Fundamental Solutions for Solving Our Poor Health Status
Oklahoma Turning Point Council • State Health Plan Committee
December 11, 2008

Introduction

In its "Fundamental Problems" document, the Oklahoma Turning Point Council concluded that:

> 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.

It is within this context that the Oklahoma Turning Point Council State Health Plan Committee submits "Fundamental Solutions for Solving Our Poor Health Status." While the challenges are great, particularly in considering social determinants of health, we must recognize the urgency for moving forward with concrete recommendations that potentially have an immediate and lasting impact of the health status of Oklahomans. The urgency expressed in this document extends beyond health status. Oklahoma's continued

poor health outcomes also have a tremendous economic impact. Some of these impacts include:

- Over $2 billion lost each year in Oklahoma from direct medical costs and lost productivity due to cigarette use.
- Over $860 million lost each year in Oklahoma from direct medical costs and lost productivity due to lack of exercise, poor nutrition and obesity.
- Over $23 million spent per year in Oklahoma for teen births, which also contribute to lower high school graduation rates and more poverty.

  (from "Investing in Prevention, 2005 Oklahoma State of the State's Health Report")

Consequently, while keeping aim on the broader social determinants of health as identified in the Fundamental Problems documents, the recommendations detailed below are more targeted interventions that are divided into short-term and long-term solutions. Note that the recommendations include measurable outcomes when possible, using as baseline data from 2008 or the most recent year available.

Fundamental Solutions

1. Societal/Culture

- ➢ Smoking/Tobacco
  - a. Increase cigarette tax to a total of $2.00 per pack by January 1, 2010.
  - b. Remove exemptions for smoking in public places by January 1, 2010.

c. Work with the Oklahoma legislature to remove state preemption law that prevents communities from passing tobacco use prevention ordinances that are stricter than the state law by January 1, 2011.

d. Increase the schools with 24/7 tobacco use restrictions to at least 75 percent of all school districts in Oklahoma by September 1, 2010.

e. Expand cessation programs and promote the Oklahoma Tobacco Helpline: 1-800-QUITNOW (long-term – ongoing).

f. Work with the Oklahoma Health Care Authority to promote utilization of tobacco cessation benefits through Insure Oklahoma and Medicaid (long-term – ongoing).

g. Continue to advocate for additional resources from the state legislature to replicate and implement successful tobacco use prevention programs that have been successful in other states (long-term – ongoing).

h. Continue to advocate for increased limitations on youth tobacco marketing (long-term – ongoing).

- Overweight and Obesity

a. Enhance healthy food item options for school lunches through local Turning Point partnership action, targeting at least 10 school districts during the 2009-2010 school year, using the Lawton school district as a model.

b. Increase structured and sustained aerobic physical education in schools to 30 minutes per day (150 minutes per week), by September 1, 2010 (responsible agencies: Oklahoma Fit Kids Coalition, Oklahoma Dept. of Education).

c. By September 1, 2010 provide healthy nutrition education in schools at least two times per week, which can be incorporated into required scheduled classes such as science (examples include farm to school programs, school gardens, and school farmers' markets as fund raisers).

d. By June 1, 2010 increase access to healthy food choices in 10 Turning Point communities. Examples of healthy food access enhancement include community-based food co-ops, community gardens, farmers' markets, and use of community transportation services (school buses, church vehicles) to help individuals utilize healthy options at grocery stores.

e. By October 1, 2009 implement and promote new policy that allows recipients of WIC vouchers to purchase fresh fruits and vegetables, including farmer's market purchases (responsible agency: WIC Service, Oklahoma State Dept. of Health).

f. By January 1, 2010 implement new policy that increases healthy food benefits for food stamps, and decreases unhealthy food benefits (responsible agency: Oklahoma Department of Human Services).

g. Work with Turning Point partnerships to advocate for 10 city governments to establish city ordinances requiring sidewalks and bike lanes when doing road pavement projects by January 1, 2011.

