



Health is often a secondary public policy issue at the state level. The time has come to elevate physical and mental health as a primary public policy issue in Oklahoma

The State of Oklahoma Health

Findings of the 2002 Annual
Oklahoma Academy Town Hall

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The Oklahoma Academy
STATE OF OKLAHOMA HEALTH
2002 TOWN HALL FINDINGS
INTRODUCTION

An organizing principle of the Academy's Town Hall focus on HEALTH was the universal knowledge that education level, earnings potential and health are interrelated and interdependent. We are aware of the education levels, earnings ratios and health status of Oklahomans, and we note that all three are below the national average. With this in mind the Academy pressed forward to discuss and recommend how the health of Oklahomans can be improved within these realities.

Health is often a secondary public policy issue at the state level. The time has come to elevate physical and mental health as a primary public policy issue in Oklahoma because:

- *Health is fundamental to quality of life*
- *Health is fundamental to a productive workforce and economic well-being*
- *Access to health care is largely dependent on ability to pay*
- *It is the right thing to do*

Too many Oklahomans are uninsured, most of whom are working adults. Too many Oklahomans die prematurely. Too many Oklahomans smoke, are obese, do not exercise, do not wear seat belts, and abuse drugs or alcohol. All of these are significant risk factors for heart disease, stroke, cancer, and significant injuries with resultant disabilities. It is true that many people who do practice good health habits will become ill or injured. But changing behavior could lessen much of the illness burden borne by Oklahomans.

Advances in medical science have resulted in more people being helped but with higher costs. Many improvements, however, have led to decreased costs *and* an improved quality of life. For instance, today's vaccines are not only more effective; new drugs keep people out of hospitals and prevent significant complications of disease; and the ability to prevent injuries is increasing.

Additionally, we are recognizing the adverse impacts of untreated mental health and substance abuse on all sectors of our society, not the least of which is the workplace. Untreated mental illnesses are a leading cost of lost productivity and days lost from productive work. On the other hand, new and advanced treatments are emerging that should dramatically improve treatment outcomes and reduce stigma.

We are moving towards a health care system that is doing more everyday to both treat and prevent illness. The question is, can we convince ourselves to do all that we can and should do to improve our individual and collective health?

It is the goal of the Oklahoma Academy's 2002 Town Hall to help Oklahomans take big and important steps in that direction.

MAJOR RECOMMENDATIONS FROM 2002 TOWN HALL PROCEEDINGS

“The State of Oklahoma HEALTH”

1) Reduction of Tobacco Consumption (p.14)

Pursue responsible and effective public policy actions to reduce the overall incidence of smoking in Oklahoma, reduce tobacco use by school-age children and young adults, and to allow greater local controls over smoking issues. The Academy Town Hall recommendations include:

- 1 a) Expand the Clean Air Act to include all workplaces and indoor public places.
- 1 b) Increase penalties for sales of tobacco and alcohol to minors.
- 1 c) Permit the possibility of local regulation of tobacco use by repealing the state pre-emption laws.
- 1 d) Enact a state tobacco tax to provide funds for responsible health promotion and disease prevention programs. It is estimated that a \$1 per cigarette pack/smokeless tobacco will yield approximately \$140 - \$280 million in revenue.
- 1 e) It is critical that negotiations and agreements with Native American tribal governments be finalized in order to insure effective and equitable implementation of tobacco taxation.

2) Oklahoma Medicaid (p. 9-10)

The Academy Town Hall urges Oklahoma policymakers to develop a national model Medicaid program that meets the 21st Century needs of Oklahoma. The Academy will fully endorse, and actively support, the Oklahoma Health Care Authority idea to convert the Oklahoma Medicaid program from a “welfare” model for selected recipients to one more resembling an “insurance” model serving more low-income Oklahomans.

- 2 a) This conversion will better serve the Oklahoma taxpayer; better serve existing recipients; and allow a significant portion of Oklahoma’s 600,000 uninsured citizens (most of whom are either employed or dependents of employed persons) to purchase affordable health coverage that may be partially subsidized.
- 2 b) A restructured Medicaid program should include: flexible benefits and services; expanded and flexible eligibility; adequate provider reimbursement; appropriate cost sharing and patient responsibility; and management of Medicare and Medicaid dual qualifier patients.

3) Nutritional Standards (p. 11,14)

The Academy Town Hall believes Oklahoma should pursue a coordinated effort to elevate statewide school meal nutritional standards. Such an effort should include collaboration with the state’s universities, State Department of Education, individual school districts and private vendors. Additionally, it is recommended that legislation is reintroduced that would improve the nutritional quality of snack foods/drinks in Pre-K through 12 schools.

4) Community Health Report Cards and Healthy Cities (p.13)

The Academy Town Hall recommends the use of Healthy People 2010 indicators as a framework to create Community Health Report Cards and use the cards in certifying “healthy cities.” The Academy should serve as the convener to lay the ground work in creating the report and implementing the goal/purpose with the Department of Mental Health and Substance Abuse, the Department of Health, the Oklahoma Municipal League, councils of government, city chambers of commerce, the Oklahoma State Chamber, senior state leaders, state foundations, and insurance representatives.

5) End-of-Life Issues (p.21)

The Academy Town Hall acknowledges the increasing importance of end-of-life issues by supporting:

- 5 a) Increasing palliative care training for healthcare providers, especially pain management.
- 5 b) An examination of end-of-life laws to identify legal constraints to a competent terminally ill person’s ability to determine the form and fashion of their end of life, to simplify advance directives and “Do Not Resuscitate” (DNR) statutes and forms, and legislate a hierarchy of decision-makers for incapacitated persons without an advance directive.

- 5 c) Enactment of statutory immunity from civil liability for physicians who follow advance directives and DNR forms.
- 5 d) Creation of a central registry for advance directives and DNR orders through existing entities (such as Health Departments, tag agencies, etc.) and create a checkbox for DNR on driver's licenses.

6) Tort Reform (p. 16, 21)

The Academy Town Hall believes that tort reform is essential to reduce artificial fiscal and operational pressures of health care providers and systems. A good place to inexpensively start is the indemnification of health care professionals who volunteer their services to help the needy.

The Academy Town Hall recommends legislation limiting personal liability of health care professionals who volunteer their professional time. This may be done by the expansion of the Good Samaritan Act or including these health care professionals under the state's sovereign immunity.

This type of reform will bring better access to prescription drugs to indigent patients and greater participation of health care professionals in health-based charitable activities.

7) Mental Health (p. 16)

The Academy Town Hall believes that the major barrier to progressive mental health policy is the ongoing stigma associated with mental disorders. Additionally, the Academy believes that the proper application of new knowledge, and new therapies, can go a long way toward improving mental health care services in the state. Some actions that would create measurable and desired improvement include:

- 7 a) Create a pilot program to allocate Department of Corrections' dollars to treat substance abuse of non-violent drug offenders. Place non-violent drug offenders under a "house arrest" and state supervision. While under house arrest, the offender would receive counseling and treatment. Similar programs exist in other states and are proving effective. These programs result in ultimate cost savings from low incarceration rates, and have resulted in lower rates of recidivism. The programs should also reduce the incidence of placing young drug offenders in foster care.
- 7 b) Mental health courts have been very effective in diverting mental health patients away from incarceration and towards effective treatment. Oklahoma should continue and expand the mental health court system.
- 7 c) The State of Oklahoma should modify and enhance existing mental health parity laws that mandate health insurance parity for specified severe mental illnesses. The elimination in gaps of coverage of debilitating mental illnesses would result in continuous treatment which would increase productivity for the patient in school or in the workplace.
- 7 d) Remove any barrier that would prohibit the development of health plans whose premiums can be based upon measured individual high risk health behaviors such as tobacco use, covering both public and private employees.
- 7 e) Critically evaluate, and normalize, the financing of state-supported community mental health services for children and adults.
- 7 f) Create a coalition of state agencies to craft a dynamic public education campaign focused upon mental health and substance abuse. The campaign would be targeted towards all citizens of Oklahoma.
- 7 g) Information from economists and experts in mental health policy, along with "best practice" programs from Oklahoma and other states, needs to be reviewed to access and develop model programs that capitalize on allocation of funding by identifying effective programs that also provide cost savings.

