in favor of established stable bureaucracies and their specialized minority clientele and against those citizens who lack political and economic resources. The continuation of widespread unemployment, poverty, disease, ignorance, and hopelessness in an era of unprecedented economic growth is the result. This condition is normally reprehensible and if left unchanged constitutes a fundamental, if long-range, threat to the viability of this or any political system. A public administration which fails to work for changes that
try to redress the deprivation of large groups of citizens may eventually be used to repress them.

For a variety of reasons, (the most important being committee legislatures, legislative seniority, entrenched bureaucracies, nondemocratic political party procedures, and inequitable revenue-raising capacity in the lesser governments of the federal system) the procedures of representative democracy presently operate in a way that either fails, or only very gradually attempts, to reverse systematic discrimination against disadvantaged citizens. Social equality, then, includes activities designed to enhance the political power and economic well-being of these large numbers of citizens. A commitment to social equality means that the "new" public administration is anxiously engaged in change.

A commitment to social change involves not only the pursuit of policy change but the attempts to find organizational and political forms which exhibit a capacity for continued flexibility. Traditional bureaucracy, according to Anthony Downs, has a demonstrated capacity for stability (Downs, 1967). The "new" public administration, in its search for changeable structures, tends therefore to experiment with or advocate modified bureaucratic-organizational forms. Decentralization, sensitivity training, organizational
development, responsibility expansion, and client involvement are all essentially counter-bureaucratic notions that characterize the "new" public administration. Such notions as these enhance both bureaucratic and policy change which can lead to increased social equality.

Classic public administration emphasizes developing and strengthening institutions which have been designed to deal with social problems. The old public administration focus, however, has tended to drift from the problem to the institution. New public administration attempts to refocus on the problem and to consider alternative possible institutional approaches to confronting problems. The intractable character of many public problems such as urban poverty, widespread narcotics use, high crime rates, and the like lead public administrators to seriously question the investment of steadily more money and manpower in institutions which seem only to worsen the problems. They seek, therefore, either to modify these institutions or develop new and more easily changed ones designed to achieve more proximate solutions. As noted by George Frederickson:

New Public Administration is concerned less with the Defense Department than with defense, less with civil-service commissions than with the manpower needs of administrative agencies on the one hand and the employment needs of the society on the other, less with building institution and more with designing alternative means of solving public problems (Frederickson, 1971: 314-315).
While such rhetoric is well intended, what counts is public administrative action that demonstrates a commitment to social equality beyond that of written statements and oral commitments.

During the mid-1960s and early 1970s, a number of efforts were implemented at the federal and state levels of public administration entities to advance public administration efforts to improve the responsiveness of bureaucracy. A keynote area of change included increased client involvement.

The most significant acts at the federal level were the Freedom of Information Act (1966) and the National Environmental Policy Act (1970), both of which created broad information and accountability obligations for administrative agencies and made these rights judicially enforceable by the individual citizen (Rosenbaum, 1978: 151).

The states also expanded on general participation rights and opportunities. At the state level, "sunshine laws" were promulgated by state legislatures to meet demands for more open government. By state statute most states now have laws requiring meetings of administrative agencies to be open to
the public. Hawaii, for instance provides by statute (Hawaii Revised Statutes, 1976) specifically for the flow of information to the public in the operations of all government agencies.

The first major statute to incorporate a specific mandate for citizen participation was the Federal Housing Act of 1954. After a difficult five-year struggle with the federally financed urban redevelopment program under the Housing Act of 1949, the revised statute aimed to make administrative decision-making more responsive to popular needs and desires by requiring a program of citizen participation in the planning and execution of projects. The effort to make decision-making more responsive to popular needs based on citizen participation was incorporated in the statute as a response to critics who claimed that urban redevelopment had resulted in an inhumane approach to social problems.

The program established Project Areas Committees of local residents to review urban-renewal plans. Although these committees did not have any formal veto, the committee opinions were considered by the various administrative agencies of the city, state, and federal governments. While such efforts were considered ambitious and represented a
step forward for participation, they did not empower citizens to formulate their own long-range plans.

As administrative agencies were increasingly required to operate under more rigorous requirements for citizen access and involvement, reform efforts turned toward establishing similar opportunities for popular participation in legislative decision-making. Referendum and initiative remain the most powerful and direct means of citizen intervention in legislative action. However, even this mechanism only provides a simple yes-no approach to public influence in the development of legislation.

Today, with the role of government so broad and diffuse, it is not surprising that discontent comes to zero in on the bureaucracy, for the public administrative agencies are the major points of contact between citizen and government.

In the words of Marvin Meade, an observer of the changing functions of bureaucracy:

Thus, even though the failure to cope with social ills is a failure of other segments of the total institutional structure, the bureaucracy personifies that structure for many. But beyond this, it is also clear that the bureaucracy - the whole complex of administrative organizations - is perceived as a malefactor in its
own right. It is seen as the point within the over-all structure at which promised and promising policies, programs, and services become vitiated, distorted, and bound up in sets of rules, regulations, and procedures which are bunglesome, discriminatory, and often humiliating in their effects. In the end, because of bureaucratic machinations and ineptness, promising policies and programs fail to come to grips with the needs of the time and circumstances (Meade, 1971: 177-178).

In the traditional model of participation, the participatory function is essentially a representational one, providing a voice in agency decisions relative to policy development and implementation by established and legitimate sectors of the public.

The end purposes served by this kind of built-in participation are often variable and multiple, including not only the securing of practical or political advice but of co-opting support and so on.

This traditional view of participatory administration within the American public administration areas while serving the needs of an earlier time is failing to respond to the problems and social ills of today's society. Meade remarks:

The objections or criticisms are, of course, that whatever positive or helpful functions the
traditional modes of participation have served, they are nevertheless adjuncts of an administrative structure which may have functioned adequately to the needs of an earlier time, but which is failing to respond to the rapidly escalating problems and social ills confronting today's society. Moreover, only certain voices or groups the well-organized, well-financed power centers are admitted to participation; other important segments of the society are not, and these unrepresented, nonparticipant groups are precisely the most highly alienated groups in the system today (Meade, 1971: 179).

Another major effort at increasing citizen participation in the affairs of our nation was actively promoted by President Gerald Ford. In December of 1976, the Federal Interagency Council On Citizen Participation held a major conference on citizen participation in citizen decision-making. The purpose of the Interagency Council was:

... to foster the development and exchange of ideas, techniques, and experiences that will enhance the effectiveness of citizen participation in government decision making and increase the responsiveness of government decision-makers to the people ... (Federal Interagency Council On Citizen Participation, 1976).

While there seems to have been much discussion concerning the merits of citizen participation in the decision making processes of the American Presidentialist system, the success of such public participation to date seems to be focused on a narrow spectrum of bureaucratic agencies and
programs. The Community Action Programs and Head Start are prime examples of such targeted bureaucratic agencies and programs for direct citizen participation. A pronounced step forward to really involve the general population in governmental decision making, at least at the state level, emerged with various endeavors to look at the prospects of alternative state futures in a number of states and regional areas. Between the years 1961-1977, according to David Baker (Baker, 1978: 7-8), eighteen states, six multi-state regions, two sub-state regions, and eighteen localities conducted issue oriented opinion polls that involved extensive citizen participation. The one common element of the various issue polls was the direct involvement of either state or local bureaucratic entities. The leadership role demonstrated by the various bureaucratic agencies to encourage as well as to demonstrate a desire to have the general public participate in designing their own destiny was a significant stimulus for Hawaii Health Decisions '83, a research endeavor of citizen participation, polling, and the televote method.

Summary

From the beginnings of the American Democratic experience, a public bureaucracy has existed to serve and implement governmental policy of political leaders in the course of
serving "the will of the people." As America as a nation has evolved, so has its public bureaucracy. As we traced the evolution of bureaucratic attention to representation and participation efforts of the general public in the decision making processes of the American Democratic system, we have observed significant changes in the approach of public bureaucracy to meet the demands of the public for political representation.

Although rhetoric abounds today as never before expounding the merits of public participation in the decision making processes of public bureaucracies, the evolution of bureaucratic responsiveness to public representation and participation still remain limited and focused.
Chapter 3

RESEARCH METHODOLOGIES

Introduction

In the previous chapter it was noted that there have been some significant efforts to challenge the mainstream bureaucratic responses to American public administration. It seems clear that the existing way of conducting public decision-making (legislative and administrative) has not changed dramatically since the times of our founding fathers, with the exception of occasional state and local initiatives. Neither can we expect, even with the possibilities presented during the past several decades, that massive changes in the public bureaucracy will evolve overnight into a participatory entity abounding with enthusiasm for participation by the general citizenry. What we can expect, however, are occasional experiments by legislative and administrative bureaucracies in citizen-participation administrative decision-making.

In this chapter this researcher shall discuss the research methodology used to analyze a particular case study of such a change in a public bureaucracy's responsiveness to general public participation. This researcher will present first an overview of the "traditional" approaches to research and
then a "naturalistic" approach that takes into consideration the researcher's position as a by stander and also as an active participant. In so doing, the chapter will discuss: 1) the rationale for selecting the "naturalistic" case study approach; 2) the conceptual framework used to analyze the "naturalistic" case study.

Approaches to Research

W. Phillips Shively, commenting about approaches to research, tells us that the way we structure the gathering of data affects the interpretation we can give of the results of our research (Shively, 1980; 85).

Describing human behavior and explaining it are two different functions. In noting the difference between the two, Charles Backstrom and Gerold Hurch-Cesar state that "describing behavior tells how without telling why" (Backstrom and Hurch-Cesar, 1981; 10).

They also maintain that to explain behavior means to show the relationships between certain causes and certain effects:

If we want to generalize these cause and effect relationships to the larger population with certainty, we have to take surveys of the same people at different points in time. And even with
that base, we must take great care to ensure that some unknown influence is not the actual cause of the changes we find from one time to the next (Backstrom and Hurch-Cesar, 1981; 10).

The purpose for which we do research defines what approach we must use. This point can be illustrated by reviewing various research approaches.

The first approach discussed will be the "traditionalist" approach. This approach is made up of a number of methods that benefit the researcher depending upon the degree of generalization and explanation desired. The other approach, referred to as the "naturalist" approach, used to address Hawaii Health Decisions '83, will then be discussed.

The "Traditionalist" Approach

Earl R. Babbie (Babbie, 1973); Donald T. Campbell and Julian C. Stanley (Campbell and Stanley, 1963); and Backstrom and Hurch-Cesar (Backstrom and Hurch-Cesar, 1981) represent a few of the authors who have written about the traditional methods of social science research. The primary distinguishing factors that separate the major themes, according to Backstrom and Hurch-Cesar, are: (1) whether to generalize or not generalize based on the persons studied, and (2) whether to describe or to explain their behavior. Table 1.1 depicts a variation of Backstrom and Hurch-Cesars'
comparison of major research approaches (Backstrom and Hurch-Cesars, 1981; 11).

Table 1.1
Research approaches

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<td>Small-group study</td>
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<td>Key Informant</td>
<td>Multiple-time survey</td>
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<td>Explains what causes behavior</td>
<td>Nonexperimental case study</td>
<td>Controlled experiment</td>
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<td>Quasiexperimental study</td>
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Their major themes include: 1) approaches that describe behavior without generalizations; 2) approaches that describe behavior with generalizations; 3) approaches that explain behavior with generalizations; 4) approaches that explain behavior without generalizations.

Each of these approaches will be briefly described.
Approaches That Describe Behavior Without Generalization

Two approaches are presented under this category: small-group studies and the use of key informants. In both approaches, while observed behavior is described, such observations are not used to create more global generalizations.

The Small-group Study

The small-group study is used to describe the total system of the group's behavior. Although small-group studies are capable of delivering in-depth information about a few people, they describe only the unique group studied. This is an intensive study that focuses primarily on one of a few communities. The researcher often resides in the environment at hand, unobtrusively observing, questioning, and recording behavior. The purpose usually is to describe the total system of the group's behavior. Although small-group studies are capable of delivering a wealth of information on a few people, they describe only the unique group studied.
The Key Informant

The key informant approach is an in-depth interview by someone in a position to observe or affect what is happening in a situation. Although the key informant may be very well informed, the findings cannot be reliably generalized even to other close observers, who may have a different perspective.

Neither of these approaches were suitable for this particular research endeavor. The leaders of the Department of Health understood the purpose of Hawaii Health Decisions '83 to be a link between the general public and the Department of Health. The basis for Hawaii Health Decisions '83 was to demonstrate the linkage of participatory democracy and the practice of modern public bureaucracies. Such linkages could not be developed or demonstrated through the use of small-group or key informant approaches.

Approaches That Describe Behavior With Generalizations

The One-time Survey

Most surveys are one-time efforts that describe behavior at a single point in time. Like a photograph, they record temporary conditions. But since they glimpse only one point
in history, their use as predictors of future behavior is as limited as their ability to reconstruct historical events.

The Multiple-time Survey

The multiple-time survey provides a reliable basis for describing changes in large populations over time. Identical surveys of the same population at two or more points in time permit us to check our predictions, based on the first survey, by looking at the second.

Neither of these approaches were suitable for this particular research endeavor. The purpose of conducting Hawaii Health Decisions '83 was to demonstrate the linkage of participatory democracy and the practice of modern public bureaucracies. Such linkages could not be developed or demonstrated through the use of the "traditional" one-time and multiple-time survey approaches.
Approaches That Explain Behavior With Generalizations

Controlled Experiments

Studying causes and effects requires controlled experiments. Although such experiments occur in the field, their form is like that of the laboratory experiment: we observe a group, add a new ingredient, and observe any changes.

To ensure that any change is due to our treatment and not to other factors, we leave comparable groups untouched to see if any changes occur in them at the same time.

Field experiments are generally very costly. The principal limitation of controlled field experiments is that we cannot actually control the real world.

Simulation Approach

The simulation approach is usually mathematically based and involves computerized modeling of the real world. By duplicating certain segments of reality with statistical techniques and by varying the values of different parts of it, the simulation approach attempts to predict how conditions will change in response to new values. Simulations can generalize to the extent that the data and
relationships used in them have been previously verified by separate research.

Neither of these approaches were suitable for this particular research endeavor. Hawaii Health Decisions '83 was not designed to manipulate participants or to place participants into controlled and uncontrolled groups for observation or analysis. Hawaii Health Decisions '83 was designed to elicit responses from participants having the same accurate information and choices. Only in this way would the Department of Health be able to design a workable adolescent service program that would respond to the decision-making results of the public participants.

Approaches That Explain Behavior Without Generalization

Quasi-Experiments

Quasiexperiments differ from the previously noted full experiments, which require careful before-and-after measures, with adequate controls. Anything less rigorous may explain behavior in one instance but will not have the power to generalize to other people or other conditions beyond those immediately studied.
Demonstration Projects

The demonstration project approach is a special kind of case study. Working with a pilot demonstration project, the researcher aims to try out a specific program to provide evidence that would convince officials to expand it to reach a larger audience. It is quasiexperimental, often using highly quantified before-and-after measures, but since it usually involves only one group, without controls, the results cannot be generalized.

Neither of these two approaches were suitable for this research endeavor. The utilization of quasiexperiments was not acceptable since Hawaii Health Decisions '83 was not designed for before-and-after analysis and since there was no control of participants. In addition, Hawaii Health Decisions '83 was not designed as a demonstration project.

Case Study

A case study is a special type of small-group study. It differs by its focus on changes over time. Case studies focus on change within the group. The case study researcher, usually involved intensively in the study situation, witnesses the entire process of change - before,
during, and after. Case studies are usually called "nonexperimental" field studies.

Of the themes presented so far, it is the "traditional" case study that comes closest to meeting the research requirements of Hawaii Health Decisions '83.

The problem with the "traditional" case study approach is the requirement that the presence of the researcher does not disrupt the normal functioning of the group. The researcher must guard against losing perspective by accepting the group's values as his or her own.

Yin points out that case studies are the preferred strategy when "how" or "why" questions are being posed, when the investigator has little control over events, and when the focus is on a contemporary phenomenon within some real-life context (Yin, 1987: 13).

A review of the case study literature suggests that a need for such studies arises out of the desire to understand complex social phenomena. According to Yin, a case study is an empirical inquiry that:

... investigates a contemporary phenomenon within its real-life context; when the boundaries between
phenomenon and context are not clearly evident; and in which multiple sources of evidence are used (Yin, 1984: 23).

The case study method in this particular research endeavor will be used to illustrate the linkage of participatory democracy, demonstrated through the Televote public opinion polling method, with the practice of modern public bureaucracies.

The case study approach provides the opportunity to directly observe changes based on the results of the Televote public polling method as well as the opportunity to systematically interview a variety of evidence to support the findings—documents, interviews, and observations that existed prior to, during, and after the implementation of Hawaii Health Decisions '83.

There is, however, another approach to case studies that better meets the role of research within the case study context and that takes into consideration the researcher's position as not simply an observer but an active participant in the surroundings.
The "Naturalist" Approach to Case Studies

The traditional approach to case study analysis of "ethical neutrality," as noted by Max Weber, states:

What is really at issue is the intrinsically simple demand that the investigator ... unconditionally separate the establishment of empirical facts ... and his own practical ... evaluation of these facts as satisfactory or unsatisfactory (Heilman, in Becker, 1991: 204).

This traditional approach will be dispensed with herein in favor of a less restrictive, new scientific approach, one that is more "naturalistic" and "value bound" rather than "value free." John Heilman notes:

The naturalist view that inquiry is value bound carries the corollary that all inquiries are influenced by inquirer values as expressed in the choice of a problem ... or policy option (Heilman, 1991: 204).

From the "naturalist" perspective, the values that shape research include substantive values that undergird the way we think to guide our inquiry as well as the cultural values that are germane to the particular setting within which we carry out our research.

Heilman, having drawn on the considerable efforts of Elinor Ostrom to develop a conceptual framework of institutional...
analysis (Ostrum, in Becker, 1991: 209-211), cites several reasons for the need to utilize a "value bound" approach in the study of policy-making. One reason addresses the "top-down" as opposed to "bottom-up" approach to policy implementation studies. The other concerns the more practical, human problems that surface in the conduct of policy experiments. Heilman is convinced that a central debate in policy implementation studies is over which perspectives and values will tend to be prominent, those at the upper levels of the hierarchy that formulate policy or those at the lowest levels of the hierarchy (local actors) who are responsible for putting policy into place at the street level. The answer, according to Heilman, is frequently influenced by the values or value driven perspective of the researchers (Heilman, 1991: 204).

Quoting Sabatier, he further suggests that those who favor the top-down approach are criticized because they start:

... from the perspective of (central) decision-makers and thus tend to neglect other actors. Their methodology leads top-downers to assume that the framers of the policy decision (e.g. statute) are the key actors and that others are basically impediments. This, in turn, leads them to neglect key initiatives coming from the private sector, from street level bureaucrats and other local implementing officials, and from other policy subsystems (Sabatier, in Becker, 1991: 204).
According to Heilman, the values that are problematic include both those of the researcher and those of the subjects.