h. Work with Turning Point partnerships to establish Safe Routes to Schools and Walking School Buses in 20 communities by September 1, 2011, using the Lawton school district as a model (responsible agency: Oklahoma Department of Transportation).

i. Work with the Oklahoma State Department of Education to establish active and engaged School Healthy and Fit Committees as a required part of school accreditation, beginning with the 2009-2010 school year.

j. Train 30 businesses in Oklahoma by January 1, 2010, using the Make It Your Businesses curriculum to implement worksite policies that encourage employees to eat better, move more and be tobacco free (responsible agencies: Oklahoma State Department of Health, Oklahoma CareerTech).

k. By January 1, 2011, implement new policy that provides nutrition education benefits for obesity/overweight prevention through Insure Oklahoma and Medicaid (responsible agency: Oklahoma Health Care Authority).

l. Encourage breastfeeding as a method to reduce childhood obesity (long-term – ongoing) (responsible agencies: Oklahoma State Department of Health and other agencies and non-governmental organizations that promote breastfeeding).

- Physician/Patient Relationship

a. By January 2011, increase by five percent the number of Oklahoma health insurance companies that provide premium reductions for individuals who maintain regular preventive care and dental care appointments.

b. Include in Oklahoma's health care reform and coverage initiatives, such as State Coverage Initiative (SCI), provisions that reimburse

physicians for additional time spent with patients on preventive health consultations (long-term – ongoing).

- Cultural Competency
  - a. By the 2011-2012 school year, develop cultural competency curriculum guidelines to be included in health care profession training programs. Basic principles that should be promoted in the guidelines include respect for others, knowledge of beliefs and values of different ethnic groups and cultures, understanding of how to respond to culturally-based patient cues, and recognition of racism and racial stereotyping.
  - b. By January 1, 2011, increase state funding for translation and interpretation services for non-English speaking clients using county health departments, community health centers, and other government-funded clinics.
- Mental and Behavioral Health
  - a. By January 1, 2011, increase the number of communities that have social host ordinances to 25 percent of all Oklahoma communities, using Turning Point partnerships as local advocates.
  - b. By the 2011-2012 school year, develop state incentives through agencies such as the Physician Manpower Training Commission to encourage psychiatry training, increasing the number of psychiatry residents by five percent.

c. By January 1, 2011, secure additional funding to increase the number of out patient community mental health centers by five percent.

d. By January 1, 2011, secure additional funding to increase the number of in-patient adolescent treatment centers for co-occurring disorders related to chemical dependency and addiction by five percent.

e. By the 2011-2012 school year, implement training for teachers to help them recognize basic warning signs of potential youth and adolescent mental health and behavioral problems so students can be referred to the appropriate resource such as county health department guidance services or outreach programs sponsored by the Oklahoma Department of Mental Health and Substance Abuse Services.

f. Include in Oklahoma's health care reform and coverage initiatives, such as SCI, provisions that enhance third party reimbursement for mental health (long-term – ongoing).

g. Continue expansion of drug courts for drug and alcohol related crimes in order to reduce recidivism (long-term – ongoing) (responsible agencies: Oklahoma Department of Mental Health and Substance Abuse Services, Oklahoma justice system, Oklahoma Department of Corrections).

2. Education

- Graduation and Performance

a. Increase graduation rates by 10 percent starting with the 2011-2012 school year, by expanding and promoting statewide incentive

programs that provide some level guaranteed funding for lower-income high school graduates to attend college or technical/trade schools (an example of a successful grant program for lower income students includes Oklahoma's Promise: Oklahoma Higher Learning Access Program, http://www.okhighered.org/okpromise/).

b. By the 2011-2012 school year, work with the Oklahoma State Department of Education to implement a targeted promotion program using high school counselors which encourages students to apply for and attend college following high school graduation – increasing the percent of Oklahoma high school students who go directly to college from 52.9 percent to the national average of 55.7 percent (National Center for Higher Education Management Systems, 2004 data, accessed on November 6, 2008, http://www.higheredinfo.org/).

c. By January 1, 2010, form a state working group on education reform to review current Oklahoma educational requirements, standard testing requirements, and data collection methodologies on student performance. Potential reforms that provide enhanced educational standards, alternative educational opportunities (expanded CareerTech options) and increased graduation rates should be implemented by the 2012-2013 school year.