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OKLAHOMA'S HEALTH STATUS

Background

As a state, Oklahoma experienced the fifth largest decline in health status during the 1990's. Oklahoma does not fare well when compared to the nine health indicators of the federal Healthy People 2010 program.

Question

What public policies, community actions and/or corporate practices can reverse the declines in our collective health status?

Discussion

It is fundamental to remember that “health” and “healthcare” are not the same. Good health requires broad-based healthcare services. But good health also requires prevention, education, personal responsibility, and social incentives.

Effective health education produces better health. But, too much of our health education is not effective because of its emphasis on diseases (pathology) and less on prevention in schools and community. Empowering individuals to choose healthier behavior through health education is critical. Increasing the amount of information to the public must occur in a way that effectively communicates the message through proven techniques to the target audience. The need to inform our children is important and requires a continued lifelong reinforcement. Health education should be part of the school curriculum addressing responsible behavior on such topics as obesity, exercise, sexuality education (with sensitivity to cultural and religious views), and mental illness. Education needs to empower and, utilizing state resources, boost awareness and prevention through legislative policy agenda and enforcement of existing laws dealing with such issues as seat belts, tobacco and motorcycle helmets. Further encouragement of private funding assists in accomplishing goals. There must be collective and continuous education and encouragement for everyone to adopt healthier lifestyles.

Corporate actions and involvement in health must include effective health promotion and education. The goal is improved employee health behaviors through changes in the organizational culture.

The public perception of entitlement to health care needs re-evaluation. The acceptance of personal responsibility is a key element to improving Oklahoma's health through prevention, maintenance (i.e. exercise and diet), avoiding alcohol, tobacco and drug use. Individuals must understand the actual cost of health services.

For those who have health benefit coverage, the current system somewhat resembles pre-paid healthcare. There seems to be little economic incentive to either promote healthier lifestyles or prudent use of services. Too often individuals have the expectation that they will receive any and all available treatments regardless of their ability to pay. The affordability of healthcare must come with some form of awareness regarding the cost of that care. In this country, healthcare is evolving as a de-facto “right” that is inconsistent with the escalating cost of healthcare.

An alignment of incentives and disincentives may promote good health by modifying individual behaviors. A well-designed healthcare system should utilize a rewards-based structure as well as recognizing the cost of unhealthy behavior. Economic “carrots,” incorporated both at the government and corporate levels, can provide positive reinforcements for people with healthy lifestyles. For example, employer incentives such as voluntary corporate wellness programs can provide employees with financial benefits that reward healthy behaviors. Policies promoting economic deterrence or disincentives may also be considered.

RESPONSIBILITIES FOR HEALTH

Background

Our health care “system” is internationally unique. It is characterized by pluralistic financing with a shared public and private component. Medicare is a federal program covering the elderly; Medicaid is a shared state/federal program covering only certain individuals that meet narrow qualifications; employment-based health insurance is the backbone of the private insurance systems; the uninsured depend upon a complex network of public and private support. Health care facilities are private and public. In the middle of this is the individual who must find their way depending upon their life situation. There is no clear demarcation of individual, group private and/or public responsibilities.

Question

Consider the delivery and access of personal health and health care services. What should be the fundamental responsibilities of individuals, employers/business and governments?

Discussion

Advancements in modern medicine do not come without societal costs. The critical issues are the costs of healthcare, the level of accessible and affordable healthcare, and who is going to pay for it. Many health services currently consumed do not result in measurably better health. Our nation spends dramatically more for health care than Europe and Canada, without achieving a comparable level of good health. There are many examples of solid health care investment, such as immunization, fluoridation, family planning, smoking cessation; as well as early treatment of heart illness and treatments for hypertension, mammography. However, other expenditures, such as futile end of life care, do not improve health and are a poor use of scarce resources. Early investment in preventative services could dramatically improve the poor health status of Oklahomans.

It seems to be a societal responsibility to provide a basic level of preventive healthcare services for every citizen. In some respects this is already done via public sanitation, food handling, environmental and other public health measures and standards. It is suggested that these be expanded to promote a more cost effective and efficient healthcare system.

Government

A fundamental responsibility of state government is to promote the public health. The state has assumed the role of helping to provide a basic level of personal health care services for those who cannot afford it. The public purpose for providing such services is to develop a healthier population which, in turn, leads to a more productive work force.

Government should develop more public infrastructures such as bike paths and recreational venues that promote healthier lifestyles.

Government must also expand access to the underserved, and must responsibly balance the cost and quality. A useful tool in addressing the needs of the uninsured, underinsured and underserved are state-wide community health care centers that offer after hours primary and preventive care services with sliding fee schedules that are affordable and flexible. These Centers have not been adequately pursued and developed. The sliding fee scale of those health centers requires individuals to pay for a portion of the service cost thus creating an “empowered” consumer.

Expanded access to health insurance and health care services require better ways to expand the buying power of individuals and employers. Measures to allow more effective “pooling” by smaller business ... or allowing smaller business to participate in public insurance programs ... need to be fully explored.

Governments should help create financing and health insurance programs that introduce more educated consumer choice into health care transactions. That is, creating more incentives, through such programs as flexible benefits and medical savings plans, for consumers to take an active interest in all health care purchases. A consumer-driven model of healthcare may address consumers’ choices and assist consumers in more effective and efficient allocation of healthcare benefits.

Individuals

Individuals need to assume more personal responsibility for their personal health and healthcare services demanded.

An appropriate and efficient form of healthcare cost sharing will give people the incentive to live healthier lifestyles to avoid unnecessary costs. While the government’s job is to facilitate the individuals’ choices, individuals must be willing to meet their responsibilities for shaping their health care coverage.

Employer

Rising healthcare costs, and resultant insurance premium increases, are causing employers to resist providing healthcare coverage at current levels.

Employers have a responsibility to do two things.

(1) Educate and promote to their employees the financial benefits (to the individual and to the “bottom line”) of good health, healthy lifestyles and resultant reduced costs. Employees must concurrently be educated on the costs of expected health care group plans.

(2) Employers should demand greater alternatives and choices from insurance providers not only for the company, but its employees. They should be able to purchase a policy that best fits the needs of the company and its employees.

Leadership

Leadership at all levels is critical in advancing public policy issues in Oklahoma. It is recommended that a group similar to “Task Force 2000” be established for health issues in our state.

Health Care Providers

Providers should be encouraged to use more efficient and cost-effective practice protocols based on outcome data. Professional organizations such as the State Medical Association should educate their professional constituencies on these protocols.