This is an important point for this case study. All participants in the events that are the subject of this case study, including this researcher, were employees of the State of Hawaii, Department of Health. Although they represented various hierarchical positions within the department and were bound by a chain of command to pass significant policy proposals through the hierarchical structure, the interplay of individual values of each actor, the relationship between them, both formal and informal, the political relationships within the department as well as those of the executive branch, and external political pressures of politically persuasive interest groups were all critical elements. They were elements that, if ignored because of a "value-free" inquiry, would not have presented a true portrayal of the dynamics that went into the case study.

To illustrate the importance of utilizing a "value-based" approach, this researcher will present several excerpts from an interview with Henry Ichiho, M.D., Chief, Maternal & Child Health Branch, and principal researcher of the Adolescent Family Life project. Dr. Ichiho was the primary
When asked, Why, as a 'bureaucrat,' were you interested in Televote? Dr. Ichiho replied:

This question ... depends upon my feelings and definition of what a bureaucrat is and how I relate to the definition. I basically feel that a bureaucrat is an individual who is hired or appointed by an entity to interpret statutes and regulations and to develop programs and administer programs for the good of the public.

Because the bureaucrat really is a servant of the public, I believe that it is the public that needs to determine how and what a bureaucrat should be doing. Therefore, I really feel that my interest in the Televote process is based on that concept. Therefore, as a bureaucrat I was interested in the Televote to try to comprehend what the interest of the public was in terms of what they saw as their needs, where they would like to have those needs met, what methods that we are already using to meet their needs (Ichiho, 1991).

To be able to relate such important "value-based" information about a major actor, the case study is critical for representing the realities of decision-making within this particular bureaucratic environment. One can then appreciate that "buying in" to the Televote process as a method of increasing public involvement in the decision-making process of a government agency can be very dependent upon the frame of reference of those whose support is necessary. This frame of reference includes a commitment to
a particular concept of the relationship of bureaucracy and the democratic values that they hold and see as being represented in their activities as public servants. In other words, the case study method and the value-based approach illustrate the similarities in conceptual framework between the participant/observer researcher and the participant as object-of-research administration. In addition, as mentioned above, the case study method is particularly valuable when there is a unique phenomenon involved, so that gathering aggregate data is impossible or extremely difficult. For example, in this case, in response to the question:

Do you feel that there are many bureaucrats out there like you or are you one of the few that seems to be open to experimentation?, Dr. Ichiho replies:

Well, I always knew that I've been a little different and strange; you probably know that, too. Just like Daryl (Dr. Leong, M.D., Chief, Crippled Children's Services Branch), it takes a strange person to be willing to look at things differently. So I don't think that there are many people like myself or Daryl. Even Allen Oglesby (previous Chief, Family Health Services Division) who's my mentor and who taught me a lot about public health.

My experiences in the recent task in terms of consultation (currently Dr. Ichiho is an independent consultant in the area of public health planning, program development, and grant writing): I had the opportunity to work with many people of many different levels all the way from Deputy Directors to program people, and to people who provide the services, and all bureaucrats in between. Some of the conclusions that I have come to in my experience in the last four years of
working with these people are: 1) that most bureaucrats are really confused about what they should be doing; 2) that few bureaucrats really have the ability to step back from what the situation is and to see the big picture.

I find that most of the people in the bureaucracy are so busy implementing pieces and fragments of programs that very often they are just spinning their wheels. Because they're so busy trying to do the day to day things, they don't have the opportunity to be able to open their minds and to look at new things or how things can be done differently.

I also get the feeling that a lot of the bureaucrats nowadays really don't feel very comfortable or very well grounded or very safe in their positions. Therefore, they don't seem to be very open to experimentation (Ichiho, 1991).

Again, the "value-based" perspective of a major actor in the decision-making process strengthens our understanding of the roles, risks, and interactions (or lack thereof) that occur in the decision-making processes of a bureaucracy that would otherwise not be recorded.

In this "naturalist" approach to the case study, the case study becomes a product of negotiated outcomes, interpretations, and findings between the researcher and the data sources (Heilman, 1991: 206). The researcher uses the techniques of lengthy and persistent engagements and observations as presented by Dr. Ichiho and others to establish the trustworthiness of data and conclusions.
These were significant aspects of this case study. Dr. Ichiho and this researcher were directly involved in the negotiated outcomes that provided the opportunity to conduct the Televote - Hawaii Health Decision's '83. What we brought to the department in terms of individual values and how we proceeded to develop Hawaii Health Decision's '83 as we moved the concept through the hierarchical structure of the department and political supports and obstacles is a significant part of the entire effort to promote citizen participation in a bureaucratic setting.

Polkinghorne notes that observation of events and their interpretations into subjectively meaningful sequences offers a needed alternative to understanding and explaining human experience. Polkinghorne states:

Meaning is an integrated ensemble of connections among images and ideas that appear in various modes of presentation... It operates in a complex of interacting strata consisting of various levels of abstraction, awareness, and control. The complex organization patterns that fold back on one another and link elements ... make the realm of meaning difficult to investigate (Polkinghorne, as cited in Heilman, 1991: 214).

That realm, according to Polkinghorne, can be reached directly only through personal access to "our own" individual experience (Polkinghorne, as cited in Heilman,
1991: 214). In other words, the conduct of research is highly and intensely personal.

The individual values of key decision-makers within the department of health played an important part in the success of getting the department of health to allow Hawaii Health Decisions '83 to be conducted. Dr. Ichiho, Chief of Maternal and Child Health, was personally convinced there was a better way of addressing maternal and child health program decision-making and community implementation than was currently being provided by the Health Department. Dr. Ichiho had been involved for many years in the promotion of community and client participation in health care issues. Because of his personal belief that decision-making extends beyond those in established positions of power, he was eager to demonstrate that the involvement of "ordinary citizens" in governmental decision-making issues was a positive step forward for both the participant and bureaucracy.

Dr. Riggs, Chief of the Family Health Services Division, was extremely sensitive to the need for community involvement in the design of the various services and programs provided by the Division. As the Division Chief, she was committed to being a facilitator of staff ideas. As a result, the efforts of Dr. Ichiho and this researcher were encouraged rather than discouraged.
Moving the concept of Hawaii Health Decisions '83 through the hierarchical structure of the department was no simple task. For some agency decision-makers there was the concern that community input would threaten existing policy. Would the quest for citizen involvement be counter to the existing positions of the administration? For others, past differences of political philosophy pertaining to citizen involvement (restrictive public participation) resulting in opposing the Televote methodology would have to be dealt with before Hawaii Health Decisions '83 could be accepted by the agency leadership. The researchers were fortunate that the leadership of the department was committed to citizen participation. The Director of Health, Leslie S. Matsubara, brought to the department a successful record of stimulating community involvement in public education matters (Mr. Matsubara was the Director of the Department of Education, prior to taking the position of Director of Health).
Chapter 4

GOALS AND METHODS OF TELEVOTE

Introduction

The televote method of public opinion polling is a new technique available to government entities for obtaining informed public opinion about important issues, including those involving the delivery of community and state-wide public health services.

The collection of qualitative information from the community has not been able to provide bureaucrats with sufficient data for the planning and implementation of policies and services. Government administrators need reliable information about public attitudes and acceptance of public services; and current methodologies of research have not proven fully effective.

Two major problems confronting decision-makers who utilize qualitative information derived from public opinion polls are the low quality of information provided to the public and low level of understanding of the issues.
Generally, surveyors have not thought it useful or economical to provide sufficient factual data about the issue(s), to present multiple alternative solutions, or to give the public time and incentive to discuss the issues in order to obtain informed and deliberated public opinion about them.

No matter how precisely a question is asked, if the respondent does not harbor any valid or knowledgeable opinions on the issue(s), superficial or erroneous information will be transmitted back to decision-makers. Typically, respondents provide off-the-cuff answers when asked questions at the pollster's convenience. At best, administrators utilizing conventional public opinion polling methods often rely upon spontaneous responses as the only or most reliable measure of public opinion. Only recently has national professional attention begun to deal with the problems associated with polling a substantially uninformed public about important local, regional, national and international issues.

The televote method of public opinion polling elicits more thoughtful, purposeful public opinion. It is based on several elements usually included in other polling methods but it is not a direct derivative.
The Televote Methodology

Televote is an innovative form of civic communications originally designed by Vincent Campbell (Campbell, 1974) for use in the San Jose (California) Unified School District during the 1973-1974 school year. The uniqueness of this government-citizen interaction process is that it helped develop and measure public opinion on complicated public policy. In this experiment, funded by the National Science Foundation (NSF), citizens participating in the Televote were mailed information on particular local education issues which included undisputed facts, a balance in pro and con arguments, and in-depth questions about various alternatives to resolving issues. After a few days to think about the issues and to discuss them with others, the participants were then invited to phone-in their votes.

Campbell's version of Televote was used only in determining issues within the San Jose school system and included only those televoters who took it upon themselves to pre-register by phone or mail for participation in the Televote (Campbell, 1974: 11).

Obviously, this resulted in a non-representative sample of the public providing information and opinion to the San Jose policy-makers. Although this was still a great improvement
over having no such feedback, it left something to be desired.

This is what led political scientists Becker, Slaton, and Chadwick of the University of Hawaii to develop the Hawaii Televote variant on Campbell's technique. They wanted to have a much more representative sample of the entire population.

Recognizing the value of Televote for increasing citizen awareness and knowledge of issues, deliberate participation in legislative and administrative decision-making, and the utility to public officials truly seeking to represent the will of the people, the Hawaii Televote team revised Campbell's system, i.e., the selection of participants was a random sample of the population.

The Hawaii Televote process used the University of Hawaii for its base of operations. Seven university-based Televotes were completed in Hawaii, three statewide and four covering only the island of Oahu (city and county of Honolulu). The topics ranged wide and far. The first two Televotes concerned constitutional issues (during the 1978 Hawaii Constitutional Convention) such as initiative and referendum and methods of selecting judges.
Hawaii Televote #3 permitted Televoters to select "The Public Agenda" for the upcoming legislature. Thus, according to the public's preference, HT #4 concerned mandatory sentencing of convicted criminals and HT #5 was in reference to competency testing in the public schools. The subject of HT #6 was public transportation, and HT #7 was on Reaganomics, but both of these were major issues of the day as determined by the Hawaii Televote staff.

The Televote Methodology and Hawaii Health Decisions '83

The way the representative sampling was drawn was as follows: utilizing the computer resources of SMS Research, computer-selected telephone numbers were generated from the entire state. This was accomplished by programming the first three digits of telephone prefixes into the computer. The proportion of telephone number prefixes used was the same proportion in actual use statewide. For example, if there were twice as many "733" prefixes as "595" in actual use by telephone subscribers, then the sampling list would also have about twice as many "733" prefixes to be called.

The computer printed out the first three digits in that proportion, then randomly "made up" four digits to complete the telephone number. The advantage of this method was that unlisted telephone numbers were also included and the staff
was able to reach this important part of Hawaii's population.

This was a significant change in adapting Campbell's Televote to the Hawaii model. Slaton notes:

We learned from Campbell's experiment that reliance on a self-motivated and/or self-selected sample has a significantly skewed bias in favor of well-educated Caucasian males (similar to, but less than, that which exists in the U.S. Congress). We wanted to broaden the diversity and have a much more representative image of the entire population. Results of other activities conducted coincident with many of the Televotes, which relied on self-appointed participants, indicated a similar slant to that found in the Campbell experiment (Slaton, 1991; 181).

Generating a list of telephone numbers is only one part of the Televote process. There are three major functions that are assigned to a telephone committee: (1) calling potential participants (call-outs); (2) recording of the Hawaii Televote team participant responses (call-ins); and (3) follow-up of missed appointments (callbacks). The procedures for these are outlined now.

Call-outs

The call-out process is the initial contact with respondents. The best time to reach incipient Televoters is between 5:00-9:00 P.M. during the weekdays, and 10:00 A.M.-
9:00 P.M. on the weekends. Each telephone committee member recruits Televoters from his assigned computer list of telephone numbers. In the event that the committee member is questioned by a potential participant with an unlisted telephone number, the telephone subscriber is provided information about the computer generation of the telephone number.

The telephone committee staff follows a standard procedure in contacting and recruiting participants. Once a telephone subscriber agrees to participate in Televote, a telephone committee member records the name (the participant may elect to receive the questionnaire under "Resident" if they choose not to have their real name used), address and zip code next to the telephone number of this new Televote client.

During the call-out and call-back phases, Televoters are encouraged through repeated reminders to discuss the issues with "family members, friends, neighbors, and office staff."

At this time, the call-out staffers also ask the Televoters to commit themselves to a "callback" appointment date and time. They then create a "card" for each Televoter with all pertinent facts about him/her: name, address, telephone number, and appointment time for call-back.
Each card is then turned over to the administrative committee, which enters all the participant names and information onto a master list of Televote identification cards.

Call-ins and Callbacks

Ideally, all Hawaii Health Decisions '83 participants will be ready to respond to a Televote staffer at the pre-arranged call-in date and time (usually three to five days after the participant has been enrolled as a Televoter). Unfortunately, only a small number are actually prepared at this time. Therefore, staffers are instructed to begin telephoning the Televoters (callbacks) to remind them, to prompt them, and to encourage them to read the mailed material and to communicate their opinions to the researchers. During this prompting, the participant is given another callback date and time. In some instances, the participant is re-mailed the Televote.

This process is the most painstaking of all activities carried out by the Televote team. The calling, re-calling, and further re-calling of participants for their responses can frustrate the committee member and cause the participant to feel that he or she is being badgered. Every effort is made to carefully review the documented history of previous
telephone calls to the participant to be sure that they are called on the date and time agreed upon by the participant and by the committee member. Notations are also made as to special requests of the Televoter; i.e., letting the phone ring a long time if the Televoter said they were hard of hearing, not calling back before a certain time or during a certain T.V. program, etc.. When a review of the Televote identification card indicates that a number of calls (usually two or three) have been made to a participant without a response, a different time or day will be used for the next callback.

The coordinator of this committee has the responsibility of assuring that the call-ins and callbacks are conducted smoothly and that duplication of work does not occur.

The coordinator has another important task - entering the data from the call-in sheet onto the computer scan sheets. This is the method of converting the new data into a form acceptable to the computer so the participant data can be analyzed.

Before the operational activities of Hawaii Health Decisions '83 could be undertaken, the research committee had a number of critical tasks to accomplish (see figure 2 below).
1. Develop the issues to be presented in the questionnaire.

2. Formulate a clear and unbiased format which presents relevant facts about the issues.

3. Prepare a balanced presentation of the major "pro" and "con" arguments of the issues.

4. Prepare a wide range of alternative solutions to the issue(s).
The attraction of Hawaii Televote as a means of improving citizen participation in governmental decision-making was an important consideration by Dr. Ichiho: Chief, Maternal and
Child Health Branch, in deciding which research tool would best elicit the input desired from participants and promote the kind of participatory involvement he felt was needed in a democratic environment.

When asked what type of relationship should exist between democracy and bureaucracy and whether the Televote method is a positive approach to improving governmental decision-making, Dr. Ichiho responded,

A democracy really is a governmental entity that is elected by people and acts in the interest of the people; and that governmental agency then translates its laws, rules and regulations through bureaucracy. Therefore, I guess the relationship I see between a democracy and bureaucracy is that the bureaucracy is really the implementation of the decisions that are promulgated by a democratically identified body. I think that the Televote method of getting the public involved in decision-making is one of the positive approaches to improving governmental decision-making. I think the unique thing about the Televote method is that process of education and looking at the problems in terms of the facts and then being able to be educated as to the alternatives.

I think too often we rely on survey methods someone just comes up to you and starts asking questions, not knowing whether you as an individual have thought through some of the issues or even know all of the facts about the issues.

I'm afraid in this day and age that the average person is really not politically tuned nor cognizant of the ramifications of some of the political decisions that are being made. What I like about the Televote method is the fact that it does attempt to educate before asking one's opinion. And with this methodology hopefully whoever is asking the questions will in fact get better information or responses (Ichiho, 1991).
As Televote participants provide their answers, the raw responses are placed on machine-readable forms for computer processing. As the responses begin to build, preliminary data analysis is carried out to obtain a feel for the data. Once all of the data has been analyzed, the results are shared with the new media, the political leaders, bureaucratic policy-makers, and agency program directors.

Considerable attention is placed on a review of the demographic data collected with published demographics.

**Televote Methodology and Democratic Values**

In a recent publication, *The Electronic Commonwealth*, Jeffrey Abramson, F. Christopher Arterton, and Gary Orren stressed the profound disagreement among democratic theorists over what type of citizen participation is desirable in a democracy. The plebiscitary theory of democracy, according to the authors, takes its ideal of participation from the initiative and referendum process (Abramson, Arterton, and Orren, 1988: 165). Individuals must be empowered to decide issues directly and not just to select others to make the decisions. The authors note the development of new public-surveying technologies which should lead to a radical increase in the direct, plebiscitary character of American democracy. As a result,
citizens may have a more influential vote in the setting of public policy.

The authors also point out another view of democracy that assigns less importance to polling as a form of participation: the communitarian vision of democracy (Abramson, Arterton, and Orren, 1988: 165). According to the communitarian vision, polling is not entirely suspect; it is severely ineffectual on some levels. Polling is viewed as one form among many in which citizens communicate their politics. According to the authors:

It [polling] provides an informal method for making representatives responsive to public opinion, an occasion to mobilize public opinion on a given policy issue, and a source of information to candidates about potential voter support (Abramson, Arterton, and Orren, 1988: 165).

The criticism is that polling, in itself, can be only a partial kind of participation. The authors go on to state that polling culls from citizens their most immediate and raw responses, divorcing public opinion from public debate. Moreover, the authors suggest that:

rampant polling encourages a confusion of democratic process with pure majoritarianism, as if public opinion should rule on every issue, as if representatives should function only as their constituents' barometer. Such a tyranny of the majority is foreign to American political culture, and therefore polling of individuals one by one
cannot encompass the whole of democratic participation (Abramson, Arterton, and Orren, 1988: 165).

The discussion of the Televote methodology as an innovative participatory democracy technique invites clarification of possibly misleading perceptions.

A number of misperceptions of the goals and methods of Televote have circulated and they need to be corrected before taking up the case material in the next chapter. I am not attacking straw men, that some observers who have studied and evaluated Televote methodology have nevertheless arrived at inaccurate and misleading perceptions of its goals and rationale. To simplify the presentation, I have picked out several authors who have expressed misleading perceptions of Televote, i.e. Arterton, 1987; Abramson, Arterton, & Orren, 1988. I shall focus on their claims and my refutations of them.

The misperceptions of the Televote methodology focus on the following:

- Misclassification of Televote as an Instantaneous Results Feedback Process
- Televote Has a Low Participation Rate
- The Information Provided by Televote is Inadequate for Deciding the Issues
. Televote Fails to Get Public Officials Involved
. Televote Has Minimal Impact on Public Policy

Misclassification of Televote as an Instantaneous Results Feedback Process

The Misperception

Arterton and his colleagues' improperly classify Televote with Warner Communications' QUBE system and AT&T's "900" system.

The Incorrect Position

The AT&T "900" system is a computer-driven tally system used to receive and process instantaneous telephone responses by participants to questions posed by a television or radio show. As in QUBE, participants are required to subscribe (pay) to give their opinions.