- Lack of Health Education in Oklahoma Schools

    a. By the 2011-2012 school year secure additional funding to increase by 15 percent the number of schools that participate in Schools for Healthy Life Styles or It's All About Kids.

b. By the 2011-2012 school year secure additional funding to increase by 25 percent the number of Coordinated Approach to Child Health (CATCH) after school programs.

c. By the 2011-2012 school year develop middle school and high school education curricula that can be incorporated in the already scheduled health and science classes to reduce stigma of mental illness.

d. By the 2011-2012 school year, develop an award system for schools that have all of CDC's recommended eight components of coordinated school health.

e. Increase parental involvement (i.e.: from PTA) (long-term – ongoing).

3. Poverty/Economic Development

- Reduce Oklahoma's Poverty Rate

a. By 2010, develop a marketing plan for the Make It Your Business employee wellness policy training program and the Oklahoma Certified Healthy Business program in order to develop and promote a healthy Oklahoma workforce, which would encourage new businesses to move into Oklahoma (responsible agencies: Oklahoma State Department of Health, Oklahoma State Chamber of Commerce, Oklahoma CareerTech).

b. Promote the Rural Action Partnership Program through the Oklahoma Department of Commerce in order to foster healthy and sustainable rural communities through small business retention and expansion, business recruitment, entrepreneurial development, and

the development of regional economic development partnerships (long-term – ongoing).

c. In order to create an increased pool of workers eligible for employment with higher levels of salary, support and expand programs that provide access to higher education such as Oklahoma's Promise: Oklahoma Higher Learning Access Program, OKC Go (Oklahoma City Community College), and Tulsa Achieve (Tulsa Community College) (long-term – ongoing).

- Rural Infrastructure

a. By January 1, 2010, enhance availability and use of technology (tele-medicine) in at least two rural areas in each quadrant of the state, through increased funding for existing programs such as the Oklahoma State University College of Osteopathic Medicine telemedicine program.

b. By January 1, 2010, implement modifications to licensure board requirements for a face-to-face meetings between providers and patients in order to better utilize telemedicine procedures.

4. Very Low Priority on Prevention

- Lack of Promotion of Wellness Activities

a. By October 1, 2009, secure funding for a social marketing initiative that emphasizes personal responsibility for individual health behavior and resulting health outcomes. A key preventive message should be used to include specific information on childhood immunizations, flu and pneumonia vaccinations, covering coughs, washing hands, and contraception and birth control (responsible

agency: Oklahoma State Department of Health, Strong and Healthy Oklahoma Initiative).

b. Promote the use of the *Strong and Healthy Oklahoma Guidebook* by placing copies in 75 percent of all physician offices by January 1, 2010. (Distribution may be facilitated through community Turning Point partnerships, Oklahoma State Department of Health immunization field consultants, county health department health educators, Oklahoma Osteopathic Association, and the Oklahoma State Medical Association.)

c. By July 1, 2010, have policies adopted by key Oklahoma agencies (Oklahoma Department of Human Services, Oklahoma Department of Mental Health and Substance Abuse Services, Oklahoma State Department of Health, Oklahoma Health Care Authority) that challenge the constituents they serve to adopt healthy behaviors. When possible, policies should be required actions that the state agencies have authority over through regulations or board action.

d. By January 1, 2010, engage 25 Oklahoma communities in healthy behavior challenges. Examples include the OKC Mayor's Weight Loss Challenge and the Weatherford Mayor's Challenge to Walk 100 Miles.