OKLAHOMA’S HEALTH - MEDICAID

Background

Medicaid is a federal/state program administered by the state and funded by federal and state revenues. Medicaid is a program of many faces. It covers healthy children whose families have limited incomes; newborns, children and adults with severe medical problems; pregnant women; and elders who rely on Medicaid for prescription drugs and long term care. Medicaid is also a major purchaser in the health care market.

The size and scope of the program are directly proportional to the willingness and ability of states to provide state matching dollars. As an entitlement program, Medicaid’s federal funding is open-ended. In Oklahoma, for FFY2002, the federal government matched every \$1 in state funds with \$2.40 in federal funds. Historically, Oklahoma has spent a smaller portion of the state budget on Medicaid than most other states. And the Oklahoma Medicaid program is in severe financial stress as of Fall 2002.

- Oklahoma expends over \$2.3 billion (federal and state) annually on medical services.
- Although children account for the vast majority of individuals covered by Medicaid (68 percent), the elderly and disabled account for more than two-thirds of the program expenditures.
- According to the U.S Census Bureau, Oklahoma’s 2001 uninsured rate of 18.9 percent (more than 650,000 individuals) was higher than the national average of 14 percent.
- 75 percent of Oklahoma’s uninsured individuals are between the ages of 19 to 64; these individuals, unless they are blind or disabled, are excluded from Medicaid regardless of their financial status.

Question

What fundamentals should be included in a 21st Century Medicaid program for Oklahoma?

Discussion

Health insurance contributes independently and positively to the health of both children and adults and to the receipt of appropriate preventive services, early diagnosis and care for acute and chronic conditions. However, in Oklahoma many individuals, because of their inability to financially afford or obtain health care coverage, remain uninsured due to current federal and state policies. This coupled with declining state revenues and increased Medicaid spending provides both the basis and the need for change in today's Medicaid program.

The nation's health care system is undergoing tremendous change. People are seeking realistic solutions to provide needed health care at the most reasonable cost. This is a window of opportunity created by crisis.

While reform of the system is imperative, care must be taken to not irresponsibly or inappropriately expand the program beyond the means of the state/public to pay. Additionally, while the vast majority of health care providers, beneficiaries and employers are honest and only want to be treated fairly, there are a small percentage of those who take advantage of the system. Program integrity efforts must continue which will aggressively protect the program against fraud, waste and abuse.

<Oklahoma Medicaid Recommendation>

A defining characteristic of Medicaid law has been the creation of Medicaid as a part of the welfare system. To be eligible for Medicaid, a person has had to fit into a welfare category. Notably, single individuals and childless couples (who are not aged or disabled) are not a coverable category; these persons cannot ever qualify for Medicaid regardless of how low their assets and incomes. Coupled with this barrier are the lack of abilities to structure and implement meaningful cost sharing, subsidize existing employer sponsored health care insurance, and develop flexible benefit packages beyond the "all or nothing" concept.

If Oklahoma is to move forward and improve on its overall health status, then it is imperative that we explore ways to move beyond these barriers and expand health care coverage to Oklahoma's uninsured and underinsured. Some ideas worth exploring include pursuing federal waivers and state law changes to establish a 21st Century Medicaid program which includes the following fundamental principles and elements:

- **Cost Sharing / Patient Responsibility:**
 - ✓ Use cost sharing as a tool to encourage appropriate utilization and promote personal responsibility.
 - ✓ Effectively purchase health care coverage and provide partial program financing through the use of options such as:
 - Subsidizing existing employer sponsored insurance (ESI) plans through vouchers;

- Offering buy-in arrangements for small employers; and
 - Implementing and enforcing beneficiary cost-sharing provisions.
- **Provider Reimbursement:**
 - ✓ As a major purchaser, the state must be a responsible participant in the marketplace by paying reasonable rates.
 - ✓ Revenues received through cost-sharing provisions should be re-invested in provider rates with an initial goal of making them at least equal to current Medicare rates.
 - **Benefits and Services:**
 - ✓ Develop flexible benefit packages based on medical appropriateness.
 - ✓ Eliminate the “all or nothing” approach for all Medicaid beneficiaries.
 - **Eligibility:**
 - ✓ Promote access to health care coverage, especially for persons who are uninsured or underserved by defining eligibility without regard to arbitrary welfare categories.
 - ✓ Provide coverage to additional individuals, at an added premium, thereby increasing the number of participants in the pool and spreading the risk for the system.

A reform movement away from a welfare-based system of delivering health care to an insurance-based delivery model will result in changes in law and policies. While there is a genuine need for rules, these rules should exist to help, not hinder, efforts to assist people, control costs, and ensure quality. When regulations, mandates, and paperwork obscure or even thwart the services providers are trying to give, those rules should also be reformed.

In 1965 when Medicaid was designed as a safety net program, it was easier to rationalize the categorical relationships of beneficiaries, the broader coverages, and the prohibition on most cost sharing. However, if Oklahoma is to move forward and improve on its overall health status, then it is imperative that we explore ways to make health care coverage affordable for Oklahoma’s uninsured.

CHILDREN’S HEALTH

Background

Children are incapable of providing for their own health, health care or health care insurance. They are totally reliant upon parents or guardians. The leading causes of health problems for children are behavioral and preventable with parents playing a significant role. The leading causes of infant death are related to maternal health conditions; the leading causes of death in children are unintentional injuries. The primary “health-giver” for children is the parent/family. Others play important roles. They include schools, public health departments, Medicaid providers, physicians and nurses, emergency rooms and private insurers.

Additionally, consider that much of children's health and health habits depends upon proper nutrition and physical activity. Oklahomans (including children) are getting fatter. It is a national trend. The causes are generally well known. The consequences are less well known nor well acknowledged. Additional health problems arise from teen pregnancy, alcohol, tobacco and drug use ... and poor health behaviors in general. Providing preventative and early intervention services, before youth come addicted, is critical.

Question

What set of public policies, community actions and/or corporate practices should be considered to most improve the health of the greatest number of children in Oklahoma?

Discussion

Any recommendation to improve the health of children should be implemented as early in a child's life as possible.

Oklahoma children would benefit from a new, school-based emphasis upon nutrition, physical activity, school based services, mental health, and the promotion of healthier lifestyles. It is recognized that much of the governance of schools lies at the local level. This requires a synergistic collaboration of public agencies and local school district governing bodies.

Oklahoma schools should focus on good health issues and, in particular, good health habits. Oklahoma schools should create an environment that teaches kids good healthcare habits.

<Nutritional Standards Recommendation>

Oklahoma must start by putting healthy foods in our schools. Replace the candy, soda and other high calorie vending machine snacks with more healthful snacks or eliminate vending machines altogether in schools. Oklahoma schools should provide a more nutritional lunch program, with a focus on quality and nutritional alternatives, and exclude fast-food brand marketing in the schools. Physical exercise and physical education need to be expanded in the schools' core curricula. And schools must invest resources to make physical activity a focus of kids' education.

The implementation of the above would be as follows. The State Health Department, State Department of Education (and other appropriate agencies) should consider undertaking a significant and targeted information campaign directed toward local school boards, teacher and parent organizations. The campaign should provide contemporary and compelling information re: the adverse health consequences to our children that result from junk food vendors, less than adequate school nutrition programs and the lack of meaningful physical activity among the students, and other poor lifestyle choices. Armed with this information, local school boards would then make better informed decisions concerning these issues.

There are other actions that may have merit.

Create a "certified healthy kids community" designation for qualifying Oklahoma communities. A variety of measurements may be used including an assessment of the school environment, immunization rates, etc.

Expansion of the “Safe Site” school program to include health issues; focusing on dissemination of health-related educational materials by Safe Site committees.