In their discussion of problems with QUBE, AT&T's "900" system, and other "instant" polling of citizens in their homes, they refer to interactive cable television programming as presenting a "televote ballot" (Abramson, Arterton, and Orren, 1988: 169). They acknowledge, however, that Televote differs from these forms of polling in "one
important respect – speed" (Abramson, Arterton, and Orren, 1988: 168).

The Correct Position

It must be clarified that Televote has moved in several directions. The traditional Televote remains to be developed and implemented around a mailed questionnaire. The other direction has taken Televote into the realm of electronic media – television. It is with this path of Televote that the authors have focused their concerns with the Televote methodology.

While acknowledging the speed factor as a difference between Televote and the media-designed methods of obtaining public opinion, the authors have not fully appreciated that the benefit of the Televote method is the extra time allotted to respondents to think and talk about the issue(s), whereas the other forms of electronic vote tallying usually require immediate responses.

Televote Has a Low Participation Rate

The Misperception

The representativeness of those involved in Televotes may deteriorate as the project proceeds.
The Incorrect Position

Participation in Televote fell short in Arterton's eyes because, according to him, only 50% of those contacted agreed to participate.

The Correct Position

Arterton is correct in his initial assessment of Televote when he notes that the 70% completion is similar to conventional questionnaires.

The authors assessment is well founded in the literature of survey research. Earl Babbie, commenting on acceptable response rates, states:

I feel that a response rate of at least 50 percent is adequate for analysis and reporting. A response rate of at least 60 percent is good and a response rate of 70 percent or more is very good (Babbie, 1973: 165).

In the case of hawaii health decisions '83, the percent of participants actually completing the questionnaire (551 participants out of 666) was 83% (Toews, 1984: 49).

The response rate of 83% for hawaii health decisions '83 should be considered excellent when compared with the
general trend of return response rates of the traditional mail questionnaire.

This researcher agrees with Slaton; there has not been an overwhelming demand from citizens eager to participate. While not satisfied with the participation rates, and while admitting that better ways need to be developed to stimulate greater participation, Becker and Slaton were pleased that from the outset they were able to obtain a representative sample of the population, or at least as good a representative sample as conventional polls, which require much less time and commitment from their participants. The Televote participation rate, as far from perfect as it might be, is much greater than that of elections of presidents, congressmen, governors, mayors and councilmen.

The Information Provided by Televote is Inadequate for Deciding the Issues

The Misperception

Televote provides comprehensive, exhaustive information on issues.
The Incorrect Position

The authors have determined that the Televote information is inferior, in fact, to current press coverage of issue politics.

The Correct Position

Televote was never intended to provide comprehensive, exhaustive information on issues. The idea was for Televote to be a means of conveying useful factual data that could serve as a catalyst for further interaction on the part of the participants with family members, neighbors, co-workers, politicians, and others.

Hawaii Health Decisions '83 focused on relevant information on specific adolescent issues as well as on several broad program and funding intervention alternatives to health care. Hawaii Health Decisions '83 was able to concentrate factual information on the issues as well as tighten "pro" and "con" arguments concerning the issues into concise and brief statements to help the Televoter better understand the issues and make informed decisions.
Televote Fails to Get Public Officials Involved

The Misperception

The designers of Hawaii Televote are not interested in having political leaders involved.

The Incorrect Position

Arterton states that in interviews he conducted with Becker and Dator "[they] were somewhat disdainful of politicians and the current political processes" (Arterton, 1987: 81).

He adds that if a mayor or governor staged a Televote, participation rates might be higher because they would add legitimacy to the process (Arterton, 1987: 81-82).

The Correct Position

From the outset the researchers tried to work cooperatively with political leaders. As a matter of fact, one researcher personally met with the state of Hawaii's budget director, Eileen Anderson, to obtain the state's options and cost data for Televote #6, On the Future of Hawaii's Transportation, pertaining to alternative transportation options for Oahu. In addition, Hawaii Health Decisions '83 was a direct result of public officials (Department of Health officials) working
with university staff and students to develop an improved avenue for public participation in governmental decision-making. Public officials, including the Director of Health, Deputy Director for Medical Matters, Administrative Assistant to the Director, Communications and Public Affairs Officer, as well as Division and Branch Chiefs and Staff of the Family Health Services Division, were involved in designing the questionnaire, fine-tuning the issues addressed, conducting the poll, and analyzing and publishing the findings.

Televote Has Minimal Impact on Public Policy

The Misperception

The Televote process is not intended to have a direct impact upon policy.

The Incorrect Position

Arterton states that the founders of the Hawaii Televote methodology are:

not interested in direct impact upon policy, instead their efforts are to facilitate the development of consensus about certain policy issues (Arterton, 1987: 82).
The Correct Position

The Televote was used extensively by pro-initiative groups in lobbying at the Hawaii Constitutional Convention and by pro-initiative delegates in discussions and debate. Televote alone cannot guarantee political impact. It is an effective device by which to increase political cognizance among its participants and to discover the depth and breadth of thoughtful public sentiment.

Rather than channeling citizen involvement into a plebiscite, as some critics have suggested, Televote initiators sought to encourage a continuous dialogue among citizens, hoping that public policies could be adjusted to competing vested interests and readjusted to satisfy emerging demands among aggrieved parties. They wished to promote and expand the influence of individual citizens and groups in politics rather than to have the citizenry as a whole reach a decision.

These two dimensions are presented in Table 2. In this fourfold table, "focus of participation" directs attention toward whether or not citizens are able to express their desires and needs directly to governmental actors or agencies. The projects investigated either attempted to engage citizens directly in the ongoing processes of
governmental decision-making or were somewhat more tangential endeavors. The "nature of participation" dimension refers to whether the project initiators wished primarily to stage a plebiscite of sorts or whether they sought to promote discussions and dialogue.

Upon first impression, the involvement of government officials appears fairly straightforward. In assigning projects to one category or another, however, researchers had to distinguish between whether political leaders were engaged in their official capacities as governmental authorities or were merely acting symbolically. For example, a governor might appear on a television show in connection with an effort to involve citizens in policy discussions but have no intention of opening a new formal avenue of citizen influence on policy. The distinction here only makes sense if we confine the notion of governmental projects to those instances in which formal authorities act in their official capacities and intend to pay due regard to citizen input.

The methodology has required that Televote researchers obtain factual information from political leaders as to their official positions pertaining to the issues (Becker and Slaton, 1979: 45).
Like any other research tool, Televote has room for improvement. What has made Televote successful, despite what some perceive as shortcomings, is the fact that there are, as in the case of Hawaii Health Decision's '83, bureaucratic decision-makers willing to experiment with the Televote methodology to improve relationships between citizens and bureaucracies.

When asked in a recent interview about the willingness of a bureaucrat to experiment with findings for community solutions to public health issues, Dr. Ichiho responded:

While this is really kind of a difficult question, I would have to say that my willingness to look at this process was based on an ideology formulated long before I came into public service. And maybe some of the experiences that I had in the environment of the bureaucracy could have forced me to look at this process a little more critically. I did have the basic ideology that a governmental entity really should be implementing its programs based on how the public sees that the program should be implemented and not or how one individual bureaucrat perceives the implementation. The bureaucracy really did not give us the true picture of some of the problems that were being faced by the individuals in the community. I guess my willingness to experiment with this process was based more on the fact that I was thinking in terms of a previously determined ideology. The public issue should be approached by asking the public what they see as the problem and how they want the problem solved (Ichiho, 1991).

The merits of Televote and other citizen-oriented methodologies will probably continue to be seen as
threatening by those who do not desire to see the general public have influence over public issues that continue to remain primarily in the hands of political elites.

Evaluation

Evaluation is an ongoing process throughout all Hawaii Televote operations. The purpose of evaluation is to analyze the overall function and all aspects of the Hawaii Televote to:

...revise and innovate ideas to improve its role as a medium between public officials, news media, and the public. Students/staff should constantly voice their opinions, criticisms and suggestions, particularly at the regularly scheduled staff meetings (Becker and Slaton, 1979: 34).

Aside from the informal input from students and staff, a formal anonymous evaluation questionnaire is distributed at the end of each Televote session to all students and staff.

The public also has an indirect way of voicing its opinion about the Televote. After each Televoter has given his vote on a particular issue, he is asked about his possible interest in future participation.

When participants of Hawaii Health Decisions #2 and #3 were asked if they would be willing to participate in future
Televotes, the responses were overwhelmingly in favor of participation. Of the 421 Televoters participating in Hawaii Health Decisions #2, 334 (79.3%) respondents were willing to participate in future Televotes as compared to 50 (11.9%) who stated "no," and 37 (8.8%) "not sure." Similar findings were reflected for Hawaii Health Decisions #3. With a total participation of 402 Televoters, 307 (76.4%) stated "yes," they wanted to participate in future Televotes, compared to 38 (9.4%) stating "no" and 57 (14.2%) "not sure."

Summary

The creators and supporters of Televote, as well as of other forms of modern technological innovations to improve decision-making between government officials and the public, are neither revolutionaries nor dreamers. They are simply trying to fashion a better balance between the government and the governed.

There are observers of the American democratic system who point to the fact that among voter turnout in democratic nations (most recent major national elections as of 1983), the United States ranks twenty-third (23) of twenty-four (24) (Piven, Cloward, 1989: 5). The rift between bureaucracy and the mass public is deep. Moreover, there is
a struggle between those who want the existing American representative democracy system to remain in the status quo and those who seek to help America move forward with innovations to make the American democratic system more participatory.

One subject on which these critics do not agree, however, is what to do about it. Solutions run from slight adjustments (Abramson, Arterton, and Orren) to major innovative changes (Becker, Dator, and Slaton).

The administrative system in a democracy may be substantially improved by augmenting it through such experiments as Televote.

In the next chapter, the findings of the Televote, Hawaii Health Decisions '83, will be presented as examples of new thinking about bureaucrats and the public working together to promote decision-making of a participatory nature.
Chapter 5

HAWAII HEALTH DECISIONS '83

Introduction

On the morning of November 2, 1983, the Honolulu Advertiser ran the following headline: "Polling for problems of teen health" (Honolulu Advertiser, 1983: C-6). The article expressed that the Department of Health would, during the following several weeks, conduct a state-wide public opinion poll on issues concerning adolescents. The article noted that 1) important information concerning adolescents would be mailed to each participant; 2) participants would be asked to identify the problems they felt were important; and 3) that information collected though the poll (Hawaii Health Decisions '83) would be used by the Hawaii Adolescent Family Life Project of the Maternal and Child Health Branch to facilitate the coordination and networking of health care and human service providers, families and community groups on behalf of Hawaii's adolescent population.

To many, the notice of a public opinion poll by government may have been acknowledged simply as yet another way in which government was trying to legitimize some existing program or perhaps as a means of meeting some policy
requirement that the "public" be consulted about some problem for which a government agency was going to offer a remedy after first gaining "public input."

In this case, however, the skeptics could not have been more wrong. For the first time, Hawaii residents were given a meaningful opportunity to have a direct voice in the setting of priorities of a State program sponsored by one of the agencies of state government.

This chapter will focus on this event - Hawaii Health Decisions '83. The case analysis will evolve through four main phases:

1) Background on SMS Study and Problem the Agency Faces
2) Selling televote
3) The Substance of the Televote issues
4) The Results of the Survey

Background On SMS Study And Problem The Agency Faces

The Case Study - Hawaii Health Decisions '83

The case study, Hawaii Health Decisions' 83, evolved from a pilot project conducted through the Department of Health, Family Health Services Division, Maternal and Child Health
Branch from 1978 through 1982 (State of Hawaii, 1983: 169-171). Among the recommendations made in the pilot project were:

1. Attempts to prevent teenage pregnancy must go beyond family planning.

   Teenage pregnancy is often associated with a number of personal and interpersonal problems ... Prevention programs must strike at the source of the problems, in the areas of communications, family and peer relationships...

2. Parents and teens need to be involved in programs as clients and in planning, monitoring and evaluation. This will ensure that programs fit the needs of the community. ...

3. Statewide leadership is needed to coordinate teenage pregnancy and paternity programs.

   It is recommended that the Department of Health establish an Adolescent Health Services Section to coordinate services, provide statistical data and conduct health promotion activities related to adolescent health care. ... The special needs of the adolescent are left unserved and uncoordinated (Department of Health, 1982: 169 -171).

Based on the recommendations of the pilot project, Dr. Henry Ichiho proceeded to acquire funding resources to address these and other recommendations of the pilot project in order to provide services to adolescents throughout the state. Such funding was available through Federal Title XX funds of the Adolescent Family Life Act, Department of Health and Human Services.
As a part of the adolescent family life project, the Honolulu based research firm SMS Research was contracted to undertake a survey of community-based social services agencies throughout the state providing services to adolescents. This was originally seen as the way to obtain information about the specific needs of adolescents as well as to obtain information concerning possible solutions to identified adolescent issues. While this was seen by this researcher as a worthy approach to the study of adolescent issues in the State of Hawaii, this researcher expressed to Dr. Ichiho concern that the findings of the SMS Research endeavor were going to be limited since it only questioned social services agencies working with adolescents. This researcher felt that the collection of data only from agencies would be seen as simply responses that could easily be interpreted as reflecting biased interest of the agencies to continue their existing programs/services or simply reflect service promotion in areas they wanted to develop and not adequately reflect adolescent issues and solutions of the entire communities.

As a result, this researcher introduced Dr. Ichiho to Televote. With the enthusiastic support of Dr. Ichiho, the Maternal and Child Health Branch of the State of Hawaii, Department of Health, created a new link between the general public and a governmental bureaucracy in the promotion of
participatory democracy in the development of public policy and community based programs.

**Adolescent Family Life Demonstration Project - Televote**

The Televote, "Hawaii Health Decisions '83" (Attachment 1), was designed around nine goals established by the televote committee of the Maternal & Child Health Branch. The nine goals were:

- **Goal 1**
  To provide citizens with information about the health problems of adolescents.

- **Goal 2**
  To design a public opinion poll using the Televote method to obtain informed and deliberated opinions concerning adolescent health services.

- **Goal 3**
  To stimulate discussion about desired and available alternatives.

- **Goal 4**
  To obtain reliable responses from participants after they have been provided accurate information about adolescent health problems, "Pro" and "Con" sides of the issues, and an adequate period of time to consider the options provided.

- **Goal 5**
  To modify the present Adolescent Family Life Demonstration Project Plan to better reflect the findings of Hawaii Health Decisions '83.

- **Goal 6**
  To improve communication between government and the community.

- **Goal 7**
  To utilize information gathered in the Televote for evaluating future policies directed to adolescent health services.
Goal 8  To obtain a broad base of community responses (statewide) to guide the development and implementation of a required out-of-house survey (SMS Research) targeted at specific high risk areas of the state for adolescent family life services.

Goal 9  To demonstrate the "Televote" method of public opinion polling for use by government agencies to obtain better public participation in the planning and implementation of health services for Hawaii's adolescent population.

Questionnaire - Hawaii Health Decisions '83

Hawaii Health Decisions '83 addressed five topics. The first four were related to adolescent health problems. The fifth, Community Health Organizations, was of interest to the Maternal and Child Health Branch as a means of providing a continuum of MCH services throughout the state.


The five topics of Hawaii Health Decisions '83 included:
1) General Health Concerns of Young People; 2) Teenage Pregnancy; 3) Who Should Provide Adolescent Health Services?; 4) Adoption; and 5) Community Health
Organizations. These topics were selected because they had been presented as major national issues relating to adolescent health.

The task of Hawaii Health Decisions '83 was to address the issues noted above and to assess not only the perceived significance of the problem in Hawaii but also to take a new approach to obtaining public participation of these issues. As noted earlier, Hawaii Health Decisions '83 was designed to increase citizen participation in bureaucratic decision-making; specifically, to assist in the identification of community solutions of adolescent problems. Hawaii Health Decisions '83 was designed to provide participants factual information about adolescents in general as well as important issues and possible direction-setting options. The information and issues included in the questionnaire were consistent with the Televote methodology.

Selling Televote

As noted in chapter three, this researcher introduced the Hawaii Televote methodology and history to Dr. Henry Ichiho, Chief, Maternal and Child Health Branch, Department of Health, State of Hawaii, at one of the early branch staff meetings to address the Adolescent Family Life Project Grant application.
Copies of previous Televotes were provided to the staff. As a result of the positive comments concerning the Televote, this researcher was requested to pursue the possibility of using Televote as a tool to assess the community perception of adolescent needs and program emphasis.

Further support for Televote - Hawaii Health Decisions '83 was obtained from Dr. Frances Riggs, Division Chief, Family Health Services Division. Dr. Riggs, in several conversations to the Director of Health, expressed the need of the Family Health Services Division to take new and bold actions to address the concerns of adolescent services throughout the state. The concern was not only to find new ways of meeting the needs of Hawaii's adolescent population and their problems but also to examine new, innovative ways in which the Family Health Services Division could obtain public participation in the decision-making process.

With the backing of Drs. Ichiho and Riggs, the proposed Televote project was ready to be presented to the Directors' Office, Department of Health. A meeting was held with the staff of the Director's Office to discuss our proposed Televote. At that time concern was presented by the Director's Office as to the methodology used in Televote: how was the statewide sampling of citizens going to be done?
What were the data sources that would be used to prepare the factual information statements of the questionnaire?

At a subsequent meeting Dr. Ted Becker of the University of Hawaii, Department of Political Science, was present to provide expert information pertaining to the methodology of Televote. Dr. Henry Ichiho pointed out that the focus of information pertaining to adolescent issues would be abstracted from such notable and established resources as Better Health For Our Children: A National Strategy, a timely and relevant publication of the U.S. Department of Health and Human Services, which focused on the health of America's children. In addition, the published works of The Alan Guttmacher Institute, Eleven Million Teenagers, "What Can Be Done About the Epidemic Of Adolescent Pregnancies in the United States", and The State Of Hawaii Data Book 1982, would be the primary resources for factual information concerning adolescent issues.

The source of options and alternatives presented in the Televote Hawaii Health Decisions '83 would be developed by the staff of the Family Health Services Division. In addition, Televote participants would have an opportunity to write-in additional alternative solutions and comments regarding the individual issues presented in the Televote.
The Director's Office felt comfortable with the strategy and design of the Televote since it would be designed and reviewed by department staff seeking to ensure the presentation of accurate information concerning adolescent issues.

At this same meeting the initial draft of the Televote - Hawaii Health Decisions '83 - was presented. The Director's Office gave the approval for the Televote with notation that they be kept informed of the progress and approval of the questionnaire, media announcements prior to release, etc. This was done throughout the course of the exercise.

The Substance Of The Televote

Issue Identification

Maternal and Child Health indicators in Hawaii verified that teenage pregnancy has a negative impact on the social and educational conditions in Hawaii. In the early 1980s, approximately six hundred (600) girls became parents. The data also indicated that teenage mothers had less than a 50% chance of receiving any prenatal care or receiving prenatal care after the first trimester than the state average. Mothers aged thirteen to seventeen (13-17) were thirty percent (30%) more likely to have low birth weight babies.
In addition, young teens in Hawaii were medically at higher risk of toxemia, caesarian delivery and maternal mortality. Although the state did not have statistics on the number of teen parents or high school dropouts who were pregnant at the time, there was a general consensus among the professional health community that the major reasons females dropped out of high school were pregnancy and parenthood. There was a further concern that teen parents who left high school may have been at higher risk for committing child abuse and neglect, as state statistics indicated that a large majority of child abuse/neglect perpetrators never had completed high school.

