

Fundamental Problems Accounting for Poor Health Status Oklahoma Turning Point Council • State Health Plan Committee

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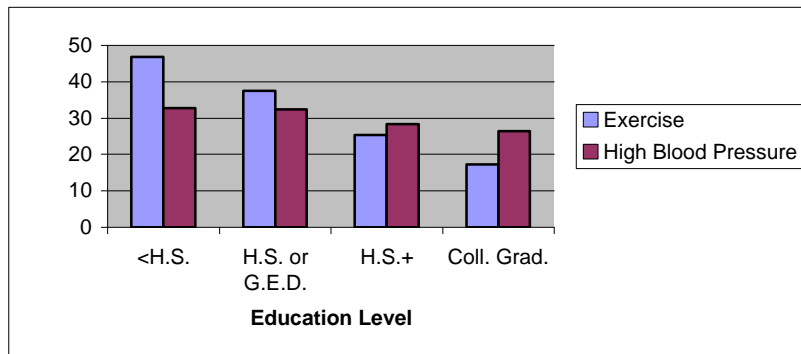
Introduction

Oklahoma continues to rank near the bottom for most health status indicators. According to the 2007 United Health Foundation State Health Rankings, Oklahoma is 50th in the nation for deaths due to cardiovascular disease and 43rd in the nation for deaths due to cancer, with an overall health ranking of 47th in the nation.

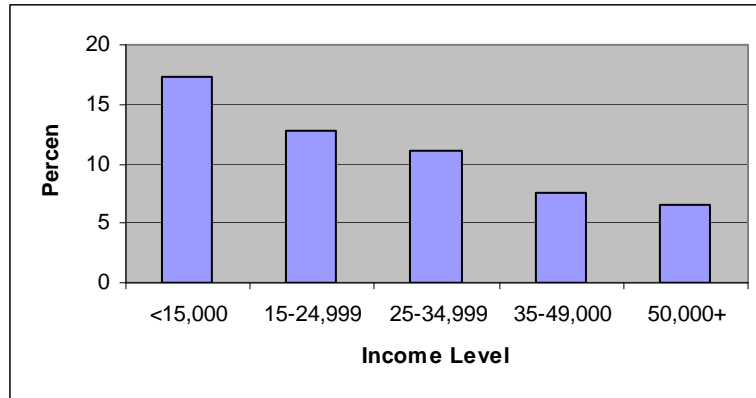
Why is Oklahoma different? The answer to this question is not easy. It involves a variety of factors ranging from poverty to a lack of investment in preventive health services. One thing is certain though – our state simply cannot sustain the rapidly increasing costs of treatment for poor health outcomes caused by obesity, tobacco use, teen pregnancy, and other factors.

This document attempts to answer the question, “why is Oklahoma different,” by first identifying the fundamental problems accounting for our poor health status. As a subcommittee of the Oklahoma Turning Point Council, the State Health Plan Committee looked at a variety of contributing factors – not just health status indicators. In particular, a growing collection of research suggests that social determinants of health have a profound effect on the health status of a population. Simply, those with lower incomes and lower educational levels tend to have lower life expectancies and typically are at a much higher risk for the leading causes of morbidity (World Health Organization 2003). A look at selected Oklahoma Behavioral Risk Factor Surveillance System data confirms what is being seen on national and international levels (Oklahoma State Department of Health 2005; 2006).

Lack of Exercise and High Blood Pressure by Education
Oklahoma BRFSS, 2005



Diabetes by Income
Oklahoma BRFSS, 2006



Other key factors are considered as well, including health financing and the emphasis on a profit-driven health care delivery system, as well as a lack of priority on preventive health services. This look at the fundamental problems accounting for poor health status is the first step of a comprehensive process that will lead to suggested solutions, and ultimately recommendations on how to transform Oklahoma’s health system to one that is prevention focused, affordable for all, and results in sustained changes leading toward improved health outcomes.