Oklahoma should consider expansion of the school day or school year which allows for the increase in physical education curriculum and decreases the amount of time children spend at home alone (with increased chances of injury).

School-based health care services should be formally structured and expanded. This may be facilitated by alliances with health departments, strengthening existing school health programs, employment of appropriate mid-level practitioners, etc.

Oklahoma should consider the appropriate expansion of the “scope of practice” to promote the greater use of physician assistants, nurse practitioners and other health professionals to perform many of the services presently performed by primary care physicians. This will increase the number of healthcare professionals available to provide care to children at a lower cost.

Oklahoma must promote access to community resources, particularly for those parents of “undocumented” children who do not qualify for Medicaid. In addition, Oklahoma must educate parents as to the availability of those resources, in a manner that effectively conveys the message, such as public service announcements. Part of that education should include preventive care measures such as good nutrition and issues relating to tobacco and other substance abuse. Oklahoma should also have better marketing and promotion of the regular physical and mental health screenings at schools by qualified personnel through public/private entities. An example is the Early Periodic Screening Diagnosis and Treatment Program (“EPSDT”).

The healthcare service delivery element must also be considered. If working parents cannot take time off from their job to take their children to the doctor, healthcare services need to go to the schools. Programs such as Head Start, Pre-Start and other related programs have been very successful and should be expanded. Employers should be encouraged to accommodate their employees who need time off to take their children to the doctor, as opposed to using the ER as an “after-five” clinic.

In today’s competitive business climate, it is unrealistic to believe that business, small business in particular, would consider the health of their employees’ children a priority. Given that situation, corporate Oklahoma could help by increasing technologies that may be used to give rural areas greater access to healthcare.

Corporate solutions include additional or expanded corporate sponsorship (with a renewed focus on the rural areas) of a school or school district, including mentoring programs with a specific focus on health issues.

Oklahoma should promote community-based immunization programs for children that are convenient, available, accessible and flexible. Community awareness is crucial for getting

children immunized. The immunization program should include mandatory registration, with centralized and uniform documentation.

ADULTS' HEALTH

Background

Many health problems are the consequence of poor behavioral choices by individuals. These include the abuse of alcohol and use of illegal drugs, poor nutrition, physical inactivity, tobacco abuse and more. Providing preventative and early intervention services, before adults come addicted, is critical.

Question

Discuss and develop recommended public policies, community actions and/or corporate practices that could responsibly modify personal behavior in order to improve the health of individuals and groups.

Discussion

The development of actions to encourage positive health behaviors requires an understanding and adherence to effective social marketing principles as well as a sensitivity to the limits of coercion. There are ample opportunities for the development of policy that responsibly and effectively promotes positive health behaviors.

Corporate Oklahoma

Business should focus on workplace education of employees through workplace wellness programs regarding alcohol use, drug use, tobacco use, fitness and nutrition that would carry over to the employee home environment. Business should also be encouraged to engage in greater community service to reduce unhealthy behavior.

Oklahoma could formally recognize corporations by state initiative for their efforts in encouraging healthy behavior. The state departments of health and mental health should develop models and assist corporations in modeling programs under this initiative. The state health department may also encourage local chambers of commerce and pharmaceutical companies to assist other corporations. Hospitals and their professionals need to be key components in creating and accomplishing the goals of this initiative.

<Community Health Report Cards Recommendation>

Communities

Communities must educate their citizens regarding health care, especially that group of the population unemployed or underemployed. Community healthcare report cards could be used to chart the success of communities in reducing tobacco and alcohol use. Success can be measured by such benchmarks as those set out in federal program Healthy People 2010. Funds could be allocated based on the success of communities, and successful communities can instruct other communities on improving their methods.

<Mental Health Recommendation, 7d>

Insurance/Fees

Oklahoma should study increasing the insurance rates for individuals with high-risk behavior as well as licensing fees for the sale of cigarettes in convenience stores.

<Recommendation on Tobacco Consumption>

Tobacco et al.

Oklahoma should raise taxes on tobacco products and alcohol to both limit the use of these products and raise additional funds. One panel recommended the imposition of an additional \$1 per pack excise tax on cigarettes with the proceeds to be used for such items as funding the health care costs of tobacco-related diseases. Recognizing the impediments that may exist at the legislative level, the same panel supported an initiative petition to put the issue of a cigarette tax to a vote of the people at the first available opportunity. Oklahoma should recognize that taxation is not the sole answer, as many other opportunities exist to encourage the modification of personal behaviors in order to improve health. Oklahoma should repeal the preemption language from our state's tobacco laws to permit cities and towns to enact stronger tobacco control ordinances than those that exist at the state level. The state should review existing tax incentives for worker welfare and worker benefits to insure that worker health education and wellness programs are included in these incentives. A percentage of the revenue generated by an increase in tobacco taxes could be used to offset any fiscal impact on the state budget incurred by expanding these incentives to encourage Oklahoma businesses to provide employee health and wellness education, again offset by a percentage of any revenue generated by an increase in tobacco taxes.

Oklahoma should restrict smoking in any public area. This may be accomplished by legislation, citizens not frequenting businesses that permit smoking, and volunteers engaging in community action programs aimed at the reduction of unhealthy behavior.

<Nutritional Standards Recommendation>

Nutrition

With regard to the problem of obesity, schools should change the calorie-dense school cafeteria menus and junk food vending machines with healthy alternatives. Recognizing that the loss of vending revenues and vendor incentive payments to schools will affect the schools' ability to fund many "soft" programs in the curricula, the benefits provided by those revenues should not outweigh the costs to our children's health.

<Recommendation on Tobacco Consumption>

Cessation

Oklahoma should engage in public awareness campaigns and promote effective cessation programs to reduce the incidence of tobacco and alcohol use, obesity and other unhealthy behaviors, particularly those focused on pregnant women and youth. An inter-agency task force should be created to initiate and promote these campaigns. A portion of the tobacco tax should be allocated to fund not only existing cessation programs, but new public awareness campaigns, and cessation programs that reduce sales of tobacco to minors.

Special-interest health groups, like the American Heart Association, should be asked to provide community organizations with materials and support to help disseminate this message.

The promotion of nutrition, physical activity and healthy lifestyles must also be emphasized at the community level. For example, communities should be encouraged to put in place an exercise-friendly infrastructure of walking paths, sidewalks and bike paths.

Background

The Town Hall research document suggests that employees are "industrial athletes". The implication is that economic growth is tied to productivity ... and that productivity is wedded to individual health and employment dependability. That said, Oklahoma is getting fatter ... as is the nation. The causes are generally well known. The consequences are less well known nor well acknowledged.

Question:

What practical, effective and positive public policies, community actions and/or corporate practices should be adopted to significantly improve employee health and productivity in Oklahoma? How should they be done and by who?

Discussion

Measures should be taken to promote workplace education of employees through workplace wellness programs regarding alcohol use, drug use, tobacco use, physical fitness and nutrition that would carry over to the employee home environment. Tax incentives may be offered to corporations for successful and measurable wellness programs. Programs may include bonuses, paid time off, reduction of healthcare premiums, health club dues. Any incentive program must consider the natural confluence of interest between employee productivity and employee health

Employers utilizing self-insured plans should be encouraged to provide reduced insurance costs to employees exhibiting healthy behavior. Corporations can be encouraged to partner with community groups to provide health fairs, educational programs and recreational activities. Employers should also be encouraged to use existing ergonomic standards to encourage physical activity in the workplace. Oklahoma should enhance OSHA awareness and training programs and the enforcement of OSHA and similar safety regulations to ensure employee safety.