The data just presented and the three-year findings of the Hawaii Demonstration Projects To Avert Unintended Teenage Pregnancy suggested a number of problems that needed to be addressed:

- Seventy-two percent (72%) of sexually active teens were in need of guidance and appropriate services to ensure prudent behavior.

- Outreach services to teens and families needed to be improved in areas where they existed and developed in other areas.

- All teens, particularly those who were already sexually active, needed further education and/or counseling on decision-making skills, risk-taking behavior, consequences of teenage pregnancy and the responsibilities of parenthood.
Non-sexually active teens required support for their decision to not be sexually active through outreach, the media or other means.

There was a need to increase family involvement in sex and family life education in schools and a need for parental support through education and counseling on how to give guidance and improve communications with their children in the area of sexuality.

Early identification of pregnant teens was needed statewide to provide comprehensive prenatal care from the first trimester of pregnancy, therefore reducing risks of low birth weight infants and pregnancy and delivery complications.

Support was needed for pregnant and patenting teens to continue their education (including vocational and home management) with provisions for economically and geographically accessible child care.

There was a need to expand a data gathering system on teen pregnancy for each island and for individual schools around the state.

Appropriate crisis and long-term counseling intervention for pregnant teens and their families was needed to reduce the immediate stress associated with the situation and to delay the occurrence of another pregnancy.

More families, churches and private non-profit agencies needed to be involved in planning and advising adolescent programs for pregnancy prevention and care.

There was a need to change societal attitudes related to adoption to make it a more acceptable option.

Professionals, teachers, agency workers, parents and other concerned individuals were in need of a systematic training program relating to pregnancy prevention and care of pregnant teens.

The Maternal and Child Health Branch responded to these issues in its Hawaii Adolescent Family Life Project proposal.
(Ichiho, 1982) by presenting factual information pertaining to the issues. The project team developed issue profiles utilizing the factual information from public health focused reports, publications, and research/policy studies.

In addition, prior research data collected by the Maternal and Child Health Branch in previous family planning surveys were used to single out issues for inclusion in Televote. In this kind of Televote exercise, it is the agency which needs public input on the issues the agency wants resolved. Thus, unlike several other Televotes, it was not necessary for Hawaii Health Decisions '83 to seek public input on the agenda-setting.

Televote Team Operations

As mentioned in chapter 3, the use of college students to "run" Televotes had been an integral part of the process from its very beginning. The benefits derived include course credit, comprehending how well citizens perform in complex public decision-making, hands-on training in survey research, the production of actual questionnaires dealing with major issues, and the opportunity to obtain experience in a variety of tasks one would expect to undertake in a "real" opinion polling business (telephoning, data
collection, data entry, data analysis, public relations, interviewing, survey design, and other related activities).

Although college students were used for conducting Hawaii Health Decisions '83, the emphasis was on the utilization of professional staff of the Family Health Services Division (e.g. public health nurses, physical therapists, psychologists, and social workers). The utilization of Family Health Services Division professional staff was an important part of the Televote process. The reasoning for the utilization of Televote in the first place was to enhance both the bureaucratic participation in decision-making on important issues as well as the participation of persons called on the telephone.

Participation of Health Department Staff

To not have utilized in-house professional staff would have been a major detraction from the goals of having bureaucrats involved in a new approach to decision-making wherein the traditional public view of inflexible, rigid bureaucrats is perceived as the only way governmental agencies operate.

Contrary to this generalized perception of bureaucrats, staff participants of Hawaii Health Decisions '83 enjoyed the experience and felt it was a tremendous opportunity to
actually address public health issues through a joint partnership with the public.

Two staffers who were involved in all aspects of Hawaii Health Decisions '83, when asked for their impressions of the Televote process and the impact of Hawaii Health Decisions '83 on them as participating members of a bureaucracy noted:

... regarding my thoughts of the Televote - Hawaii Health Decisions '83 we conducted at the Family Health Services Division, let me say that as a staff participant, I felt it was a very worthy endeavor.

As a Crippled Children's Services Branch nurse, it was important to me that ... we can improve our efforts to reach out to the public and get their input into what we are doing, what we should be doing, and how they (the public) feel services should be delivered.

This was the first time that I had been involved in a public opinion polling project. I was impressed with the exactness required in the collection of information used to develop the questionnaire as well as the procedures used to call and get people to participate.

... The issues and results were very helpful in getting our Division focused on meeting the identified health concerns of our state that could be addressed by our Division (Margaret Kaulukukui, 1992).

from another Health Department staffer:

I do remember the effort and dedication made by a lot of your volunteers for the Hawaii Health Decisions in 1983. I enjoyed participating with
them and wish I had been able to devote more time to it.

Back in the 50's when I was a Psychology/sociology major ... I helped one of my professors with a study related to a proposal to fluoridate the water to prevent tooth decay in children. That study involved door to door interviews. ... There were a few enlightened individuals who gave responses both, pro and con, that showed study and thought.

By contrast, the telephone contacts I made during the 1983 Televote survey were generally positive. A few resented intrusion caused by the computer generated acquisition of unlisted telephone numbers. More people I spoke with were pleased that someone associated with the State of Hawaii Health Department cared about what they thought and what they felt was needed. They were willing to answer questions and had opinions regarding adolescent/teen health care issues. The survey provided information that could be used by the State to better serve the community and to meet the needs of the community. In this respect, it was a forerunner of the current trend for "Family Centered, Community Based, Coordinated Services". It was gratifying to see the change in attitude of the people and to find them less willing to blindly follow a "leader" and more willing to learn and to think for themselves and to speak out about it. This is a positive change from my point of view.

One regret is that the State politicians and appointees still bow to vested self interest and pressure from the more vocal groups or to financial interest. There still seems to be a provincialism that looks more to self interest than to how to best serve the community as defined by the community. I hope to one day participate in another survey that will show we have progressed toward accountability and responsibility to community needs. Seeing the changes that occurred from the 50's to the 80's, gives me hope that this too will come to pass (Barbara Lyon, 1992).
Besides having professional staff involved in the development of the Hawaii Health Decisions '83 questionnaire and selecting the issues to be presented, the staff was directly involved in the most important part of the Televote - contacting potential participants and then doing the "callback" follow-up of those who participated.

To enable all participants to have their "votes" recorded, a participant callback procedure was used by the Televote team. Although an "appointment" day, date, and time were obtained from the participant during the original telephone contact and recorded on the front page of the questionnaire that was mailed to the participant, it was not uncommon for the participant not to be home at the designated date and time originally indicated on the Televote questionnaire. Callbacks were recorded for follow-up by staff either at another time that day, or on a different date and time.

The "callback" experience was an important opportunity for the professional staff to obtain a first-hand understanding of participant responsibility in returning their responses as well as the staff's understanding of the frustrations of having to re-call participants when they were not prepared to return their selections.
All in all, the callback efforts by the staff proved to be an excellent learning opportunity. The participants were extremely responsive to their commitment to get their responses back at (or close to) the original callback date. By the third telephone call (2nd callback), eighty percent (80%) of the participants had completed the questionnaire and had their responses recorded by the staff (see table 2.1).

Table 2.1
Call-back Data

<table>
<thead>
<tr>
<th>Orig Call</th>
<th>1st Call Back</th>
<th>2nd Call Back</th>
<th>3rd Call Back</th>
<th>4th Calls</th>
<th>5th+ Calls</th>
<th>Total Call-Backs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>203</td>
<td>137</td>
<td>99</td>
<td>44</td>
<td>33</td>
<td>35</td>
</tr>
<tr>
<td>Percent</td>
<td>36%</td>
<td>25%</td>
<td>18%</td>
<td>8%</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Cumulative</td>
<td>36%</td>
<td>61%</td>
<td>80%</td>
<td>88%</td>
<td>94%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Sampling Methodology

A simple random sampling methodology was used for the selection of the population size of Hawaii Health Decisions '83. With the assistance of SMS Research (a Hawaii-based commercial marketing survey research firm), a computer generated list of statewide telephone numbers was created.
for use by the Maternal and Child Health Branch to solicit participants.

Using the simple random sample size selection methods of Charles Backstrom and Gerald Hursh-Cesar (Backstrom and Hursh, 1981: 75), the minimum sample size required for a public opinion poll to assure a confidence limit of ninety-five percent (95%) with an error tolerance of five percent (5%) is an "N" of 384.

The "N" obtained for Hawaii Health Decisions was N = 551, sixty-nine percent (69%) greater than the minimum required for simple random sampling research.

Participant Response Data

A total of 1,204 persons was contacted and asked if they would participate in Hawaii Health Decisions '83 (Table 3.1). Of the total number of persons contacted, 538 persons (45%) refused to participate and 666 (55%) of those called agreed to participate.
The percentage of persons telephoned agreeing to participate in Hawaii Health Decisions '83 seems to have fared as "average" when compared to other Televotes. Becker and Slaton had previously noted that "approximately 50% of those contacted agreed to become televoters" (Becker and Slaton, 1981; 58). However, when Hawaii Health Decisions is compared to two subsequent Televotes (Hawaii Health Decisions '85 consisted of two Televotes), the percentage of persons contacted stating they would participate was 65.8%, Hawaii Health Decisions '83 had a lower percentage of persons stating they would participate.

This researcher found the Hawaii Health Decisions '83 questionnaire completion data to be a significant feature of Televote. As noted earlier, the response rates of traditional mail questionnaires is considerably lower than that of Televote.
Table 3.2 depicts the completion data of those contacted that stated they would participate and the completion results.

Table 3.2

<table>
<thead>
<tr>
<th>Persons indicating they would participate</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed</td>
<td>551</td>
<td>82.8%</td>
</tr>
<tr>
<td>Not completed</td>
<td>115</td>
<td>17.2%</td>
</tr>
<tr>
<td>Total Participants</td>
<td>666</td>
<td>100%</td>
</tr>
</tbody>
</table>

The Results of the Survey

General Health Concerns Of Young People

Four national health problems of young people were the subject of Hawaii Health Decisions '83's first question to determine whether or not residents of Hawaii felt that nationwide adolescent problems were also perceived as adolescent problems in Hawaii.

The information collection and review process was consistent with the methodology of Televote. This required the Televote staff to review both professional journals and the popular literature and develop a check list of the number and frequency of articles concerning adolescents. From this review the following issues and factual information was provided to participants in Hawaii Health Decisions '83:
### Death Rates

Although death rates for all other age groups have gone down steadily since 1900, death rates for adolescents and young adults ages 15-24 have actually gone up since 1960, largely as a result of accidents, homicide, and suicide.

### Child Abuse

Up to 1 million children each year in the United States are the victims of child abuse and neglect. Between 2,000 and 5,000 die annually at the hands of their parents or caretakers.

### Use of Alcohol

The number of American high school seniors reporting alcohol use has climbed steadily over the past several years.

### Cigarettes

In the United States, as the number of young men smoking has declined there has been an increase in the smoking habits of young people.

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After reading the information, respondents were then asked two sets of questions. The first set of questions (Table 4.1) related to the degree to which each participant thought the problem was applicable in Hawaii (e.g. no problem, serious problem, etc.). The second set of questions (Table 4.2) requested the participant to rate the problems by degree of importance (e.g. most important, second most important, etc.).

The four problems presented in this section of the questionnaire were:
Death Rates (including accidents, homicide, suicide)

Child Abuse
Alcohol Use
Cigarettes

By combining the respondent data into grouped data (e.g. Serious, Very Serious), it was evident that all the general health problems of young people were considered to be either serious or very serious problems in Hawaii by a majority of the respondents. However, Child Abuse and Alcohol Use were considered to be the most serious problems of the four, with eighty-nine percent (89%) and ninety-percent (90%), respectively, listing it as serious or very serious.
### Table 4.1

**General Health Concerns of Young People**

**By: Grouped Results**

<table>
<thead>
<tr>
<th>Issue</th>
<th>No Problem Not Serious</th>
<th>Serious Very Serious</th>
<th>Don't Know</th>
<th>No Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death Rates</td>
<td>20%</td>
<td>60%</td>
<td>19%</td>
<td>.91%</td>
</tr>
<tr>
<td>Child Abuse</td>
<td>5.7%</td>
<td>89%</td>
<td>5%</td>
<td>.54%</td>
</tr>
<tr>
<td>Use of Alcohol</td>
<td>5.5%</td>
<td>90%</td>
<td>4%</td>
<td>.73%</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>21%</td>
<td>71%</td>
<td>6%</td>
<td>1.09%</td>
</tr>
</tbody>
</table>

Regarding the level of seriousness, this data suggested there was strong sentiment in Hawaii for attention to these issues. It is important to point out that the questionnaire was conducted prior to national and local publicized accounts of adolescent alcohol problems resulting in the enactment of federal legislation designed to require states to raise the legal drinking age to twenty-one (21).

This was important information. The number of traffic accidents of teenagers and associated drinking of alcohol had been on a steady increase in Hawaii for several years. In addition, the increased consumption of alcohol by teenage girls and the known relationship between alcohol and its negative effects on the early development of a fetus was of
considerable concern to medical practitioners as well as the State of Hawaii, Department of Health.

In addition, when asked "How important is the problem?" (Tables 4.2) forty-six percent (46%) of the respondents felt that child abuse was the most important problem. Thirty-seven percent (37%) felt that use of alcohol was the second most important problem.

Table 4.2
General Health Concerns of Young People

<table>
<thead>
<tr>
<th>Issue</th>
<th>Most Important</th>
<th>2nd Most Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death Rates</td>
<td>12%</td>
<td>16%</td>
</tr>
<tr>
<td>Child Abuse</td>
<td>46%</td>
<td>28%</td>
</tr>
<tr>
<td>Use of Alcohol</td>
<td>34%</td>
<td>37%</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>6%</td>
<td>16%</td>
</tr>
</tbody>
</table>

Both child abuse and adolescent alcohol issues had long standing local histories and documented public exposure. However, this was the first time that the public had been given an opportunity to let a state agency know how they felt. Until Hawaii Health Decisions '83, the acceptance of public participation in such issues primarily focused on radio talk shows and evening local television news blips of
limited duration and impact on changing community responsiveness to the issue.

It was quite evident that the Department of Health would have to place considerable emphasis in addressing both child abuse and alcohol use in any adolescent program.

Teenage Pregnancy

Participants were provided with information on three national problems concerning teenage pregnancy and were asked to determine whether they felt these were also problems with Hawaii's teenage mothers.

Information Provided to Participants by Hawaii Health Decisions '83:

<table>
<thead>
<tr>
<th>Dropping Out of School</th>
<th>Many teenage parents finish high school and some even get to college. But the majority of them, especially young mothers, never get a high school diploma.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Deaths</td>
<td>The chance of death for babies born to teenage mothers is nearly twice that of babies born to mothers in their twenties.</td>
</tr>
<tr>
<td>Sex Education</td>
<td>Sexual activity among teenagers is common and lack of information can lead to unwanted pregnancies.</td>
</tr>
</tbody>
</table>
The problems presented in Hawaii Health Decisions '83 were:

- Dropping out of school
- Infant deaths to teenage mothers
- Sex Education

Two sets of questions were asked. The first requested the respondent to again indicate if the national problems were problems in Hawaii.

The second question requested the respondent to indicate the single most important problem noted in this section of the questionnaire. By combining the data (Table 5.1), it is shown that all the problems listed under Teenage Pregnancy were considered to be serious or very serious problems by more than half of the respondents. However, Dropping Out of School and Sex Education were considered to be serious or very serious by more than seventy-five percent (75%) of the respondents. The concerns over these two issues were nearly equal, with responses of seventy-nine percent (79%) and seventy-eight percent (78%), respectively.

When respondents were asked to select the "single most important problem" (Table 5.2), forty-three percent (43%) felt that Dropping Out of School was the #1 problem of the three and thirty-nine percent (39%) felt that Sex Education (lack of) was the #1 problem. Fifteen percent (15%) of the
respondents felt that Infant Deaths were the most important problem.

It was interesting to note the similar percentages for "Dropping Out of School," and "Sex Education," 79% and 78% respectively being ranked either serious or very serious issues as compared to "Infant Deaths." The difference between the percentage points for "Infant Deaths" as compared to the other issues seems to suggest that infant deaths, while a serious problem, seems to be a lower-level by-products of "Dropping Out of School" and "Sex Education."

The lack of intense media coverage and discussion of the problems of infant deaths to teenage mothers may be a factor
that accounts for the lower, yet significant consideration of the participants as to the importance of "Infant Deaths."

In addition, the association of infants' deaths as a result of teenage parents ill-equipped to raise the child because of little or non-existent parenting skills have not been as publicized in the media as well as the medical problems associated with infant deaths. The findings clearly suggest that more information needs to be made available to the general public concerning the range of factors surrounding infants' deaths as well as presenting data that links the association of dropping out of school and infant deaths.

This was an important question. At the national, state, and local levels, the unemployment levels, as well as employment opportunities for teenagers without a highschool diploma have been, and continue to be, a major concern. In addition, adolescents who are or were pregnant and without a
Table 5.2
Teenage Pregnancy

By: Percent How Important Problem

<table>
<thead>
<tr>
<th>Issue</th>
<th>How Important?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
</tr>
<tr>
<td>Dropping Out of School</td>
<td>1</td>
</tr>
<tr>
<td>Infant Deaths</td>
<td>3</td>
</tr>
<tr>
<td>Sex Education</td>
<td>2</td>
</tr>
</tbody>
</table>

highschool education were even less likely to find a source of economic security.

Who Should Provide The Services?

The information and questions presented in this section of the questionnaire were designed to elicit the participant's opinion as to who should be primarily responsible for helping to resolve the problems mentioned under General Health Problems of Young People and Teenage Pregnancy.

The research staff, after reviewing local and national newspaper articles and editorials for statements and opinions by elected public officials, community leaders, and the general public, designated a number of themes under
which the articles were categorized. The Televote team then proceeded to present the main idea of the issue being presented as well as opposing "pro" and "con" arguments for consideration by the participants.

Information Provided Participants by Hawaii Health Decisions '83:

Now that you have told us what you think are the important problems, we would like to know who should take charge of treating these problems in the future. The "Pro" and "Con" arguments presented in Hawaii Health Decisions '83 are presented below.
<table>
<thead>
<tr>
<th>Government &amp; Community Service Agencies</th>
<th>The Main Idea</th>
<th>&quot;Pro&quot;</th>
<th>&quot;Con&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government gives free health services to Hawaii's young people</td>
<td>The State should see that we are healthy!</td>
<td>Too much Government in our lives today!</td>
<td></td>
</tr>
<tr>
<td>The State gives volunteer agencies money so they will keep their programs available to the public.</td>
<td>The taxpayer gets quality services without building up more government bureaucracy.</td>
<td>Taxpayers have less control over how their money is spent and who spends it.</td>
<td></td>
</tr>
<tr>
<td>Private, non-profit agencies provide services for young people either for a fee or for free.</td>
<td>Volunteer agencies are more responsive to the real needs of the community.</td>
<td>Too much time is spent seeking funds rather than providing services.</td>
<td></td>
</tr>
<tr>
<td>The family must take care of the health of its children. It's what the family thinks is important that counts.</td>
<td>The family must decide what's best.</td>
<td>Some health concerns are more than the family can handle.</td>
<td></td>
</tr>
</tbody>
</table>
In all cases twelve percent (12%) or fewer of the respondents felt that government alone should provide the services to correct the problem. Community service agencies also were seen by eighteen percent (18%) or less of the respondents as the answer. Instead, respondents indicated they felt that the primary responsibility is with family or a partnership between government and community service agencies (Tables 6.1 and 6.2). Such findings are surprising, given the historical sense of family unity that prevails throughout the Hawaiian Islands.
Table 6.1
Who Should Provide The Services?