Fundamental Problems

1. *Societal/Culture*

- Personal and Social Responsibility for Unhealthy Lifestyles
 - Relative lack of personal and family and community responsibility for healthy lifestyles.
 - Smoking rates in Oklahoma are among the highest in the nation, with 25.1% of Oklahoma adults reporting smoking in 2006. Of particular concern is the percentage of female smokers in Oklahoma – 22.5% compared to 18.4% nationwide (CDC, Behavioral Risk Factor Surveillance System, 2006).
 - The increase in overweight and obesity has been rightly called an epidemic. The percentage of Oklahomans who are overweight or obese mirrors the national rate at 24.9%, and continues to increase each year along with the nation (CDC, Behavioral Risk Factor Surveillance System, 2006).
 - Approximately 40,000 people in the United States die each year from injuries suffered in motor vehicle crashes. More than 40 percent of these crashes are alcohol-related (Progress Review: Injury and Violence Prevention. Health People 2010. U.S. Dept. of Health and Human Services. <http://www.healthypeople.gov/data/2010prog/focus15/>. Accessed on September 24, 2007).

- Physician/Patient Relationship
 - Time spent in clinical visit and interpersonal skills of the provider. Patients who understand their illness consistently have better outcomes.
- Cultural Competency
 - Providers who understand the culture of their patients have better outcomes.
 - Providers who make interpretation services available have non-English speaking patients with better outcomes.
- Mental and Behavioral Health
 - Oklahoma leads the nation in the percent of citizens with mental disorders. People with mental disorders are more at risk for significant chronic illness.

2. *Education*

- Graduation and Performance
 - Lack of education and lower graduation rates are directly correlated to poor health outcomes, as described in the Introduction.
- Relative Lack of Public Health Education
 - The health system is more likely to emphasize treatment modalities rather than prevention measures. The public is poorly informed about health protection and health promotion. The media in particular should give more attention to health protection and health promotion systems, and begin to emphasize the need to move from a health system that focuses on treatment to one that focuses on prevention.
- Relative Lack of Comprehensive Health Education in Oklahoma Schools
 - There is no state mandate for comprehensive health education. Health Education provides students with the knowledge and skills they need to be healthy throughout their lifetime. The intent of a comprehensive health education program is to motivate students to maintain and improve their health, prevent disease, and avoid or reduce health related risk behaviors.

3. *Poverty/Economic Development*

- The best predictor of health status in a given population is the percentage in poverty—whether a nation or an ethnic group or a state or a county or a zip code. Oklahoma has a higher percentage in poverty than the nation, with 22 percent of our population between 100 and 199% of the federal poverty level compared to 19 percent for the U.S. (Current Population Survey, U.S. Census Bureau, March 2005 and March 2006). Just as disturbing, Oklahoma’s median income is much lower than the U.S. level – just \$38,895 compared to \$46,037 for the U.S. (Current Population Survey, U.S. Census Bureau, 2004 to 2006 Annual Social and Economic Supplements). Data show that those with lower incomes are at higher risk for poor health behaviors and related poor health

outcomes (Behavior Risk Factor Surveillance System, Centers for Disease Control and Prevention, 2006).

- Oklahoma is largely a rural state, with approximately one-third of the state's population living in rural areas. This fact creates additional challenges not only with economic development, but also with basic communication and essential infrastructure needed in rural areas to promote changes in behaviors conducive to health. Health care and prevention services are often fragmented in rural areas, or non-existent.

4. *Very Low Priority on Prevention*

- Relative Lack of Promotion of Wellness Activities
 - Although new legislation requires 60 minutes of physical activity per week in schools, Oklahoma schools are still below the national average. In addition, Oklahoma adults tend to exercise less than the rest of the nation (CDC, Behavioral Risk Factor Surveillance System, 2005).
- Relative Lack of Clinical Prevention Proven Effective
 - Our third party payment system provides few incentives for providers to provide clinical prevention. Furthermore, Oklahoma does not have a systematic payment mechanism to foster such prevention.
- Relative Lack of Environment Built for Exercise
 - Fewer and fewer communities have sidewalks; however, the presence of walking trails has been increasing somewhat. A few companies are promoting healthier lifestyles for their employees and experiencing increases in productivity.
- Relative Lack of Priority on Public Health Protection
 - Our health protection system is poorly integrated with our health care system. Of total health expenditures only about one percent is spent on public health prevention. The countries with the best health status of their citizens put a much higher priority on public health prevention and place a high emphasis on and provide significant resources for key messages such as tobacco use prevention, consumption of low-fat foods, and increased physical activity.