Oklahoma state agencies and community resources should be used to educate employees and employers of the personal benefits of exercise and good nutrition. A special task force should be created to provide employers with ideas and information to use in the workplace, as there are many things that can be offered at little or no cost to employers.

The Native American population has seen a dramatic increase in diabetes and related complications, including amputations. The Native American community has taken actions promoting lifestyle changes with apparent positive results. The state (State Health Department) should investigate whether these programs can benefit the community at large.

Oklahoma is one of two states allowing for the transfer of unused nursing home medications directly to certain charity clinics. Oklahoma should promote the distribution of these unused medications from nursing homes.

<Tort Reform Recommendation>

Tort reform is an important element in helping to ensure access to needed healthcare services. Consideration should be given to placing caps on non-economic damages, and enhancing the Good Samaritan Act and expanding the state's sovereign immunity provisions, by limiting the liability of medical professionals who volunteer their professional time for care to the underserved in designated clinics and/or programs.

MENTAL HEALTH

Background

Mental health disorders are a leading cause of lost job productivity. Contemporary science recognizes that most serious mental illness has a biological (physical) cause. But too many people are either unaware or do not accept that science. Mental health advocates say that a leading barrier to better services is the stubborn stigma of mental illness. The Oklahoma legislature has recently made significant efforts to provide additional resources to public mental health programs. That said, mental health care and services have historically been a low priority within Oklahoma's public responsibilities. And children have probably been the least well-served group.

Question

What public policies, community actions and/or corporate practices can be crafted to minimize the stigma of mental illness?

<Mental Health Recommendations>

Discussion

The stigma attached to mental illness is pervasive and embedded in our culture. It is somewhat symbolic that our public health systems have separate Departments of Health and Mental Health and Substance Abuse. The more an open dialogue regarding this disease is encouraged, the more this stigma can be reduced. Oklahoma must have a concerted effort to "normalize" the way Oklahomans view mental illness and to recognize that the brain is just another organ of the body. One simple example would be to reconsider the disclosure requirement of mental illness on a person's application for a driver's license. Employers should be encouraged not to improperly focus on the fact that a person has sought mental health services.

Education

Education is the place to start. Periodic depression is the leading cause of lost productivity in the workplace. Because of the high cost of insurance and medication, many individuals experiencing the symptoms of mental illness go untreated. Mental illness education in the workplace is critical. Corporate employee assistance programs that can offer employees access to available services are not available to smaller businesses.

Education in the classroom is also critical. There must be a collaborative effort to educate our citizens regarding not only mental health but substance abuse issues, as substance abuse is an inseparable part of the mental health issue.

Medical schools should focus curriculum and provide specific training on mental illness, including child psychiatry.

Further, diversity training is helpful in raising sensitivity to the use of derogatory terms like “crazy”, “loony bins”, “kleptos”, etc.

The following additional policies and practices can be crafted to minimize the stigma of mental illness.

- A comprehensive public education program, including public service announcements, where educational material is provided by the Department of Mental Health and Substance Abuse Services, disseminated state-wide in elementary school health education classes and through trade associations.
- The public should be educated that, in many instances, mental illness is biologically based and not a personal choice. In many instances, modern medications permit those who suffer from mental illness to recover and lead productive lives. Prominent people who have been successfully treated should be encouraged to participate in a public awareness campaign regarding mental health including education on the early symptoms of stress or mental illness and where to seek assistance. Oklahoma should also implement or enhance existing screening programs to locate and assist children who may suffer from mental illness.
- State Department of Mental Health and Substance Abuse or community mental health service agencies should educate employers regarding employee counseling, workplace stress, the symptoms of brain dysfunctions and sources for assistance. Oklahoma should include employment protection to the employee who approaches an employer regarding mental health issues. Oklahoma may require the posting of mental health information in break rooms similar to minimum wage posters, etc.
- The fact that health plans treat mental illness differently from physical illness, especially with respect to prescription drugs, may propagate the stigma. Insurers should be encouraged to ensure that real parity exists in insuring mental and physical illnesses. Pharmaceutical companies should work with the Department of Mental Health and Substance Abuse Services to develop media campaigns to reduce the stigma of mental illness.
- Oklahoma should formulate a system which provides a full continuum and continuity of mental healthcare. Key impediments to providing proper mental healthcare are the caps and restrictions contained in insurance related to mental health treatment.

Question

What public policies, community actions and/or corporate practices would improve public mental health services in Oklahoma?

Discussion

Mental health services should not be limited to just addressing mental illness, but must include substance abuse and domestic violence prevention services. It is critical that additional revenues be made available for mental health services. However, Oklahoma must recognize the effective provisioning of mental health services balanced against increased healthcare costs. The single most effective way to bring resources to mental health services is to “unwelfare” the Medicaid program, which would make virtually all of recipients of Oklahoma’s mental health services eligible for Medicaid.

Better mental health services must be provided to children, as a means of initiating early diagnosis and treatment of mental illness. Teachers must be trained to recognize symptoms of childhood mental illness and begin education at the earliest ages to dispel the stigma related to mental illness. Teacher training should include issues relating to substance abuse and domestic violence. These training programs could include counselors and others, and provide suicide statistics and other hard data regarding childhood mental health to those most likely to intervene at the earliest stages of childhood depression, substance abuse and the like. Career counseling in mental health professions should also be encouraged.

Communities need to step up as well. Oklahoma should increase the number of and funding for community mental health service agencies. State-wide and community-based efforts to encourage communities to address issues of public health and mental health should be promoted.

Community summits to raise awareness of symptoms and services should be considered. These community summits would call on citizens to formulate action steps to be taken to address the mental health issues facing their respective communities.

The Turning Point program and similar programs are effective vehicles for collaborative community efforts to increase mental illness awareness and actions. These collaborative efforts should include community representatives from business, education, safety, spirituality, health, social services and volunteers. Turning Point is a philosophical approach to public health that recognizes local communities are best able to identify and address public health issues in the community.

Oklahoma should create a pilot program to allocate Department of Corrections dollars to treat substance abuse of non-violent drug offenders. The program would place non-violent offenders under a “house arrest” and state supervision. While under house arrest, the offender would receive counseling and treatment. Similar programs exist in other states. These programs result in ultimate cost savings from low incarceration rates, and have resulted in lower rates of recidivism. The programs should also reduce the incidence of placing the children of drug offenders in foster care.

The following additional policies should also be considered for improving public mental health services in Oklahoma:

<Mental Health Recommendation, 7c>

- State-mandated and enforced parity in coverage (comprehensive coverage) for mental health services (to eliminate gaps in coverage), but limited to the main clinical diagnoses.
- Community-based scholarship opportunities to subsidize mental healthcare professionals in under-served populations.

<Mental Health Recommendation, 7b>

- Fund mental health courts to provide for alternative treatment, such as out-patient treatment, of mentally ill offenders in lieu of incarceration where no mental health treatment is provided.
- Creation of one resource in state government that educates the public regarding mental health issues.
- Post-traumatic stress syndrome and accumulating stress levels are mounting factors in mental illness, substance abuse and other behavior issues. These must be addressed in treatments offered by mental health service providers.
- Ensure continuation of the clinical psychology intern program at OUHSC. Creative opportunities might exist to permit state and/or community funding of the educational costs of the internship, which could include administration/funding through the Oklahoma Physician's Manpower Training Commission. Any funding may require a period of service to the state.