<table>
<thead>
<tr>
<th>Issue</th>
<th>Govt. Only</th>
<th>Govt. &amp; Community Only</th>
<th>Community Services</th>
<th>The Family</th>
<th>Don't Know</th>
<th>Other</th>
<th>No Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Health Problems of Young People</td>
<td>9%</td>
<td>40%</td>
<td>7%</td>
<td>38%</td>
<td>3%</td>
<td>2%</td>
<td>.54%</td>
</tr>
<tr>
<td>Death Rates</td>
<td>14%</td>
<td>42%</td>
<td>10%</td>
<td>17%</td>
<td>13%</td>
<td>2%</td>
<td>.54%</td>
</tr>
<tr>
<td>Child Abuse</td>
<td>11%</td>
<td>54%</td>
<td>11%</td>
<td>17%</td>
<td>2%</td>
<td>3%</td>
<td>.73%</td>
</tr>
<tr>
<td>Use of Alcohol</td>
<td>12%</td>
<td>34%</td>
<td>16%</td>
<td>30%</td>
<td>3%</td>
<td>3%</td>
<td>1.09%</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>12%</td>
<td>22%</td>
<td>15%</td>
<td>42%</td>
<td>4%</td>
<td>4%</td>
<td>1.27%</td>
</tr>
<tr>
<td>Teenage Pregnancy</td>
<td>3%</td>
<td>33%</td>
<td>18%</td>
<td>38%</td>
<td>3%</td>
<td>4%</td>
<td>1.45%</td>
</tr>
<tr>
<td>Dropping Out Of School</td>
<td>10%</td>
<td>29%</td>
<td>11%</td>
<td>42%</td>
<td>3%</td>
<td>4%</td>
<td>.73%</td>
</tr>
<tr>
<td>Infant Deaths</td>
<td>10%</td>
<td>42%</td>
<td>12%</td>
<td>19%</td>
<td>12%</td>
<td>4%</td>
<td>.54%</td>
</tr>
<tr>
<td>Sex Education</td>
<td>9%</td>
<td>37%</td>
<td>12%</td>
<td>32%</td>
<td>3%</td>
<td>5%</td>
<td>.91%</td>
</tr>
</tbody>
</table>
Three issues - death rates, child abuse, and infant deaths - were problems for which the family unit was considered unable to take responsibility. The respondents felt that these problems could be better addressed primarily through the partnership of government and community service agencies.

Sex education, earlier described as a serious problem by seventy-eight percent (78%) of the respondents (Table 6.1), is a problem that thirty-two percent (32%) of the respondents believe should be primarily handled by the family. Nine percent (9%) of the respondents believe that sex education should be provided by government only, thirty-seven percent (37%) by government and community service agencies as partners, and twelve percent (12%) by community service agencies.

The responses for Sex Education were important to the staff of the Family Health Services division. Sex education and the limits imposed on the involvement of the public sector (social services, public health, and education) have been significant factors in national, state, and local areas throughout the country. Many federally funded programs in family planning and early childhood development have been
clearly restrictive on the use of government funds and sex education.

Although none of the options presented were identified as "primarily responsible," thirty-seven percent (37%) of the respondents felt that the primary responsibility was with government and community. Thirty-two percent (32%) of the respondents felt that the family was primarily responsible.

It appeared that sex education was a controversial issue. The participants were split into two nearly equal groups.

How the Department of Health will deal with this issue, if at all, will be interesting. With no clearly defined support from the public, the Department of Health may choose to not increase its current level of emphasis in promoting sex education for adolescents.
### Table 6.2
Who Should Provide The Services?
By: Most Significant

<table>
<thead>
<tr>
<th>Issue</th>
<th>Government and Community</th>
<th>The Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Health Problems of Young People</td>
<td>40%</td>
<td>38%</td>
</tr>
<tr>
<td>Death Rates</td>
<td>42%</td>
<td>17%</td>
</tr>
<tr>
<td>Child Abuse</td>
<td>54%</td>
<td>17%</td>
</tr>
<tr>
<td>Use of Alcohol</td>
<td>34%</td>
<td>30%</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>22%</td>
<td>42%</td>
</tr>
<tr>
<td>Teenage Pregnancy</td>
<td>33%</td>
<td>38%</td>
</tr>
<tr>
<td>Dropping Out Of School</td>
<td>29%</td>
<td>42%</td>
</tr>
<tr>
<td>Infant Deaths</td>
<td>42%</td>
<td>19%</td>
</tr>
<tr>
<td>Sex Education</td>
<td>37%</td>
<td>32%</td>
</tr>
</tbody>
</table>

**Adoption**

One of the positions strongly supported by the national legislation for Adolescent Family Life Demonstration
Projects is that "adoption is a positive option for unmarried pregnant adolescents who are unwilling or unable to care for their children, since adoption is a means of providing permanent families for children from available, approved couples who are unable to conceive or carry children of their own to term; and at present, only four percent (4%) of unmarried pregnant adolescents who carry their babies to term enter into an adoption plan or arrange for their babies to be cared for by relatives or friends" (Sec. 955, the Public Health Services Act, Title XX - Adolescent Family Life Demonstration Projects).

This was a particularly important issue on which the Family Health Services Division needed to obtain community responses. Hawaii has a dual adoption system. The "Hanai" system is a traditional approach wherein either other family members, relatives, or friends will take care of someone else's child as if that child were their own. The other, conventional approach, is supported by the courts.

Adoption, while presented as a highly desirable "solution," was considered a significant issue by Dr. Ichiho. The preservation of the traditional "Hanai" adoption system (particularly on the outer-islands) was an important concern for maintaining family and community unity.
It was of interest to the research staff which reasons participants thought were important in why unmarried adolescent mothers kept their children. The research staff felt that such information would be valuable for the development and/or strengthening of community resources to address the psychological, emotional and social problems faced by young unmarried mothers.

Information presented to Participants in Hawaii Health Decisions '83

Ninety-six percent (96%) of unmarried teenagers keep their children. However, this frequently causes great difficulties for them and their children.

The other four percent (4%) allow their children to be legally adopted or placed with family friends.

Since 96% of the children born to unmarried adolescents are not placed in some adoptive arrangement, what then are the reasons why most of the mothers keep their children?

The findings of tables 7.1 and 7.2 indicated that twenty-eight percent (28%) of the respondents felt that the family provided some influence (e.g. willing to support child, against adoption) on the decisions of the single teenage
mother. Either the family was willing to support the child, seventeen percent (17%), or the family was against adoption, eleven percent (11%).

For options directly relating to the single teenage mother ("her" options), the study indicated forty-three (43%) of the respondents believed a range of socialization experiences (religious, cultural, and emotional attachment) of the single teenage mother were significant factors in the decision to keep their children.

The findings suggested that socialization factors such as religion, culture, and emotional attachment were linked to the teenager's own nurturing. By combining family options and "her options," we found that seventy-one percent (71%) of the respondents believed some familial socialization factors were a significant force in the decision-making of the teenage mother to maintain parental control over her child.

Such findings suggested that, while there is a role to be played by public agencies such as public health, social services, and public education, family social support can not be ignored.
Adoption -- A. Why do you think so many single teenage mothers keep their children?

Table 7.1
Adoption
By: Options

<table>
<thead>
<tr>
<th>OPTIONS</th>
<th>Percent of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family willing to support child</td>
<td>17%</td>
</tr>
<tr>
<td>Family against adoption</td>
<td>11%</td>
</tr>
<tr>
<td>Her religious beliefs</td>
<td>12%</td>
</tr>
<tr>
<td>Her cultural values</td>
<td>12%</td>
</tr>
<tr>
<td>Her emotional attachment to child</td>
<td>19%</td>
</tr>
<tr>
<td>Government aid to support child</td>
<td>11%</td>
</tr>
<tr>
<td>Shame</td>
<td>5%</td>
</tr>
<tr>
<td>Likes being a single parent</td>
<td>4%</td>
</tr>
<tr>
<td>Makes her feel grown up</td>
<td>7%</td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
</tr>
</tbody>
</table>

Table 7.2
Adoption
By: Options

<table>
<thead>
<tr>
<th>OPTIONS</th>
<th>Percent of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family willing to support child/</td>
<td>28%</td>
</tr>
<tr>
<td>Family against adoption</td>
<td></td>
</tr>
<tr>
<td>Her: (religious beliefs, cultural values, and</td>
<td>43%</td>
</tr>
<tr>
<td>emotional attachment to child)</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>71%</td>
</tr>
</tbody>
</table>
Adoption - B. Adoption - How Important?

Since 96% of unmarried teenagers kept their babies, the survey sought to discover the reasons respondents felt teenage mothers chose this option.

More than 50% of the respondents felt that the mother's emotional attachment to the child was the most important reason for her keeping the baby (Table 7.2). Twenty-three percent (23%) felt that government aid to support the child was an important reason and another twenty-three percent (23%) felt that the mother's willingness to support the child was the most important reason.

Other reasons did not appear to be particularly important for the mother keeping the baby. Only one point-four percent (1.4%) felt that the mother kept her baby because she likes being a single parent.
### Table 7.3

**Adoption**  
**By: Percent of Importance**

<table>
<thead>
<tr>
<th>Issue</th>
<th>How Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family willing to support child</td>
<td>23%</td>
</tr>
<tr>
<td>Family against adoption</td>
<td>11%</td>
</tr>
<tr>
<td>Her religious beliefs</td>
<td>16%</td>
</tr>
<tr>
<td>Her emotional attachment to child</td>
<td>51%</td>
</tr>
<tr>
<td>Government aid to support child</td>
<td>23%</td>
</tr>
<tr>
<td>Shame</td>
<td>4%</td>
</tr>
<tr>
<td>Likes being single parent</td>
<td>1%</td>
</tr>
<tr>
<td>Makes her feel grown up</td>
<td>10%</td>
</tr>
<tr>
<td>Other</td>
<td>8%</td>
</tr>
</tbody>
</table>

Adoption -- C. **What Would You Recommend?**

When asked: "Suppose an unmarried teenager close to you becomes pregnant and asks for your advice, What would you recommend?," respondents were clearly divided (Table 7.3). No recommendation was chosen by more than eighteen percent (18%) of the respondents.

Although legal adoption was the choice chosen by most eighteen percent (18%), it was clearly not a major choice.
The other options received similar responses: "marry the father," seventeen percent (17%), "get an abortion," fifteen percent (15%), or "raise the child herself," fourteen percent (14%). Less than ten percent (10%) chose the option, "get the family to raise the child."

It was apparent that no clear policy directions could be detected about adoption based on participant recommendations. As a result, the Family Health Services Division had not formally presented any recommendations to the Director of Health for consideration by the governor or the state legislature. Instead, the department concentrated its efforts on improving the prenatal care of babies born to unmarried adolescent mothers as well as providing financial and technical support to community agencies providing psychological and emotional services to adolescent mothers.

While legal adoption was preferred by eighteen percent (18%) of the respondents (Table 7.4), the "other" option received the highest response rate, twenty-six percent (26%). Why this occurred is not clear. Since adoption was the issue, alternatives such as foster care, hanai adoptions, etc., were not included. Further analysis of adoption and adoption alternatives should be studied.
Table 7.4
Adoption
By: Recommendation

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raise the Child herself</td>
<td>14%</td>
</tr>
<tr>
<td>Marry the Father</td>
<td>17%</td>
</tr>
<tr>
<td>Get family to Raise the Child</td>
<td>8%</td>
</tr>
<tr>
<td>Get an Abortion</td>
<td>15%</td>
</tr>
<tr>
<td>Legal Adoption</td>
<td>18%</td>
</tr>
<tr>
<td>Other</td>
<td>26%</td>
</tr>
</tbody>
</table>

What About Community Health Organizations?

This question was of interest to the Maternal and Child Health Branch independent of the questions related to adolescent health services. Because of the geographical spread of the Hawaiian Islands with a predominate rural setting of the outer-islands, Dr. Ichiho was personally interested in how general, day-to-day, health care could be provided, who should provide the health care, and what role, if any, government (Department of Health) should have in any proposed health organization. Although there was an over-abundance of physicians and allied medical professionals in the urban areas of Oahu (Honolulu/Pearl City), the rural
areas of Oahu and the outer-islands had a difficult time attracting health care workers. It was Dr. Ichiho's conviction that instead of providing limited or single focused health care, health care organizations provided through community acceptable sources would be able to better meet the needs of the local community.

The intent of this question was to obtain public opinion about an alternative delivery method for providing health services - community health organizations.

Given the interest of Dr. Ichiho in addressing community health organizations, the research staff talked to health care providers in the private and public sector and requested that they provide the research staff brief justifications both "pro" and "con" for developing and/or using community health organizations. The research staff then selected and modified the responses and utilized several of the responses as the "pro" and "con" arguments in Hawaii Health Decisions '83.

The participants were provided both "pro" and "con" arguments about community health organizations. The findings (Tables 8.1 and 8.2) are consistent with an earlier finding that the public is willing to take personal responsibility for the health problems of their adolescent
children. Twenty-three percent (23%) of the respondents were not sure of how they felt about Community Health Organizations, which is probably due to it being a new, unfamiliar concept in Hawaii. Only seven percent (7%) of the respondents were opposed to community health organizations as described in the questionnaire.

After reading the arguments, participants were then asked to indicate how they felt about "community health organizations" and what kinds of services the state could provide to promote the community health organization described in the questionnaire (Table 8.2).

Perhaps the most significant finding of the survey, one that has important implications for policy development, is the desire by sixty-nine percent (69%) of the respondents to have community health organizations established.

Information provided to Participants in Hawaii Health Decisions '83:

Community health organizations could be set up by the state in local communities. They would train local volunteers to cope with the problems we discussed above. The citizen volunteers would then deal with these problems locally and train other local citizens.
"Pro"
Programs can be tailor-made for each community to reflect its particular needs.

"Pro"
It is cheaper for the state to teach local citizens the skills to handle their own problems rather than establishing new state programs and hiring more people.

"Con"
The health of Hawaii's children is too important to be left in the hands of citizen volunteers.

"Con"
Volunteers do not have the time necessary to run the community health programs.

The arguments presented on both sides of the issue were balanced. This was an important factor so that the participant would not be influenced in their decision-making by the number of statements provided for either the "pro" or "con" side of the issue. We also considered the number of words used to state the separate arguments for the same reason. Overall, we felt that the pro and con arguments had equal emphasis on both sides of the issue.

Table 8.1
What About Community Health Organizations?
By: Percent Responses

<table>
<thead>
<tr>
<th>Strongly In Favor</th>
<th>Favor</th>
<th>Not Sure</th>
<th>Oppose</th>
<th>Strongly Oppose</th>
<th>No Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>35%</td>
<td>34%</td>
<td>23%</td>
<td>6%</td>
<td>1%</td>
<td>.54%</td>
</tr>
</tbody>
</table>

173
Table 8.2
What About Community Health Organizations?
By: Most Significant

<table>
<thead>
<tr>
<th>Strongly In Favor</th>
<th>35%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Favor</td>
<td>34%</td>
</tr>
<tr>
<td></td>
<td>69%</td>
</tr>
</tbody>
</table>

When asked to name the two best things the state could provide to set up community health organizations, forty-one percent (41%) of the respondents indicated that education was the most important resource (Tables 8.2). The second most important contribution government could make towards the development of Community Health Organizations, said the survey, would be training/skills, thirty-percent (30%).

Dr. Ichiho considered these findings extremely important. The findings supported a basic philosophy of public health - that information and education are important aspects of government services and should not be considered of lesser importance than other options available from government agencies.
Table 8.3
What About Community Health Organizations?
By: Percent Level of Importance

<table>
<thead>
<tr>
<th>Issue</th>
<th># 1</th>
<th># 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buildings/ Rooms</td>
<td>9%</td>
<td>13%</td>
</tr>
<tr>
<td>Equipment</td>
<td>3%</td>
<td>8%</td>
</tr>
<tr>
<td>Information/ Education</td>
<td>41%</td>
<td>17%</td>
</tr>
<tr>
<td>Money</td>
<td>25%</td>
<td>.9%</td>
</tr>
<tr>
<td>Training/ Skills</td>
<td>11%</td>
<td>30%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>None Of The Above</td>
<td>1%</td>
<td>2%</td>
</tr>
</tbody>
</table>

When the findings of table 8.3 are looked at in terms of traditional "hard" resources (buildings/rooms, equipment, and money) as compared with "soft" resources (information/education, and training), it is evident that merely more of the same traditional resources, supported through public funds, were not seen as "solutions" to our adolescent problems.

Instead, the public was interested in increased governmental activity in "soft" resource areas, such as information, education, and training (Table 8.4).
Table 8.4
What About Community Health Organizations?
By: Traditional "Hard" Resources and "Soft" Resources

<table>
<thead>
<tr>
<th>Type of Resource</th>
<th>Issue</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional &quot;Hard&quot; Resources</td>
<td>Buildings/Rm</td>
<td>9%</td>
</tr>
<tr>
<td></td>
<td>Equipment</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>Money</td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>37%</td>
</tr>
<tr>
<td>Total &quot;Soft&quot; Resources</td>
<td>Information/E</td>
<td>41%</td>
</tr>
<tr>
<td></td>
<td>Education</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Training/Sk</td>
<td>11%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>52%</td>
</tr>
</tbody>
</table>

To the Televote staff and the Department of Health officials, the events of Hawaii Health Decisions '83 suggested that:

1. When government (State of Hawaii, Department of Health) does take an active interest in presenting factual information about health problems facing its citizens (Adolescent Health Problems), the public is willing to respond.

Although participants were not directly asked if they would participate in future Televotes, the number of completed Televote questionnaires as compared to the number stating
they would participate can provide an indication of the satisfaction level of participants to Televote. Using such criteria the satisfaction level of 83% is obtained (Table 9.1).

Table 9.1
Eligible Participants

<table>
<thead>
<tr>
<th>Persons indicating they would participate</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed</td>
<td>551</td>
<td>83%</td>
</tr>
<tr>
<td>Not Completed</td>
<td>115</td>
<td>17%</td>
</tr>
<tr>
<td>Totals</td>
<td>666</td>
<td>100%</td>
</tr>
</tbody>
</table>

2. Participants want to get involved in government sponsored activities that they believe will help improve health services to their community.

Again, the participation/completion data presented in table 9.1. can be used as an indicator or participant interest and participant involvement.

The interest level is acknowledged by the 666 participants statewide that stated they would be willing to participate in Hawaii Health Decisions '83. The involvement level can be represented by the actual number of participants completing the questionnaire. In this case 551 persons,
eighty-three percent (83%), actually completed the opinion poll and submitted their responses to the Maternal and Child Health Branch.

