A MPHA Milestone Year: Minor's Consent 50th Anniversary December 1, 2021, MPHA Newsletter

This is a milestone year for MPHA! It is the 50th anniversary of the adoption of the Minor's Consent to Health Services Act of 1971 to address critical and unmet health issues of youth by the Minnesota Legislature (Minnesota Statutes 144, Section 144.341 – 144.37). To mark this significant occasion, we'd like to highlight some historical context and perspectives and to recognize the leadership roles of MPHA and its president Robert (Bob) Schwanke at that time.

The 1960s and 1970s eras were characterized by rapid changes in society. Attitudes were shifting about individual rights, family structures, human sexuality, and concerns about sexually transmitted infections, as well as widespread use of alcohol and drugs. Conversations and debates centered around earlier-held views that minors were the exclusive property of their parents. Minors desired more independence to take responsibility for their own actions and to make their own informed decisions. Simultaneously, community clinics were springing up in the Twin Cities and throughout the state to meet increased health care needs of young people.

In 1968, several MPHA members working in local health departments identified that the basic health needs of minors were not being met in a timely, effective, and confidential manner. With the support of the governing body and membership, MPHA President Robert Schwanke (photo, right; see bio below) got the ball rolling, serving as the lead point person, in what became a three-year initiative. MPHA led the process to assess and document these community health needs. Organizations such as the Minnesota Medical Association, Minnesota Nurses Association, School Nurses Association of Minnesota, Minnesota Mental Health Association, and civic, youth-serving and community groups came together under MPHA leadership and were actively engaged in drafting legislation and contacting legislators. This broad coalition proposed three separate bills (general medical care, alcohol and drugs, and conditions relating to pregnancy), and secured authors to introduce these bills into the Minnesota Legislature.

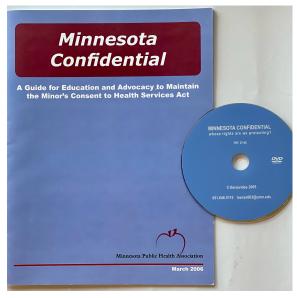


Bob Schwanke, 92, (MPHA President, 1968) at his St. Paul home, November 2021.

When these bills did not pass in the 1969 Legislature, Bob described this defeat "as hard and disappointing personally and for the coalition." But, the leadership team persisted, changing its strategy to draft a single comprehensive bill that clarified the rights and conditions that could encourage minors to seek confidential services from professionals, viewed as an easier to understand approach. At the same time, the coalition expanded to broaden and increase its reach, engaging more individuals and organizations to build constituencies to join these community-wide education and advocacy efforts. Bi-partisan bill authors signed-on to carry the

bill through the legislative session. Individuals and coalition leaders communicated directly with their respective legislative representative, (e.g., face-to-face visits, newspaper coverage, letters of support) along with coordinating testimony before key committees.

The proposed minor's consent legislation was successfully championed, with broad bi-partisan support, to became state law in May 1971. This statute and its community engagement process soon became a model across the country. In reflecting on those things that contributed to this successful effort, Bob emphasized "the value and importance of establishing diverse connections and maintaining working relationships. These are valuable tools to keep in the health professional toolbox and to use regularly."



Minnesota Confidential: A Guide for Education and Advocacy to Maintain the Minor's Consent to Health Services Act, March 2006 guide and accompanying DVD.

MPHA first defended attempts by the Minnesota Legislature to repeal or amend the Minor's Consent law in the mid-70s. In the early 2000s, additional legislative attempts to eliminate the minor's right to give effective legal consent for accessing health services re-emerged. Policy debates focused on the roles of parental control and authority. During this time, MPHA initiated Minnesota Confidential¹ under the leadership of MPHA Past President Ellen Benavides to advocate for maintaining the intent and integrity of the Minor's Consent law while holding and facilitating respectful conversations. For more information on Minor's Consent, this guide can serve as a helpful resource, along with the MPHA archives at the University of Minnesota Social Welfare History Library.

The Minor's Consent landmark legislation laid the groundwork to transform public health for the next 50 years. For the first time, young people had the right to access health services independently and confidentially. There are countless stories about the relief, safety, and removal of burden young people express when they learn about Minor's Consent. It takes a of lot courage for a young person to access health services independently, much more so when it comes to sexual and reproductive health. As current MPHA president-elect Ellen Saliares and her colleague Holly Leppanen of the Annex Teen Clinic share, "we are so grateful to have organizations like MPHA working hard to ensure Minnesota has systems in place to support young people in our community and advance community health".

MPHA will continue to defend the intent and integrity of the Minor's Consent law!

¹ <u>Minnesota Confidential</u> A Guide for Education and Advocacy to Maintain the Minor's Consent to Health Services Act, Minnesota Public Health Association, March 2006

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About Bob Schwanke



Phyllis and Bob Schwanke at their St. Paul home, November 2021.

Robert (Bob) Schwanke has enjoyed a long, fulfilling, inspiring, and productive career in public health, spanning over 37 years. He has an impressive record of service, teaching and mentoring, and scholarship. Some highlights and accomplishments are presented as follows.

As a graduate of the University of Minnesota School of Public Health (SPH), Bob retired from SPH in 1992 having served for over 25 years in the roles of Assistant Dean and Director of new public health academic programs (Interdisciplinary Studies, Alcohol and Drug Counselor Education, and dual degree of Masters of Social Work (MSW-MPH). Bob also taught or co-taught cutting-edge courses to address new emerging public health issues (e.g., human sexuality, multi-disciplinary teams and experiential field work and practicums, and philosophical and conceptual basis of public

health). He has mentored many students, maintaining contact for many years. SPH currently recognizes Bob as Associate Professor Emeritus.

Bob began his public health work in health education at the Minnesota Department of Health in the mid-1950s. An early assignment was to plan and implement annual meeting conferences of the Minnesota Public Health Association (MPHA), leading him to continue serving the Association in numerous leadership roles (President in 1968), committee chairperson, and special projects. Among his primary accomplishments was his role as the driving-force for the three-year project to bring into reality the adoption of the Minor's Consent to Access Health Services statute by the Minnesota legislature.

In late 1959, Bob became Director of Education for Sister Elizabeth Kenny Institute along with Educational Advisor to the American Rehabilitation Foundation. He then joined the Minnesota Society for Crippled Children (now Courage Center) to lead the five-year Architectural Barriers Educational Research Project to improve accessibility for physically challenged persons. This statewide program included research accessibility to increase awareness among planners, architects, builders, public officials, legislators and the general public, and to secure passage of a law requiring accessibility in public buildings, the nation's first state law. He also produced a 22-minute film that was distributed worldwide.

Bob has filled his last 30 years of retirement by remaining active in public health and community circles. He has been involved with MPHA projects and initiatives, served on community advisory groups, participated in faith community activities, and continues to consult with individuals and groups on public health policy and program issues.