SENIORS AND HEALTH

Background

The Town Hall research document includes two compelling pieces about the health of seniors. The perspective written by Mac McCrory calls for public policies to encourage and facilitate "aging in place." The other ... by Linda Edmondson ... discusses public policies as they relate to end-of-life issues. Aging in place means having public policies that encourage the elderly to live in the least restrictive environment possible. However certain Medicaid policies may not authorize less restrictive (and less expensive) environments such as various levels of assisted living ... but rather require the elderly to move to nursing homes because they are "covered". Regardless of how healthy we may be, we all face the inevitable mortality. While we cannot postpone death indefinitely, we can adopt public policies to make the end of life experience as pain-free and uncomplicated as possible. And let's remember that end-of-life issues create a unique set of stressors upon the elderly and their caregivers. Should these stressors be ignored, significant mental health issues are inevitable.

Questions

What public policies and/or community actions can we recommend to encourage "aging in place" in Oklahoma?

Discussion

Housing

Many elderly persons end up in nursing homes because their families are unable to care for them because of limited resources. Oklahoma should encourage greater use of senior living facilities which facilitate a sense of community and provide greater attention and interaction with others, thereby preventing isolation. Oklahoma should pursue flexible waivers from Medicaid to permit aging in place. Medicaid should reimburse both skilled and unskilled assistants, assisted living or even the hiring of a housekeeper. The costs of preventive healthcare should also be included in reimbursable expense under Medicaid.

One key element which allows the elderly to live in the least restrictive environment is affordable housing that can be modified for easier access to physical facilities (i.e., accessible bathtubs and showers, wider doors and hardwood floors). Programs, including the Oklahoma Main Street Program, are currently coordinating with developers to access national historic tax credits for converting historic downtown hotels into assisted living centers. This program is successfully providing elder housing in communities like Sapulpa.

Services

Part of providing an environment for aging in place includes promoting an active lifestyle for our seniors, training our seniors to use computers and other new technology, encouraging better nutrition by supporting programs like Meals on Wheels, and improving senior access to public transportation.

Aging in place offers a higher level of autonomy and independence compared to nursing homes. Oklahoma should encourage employers and community organizations to utilize the services of the elderly. Oklahoma and community organizations should plan to provide transportation assistance for the elderly so they may in turn provide those services.

Oklahoma should increase awareness and availability of respite and adult day-care services such as the Home and Community Based Waiver program, and increase the availability of in-home caregivers including nurse aides, nurses and gerontologists to further assist families who are primary caregivers for their aging relatives.

There are 75,000 Oklahomans that are dual-qualified for Medicaid and Medicare. Oklahoma should seek a federal waiver to permit the state to resolve the discrepancies that exist for these dually qualified people.

The goal of helping seniors stay healthier can be achieved by assuring a basic level of healthcare, healthcare related information, activities, and exercise available to seniors at community-based senior centers.

Oklahoma should promote the partnering of community agencies with schools, churches, businesses and healthcare providers with continuing personal contact and improved quality of life.

Question

What public policies and/or community actions can we recommend to encourage the optimum application of palliative care; and what can we do in Oklahoma to insure a more responsive statutory support system to meet end-of-life needs and desires?

Discussion

The dialogue about end-of-life decision should begin at the family level well before critical situations exist. Advanced care directives and healthcare proxies permit individuals to direct how they want to be treated in the event of certain critical end-of-life situations. Advanced care directives should be simplified and provide clear and unambiguous options.

<End of Life Issues Recommendation>

Public policy must ensure that nursing home patients are not neglected and those who are dying are not deprived of a good death. Public policy should:

- Create a statutory hierarchy of decision-makers that permits healthcare professionals and families to make end-of-life decisions for those who have not made their wishes known.
- Expand the use of palliative care not only for those dying in nursing homes, but for all those faced with life-limiting, life-threatening or terminal situations. Legislative and administrative measures are necessary to increase training in the use of palliative care for healthcare providers.

<End of Life Issues Recommendation>

Palliative care focuses on relieving or reducing symptoms of a life-limiting, life-threatening, or terminal illness. The most important part of palliative care for most people is pain management. Palliative care also addresses other physical symptoms, and psychological, social and spiritual needs. Families should be educated on pain management, fears of addiction and hospice care alternatives.

<Tort Reform Recommendation>

Tort reform should also be re-examined to protect healthcare professionals in the end-of-life context. Penalties imposed on those medical professionals who treat seniors should be relaxed so that necessary pain medication can be prescribed to make seniors' end-of-life experience as pain free and uncomplicated as possible. Physicians should receive statutory immunity from civil liability when they follow advance directives and do not resuscitate orders.

Oklahoma should foster a reliance on and provide better education for the faith-based community for assisting seniors and families in making end-of-life decisions.

Question

What additional public policies and/or community actions will result in better overall mental and physical health for our senior citizens?

Discussion

Additional policies and actions resulting in better overall mental and physical health for seniors include:

- Greater access to seniors and caregivers regarding special assistance services must be made. The Areawide Aging Agencies provide an excellent catalog of those services, which should be made available for wider dissemination through the media
- Employers and insurance companies should permit a broader definition of the term “dependent” to permit adult children to include their parents in benefits available to dependents. Economic incentives should be considered for adult children to care for senior parents.
- Seniors should have prescription drug benefits available through Medicare to allow them affordable access to necessary drugs. However, Oklahoma should move with caution toward a publicly funded prescription drug benefit to ensure maximizing costs and benefits.
- Encourage expanding available, needed services like primary care physicians screening for depression.
- Encourage and support expansion of the “Parish Nurse” and similar programs that assist senior citizens.
- Encourage, support and assist senior citizens access to the internet to keep them engaged and to assist them in locating medical, guardianship, caretaker or other international resources.
- Educate senior citizens on normal age-related physical and mental symptoms including Alzheimer’s.
- Encourage volunteerism by retired physicians to visit senior citizens and keep them engaged in society.
- Initiate a “this is your village” campaign that provides community organizations and others with recommendations on methods to limit the isolation of senior citizens.
- Subsidize the transportation costs of senior citizens who are unable to drive.
- Waiver of the excise tax on vehicles used by community organizations for senior citizen transit purposes. Similarly, Oklahoman school districts can consider making school buses available to community organizations for senior citizen transit purposes.
- Encourage youth, high school or college student volunteerism programs relating to elder issues.

- Encourage libraries to carry more large print books and support regular trips by bookmobiles to assisted living and nursing homes.

The following relevant and poignant comments were provided to the Academy by Dean George Back of St. Paul's Cathedral, OKC

For most of humanity, in most places, dying has been a sacred event. In a time of stressful living, stressful dying is all too common.

Stress is often increased when hospice services are not utilized, or accessed very late in the dying process. A well-managed death allows for the fullest quality of life and fullest sharing of relationships possible under the circumstances.

There are many aspects of medical care, symptom control and pain management. They are important. Most important of all is the appreciation of each person as a whole human being.

Discernings and Communication

Information to a terminally ill person is central to a good death. A person that is informed early enough of his or her condition may have enough strength to do some very significant things. There may be time for a trip, a family gathering, a special holiday celebration, the distribution of meaningful things, and the sharing of significant feelings. There may be practical, financial, household and funeral arrangements to be made. There may be opportunity for reconciliation within a family and the affirmation of affection among family and friends. A widow reported recently that the last three months of her husband's life healed many years of accumulated issues.