Research Findings

The Hawaii Health Decisions '83 Televote was based on the following nine goals:

Goal 1 To provide citizens with information about the health problems of adolescents.

This goal was achieved. Participants throughout the State were provided information about adolescent problems. The general information as well as the "pro" and "con" issues provided enabled the participants in making informed and deliberated decisions.

Goal 2 To design a public opinion poll using the Televote method to obtain informed and deliberated opinions concerning adolescent health services.

This goal was achieved. A colorful and attractive questionnaire, Hawaii Health Decisions '83, was developed, printed, and mailed to participants statewide.

Goal 3 To stimulate discussion about desired and available alternatives.
This goal was achieved. Eighty-three percent (83%) of those contacted who stated they would participate did.

**Goal 4** To obtain reliable responses from participants after they have been provided accurate information about adolescent health problems, "pro" and "con" sides of the issues, and an adequate period of time to consider the options provided.

This goal was achieved. The return/participation response rate for Hawaii Health Decisions '83 was extremely successful. Of the 666 persons indicating they would participate and return responses, 551, or 83% of the respondents, did respond, either by telephone or by mailing back responses to the questionnaire.

**Goal 5** To modify the present Adolescent Family Life Demonstration Project Plan to better reflect the findings of Hawaii Health Decisions '83.

This goal was achieved. The SMS Research questionnaire used in the Adolescent Family Life Project was designed after Hawaii Health Decisions '83. In the SMS Research questionnaire, the questions developed and used in Hawaii Health Decisions '83 were included.

**Goal 6** To improve communication between government and the community.

This goal was achieved. The original intent to develop, implement, and utilize the Televote methodology was
undertaken by the State of Hawaii government for use in planning, promoting, and utilizing community participation in government decision-making.

**Goal 7** To utilize information gathered in the Televote for evaluating future policies directed to adolescent health services.

This goal was achieved. Two additional Hawaii Health Decision Televotes were conducted by the State of Hawaii, Department of Health for use in planning, promoting, and implementing programs and projects based upon community participation in government decision-making.

**Goal 8** To obtain a broad base of community responses (statewide): to guide the development and implementation of a required out-of-house survey (SMS Research) targeted at specific high risk areas of the state for adolescent family life services.

This goal was achieved. The SMS Research questionnaire used in the Adolescent Family Life Project was designed after Hawaii Health Decisions '83. High risk areas within the state were identified and targeted for intervention programs based on the findings of the SMS Research questionnaire, the questions developed and used in Hawaii Health Decisions '83.

**Goal 9** To demonstrate the "Televote" method of public opinion polling for use by government agencies to obtain better public participation in the planning and implementation of health services for Hawaii's adolescent population.
This goal was achieved. The original intent to develop, implement, and utilize the Televote methodology was undertaken by the Hawaii State government for use in planning, promoting, and utilizing community participation in government decision-making.
Chapter 6

THE IMPACT OF TELEVOTE

Introduction

This study has focused on Televote as a method of promoting and stimulating citizen participation in bureaucratic decision-making. The discussion of Televote in chapters three and four was preceded by a presentation of the historical structure of bureaucratic participation, which places Televote in context as a continually evolving American representative system.

Televote, as a means of promoting citizen participation in public policy issues, has provided a new and improved gateway between the public and bureaucrats, a gateway based on informed and deliberated citizen responses to community issues.

Christa Slaton notes that efforts must be made to improve and expand citizen responsiveness to public policy issues. Slaton states:

... decisions in a democratic representative system should incorporate the opinions of the full range of the diversity of the citizenry, not merely the views of a select, likeminded elite
whose views of justice and the good of society are colored by their similar life circumstances and the realities of their world, which are substantially different from the daily realities of those they claim to represent (Slaton, 1990; 362-363).

The promotion of Televote as a tool to increase citizen participation in governmental decision-making is the subject of this chapter.

The first section of the chapter will discuss the impact of the Televote methodology within the State of Hawaii, Department of Health. This will be followed by a general discussion of the future of Televote within American bureaucracies.

The Impact of Televote - Department of Health, State of Hawaii

The Televote, Hawaii Health Decisions '83, demonstrated that a bureaucratic institution with the right mix of agency talent and a desire to involve the general public in administrative decision-making processes can make participatory democracy much more a reality in America. To be sure, just executing one single Televote is not proof of this. There must be more. For example, we need to see whether the Televote impacted the administrative decision-making process itself in the long-run, i.e., where Hawaii Health Decisions '83 led the State of Hawaii, Department of Health, Department of
Health, and inspired the subsequent success of other Televotes conducted by the Department of Health.

Thus, the operational success of Hawaii Health Decisions '83 raises several important questions about the Televote methodology as an instrument to promote participatory democracy within the State of Hawaii's, Department of Health, e.g.:

1) What were the important conditions within the Health Department and the Family Health Services Division that contributed to the success of the Televotes?

2) How influential were these operational factors and how did the Televote experience help add democracy to administrative practice in Hawaii?

3) What is the likelihood that Televote can be replicated in other bureaucratic settings?

Pro-Televote Conditions

The distinguishing features that enabled Hawaii Health Decisions '83 to work can be attributed to several factors. The first one was situational and had less to do with the inherent value of Televote than with the Department of Health's credibility with the public.

Prior to the decision to approach the Director of Health for permission to conduct Hawaii Health Decision '83, the department was the focus of harsh criticism as a result of
an incident involving heptachlor, a pesticide which was detected in the milk supply of a major dairy farming operation. The failure of lower level supervisors to adequately notify the Director of Health as well as the allegations that the department failed to adequately warn the public of the problem had resulted in the dismissal of the Director of Health.

The new Director of Health, Leslie S. Matsubara, came to the Health Department from the Department of Education. Mr. Matsubara's skills in education were used to facilitate improved communications between the Department of Health and the residents of the state.

Thus, the timing of Hawaii Health Decisions '83 may have been conducive to the use of Televote in an administrative setting. After all, the department was facing an image problem. Any positive actions by the department to demonstrate its sincerity in wanting to keep the public informed about important public issues was welcomed.

The second major condition necessary to utilize Televote in a bureaucracy is the straightforward leadership of individual bureaucrats. This goes beyond simply having a bureaucrat adequately trained in leadership and personnel skills. What is important is the proven ability to utilize
such skills in the presentation, implementation, and evaluation of agency goals and the appreciation of citizen participation in this process. In other words, the leader must be a "participatory bureaucrat."

Benjamin Barber recognizes the significance of this type of leader. He says the role of leadership is as important in representative democracy as it is problematic in strong democracy (Barber, 1984: 237).

In representative systems there are only leaders and followers; the efficacy of representation depends on this clear delineation of functions. 'Lead or follow or get the hell out of the way' reads a popular corporate desk sign (Barber, 1987: 237).

Barber also reminds us that Madison's benign view was that representative institutions are the filter through which public opinion can be refined and corrected by a prudent leadership. In short, liberal democracy sees strong leadership as the sine qua non of effective government (Barber, 1984; 238).

Barber seems to be telling us that it is only in systems where self-government and vigorous individual participation are central that leadership takes on a problematic character. That leadership seems to be opposed to participatory self-government. Barber goes on to note that:
... it [leadership] acts in place of or to some degree encroaches on the autonomy of individual actors. The statesmanship of a leader such as Churchill may stultify the liberty of an admiring but passive followship no less than might the charisma of a Hitler (Barber, 1984: 238).

As a consequence of Barber's statement, one might say that in the ideal participatory system leadership vanishes totally. Complete self-government by an active citizenry would leave no room for leaders or followers.

Yet for all of this, actual participatory systems - either those in transition or those more familiar composite forms that mix participation with representation - are clearly burdened with the need for leadership. Among the factors that create this situation, Barber suggests that the following are noteworthy:

1. The need for transitional leadership of the kind familiar in representative systems, to guide a people toward greater self-government.

2. The inescapability of natural leadership, which is rooted in the fact that legally equal citizens differ naturally in articulateness, will power, experience, personality, and other characteristics that affect the intensity and efficacy of participation even in the most egalitarian communities.

3. The importance of facilitating leadership, which makes participatory institutions work well despite the skewing effects of natural leadership.

4. The indispensability of moral leadership, which promotes social cohesion and community and
celebrates the freedom and individual dignity on which democracy depends (Barber, 1984; 239).

Such factors suggest that there is a special kind of leadership pertinent to strong democracy. Barber refers to this special leadership as a facilitating leadership (Barber, 1984; 240).

The facilitator is responsible to a process rather than to specific outcomes - to the integrity of the community rather than to the needs of particular individuals. He is an ombudsman for the community who protects individuals only in the name of the community's interests. Listeners must be protected no less than speakers. Like speech, silence has its rights, which usually turn out to be the rights of the reticent, who need time and peace and an absence of competitive talk to find their own voice. This kind of leadership exists in administrative decision-making loci as well as other governmental entities and was the sine quo non for the use of Hawaii Televote in the Hawaii Health Department.

There is also no denying that the success of many bureaucratic projects and plans is a result of individual charisma (Hampton, Summer, Webber, 1973; 15). Such individual characteristics as charisma also contributed to the success of the Televote Hawaii Health Decisions '83. In
chapter three Dr. Ichiho was asked the question "Why, as a 'bureaucrat,' were you interested in Televote?". Dr. Ichiho responded that his interpretation of a bureaucrat was dependent upon his own feelings and definition of what a democracy should represent and how he as an individual bureaucrat should respond to the public as an individual representing the bureaucracy in terms of his own values.

As to individual characteristics, Dr. Ichiho noted that most people in a bureaucracy are "so busy implementing pieces of programs that often they just spin their wheels". They are so busy doing the day-to-day things, they don't have the opportunity to open their minds and to look at new things or how things can be done differently.

Because of such constraints, creativity tends to be limited. It would seem that only those bureaucrats that are risk-takers, who look at things differently, will be the change-agents within the current American bureaucracies to move participatory democracy forward. Individuals who possess the charisma and charm to get others to listen to them and allow them to take risks have been able to obtain new insights leading to change. Dr. Ichiho notes:

... most bureaucrats are really confused about what they should be doing... few bureaucrats really have the ability to step back from what the situation is and to see the big picture (Ichiho, 1991).
But what happens when such an administrative leader - one who has helped develop a pro-democratic reform leaves the agency? Does the reform automatically die -- or is there some enduring value to the reform?

The outlook for the Televote method of obtaining public participation in the decision-making activities of the Department of Health remains somewhat optimistic.

The Impact of Televote in a Bureaucracy

Hawaii Health Decisions '83 was a success. Although the findings were not directly used to change the way adolescent services were being provided, the results were later used by SMS Research (under contract to the Department of Health) to refine the topics and questions used to survey adolescent oriented social service agencies throughout the state (SMS Research, 1987).

The success of Hawaii Health Decisions '83 was also confirmed by the inclusion of the Televote methodology as an integral part of the Title V, Maternal and Child Health Block Grant (Toews, 1984; 4-5). The statement noted:

By utilizing experience gained with the Public Opinion Polling technique TELEVOTE, and 'Hawaii Health Decisions '83, the Family Health Services division expects to maximize public participation
in setting new goals, directions, and servicing delivery models for MCH and CC activities throughout the state. The Hawaii Health Decision Public Opinion Polling Project will be conducted once during each bi-annual funding period (Toews, 1983; Section VI)

The successful use of the Televote methodology did not end with Hawaii Health Decisions '83. Just two years later the Family Health Services Division of the Department of Health did two more "Hawaii Health Decisions."

Hawaii Health Decisions '85

Having officially included the Televote method into the Federal Maternal and Child Health Title V Block Grant for the State of Hawaii, the Family Health Services Division proceeded to conduct two additional Televotes in 1985 (Becker and Slaton, 1985).

Hawaii Health Decisions '85 (attachment 2), consisting of two Televotes, were designed to obtain community input to assist the Crippled Children's Services Branch and Maternal and Child Health Branch and to plan and direct future programs and services.

Drs. Leong and Ichiho desired community information concerning:
(1) How the public feels about problems concerning State government's role in protecting handicapped and/or crippled children's rights when their parents are unwilling or unable to help them; and

(2) What the Waimanalo public thinks about the future of the Waimanalo Health Clinic (and its services for mothers and children). (Becker and Slaton, 1985; 9)

Hawaii Health Decisions '85 - The Waimanalo Health Clinic

In essence, what Dr. Ichiho (Branch Chief of MCH) wanted to know was twofold: first, would the Waimanalo population support changes in the way the Waimanalo Health Clinic presently provides its Children and Youth, and Mother, Infants, and Children services? He was particularly interested in knowing whether the Waimanalo residents would favor a "reasonable fee" system, under any circumstances, to complement the present system.

Second, Dr. Ichiho was aware that massive reductions in the federal budget for social services were likely in the near future. Since the Waimanalo Health Clinic receives approximately two-thirds of its operating funds from federal sources, its future may be threatened. Thus, Dr. Ichiho wanted to know how the residents of Waimanalo would respond to different alternatives for funding a future Waimanalo Health Clinic -- none of which would rely on any federal funding.
Question 1: Change In Present Priorities?

The first question asked Televoters to give their views on the Waimanalo Health Clinic after reading the information supplied concerning prenatal care, maternity care, and the health of children, general information on the Waimanalo Health Clinic, and "pro" and "con" opinions on what should be the clinic's immediate priorities (See appendix B for the questionnaire).

The informational segment of the televote began by asserting that one of the Hawaii Department of Health's goals was to ensure that no child dies at birth, no child is born handicapped, no child is born ill or gets sick in its first year of life, and that mothers and children get good advice and health care. Although health problems are inevitable, the Department of Health wanted to keep the number of infant deaths, handicaps, and illnesses as low as possible and to keep the level of health among Hawaii's mothers and children as high as possible.

The Televote, then informed respondents that, although progress had been made in creating effective programs, there was still room for improvement. Further suggestions were offered.
Fully sixty percent (60%) of those surveyed by Televote were willing to support the idea of instituting some kind of reasonable fee schedule for the Waimanalo Health Clinic.

**Question 2: Alternative Futures**

The final section of the televote began with "What about the future?". Respondents were told that the U.S. government has been cutting the budget of many social and health programs. The Televoters were informed that much of the money for the health clinic came from the U.S. government and this money could be cut off in the near future.

The Waimanalo Televoters were then offered five very different types of programs that could supplant the present Waimanalo Health Clinic model -- plus the options of supplying their own model or responding that they didn't know or care.

The data revealed a bimodal distribution. The idea of a community-supported and community-funded health clinic was endorsed by over half of the Waimanalo sample (57%).

The notion of leaving it up to private doctors in private practice also gained support, some 47% of the sample.
The proximity of response to these two choices, however, was not as close as first appeared. This is because those who "double-checked" an item were showing greater enthusiasm for that choice than those who merely single-checked that item. An "intensity factor" was developed to take this into account, and it shows that the "community" option has a score of 246 compared with the private doctor option of 128. Thus, by two measures --- the number and percentage of Televoters who believe the community option is a good idea or the best idea, and the level of intensity of support --- the idea of a community-funded and supported clinic was a clear-cut favorite in Waimanalo.

The findings suggested that, should there be a future cut-off or sever cut-back of federal funding, the Department of Health would probably do well to help the community move in this direction, for it will generate the most support of any of these alternatives.

Although there were not immediate changes of the Waimanalo Health Clinic, Hawaii Health Decisions '85 - Waimanalo Health Clinic indicated extremely strong support in the Waimanalo community for the clinic as it presently exists and for having some form of health clinic in Waimanalo in the future. This was further evidenced by the fact that only 2.7% of all the televoters thought the best reaction to
a removal of federal funds would be for the clinic to "just close and leave."

The completion data for Hawaii Health Decisions '85 - Waimanalo Health Clinic clearly demonstrated the same high level of questionnaire completion as demonstrated by Hawaii Health Decisions '83. Of the 1,104 actual participants, 76.6% (N=846) of them completed the questionnaire and furnished their opinions to the project.

Deferred Impact of Hawaii Health Decisions '85, Waimanalo Health Clinic

Whenever public opinion polling is undertaken, the expectation is that the data collected will help bureaucrats to either re-design current programs or develop new ones to meet the needs and expectations of the public. In addition to believing that their opinions could make a difference, the respondents had faith that bureaucrats would immediately make changes in programs or add new ones based on their replies to the opinion poll.

Such is not always the case. A prime example of deferred impact by bureaucrats was the implementation of polling results of Hawaii Health Decisions '85 to the Waimanalo Health Clinic.
After seven years, the Department of Health, working with the Waimanalo community, successfully implemented the changes to the Waimanalo Health Clinic that were proposed and supported by Hawaii Health Decisions '85.

In reference to the changes recommended to the clinic, and the subsequent results, Dr. Ichiho notes:

What I was making reference to in that conversation was the fact that the original televote that we did when you were here was in two (2) parts. I did one that was related to Waimanalo Children and Youth and Maternity project and what we were doing was asking the community what they thought about or now would they like the department of health to go about in changing the CYN-MIC project and to motivate a Family Health Clinic. Well that has come to pass. What the department of health is doing is fazing out over the next two (2) years our state and Federal funds that are going into the Waimanalo, C&Y-MIC project. The Waimanalo Community Health board is starting to take over and converting the Waimanalo C&Y-MIC into a Waimanalo Family Health Community Center.

This is what we had addressed in the Televote process way back in 1985. It took a little while but it was actually done because in that Televote the community did say they wanted a health facility that would be able to service a greater range of family needs. And that is exactly what is happening at this point (Ichiho, 1991).

The changes that have occurred within the Waimanalo Health Clinic, while not immediate, were clearly designed to meet the identified needs and desires of the Waimanalo community.
The Department of Health depended heavily upon the findings of Hawaii Health Decisions '85.

When asked how the Department of Health operated in conjunction with the Waimanalo community, Loretta Fuddy, M.S.W, M.P.H., Acting Chief of the Maternal and Child Health Branch, who at the time of Hawaii Health Decisions '83 and '85, was the Program Director at the Waimanalo C&Y-MIC facility, credited the shift of the Waimanalo C&Y-MIC facility into the Waimanalo Family Health Community Center in large part to the Televote process and its results. Fuddy notes:

Yes, I do remember very well the days at Waimanalo and your televote survey. It served as documentation of community need for a primary health care center and the willingness of the community to develop such a center.

Let me bring you up to date on the status of the 'old' Waimanalo Children and Youth Project and the 'new' Waimanalo Health center. A community board was established in 1989. With the support of the Department of Health, the first funding to actually provide care to an adult population was awarded last year. A medical director was recently hired and Waimanalo Health Center plans on seeing their first clients next week. The Department is hoping to transfer all medical services to the new clinic by September of this year.

Just think all this excitement and final success started with your planning process and community survey (Fuddy, 1992).
The success of Hawaii Health Decisions '85, seven years after the Televote was completed, is quite remarkable, given the widespread cynicism of the public which seems to contend that bureaucracies give no concern for opinions of the common man.