5. *Access Problems*

- Transportation
 - Many citizens lack transportation to get to health care facilities, especially in rural areas.
- Health Insurance
 - Limited coverage for prevention services. Many third party payers do not reimburse for critical programs that are both effective and cost effective, e.g. treatment for nicotine addiction. However, some progress is being made, most recently with state employee health insurance, which will cover nicotine addiction treatment.

- Continued yearly increases in health insurance rates.
- Oklahomans without health insurance. In 2006 25% of Oklahomans ages 18-64 indicated that they did not have health care coverage compared to 17% nationally (CDC, Behavioral Risk Factor Surveillance System, 2006).
- Lack of Primary Health Care Providers
 - There is an increasing shortage of primary health care providers, and a maldistribution in Oklahoma.
 - Oklahoma ranks 50th among all states in the number of active allopathic (MD) physicians per 100,000 population.
 - Oklahoma ranks 46th among all states in the total number of active physicians (MD+DO) per 100,000 population.
 - Oklahoma ranks 50th among all states in the number of active *primary care* MD physicians per 100,000 population.
 - Oklahoma ranks 43rd among all states in the total number of active primary care physicians (MD+DO) per 100,000 population.
 - Oklahoma ranks 17th among all states in the percent of its active physicians who are *age 60 or older*.
[Source: 2007 State Physician Workforce Data Book. Washington DC: Association of American Medical Colleges, 2007. (Physician data based on AMA Physician Masterfile)]
- Lack of Appropriate Availability of Health Care Technology
 - There is no standardized, statewide electronic medical record system.
 - There is no integration of health delivery technology systems.

6. *Health Financing/Administration and Quality*

- Marketing
 - Direct to consumer marketing by pharmaceutical companies contributes significantly to the cost of medications. Television marketing is not allowed in any other Established Market Economy.
- High Overhead/Indirect Costs
 - Duplication of services and procedures and a lack of integrated health network among providers has greatly increased administrative cost.
- Value of Healthcare
 - We do not have a system that focuses on improving health per dollar spent. A system that identifies programs and procedures that are effective and cost efficient is critical for improving health and reducing cost. Currently, Oklahoma is ranked 50th in the nation for health system performance. This includes 49 for access; 43rd for quality; 50th for avoidable hospital use and costs; 50th for equity; and 47th for healthy lives (Aiming Higher: Results from a State Scorecard on Health System Performance. The Commonwealth Fund. http://www.commonwealthfund.org/statescorecard/statescorecard_show.htm?doc_id=496090. Accessed on September 24, 2007).

- Oklahoma has a health care system that is actually a disease treatment industry driven by profit. The competitive market place has driven health care providers and institutions to focus on profits in order to stay in existence. Such as system has resulted in the degradation of essential preventive care. If preventive care cannot be reimbursed, it will not be provided. Instead, the Oklahoma health industry focuses high cost, reimbursable procedures that bring in significant revenues resulting in rapidly increasing health care costs.

Summary

The fundamental problems in regard to our *health care system* can best be summarized by the concluding paragraph of the 2005 Oklahoma State of the State's Health Report:

“Our health care system cannot sustain the rapidly increasing costs of treatment for poor health outcomes caused by obesity, tobacco use, lack of motorcycle helmet use, lack of immunizations, and lack of family planning services. With more and more Oklahomans falling into the category of the uninsured, a meltdown of our health care system is likely in the future, unless thoughtful investments into prevention and our public health system are made soon.... Simply put, Oklahoma cannot afford to delay development of comprehensive preventive and public health systems. Otherwise, the excessive human costs and economic costs will continue year after year.”

However, Oklahoma's health status will not improve by simply focusing on the health care system. As this initial report of the Oklahoma Turning Point Council State Health Plan Committee suggests, we must begin to move from focusing solely on treatment within a health care system to health promotion and health protection within a *comprehensive health system that places the highest priority on prevention*. In addition, we can no longer assume that all citizens in Oklahoma will have equal opportunities for prevention interventions that lead toward behaviors conducive to health. Social determinants of health must be considered, including poverty, education, and transportation. When health equity through resource opportunities is achieved, then all citizens will be positioned to adopt healthy behaviors, leading toward improved health status for Oklahoma.