The death of a loved person touches the core of our humanity. Sharing a good death relieves anxiety, guilt and fear, and begins the process of healing for those in grief. Sharing a good death also encourages an attitude of serenity and peace toward one's own dying.

OTHER TOWN HALL RECOMMENDATIONS

<As prioritized by Town Hall participants>

- It is recommended that the State Chamber of Commerce and Insurance companies, partner together in replicating and promoting insurance plans for small business owners and their employees in order to create purchasing groups throughout the State of Oklahoma. Small businesses are defined as less than 50 employees.
- Support health education, public wellness programs (school and community based). Provide tax incentives to private sector to provide wellness programs to employees (capped at \$5 million). Provide a 5-year sunset provision.
- Increase the revenue to be directed to Oklahoma Healthcare Authority for Medicaid Programs for the purpose of funding children immunizations and other important programs, including family planning/reproductive services, and children's programs for "undocumented" children. Raise the Medicaid rates up to the level of Medicare reimbursement to hospitals and healthcare providers.
- Use the Turning Point program and other similar concepts as a vehicle for collaborative efforts, to include business, education, safety, spiritual, health, social service, and volunteers. This program exists and is coordinated by the Department of Health.
- Develop and promote an "in-your-face" active ad campaign on the negative health consequences of obesity in children, focusing on Type II diabetes, hypertension and asthma. The Campaign should be targeted to both children and adults.
- Undertake a collaborative effort among state government agencies, especially the Departments of Health and Commerce, to educate the public on the health consequences of obesity.
- Enhance and promote the free redistribution of unused prescriptions through pharmacies, clinics and healthcare professionals to Oklahomans who can benefit from them.
- The Oklahoma Legislature should create economic incentives for adult children to care for aging parents y giving a percentage of Medicaid nursing home reimbursement to the in-home provider.
- Promote and increase utilization of the Early Periodic Screening Diagnosis and Treatment program (EPSDT) by increasing reimbursement rates to physicians and through media campaigns. This would provide a more accurate and earlier assessment of childhood disorders, earlier and more effective treatment, and improved school performance.
- The State of Oklahoma should mandate its agencies to develop services, incentives and programs that help improve and achieve positive health status and replicate the model it creates across the state.
- The Oklahoma Academy should support the Family Planning waiver that increased eligibility of men and women to 185% above the poverty line of family planning/reproductive services. Services include: breast screening, education on methods of birth control, testicular screening, STD awareness, treatment and services. This brings men and women together to achieve joint family planning.
- There should be a State mandate for basic/collective health/wellness education as a component for being a Medicaid-able participant. With regard t minor children the respective child's parent will be included in the education program. Health education should include: nutrition, tobacco use prevention, alcohol use prevention, and physical exercise.
- Coordinate health education and nutrition into existing programs such as head Start and pre-Kindergarten.
- The Academy should initiate a statewide comprehensive integrated initiative focused upon senior citizens dealing with pre-planning for enhanced end-of-life decisions/planning, including but not limited to: legal, financial, support for related caregivers, transportation for the hearing/vision impaired, selection of intermediary care facilities and dissemination of information in health facilities, churches and other senior gathering places.
- Set aside dollars from the general revenue fund t initiate tax incentives for individuals achieving a positive health status.
- Recommend that the existing "Safe Site" committees, comprised of local parents and school officials who currently meet each month in every school to discuss safety issues, also discuss issues relating to student health and nutrition.
- Explore ways to use Medicaid and other public healthcare funds to increase the number of senior citizens permitted to live in the least restrictive environment.
- Support legislative and administrative measures to increase training in palliative care for physicians, nurses and health care professionals. Increase the use of palliative care for the hundreds of Oklahomans dying in nursing

homes each year. Mandatory hospice consulting should be done at the beginning of terminal illness diagnosis and throughout final stages.

Glossary of Terms

“EPSDT” means the Early Periodic Screening Diagnosis and Treatment Program.

“Good Samaritan Act”; The Act, 76 O.S. § 5, is intended to invite medical providers to assist people that appear to be in need of immediate medical attention, by declaring immunity for medical intervention in emergency as a much higher priority than injured person’s competing interest in compensation for negligently rendered assistance. *Jackson v. Mercy Health Center*, 864 P.2d 839 (Okla. 1993).

“Head Start” is a federal child development program serving low-income children and families.

“Healthy People 2010” is a federal public health program of national health objectives designed to identify the most significant preventable threats to health and establish national goals to reduce these threats.

“OSHA” means the Occupational Safety and Health Administration.

“Physician’s Manpower Commission” enhances medical care in rural and underserved areas of the state by administering residency, internship and scholarship incentive programs that encourage medical and nursing personnel to practice in rural and underserved areas. Further, PMTC upgrades the availability of health care services by increasing the number of practicing physicians and nurses in rural and underserved areas of Oklahoma to increase the total number of primary care physicians and nurses in the state.

“Pre-Start”

“Safe Site”

“Soft Programs” (school curricula)

“Turning Point” is a national initiative of the W.K. Kellogg & Robert Wood Johnson Foundations to transform and strengthen public health infrastructures, founded on the idea that diverse groups working together can better identify and influence the determinants of health.



Moving Ideas Into Action

Executive Summary and Leading Recommendations

The Oklahoma Academy Town Hall 2002

“The State of Oklahoma HEALTH”

The Oklahoma Academy sponsored a Town Hall on October 27-30, 2002 focusing on the “State of Oklahoma HEALTH.” Attendance was by invitation and limited to 140 attendees. Invitations were issued to nominees to assure that the participants approximated the socio-demographic composition of Oklahoma.

The Town Hall required participants to deliberate and discuss the presented issues over a two and one-half day session. The group was subdivided into five groups of 25. Each group independently discussed and addressed a standard discussion outline covering the following areas:

- Oklahoma’s Health Status
- Responsibilities for Health
- Medicaid
- Mental Health
- Children and Health
- Adults and Health
- Seniors and Health

An experienced Academy Board member facilitated each group discussion and the proceedings of each group were recorded and synthesized by attorney recorders. At the end of the discussion sessions, the recorders for each group crafted the consensus of all groups. The final document representing that consensus was presented to the entire group, and the closing half-day plenary session was spent debating and resolving differences.

The Town Hall Findings and Recommendations represent the active consensus of the thought and discussions of the entire group of 140 members. The Findings reveal many important attitudes, concepts and ideas to consider regarding *preventive* measures that we can and should take. They also share the collective thoughts and ideas to improve health and health care for children, adults and seniors. This Executive Summary distills that detailed report and recommendations into its essential elements. The Town Hall has made Findings and Recommendations in three major areas.

1. Children
2. Communities
3. Oklahomans

The Academy and the Town Hall participants recognized and understood from the onset the universal principle that education level, earnings potential and health are interrelated and interdependent. Fully aware that the education levels, earnings ratios and health status of Oklahomans are below the national average, the Academy Town Hall participants focused on what can be done NOW and in the future through **PREVENTIVE and PROACTIVE** programs to improve the individual and collective health of Oklahomans.

Health is often a secondary public policy issue at the state level. The time has come to elevate physical and mental health as a primary public policy issue in Oklahoma because:

- *Health is fundamental to quality of life*
- *Health is fundamental to a productive workforce and economic well-being*
- *Access to health care is largely dependent on ability to pay*
- *Health is the right to do, and the right thing to do now*

In each of the seven areas covered in the discussion outline, Town Hall Participants identified the current problems and, in most cases, the causes of those problems and worked to approach recommendations of attitude and action that would prevent poor health and would provide better avenues of health and end-of-life care.