Significance of the Research

Televote, as used by the state of Hawaii's Department of Health in the conduct of Hawaii Health Decisions '83 and Hawaii Health Decisions '85 to elicit public participation in important public health issues clearly demonstrated the utilization of the Televote methodology within a bureaucratic environment to improve communications and decision-making between bureaucrats and the general public. The significance of the research presented can be summed up by seven key points:

1. general public involved in decision-making on important public issues
2. shared decision-making opportunities with a sense of commitment on the part of bureaucrats as an outcome of the Televote process
3. on-going endeavor of a bureaucratic agency to commit future resources to the implementation of additional Televotes
4. "Participatory Bureaucrats" (Director of Health) willing to take a risk in the utilization of new methods of increasing community participation in governmental decision-making
5. participation of program staff (physicians, nurses, social workers, clerks, etc.) in the Hawaii Health Decisions 1983 and 1985 series Televotes

6. deferred outcome success of Hawaii Health Decisions '85 in Waimanalo, Hawaii

7. cooperative opportunities of bureaucrats, academics, professional survey researchers, and the general public in the Televote process

The Future of Televote within American Bureaucracies

In chapters one and two, it was noted that there have been efforts to challenge mainstream American representative democracy and the bureaucratic responses of public administration. The likelihood of massive or immediate changes in the American brand of representative democracy and in the response of public bureaucrats to the existing conduct of government business is very small. What can be expected are occasional experiments (such as Televote) by bureaucracies in citizen-participation administrative decision-making.

Changes are taking place within the bureaucracy system. Earlier a note was made of the generally held belief that politicians and bureaucrats are only beholden to special interests and power elites. Citizens remain convinced that government officials are only interested in their own well-being or that of their agency. All this is nothing new. It
is the scale of the existing "issue networks" that many citizens find so disturbing.

Clearly, special interest and power broker alliances are the norms of bureaucratic behavior. As a result, the general public has had little, if any, say about the main problems in our nation. Such persistent behavior by bureaucracies severely limits the opportunities for the public to participate in the decision-making process of government.

The solution, however, is not to simply throw out the existing system and replace it with one more democratic. The choice of reform would be to complement the existing representative system. The objective is to realign liberal democracy toward political community and participatory engagement, not to destroy its virtues along with its defects. The American system survives by evolving and by adding new institutional layers that conform to the contours of a historically tested practice even as they alter the system. In the words of Benjamin Barber:

Let us experiment with neighborhood assemblies ... with local participation in neighborhood common work ... speaks a language liberal democrats can respect even when they disagree with its recommendations. The ... democrat who says 'Let us tear down our oligarchic representative institutions and shove aside the prodding constitutional safeguards that mire the sovereign
people in a swamp of checks and balances from which no common action can ever emerge,' subverts his democratic faith in the rush to achieve his democratic goals. ... democracy is a complementary strategy that adds without removing and reorients without distorting (Barber, 1984: 308-9).

The Televote process and its application within a bureaucratic setting has helped to change the way some bureaucrats do business. Hawaii Health Decisions '83 and the two Televotes conducted as Hawaii Health Decisions '85 were success stories in the promotion of citizen participation in the decision-making process of government. As a result of a willingness to take a chance with public involvement in the management of the Waimanalo Health Clinic, the Director of Health was able to foster a new level of trust between the citizens of Waimanalo and the bureaucrats who "ran the system."

The residents of Waimanalo and the bureaucrats of the Department of Health both came away from this experience as winners. The Waimanalo residents gained a new sense of control over their community. The changes in the Waimanalo Health Clinic will eventually provide the community many beneficial health care services; this is the result of the public being informed of possible alternatives and being given the opportunity to voice their opinions.
The bureaucracy, likewise, was provided with substantial evidence that citizens, when given adequate information about important issues facing their community, can respond to public leaders with sound solutions that not only make sense but will be supported by the community.

Institutionalizing Televote Neutrality

It has been emphasized throughout this research that the close association of bureaucrats with interest groups and power elites dominates the actions of bureaucracies. How, then, can we expect these same bureaucrats to act with greater understanding and openness toward such Televote projects as Hawaii Health Decisions?

This researcher believes that Televote contains a number of safeguards to reduce manipulation and control by those wishing to obtain certain results. First, while Televotes such as Hawaii Health Decisions '83 and '85 were conducted with state sanction (the state emblem was displayed clearly on the facepage to help give the participant direct assurance that the Hawaii Health Decisions series was sanctioned by the State of Hawaii), the Hawaii Health Decisions series also included university professors, students, and review by leading public opinion polling experts. This collective arrangement between bureaucrats,
academia, and the private sector must continue. Slaton, addressing similar concerns with Televote and Electronic Town Meetings, notes:

Our method of review from diverse individuals and inspection from professional survey firms helps uncover most biases that may influence the results of the televote. In addition, the work of academics is subject to a high level of professional critical scrutiny.... This does not guarantee that bias may not creep in ... The necessity, then, is that academics, critics, and outside observers must keep a keen eye on projects designed to educate and involve the public and hold them to a high level of objectivity and impartiality (Slaton, 1992; 200).

Only through the continued implementation of Televote like activities within bureaucratic settings will governmental agencies gain the trust of the public.

Objects For Future Research

Hawaii Health Decisions '83 raises two important issues that invite future research.

1. Demographics and validity.

Pollsters and their clients must be concerned with how well the samples of respondents represent the universe from which they were drawn. The tables of demographics, then, become a measure of the validity of
the survey. The more closely the percentages of various sub-groups in the survey conform to their actual numbers in their populations, the better the survey and the more useful the results.

Hawaii Health Decisions '83 was under-represented with younger participants. This is not unusual. Many public opinion researchers have asserted that young adults are less likely to be interested in participating in a public opinion poll than older adults.

Respondents seem better educated than the general population. In recent years, researchers have observed that better educated citizens are more likely to participate in public opinion polls than their lower educated neighbors.

Researchers have found that some respondents to public polls exaggerate their income levels. Perhaps this partially accounts for another phenomenon: lower-income citizens are less likely to participate in public opinion surveys.

In the case of Hawaii Health Decisions '83, Filipino and Japanese were under-represented while Caucasians
were over-represented. Many public opinion researchers believe Caucasians are usually over-represented because they have less fear of data collection studies. It is interesting to note that the ethnic representation issues were handled well by Hawaii Health Decisions '85 (HHD-3, The Waimanalo Health Clinic), which made a number of Hawaiian staff members available to talk to the potential participants.

Researchers need to continue the study of Televote demographic information. Why certain ethnic groups are under-represented needs to be studied to find solutions that will improve the participation of under-represented ethnic groups in the affairs of government.

2. Bureaucrats and their values.

Although Hawaii Health Decisions '83 was supported by the Director of Health, it would be difficult to claim the cooperation of the Director of Health as a measure of the organizational "buy-in" to Televote. The director's endorsement may simply mean that lower-level bureaucrats provide support as a result of mandated cooperation.
Inquiry into the acceptance of Televote by bureaucrats at all levels of the department of health may yield important information about the bureaucrats involved in the Televote. Such information may well contribute to the understanding of the individual bureaucrats' values about general change within the organization. And it may provide a better understanding of individual and agency concerns that may support or hinder bureaucratic changes that may be perceived as threatening the existing "issue networks" that are a major force in bureaucratic behavior.

Values are not simple notions, but rather unfold into a multitude of different conceptions and interpretations. An open discourse about values among bureaucrats is required if we are not to fall into policymaking by slogan and highly subjective definitions of public policy.
The collection of demographic data from all participants was an important element in measuring the representativeness of statewide participation in Hawaii Health Decisions '83.

The demographics of Hawaii Health Decisions '83 were compared with published sources in the following areas:

<table>
<thead>
<tr>
<th>Age</th>
<th>Education</th>
<th>Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household</td>
<td>Sex</td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Age Data**

The age data obtained from HHD'83 were compared with data available from published sources. A comparison could not directly be made between published information and the data obtained in Hawaii Health Decisions '83 (Table 10.1). The sample data represented one-hundred percent (100%) of the respondents 18 years of age and older while the published data (*The State of Hawaii DATA BOOK*) comparative population
base for persons in the same age range constitutes seventy-three percent (73%) of Hawaii's population.

An adjustment was made to the published data to make the percentage of state population eighteen years of age (18) and older equal one-hundred percent (100%) to enable comparative analysis of the survey data and published data (Table 10.2).

The findings indicate that:

1. Participants in the age ranges 18-25 were slightly underrepresented.
2. Participants in the age ranges 25-35 and 36-44 were slightly overrepresented.
3. Participants in the age range 45+ were represented as expected.

Neither the underrepresentation of persons 18-25 nor the overrepresentation of persons 25-35 and 36-44 is critical to the conclusions drawn from Hawaii Health Decisions '83.
Table 10.1

Age Data
(Un-adjusted)

<table>
<thead>
<tr>
<th>Age</th>
<th>HHD'83</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-25</td>
<td>13%</td>
<td>15%</td>
</tr>
<tr>
<td>25-35</td>
<td>32%</td>
<td>19%</td>
</tr>
<tr>
<td>36-44</td>
<td>23%</td>
<td>12%</td>
</tr>
<tr>
<td>45-54</td>
<td>14%</td>
<td>10%</td>
</tr>
<tr>
<td>55-64</td>
<td>12%</td>
<td>9%</td>
</tr>
<tr>
<td>&gt;65</td>
<td>6%</td>
<td>8%</td>
</tr>
</tbody>
</table>

73%  

(THE STATE OF HAWAII, 1983: 35)

Table 10.2

Age Data
(Adjusted)

<table>
<thead>
<tr>
<th>Age</th>
<th>HHD'83</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-25</td>
<td>13%</td>
<td>20%</td>
</tr>
<tr>
<td>25-35</td>
<td>32%</td>
<td>26%</td>
</tr>
<tr>
<td>36-44</td>
<td>23%</td>
<td>16%</td>
</tr>
<tr>
<td>45-54</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>55-64</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td>&gt;65</td>
<td>6%</td>
<td>11%</td>
</tr>
</tbody>
</table>

100% 99%

Education Data

Education attainment data was also collected for comparative evaluation (Table 11.1). Since the available state data resource indices do not classify education attainment in the same way as used in HHD'83 (State data does not distinguish between business/trade school education and other forms of
higher education), the only comparison that could be made was by percentage of high school graduates.

The comparative findings of HHD'83 and the State data source are noted in Table 11.2.

<table>
<thead>
<tr>
<th>Level of Education</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;High School</td>
<td>4%</td>
</tr>
<tr>
<td>High School</td>
<td>22%</td>
</tr>
<tr>
<td>Business/Trade</td>
<td>13%</td>
</tr>
<tr>
<td>School</td>
<td></td>
</tr>
<tr>
<td>Some College</td>
<td>30%</td>
</tr>
<tr>
<td>4 Year College</td>
<td></td>
</tr>
<tr>
<td>or more</td>
<td>29%</td>
</tr>
</tbody>
</table>

Table 11.2
Comparative Demographics
By: Education Levels of HHD Participants as compared to State of Hawaii Data

<table>
<thead>
<tr>
<th>Level of Education</th>
<th>HHD'83</th>
<th>STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
<td>22%</td>
<td>74%</td>
</tr>
<tr>
<td>Some College</td>
<td>30%</td>
<td>NA</td>
</tr>
<tr>
<td>4 Year College</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or more</td>
<td>29%</td>
<td>NA</td>
</tr>
</tbody>
</table>

(The State of Hawaii, 1983: 113)
The table of simple random samples (Table 12.1) indicates that the acceptable participant response rate is \( N = 384 \). While that in itself is generally satisfactory, it is important to ascertain the participant level by ethnicity to ensure that the sample obtained is representative.

Table 12.1

<table>
<thead>
<tr>
<th>Confidence Levels</th>
<th>Tolerated 95 samples</th>
<th>99 samples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Error</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1%</td>
<td>16,587</td>
<td>9,604</td>
</tr>
<tr>
<td>2%</td>
<td>4,147</td>
<td>2,401</td>
</tr>
<tr>
<td>3%</td>
<td>1,843</td>
<td>1,067</td>
</tr>
<tr>
<td>4%</td>
<td>1,037</td>
<td>600</td>
</tr>
<tr>
<td>5%</td>
<td>663</td>
<td>384</td>
</tr>
<tr>
<td>6%</td>
<td>461</td>
<td>267</td>
</tr>
<tr>
<td>7%</td>
<td>339</td>
<td>196</td>
</tr>
</tbody>
</table>

The selected ethnic data presented in table 13.1 was compared with three information sources:

- Hawaii Data Book
- Health Surveillance Data
- U.S. Bureau of the Census

The findings indicate a substantial amount of consistency between Hawaii Health Decisions '83 and the comparative source documents. The percentages for specific ethnic
classifications and the summary percentages of Hawaii's population tend to be consistent.

Table 13.1 presents the comparative ethnicity data.

Table 13.1
Demographics
By: Selected Ethnicity Of Respondents

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chinese</td>
<td>5%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>40%</td>
</tr>
<tr>
<td>Japanese</td>
<td>19%</td>
</tr>
<tr>
<td>Filipino</td>
<td>8%</td>
</tr>
<tr>
<td>Black American</td>
<td>3.4%</td>
</tr>
<tr>
<td>Hawaiian/Part Hawaiian</td>
<td>12%</td>
</tr>
<tr>
<td>Korean</td>
<td>1%</td>
</tr>
</tbody>
</table>
Table 13.2
Selected Comparative Demographics
By: Percent

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>U.S. CENSUS BUREAU</th>
<th>HHD'83</th>
<th>HAWAII HEALTH SURVEILLANCE</th>
<th>STATE DATA BOOK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>2%</td>
<td>3%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>33%</td>
<td>40%</td>
<td>23%</td>
<td>34%</td>
</tr>
<tr>
<td>Chinese</td>
<td>6%</td>
<td>5%</td>
<td>4%</td>
<td>6%</td>
</tr>
<tr>
<td>Filipino</td>
<td>14%</td>
<td>8%</td>
<td>12%</td>
<td>14%</td>
</tr>
<tr>
<td>Hawaiian</td>
<td>12%</td>
<td>12%</td>
<td>18%</td>
<td>12%</td>
</tr>
<tr>
<td>Japanese</td>
<td>25%</td>
<td>19%</td>
<td>22%</td>
<td>25%</td>
</tr>
<tr>
<td>Korean</td>
<td>2%</td>
<td>1%</td>
<td>2%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Percent total population 94% 88% 82% 94%

(U.S. Bureau of the Census of Population and Housing, 1980)
(THE STATE OF HAWAII, 1983: 40-41)

Household Income Data

Household income data was collected to compare with published sources. The findings based on household income and family income clearly indicate that the data obtained from Hawaii Health Decisions '83 is representative of Hawaii's household and families income data.
Table 14.1 presents the findings of HHD'83 and table 14.2 compares the findings with state-wide data.

### Table 14.1
Demographics
By: Household Income

<table>
<thead>
<tr>
<th>Income</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;$10,000</td>
<td>13%</td>
</tr>
<tr>
<td>$10,000-$20,000</td>
<td>30%</td>
</tr>
<tr>
<td>$20,000-$30,000</td>
<td>21%</td>
</tr>
<tr>
<td>$30,000-$50,000</td>
<td>24%</td>
</tr>
<tr>
<td>$50,000-$100,000</td>
<td>6%</td>
</tr>
<tr>
<td>&gt;$100,000</td>
<td>.7%</td>
</tr>
</tbody>
</table>

### Table 14.2
Comparative Demographics
By: Percent

<table>
<thead>
<tr>
<th>Income Level</th>
<th>STATE DATA (Household) Percent</th>
<th>HHD'83 Household Percent</th>
<th>STATE DATA (Families) Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;$10,000-$20,000</td>
<td>49%</td>
<td>43%</td>
<td>43%</td>
</tr>
<tr>
<td>$20,000-$50,000</td>
<td>43%</td>
<td>45%</td>
<td>48%</td>
</tr>
<tr>
<td>$50,000&gt;</td>
<td>8%</td>
<td>7%</td>
<td>9%</td>
</tr>
</tbody>
</table>

(The State of Hawaii, 1983: 348)
Project Costs: Hawaii Health Decisions '83

DIRECT COSTS

Consultant
Admin. Assist.
Artist
  Sub-total $4,460
Supplies
  Sub-total $1,199
  Total Direct Costs $5,659

IN-KIND COSTS

Staff
  Sub-total $7,731
Supplies
  Sub-total $916
  Total In-Kind Costs $8,647

OTHER INDIRECT COSTS

Students
  Sub-total $7,680
  Total Other Costs $7,680

Total Direct Cost
Of Hawaii Health Decisions '83 $5,659

Total Cost of Hawaii Health Decisions '83 Including In-kind and Other Costs $16,327

Total direct and Indirect/other Costs $21,986
Hawaii Health Decisions '83 Questionnaire
(15% Reduction)
General Health Problems of Young People  
Adolescent Pregnancy  
Adoption  
Parental Skills  

**HOW HAWAII HEALTH DECISIONS '83 WORKS**

As we told you on the telephone, we would like you to read through this pamphlet. That should take around 20 minutes or so. Then think about it. Talk about it with your friends, family, and the folks at work.

Finally, when you are ready, fill in HAWAII HEALTH DECISIONS '83. We will call you on the telephone when you told LIS to call:

<table>
<thead>
<tr>
<th>DAY</th>
<th>DATE</th>
<th>TIME AM/PM</th>
</tr>
</thead>
</table>

**REMEMBER: Your answers will be completely confidential and used for statistical purposes only.**

**HOW OFTEN HAVE YOU HEARD THESE KINDS OF COMMENTS FROM YOUNG PEOPLE?**

- "The other kids use drugs... not me."
- "I can't tell them I'm pregnant."
- "To get help... they told me I needed permission from my parents."
- "Why should I finish high school... I can get a good job now."

The years 12-17 are a difficult time. As concerned adults, what can we do to help them? How can we best help them make the right decisions? What programs are available or should be available in our community to help us understand and help our young people? What is more, who should provide the services?

There are 4 areas of services for Hawaii's young people that we want your opinions on:

- General Health Problems of Young People
- Adolescent Pregnancy
- Adoption
- Community Health Organizations
Here are some interesting national facts for your information. We hope they get you thinking about your friends, your co-workers and the like. We encourage you to share these with them.