e. Promote evidence-based interventions and chronic disease management programs (Stanford University protocol) for major risk factors and leading causes of morbidity and mortality. Prevention measures may include blood pressure control, daily aspirin therapy,

cholesterol lowering interventions, and screenings for diabetes, heart disease, and cancer (long-term – ongoing).

f. Promote policy and legislation that prevents youth-targeted marketing of alcohol and tobacco products in Oklahoma (long-term – ongoing).

g. Investigate Oklahoma constitution title that requires cities and counties to provide for the health and welfare of citizens (long-term – ongoing).

h. Promote fluoridation of municipal water systems (long-term – ongoing).

5. Access Problem

- Transportation

a. By January 1, 2010, develop a rural and urban transportation voucher pilot project in 10 communities, using local taxi services, United Way agency service providers, Sooner Ride, and other community transportation resources such as church vehicles for people needing transportation for dental and primary care appointments.

b. Assure that everyone in both rural and urban areas of Oklahoma has access to emergency medical transportation services by supporting the policies being developed by the Oklahoma SCI process (long-term – ongoing).

- Primary Care Providers

a. Advocate for additional resources for the Oklahoma Health Care Work Force Center and the Physician Manpower Training Commission to promote through incentives (loan repayment) the

placement of new primary care and dental providers in rural areas, increasing the placement of primary care and dental providers in medically underserved areas and health profession shortage areas by 2 percent by January 1, 2012.

b. By January 1, 2011, secure federal and state matching funds for non-profit primary care and dental organizations to purchase mobile health, dental, and optical units (at least one unit for each quadrant of the state) that would provide reduced cost services to qualified individuals in medically underserved areas.

c. Pilot in five rural communities free housing for primary care providers who would agree to remain in the those communities for three to five years, beginning January 1, 2011.

- Health Insurance

a. Support the federal waiver requesting increased funding for Insure Oklahoma (formally O-EPIC), increasing the federal poverty level eligibility guidelines to 250 percent of poverty, and increasing the number of employees to 250 for business eligibility in order to reduce Oklahoma's high uninsured rate.

b. Through Turning Point partnerships, promote Insure Oklahoma among small businesses and individuals and reduce the Oklahoma uninsured rate by five percent by January 1, 2012.

c. Assure that everyone in Oklahoma has access to health insurance coverage, including dental coverage, by supporting the policies being developed by the Oklahoma SCI process (long-term – ongoing).

- Health Care Data Standards

  a. Support efforts of the Oklahoma Health Information Security and Privacy Council and advocate for the adoption of statewide standards on interoperability of data transfers, data collection, and privacy and security (long-term – ongoing).

6. Health financing/administration

- Marketing

  a. In order to reduce costs, implement state policy by January 1, 2011, that restricts direct to consumer marketing by pharmaceutical companies.

- High Overhead/Indirect Costs

  a. By January 1, 2012, reduce duplication and administrative costs by adopting a statewide HIPAA-compliant standard on electronic medical records that would be adopted by all Oklahoma health care providers.

- Value of Healthcare

  a. Adopt recommendations of the State Coverage Initiative that emphasize improving health for every health dollar spent, and shift the culture of the Oklahoma health system from treatment to prevention (long-term – ongoing).

Submitted by the Turning Point State Health Plan Committee of the Oklahoma Turning Point Council on October 16, 2008. Committee members include: Dr. Gordon Deckert (co-chair), Sen. Angela Monson (co-chair), Dr. Nancy Hall, Rev. David Lee, Dianna Brown, Craig Knutson, Claudia Barajas, Zora Brown, Martha Burger, Guillermo Gallegos, Jim Hampton, John McCarroll, Dr. Bud Oehlert, Dr. Gary Raskob, Quinton Roman-Nose, Minita T. RunningWater, and Linda Sponsler.