From the group discussions and the consensus findings, the Participants developed 25 recommendations. They were asked to prioritize them. The Participants recognized all of the recommendations as important and identified seven as having the highest priority.

Children

Children are incapable of providing for their own health, health care or health care insurance. They are totally reliant upon their parents or guardians. The leading causes of health problems for children are behavioral and preventable with parents playing a significant role. The primary “health-giver” for children is the parent/family. Others play important roles. They include schools, public health departments, Medicaid providers, physicians and nurses, emergency rooms and private insurers. Consider that much of children’s health and health habits depend on awareness, proper guidance and instruction. Health problems facing children arise from use and abuse of tobacco, alcohol and drugs, teen pregnancy, poor nutrition, lack of physical activity and poor health behaviors in general.

➤ ***Reduction of Tobacco Consumption***

Pursue responsible and effective public policy actions to reduce the overall incidence of smoking in Oklahoma, reduce tobacco use by school-age children and young adults, and allow greater local controls over smoking issues. The Academy Town Hall recommends:

- Expand the Clean Air Act to include all workplaces and indoor public places.
- Increase penalties for sales of tobacco and alcohol to minors.

- Permit the possibility of local regulation of tobacco use by repealing the state pre-emption laws.
- Enact a state tobacco tax to provide funds for responsible health promotion and disease prevention programs. It is estimated that a \$1 per cigarette pack/smokeless tobacco will yield approximately \$140 - \$280 million in revenue.
- It is critical that negotiations and agreements with Native American tribal governments be finalized in order to insure effective and equitable implementation of tobacco taxation.

➤ ***Oklahoma Medicaid***

The Academy Town Hall urges Oklahoma policymakers to develop a national model Medicaid program that meets the 21st Century needs of Oklahoma. The Academy will fully endorse, and actively support, the Oklahoma Health care Authority proposal to convert the Oklahoma Medicaid program from a “welfare” model for selected recipients to one more resembling an “insurance” model serving more low-income Oklahomans.

- This conversion will better serve the Oklahoma taxpayer; better serve existing recipients; and allow a significant portion of Oklahoma’s 600,000 uninsured citizens (most of whom are either employed or dependents of employed persons) to purchase affordable health coverage that may be partially subsidized.
- A restructured Medicaid program should include: Flexible benefits and services; Expanded and flexible eligibility; Adequate provider reimbursement; appropriate Cost sharing and patient responsibility; and State management of Medicare and Medicaid dual qualifier patients.

➤ ***Nutritional Standards***

The Academy Town Hall believes Oklahoma should pursue a coordinated effort to elevate statewide school meal nutritional standards. Such an effort should include the collaboration of the state’s universities, State Department of Education, individual school districts and private vendors.

Communities

Awareness of and access to community resources is important. Resources need to be identified and available to parents for their families, schools and businesses. Communities must be encouraged to engage all citizens in recognizing the importance of healthy behavior. The Town Hall recommends:

➤ ***Tort Reform***

The Academy Town Hall believes that tort reform is essential to reduce artificial fiscal and operational pressures of health care providers and systems. A good place to inexpensively start is the indemnification of health care professionals who volunteer their services to help the needy.

- The Academy Town Hall recommends legislation limiting personal liability of health care professionals who volunteer their professional time. This may be done by the expansion of the Good Samaritan Act or including these health care professionals under the state’s sovereign immunity.

This type of reform will bring better access to prescription drugs to indigent patients and greater participation of health care professionals in health-based charitable activities.

➤ ***Community Health Report Cards and Healthy Cities***

Use Healthy People 2010 indicators as a framework to create Community Health Report Cards and use the cards in certifying “healthy cities.” The Academy shall serve as the convener to lay the ground work in creating the report and shall coordinate and convene to achieve and implement the goal/purpose with the Department of Mental Health and Substance Abuse, the Department of Health, the Oklahoma Municipal League, councils of government, local chambers of commerce, the Oklahoma Community Institute, OK Turning Point, senior state leaders, state foundations, and others.

Oklahomans

Two important areas of health that are most “quietly” recognized and discreetly dealt with are mental health and end-of-life issues. Both are critically important to all citizens, and even though difficult to discuss, must be better understood. Mental health disorders are a leading cause of lost job productivity, lost productivity in school and often lead to substance abuse and violence. Regardless of how healthy we may be, we all face the inevitable mortality. While we cannot postpone death indefinitely, we can adopt public policies to make the end-of-life experience as pain-free and uncomplicated as possible.

➤ ***Mental Health***

The Academy Town Hall believes that the major barrier to progressive mental health policy is the ongoing stigma associated with mental disorders. Additionally, the Academy believes that the proper application of new knowledge, and new therapies, can go a long way toward improving mental health care services in the state. *Some* of the recommendations developed by the Town Hall participants that would create measurable and desired improvement include:

- Create a pilot program to allocate Department of Corrections’ dollars to treat substance abuse of non-violent drug offenders. Place non-violent drug offenders under a “house arrest” and state supervision. While under house arrest, the offender would receive counseling and treatment. Similar programs exist in other states and are proving effective. These programs result in ultimate cost savings from low incarceration rates, and have resulted in lower rates of recidivism. The programs should also reduce the incidence of placing young drug offenders in foster care.
- Mental health courts have been very effective in diverting mental health patients away from incarceration and towards effective treatment. Oklahoma should continue and expand the mental health court system.
- The State of Oklahoma should modify and enhance existing mental health parity laws that mandate health insurance parity for specified severe mental illnesses. The elimination in gaps of coverage of debilitating mental illnesses would result in continuous treatment which would increase productivity for the patient in school or in the workplace.

➤ ***End-of-Life Issues***

The Oklahoma Academy Town Hall acknowledges the increasing importance of end-of-life issues by supporting the following recommendations:

- Increasing palliative care training for healthcare providers, especially pain management.
- Examining end-of-life laws to explore legal constraints to a competent terminally ill person’s ability to determine the form and fashion of their end of life, to simplify advance directives and “Do Not Resuscitate” (DNR) statutes and forms, and legislate a hierarchy of decision-makers for incapacitated persons without an advance directive.
- Enact statutory immunity from civil liability for physicians who follow advance directives and DNR forms.

- Create a central registry for advance directives and DNR orders through existing entities (such as Health Departments, tag agencies, etc.) and create a checkbox for DNR on driver's licenses.

The Next Steps

The Academy Networking & Implementation Committee will develop strategies for implementation of the leading recommendations including the identification of partners and estimation of costs, if any. The leading recommendations will be prioritized as most feasible to accomplish within the upcoming legislative session and the 2003 calendar year. The Town Hall Findings and Recommendations will be shared with Oklahomans through community meetings, civic organizations, schools and businesses across the state. In order to do all that needs to be done to greatly improve our individual and collective health we will need the help of all interested Oklahomans. If you are willing to help in any way, please notify the Academy office via our website at www.okacademy.org. Or contact Julie Knutson, President/CEO, by phone at 405.232.5828, by fax at 405.236.5268 or mail at 120 East Sheridan, Suite 200, Oklahoma City, OK 73104.

The **Oklahoma Academy** is a private nonpartisan membership organization that identifies critical issues facing Oklahoma's future. Through its culturally and politically inclusive process, the Academy promotes public consideration of the issues, builds consensus, develops recommendations and supports their implementation.