**GENERAL HEALTH CONCERNS OF YOUNG PEOPLE**

Here are some concerns about American young people:

<table>
<thead>
<tr>
<th>Concern</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death Rates</td>
<td>Although death rates for all other age groups have gone down steadily since 1900, death rates for adolescents and young adults ages 15-24 have actually gone up since 1960, largely as a result of accidents, homicide, and suicide.</td>
</tr>
<tr>
<td>Child Abuse</td>
<td>Up to 1 million children each year in the United States are the victims of child abuse and neglect. Between 2,000 and 5,000 die annually at the hands of their parents or caretakers.</td>
</tr>
<tr>
<td>Use of Alcohol</td>
<td>The number of American high school seniors reporting alcohol use has climbed steadily over the past several years.</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>In the United States, as the number of young men smoking has declined there has been an increase in the smoking habits of young people.</td>
</tr>
</tbody>
</table>

**TEENAGE PREGNANCY**

Here are some concerns faced by American teenage women who get pregnant:

<table>
<thead>
<tr>
<th>Concern</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dropping Out of School</td>
<td>Many teenage parents finish high school; some even get to college. But the majority of them, especially young mothers, never get a high school diploma.</td>
</tr>
<tr>
<td>Infant Deaths</td>
<td>The chance of death for babies born to teenage mothers is nearly twice that of babies born to mothers in their 20s.</td>
</tr>
<tr>
<td>Sex Education</td>
<td>Sexual activity among teenagers is common and lack of information can lead to unwanted pregnancies.</td>
</tr>
</tbody>
</table>

**WHO SHOULD PROVIDE THE SERVICES?**

Now that you have told us what you think are the important problems, we would like to know who should take charge of treating these problems in the future. Here are some "Pro" and "Con" arguments:

<table>
<thead>
<tr>
<th>Perspective</th>
<th>Pro</th>
<th>Con</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>The State should see that we are healthy!</td>
<td>Too much Government in our lives today!</td>
</tr>
<tr>
<td>Government &amp; Community</td>
<td>The State gives volunteer agencies money so they will keep their programs available to the public.</td>
<td>Taxpayers have less control over how their money is spent and who spends it.</td>
</tr>
<tr>
<td>Service Agencies</td>
<td>Volunteer agencies are more responsive to the real health needs of the community.</td>
<td>Too much time is spent seeking funds rather than providing services.</td>
</tr>
<tr>
<td>Partners</td>
<td>The family must decide what's best.</td>
<td>Some health concerns are more than the family can handle.</td>
</tr>
</tbody>
</table>

Government & Community

Service Agencies As Partners

Community Service Agencies

Family

The family must take care of the health of its children. It's what the family thinks is important that counts.

Death Rates

Child Abuse

Use of Alcohol

Cigarettes

Follow my "Pro"

(Circle #1 for

General Health Problems of Young People

Death Rates

Child Abuse

Use of Alcohol

Cigarettes

Teenage Pregnancy

Dropping Out

Infant Deaths

Sex Education
We hope they get you into thinking and talking about these issues with your family, and the like. We greatly appreciate your opinion.

As stated above these are national problems. They may or may not be problems in Hawaii. "What do you Think?"

<table>
<thead>
<tr>
<th>Problem</th>
<th>No Problem</th>
<th>Not Serious</th>
<th>Serious</th>
<th>Very Serious</th>
<th>Don't Know</th>
<th>How Important?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death Rates</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of Alcohol</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cigarettes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Follow my "footprints". What do you think are the 2 most important general problems among Hawaii's young people? (Circle #1 for the most important and #2 for the second most important.)

Follow my "footprints". Tell us what you think is the #1 problem in Hawaii. (Circle one of the above for your decision.)

ow who should handles:

Government

INSTRUCTIONS: In the spaces provided below, place a check (✓) in the box to the right of each problem. This will tell us who you think should be primarily responsible for helping in this problem.

REMEMBER, ONLY ONE CHECK (✓) FOR EACH ITEM.
ADULTHOOD
96% of unmarried teenagers keep their children. However, this frequently causes great difficulties for them and their children. The other 4% allow their children to be legally adopted or placed with family or friends.

Why do you think so many single teenage mothers keep their children? Check as many as you want.

A Family willing to support child  
B Family against adoption  
C Her religious beliefs  
D Her cultural values  
E Her emotional attachment to child

How important?

A Raising the child herself  
B Marry the father  
C Get family to raise the child

How important?

Suppose an unmarried teenager close to you becomes pregnant and asked for your advice. What would you recommend?

A Raise the child herself  
B Marry the father  
C Get family to raise the child

How important?

Follow my "footprints." Please tell us what you think are the two main reasons unmarried teenage mothers do not put their children up for adoption (Circle #1 for the most important and #2 for the second most important).

WHAT ABOUT COMMUNITY HEALTH ORGANIZATIONS?
Community health organizations could be set up by the State in local communities. They would train local volunteers to cope with the problems we discussed above. The citizen volunteers would then deal with these problems locally and not other local citizens.

A Few background questions; your answers will be completely confidential and are for statistical purposes only.

- What do you think are the two main reasons the State should provide to help set up such community health organizations? (Circle #1 for the one you think is most important. #2 for the one you think is second most important. If you are not certain, you may check both boxes.)

B Demographics
A few background questions; your answers will be completely confidential and are for statistical purposes only.

- Which of the following categories includes your age?

  A Under 25  
  B 25 to 35  
  C 35 to 44  
  D 45 to 54  
  E 55 to 64  
  F 65 or more

- Level of education

  A Less than High School  
  B High School  
  C Some College (Include community college)  
  D 4 Year College Graduate/Students/Masters or Doctorate Degree

- What ethnic background do you identify with?

  A African-American  
  B Caucasian  
  C Native American  
  D Hispanic/Latino  
  E Other

- What is your household income level?

  A $10,000 and less  
  B $10,000-$20,000  
  C $20,000-$30,000  
  D $30,000-$50,000  
  E $50,000-$100,000  
  F $100,000 and over
Hawaii Health Decisions '85 Questionnaire - HHD-2
(15% Reduction)
What if a child is very sick — and for some reason the parents cannot or will not get medical help for that child? Such things happen. Young children who may have become healthy, active adults face a lifetime of illness or handicap. Can the state do anything to help that child? Should the state government stay out of it and leave the matter entirely in the hands of the family?

As we told you on the phone, we'd like you to read this Televote. Think about it. Talk about it with your family, friends, co-workers. Then fill in your opinions. Then, we'll call you on the phone when you told us you'd be home. We'll also send you the results of this poll, if you want. And we promise to take your opinions and ideas into our thinking about what to do about this important problem.

We'll be calling you on ____________________________
at __________ AM PM

YOUR ID NUMBER IS HHD-2 ____________________________
DID YOU KNOW?

In the United States, 13% (or 29 million Americans) live in poverty. But 22% of all children belong to families that live below the poverty line.

In Hawaii, about 1%-4% of all children are reported to be born with a birth defect of one kind or another. Yet some of these children receive no medical care for these serious problems.

Some countries and states have tried to protect the health of children by giving them support, protection and “rights.”

Japan (1951) and the United Nations (1966) have both enacted “Children’s Charters” which say that every child has the right to basic nourishment, housing, and clothing and should be protected against disease and injury. Also, any child who is mentally or physically handicapped should have the right to basic medical care, education and protection.

The U.S. government, in the Social Security Act of 1935, supports state programs that give care and service — including diagnosis and hospital stays — to crippled children.

Hawaii set up a state program that locates and helps crippled children by giving them medical, surgical or corrective care.

Now that nations and states have said that children have a “right” to a healthy life, what can they actually do to make sure that happens? Are governments willing to pay for enforcing these rights? Should our state government pay to insure the health of sick or crippled children?

And what happens if the parents of a seriously ill or crippled child do not try to get their child taken care of? What if a concerned friend or uncle calls the state and reports the parent? What should we, in the Department of Health, do?

SO WHAT DO YOU THINK?

(1) Who should have the major say on what is best for a sick, crippled, or handicapped child?

- Family
- State government
- Other
- Not sure.

(2) What should state government do if needed medical care is not given to a sick, crippled or handicapped child because the parents can’t afford it?

- Nothing. It is strictly a family matter.
- Offer information or advice only.
- Pay for care if parents cannot and parents ask state to help.
- Other
- Not sure.
IAT DO YOU THINK?

(3) What should state government do if poor parents — who cannot afford needed medical care for their sick, crippled or handicapped child — refuse to accept money or help from the state?

- Nothing. It is strictly a family matter.
- Take custody of the child until she/he gets necessary care.
- Bring legal action against parents for neglecting child.
- Other __________________________
- Not sure.

(4) What should state government do if poor or middle class parents have a very sick child who needs very expensive medical treatments or surgery. The parents want to give their child the care, but can only afford a very small percent of what is needed?

- The state government should pay the rest.
- The state government should give information and advice — but should not pay for the expensive treatment.
- Nothing. It is strictly a family matter.
- Other __________________________
- Not sure.

(5) What should state government do if the parents of a sick, crippled, or handicapped child refuse to give needed medical aid to their child (because of personal or religious beliefs) — even though they have enough money to pay for such care?

- Bring criminal charges against the parents.
- Nothing. It is strictly a family matter.
- Take custody of child until he/she gets necessary care.
- Other __________________________
- Not sure.
Thank you for your opinions on these problems. Would you like us to mail the results of this survey to you?

<table>
<thead>
<tr>
<th>YES</th>
<th>25</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>26</td>
</tr>
</tbody>
</table>

In order for us to analyze the results of this survey, we need some information about you. We promise that this information will be strictly confidential and will be used for statistical purposes only. Mahalo.

**SEX:**
- Male 27
- Female 28

**Religion:**
- Catholic 73
- Protestant 74
- Jewish 75
- Buddhist 76
- Agnostic 77
- Atheist 78
- Shinto 79
- Other 80

**Political Position:**
- Very Liberal 81
- Liberal 82
- Middle-of-the-Road 83
- Conservative 84
- Very Conservative 85
- Not Sure 86
- Other 87

Any experience with very ill, crippled or handicapped child in your household?

<table>
<thead>
<tr>
<th>YES</th>
<th>88</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>89</td>
</tr>
</tbody>
</table>
Hawaii Health Decisions '85 Questionnaire - HHD-3
(15% Reduction)
What’s this Televote all about?
The Department of Health would like to know whether you want any changes at your Clinic and what you’d like to do if the U.S. government cuts funds for health care in the near future.
That’s right. So, we want your opinion. All you have to do is read what’s inside. It will take about 10 minutes of your time. Then, talk about it with your family, your friends, your neighbors.

Then, check off your opinions inside this Televote. We’ll call you back on the telephone just when you told us to, to get your opinions. And we promise to give serious thought to your answers, views, and ideas.

We’ll be calling you on the telephone
on ___________________________ at ________ AM PM
(day and date) (time)

YOUR TELEVOTE I.D. NUMBER IS HHD-3: ___________________________
SOME INFORMATION FOR YOU

Our goal is to make sure that: No child dies at birth.
No child is born with handicaps.
No child is born ill or gets sick in its first year of life.
Mothers and children get good advice and health care.

Of course, hard as we try, we cannot be perfect. But we want to keep the number of infant deaths, handicaps, and illness as low as possible and to keep the level of health among Hawaii's mothers and children as high as possible.

So, we've set up a system of programs around Hawaii to help pregnant (hapai) women, mothers and children keep healthy.

Over the years, we've done pretty well. Look at the numbers over a 20-year period for the State of Hawaii. Our figures are taken from Department of Health records.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Live Births</th>
<th>Number of Babies Born With Low Weight</th>
<th>Number of Children Who Died (1 Month to 1 Year Old)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1960</td>
<td>17,193</td>
<td>1,504 (8.7%)</td>
<td>399 (23 per 1,000)</td>
</tr>
<tr>
<td>1980</td>
<td>17,841</td>
<td>1,139 (6.4%)</td>
<td>183 (10 per 1,000)</td>
</tr>
</tbody>
</table>

We think this shows a lot of progress. Now, let's take a look at some of the same kind of information about Waimanalo. And keep in mind that we put the Health Clinic in Waimanalo in 1966.

This shows a lot of progress. Still... we believe that health care can always be improved. But, as is true with so many things in life, different people have different ideas on how to do something. So, we'd like to discuss some ideas about how we might improve the health of Waimanalo's mothers and children.

But, first, here are some facts about your Health Clinic:

Only about one-half (½) of the women and two-thirds (⅔) of Waimanalo's children use our Health Clinic. Each year, that amounts to 2,000 children, 125 pregnant (hapai) women, and 400 women for family planning.

But we spend more than 20% (¼) of our yearly budget on hospital costs outside Waimanalo. This is for 100 women to deliver their babies and for about 90 children to receive hospital care.

Some of us in the Health Department think it would be better for the health of the whole community of Waimanalo — if we put more energy and money into:

(A) Getting many more women and children to use the Waimanalo Health Clinic;
(B) Giving more and better preventive health information, advice, and education to all Waimanalo;
(C) Hiring more public nurses, speech and hearing therapists, experts on food and nutrition, and social workers — to prevent health problems from arising or from getting worse.

Right now, we get about two-thirds (⅔) of our money from the U.S. government and one-third (¼) of our money from the state government to run the Waimanalo Clinic. We'll be happy if that amount stays the same and we can improve and change our service to get more Waimanalo people to use the Clinic when the amount of money we get stays the same.

HERE ARE SOME WAYS TO DO IT

(1) Cut back on some services we already pay for — like emergency service outside Waimanalo — and use it to improve services for all of Waimanalo. We think more people can afford it.

Why spend so much on a few people — when most of them have insurance anyway? Let's keep the money in Waimanalo and use it to make a lot more mothers and kids healthier.

It's better and cheaper to prevent problems than to pay for hospitals later on.

Good idea to make some folks pay a small fee — if they can afford it. That way, more people in Waimanalo can use the clinic.

(2) Get extra money by charging a small fee to those who can afford it.

Sounds like more state help that is needed.

Yeah, by insurance — more state help that is needed.

I think if people in Waimanalo can use the clinic.

Now we'd like your view!

You think we should...

(Check One Box Only)

(A) When something works OK, don't try to fix it. So don't change anything at the Health Clinic right now.
(B) Stop paying for outside hospital and emergency services for people. Use that money for more prevention, education, and clinical services for people in Waimanalo.
(C) Must keep paying for hospital bills and emergency service outside Waimanalo — and use it to improve services for all of Waimanalo.
(D) Stop paying for outside hospital and emergency service outside Waimanalo — and use it to improve services for all of Waimanalo. We think more people can afford it.
(E) Your idea(s)
(F) Don't know
(G) Not sure
(H) Don't care

NOW WE'D LIKE YOUR VIEW!

YOU THINK WE SHOULD...
ic. We'll be happy if that amount stays the same. But how
d change our service to get more Waimanalo people to
the amount of money we get stays the same?

**SOME WAYS TO DO THAT:**

me services we already pay for — like hospitals and
he outside Waimanalo — and use it to prevent health
y by charging a small fee to those folks who can afford

Yeah, but a few people won't have any
insurance — and what happens to them? They're out of luck.

Sounds like more money to pay for
more state workers and less for medical help that is needed.

I think fees mean a lot more forms to
till out.

**WHAT ABOUT THE FUTURE?**

As you may know, the U.S. government is spending much more money
than it earns. So, they are trying to save money by cutting out many social
and health programs.

Since so much of the money that supports the Waimanalo Health Clinic
comes from the U.S. government, we are worried that this money might be
cut off in the near future and that the State of Hawaii might be hard pressed
to make up the difference.

We really don't know what will happen in the future! But, we'd like your
ideas now, and not wait for a crisis to plan for ways to keep Waimanalo's
parents and children healthy.

So here are some ideas — and some arguments for and against each:
Put one check (V) in any box you think is a good idea.
Put two checks (VV) in the box you think is the best idea.

**D LIKE YOUR VIEWS ON WHAT I THINK WE SHOULD DO**

(Click One Box Only)

**FOR:** Private hospitals will do a better job
anyway.

**AGAINST:** Private hospitals are out to make a profit
so it will be too expensive.

**FOR:** Local people can and want to learn to
take care of themselves and the commu-

**AGAINST:** It'll never work. We need experts to run
the Health Clinic and the community does
not have money.

**FOR:** It's the State's job anyway. We shouldn't
rely on the U.S. government so much.

**AGAINST:** State already has too much to do and
taxes are already too high.

**FOR:** It hasn't helped us much anyway.

**AGAINST:** Shouldn't just run out on us and leave us
without medical care.

**FOR:** Private doctors will provide better medical
care and will practice wherever they are
needed.

**AGAINST:** Doctors will practice only where they can
make a lot of money and don't really care
about us.

**NOT SURE**

Don't Know
Don't Care

**FOR:** The Health Department
should help private
hospitals to take over
the Health Clinic.

**AGAINST:** The State should help
Waimanalo set up a
community-run and
community-funded
Health Clinic.

**FOR:** The State should come
up with its own money
to run the Health Clinic
— even if it means rais-
ing taxes.

**AGAINST:** The State should
assist and help private doctors
to set up practice in
Waimanalo.

**YOUR IDEA(S)**

Put one check in any box you think is a good idea.
Put two checks (VV) in the box you think is the best idea.

(G) [ ] The Health Department
should help private
hospitals to take over
the Health Clinic.

(H) [ ] The State should help
Waimanalo set up a
community-run and
community-funded
Health Clinic.

(I) [ ] The State should come
up with its own money
to run the Health Clinic
— even if it means rais-
ing taxes.

(J) [ ] Just close it and leave.

(K) [ ] The State should assist
and help private doctors
to set up practice in
Waimanalo.

(L) [ ] Your Idea(s)

(M) [ ] Not Sure
Don't Know
Don't Care

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Thank you for your help. Would you like us to send you the results of this survey in the mail?

Yes  [ ] 14
No   [ ] 15

We would like to analyze the results of this survey, so we need some information about you. We promise this will be kept strictly confidential by us and will be used only for statistical purposes.

**SEX:**  
- Male  [ ] 16  
- Female  [ ] 17

**AGE:**  
- 18-24  [ ] 18  
- 25-34  [ ] 19  
- 35-44  [ ] 20  
- 45-54  [ ] 21  
- 55-64  [ ] 22  
- 65+  [ ] 23

**Last year of school attended:**  
- 1-7  [ ] 24  
- 8   [ ] 25  
- 9   [ ] 26  
- 10  [ ] 27  
- 11  [ ] 28  
- 12  [ ] 29  
- 13  [ ] 30  
- 14  [ ] 31  
- 15  [ ] 32  
- 16  [ ] 33  
- 17+  [ ] 34

**Ethnic Background:**  
- Caucasian  [ ] 35  
- Japanese  [ ] 36  
- Hawaiian  [ ] 37  
- Part Hawaiian  [ ] 38  
- Chinese  [ ] 39  
- Filipino  [ ] 40  
- Samoan  [ ] 41  
- Black  [ ] 42  
- Other  [ ] 43

**Household Income:**  
- Under $10,000  [ ] 43  
- $10,000-$19,999  [ ] 44  
- $20,000-$29,999  [ ] 45  
- $30,000-$39,999  [ ] 46  
- $40,000-$49,999  [ ] 47  
- $50,000-$59,999  [ ] 48  
- $60,000+  [ ] 49

**Have you or anyone in your household ever used the Waimanalo Health Clinic?**

Yes  [ ] 50
No   [ ] 51

If yes, what is your opinion about the quality of the service at the Waimanalo Health Clinic?

- Excellent  [ ] 52  
- Good   [ ] 53  
- Fair    [ ] 54  
- Poor    [ ] 55  
- Don't Know/Not sure  [ ] 56

If no, why not? Here are some reasons why people might not use the clinic. Please check the one closest to your own opinion.

- 57 Services are not for me (too old, no children, etc.).
- 58 My income is too high (ineligible).
- 59 Clinic is only open hours that I work.
- 60 It is not in a convenient location for me.
- 61 Clinic is only for poor people.
- 62 Clinic does not provide good medical care.
- 63 I prefer one family doctor.
- 64 Other
- 65 Don't Know/Not Sure

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**Mahalo Nui**

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**WATCH OUR TV PROGRAM ON OCEANIC'S CHANNEL 20, FRIDAY, JUNE 21th, 6:30-7:00 P.M. CALL IN YOUR QUESTIONS ON THE TELEVOTE. JOIN THE DISCUSSION.**

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**Human Services Television Network**

**TV production by Sean McLaughlin**

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