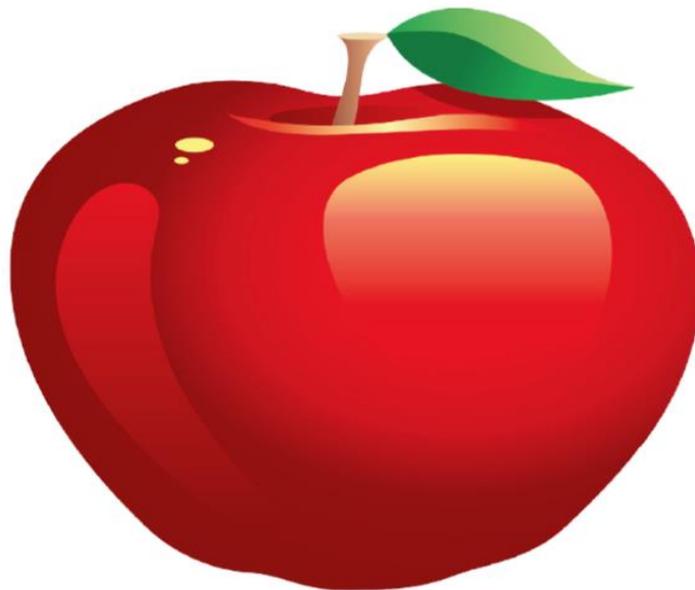




ISSUE BRIEFS
Town Hall Recommendations

WE CAN DO BETTER
IMPROVING THE **HEALTH** OF THE OKLAHOMA PEOPLE



THE 2014 OKLAHOMA ACADEMY TOWN HALL
Artesian Hotel, Sulphur, October 26-29

The Oklahoma Academy 2014 Town Hall

“We Can Do Better ~ Improving the Health of the Oklahoma People”

Held October 26 – 29 at The Artesian Hotel in Sulphur, Oklahoma

Introduction

The theme of the 2014 Oklahoma Academy Health Town Hall focused on *WHY* Oklahoma's age adjusted death rate (surrogate for longevity) improved the least of all 50 states and the District of Columbia over the past 40+ years and *HOW* determinants of health, in particular behavioral patterns, can make a significant impact in reversing our poor health trends. While the Town Hall background resource document, provided to all attendees in advance of the event, acknowledged that there are many factors that contribute to poor health outcomes (e.g., poverty, low levels of educational attainment, etc.), most of the articles in the document were associated with behavior patterns and personal choices. The Oklahoma Academy made a deliberate choice UP FRONT not to address the Affordable Care Act and Medicaid Expansion. There are no articles in the 190-page resource document addressing that topic.

Town Hall Participants were divided into five Panels (small groups). All five Panels addressed a sixteen-question discussion outline over the two full days of deliberation. The discussion sessions covered four areas: History and Culture, Environmental, Behavioral, and Health Care Services. The discussion outline questions sought answers in a wide range of topics: cultural underpinnings, impacts of adverse childhood experiences, mental health laws and detection/treatment systems, health literacy and health equity, the built environment, the effectiveness of wellness programs, and the availability of health services. However, the majority of the research and questions focused on the role of how changes in personal and collective behavioral choices positively impact health outcomes, from reducing costs to increasing life spans. We looked at how other regional states, like Colorado, New Mexico, and Texas, created a "culture of health," and that health improvement is used as an economic development competitive advantage to retain and attract business/population.

This was the 15th Town Hall. The beauty of The Oklahoma Academy Town Hall Process is that it is not the intent of the organizers -- Academy and non-Academy members -- to lead participants in a certain direction or prescribe a pre-determined outcome based upon an ideological bent. The intent is to provide participants with reputable, peer-reviewed research, balanced analyses, and a structured forum for civil discussion on the topic at hand. The 125 participants (which included ten university students and five legislators), deliberating in their five distinct Panels, addressing the same questions at the same time, developed the observations and recommendations that are included in the Findings Report. Since the process is based on consensus, only the consistently mentioned panel findings make their way to the top.

The Town Hall Findings report includes recommendations developed from the discussions by the Town Hall participants in their five panels. Immediately after the Town Hall, the participants are provided a listing of the recommendations they developed and are asked to prioritize the recommendations indicating the top five recommendations they want The Oklahoma Academy to emphasize first in the 2015 year and to indicate what their first priority, second priority and so on would be. All of the consensus recommendations are published, but the primary emphasis during 2015 is placed on the priority recommendations identified by the Town Hall participants.

On behalf of the The Oklahoma Academy Board of Directors, we are most appreciative for the diverse group of Oklahomans who dedicated three days of their valuable time to actively participate in the Town Hall. The Findings and Recommendations are deliberative and thoughtful, and when implemented will move Oklahoma forward as a healthier more productive state.

The Oklahoma Academy also expresses its most sincere appreciation to the Planning Committee Tri-Chairs – Dr. Kay Goebel, Dr. Steve Prescott, and Dr. Gerard Clancy for their work. We are so very thankful and appreciative to the Sponsors of the 2014 Town Hall whose gracious generosity enhanced this very important Town Hall focus.

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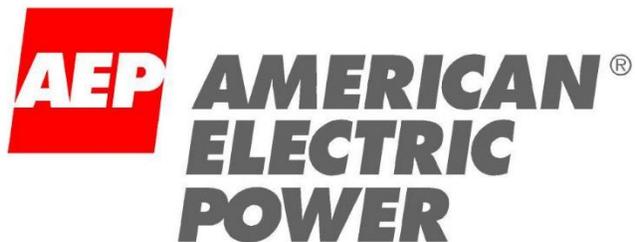
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Priority Town Hall Recommendations

Priority # 1 (*Health Care Services*):

Overwhelmingly important to the majority of the Town Hall Participants, the Oklahoma Academy Town Hall recommends that Oklahoma accept the Federal funds offered through the Affordable Care Act to expand Medicaid or Insure Oklahoma.

Fitting with the recommendation to accept Federal funds, The Town Hall recommends that the Oklahoma Legislature increase funding of federally qualified health centers to \$10 million which may include Federal matching funds, and expanding FQHC access throughout the state. Coordination of services between providers of the health care system including FQHCs and local, rural hospitals is of utmost importance. Increased access to preventive and proactive health care services of FQHCs with integrated mental health and nutritional counseling services is needed to break the cycle of chronic diseases and poor health outcomes.

Priority # 2 (*Environmental*):

There is a direct link between adult incarceration and childhood trauma, especially when incarceration separates parents from children. Oklahoma should expand alternatives to incarceration through drug courts, mental health courts, community sentencing, and nonprofit programs such as Women In Recovery (Tulsa area) and ReMerge (Oklahoma City area). Alternative sentencing programs should especially focus on keeping families together. Reduced incarceration would save state funding, and to reach the goal it is understood that additional state funding is needed to expand mental health and substance abuse treatment and prison diversion programs.

- The Oklahoma Academy Town Hall recommends re-emphasizing the 2008 Oklahoma Academy Town Hall recommendations for corrections reform, specifically the ODMHSAS “Smart on Crime” initiative. The Oklahoma Legislature and the Governor should endorse and fund this initiative.

As measures of prevention for childhood trauma, the Town Hall also recognized the importance of increased screening for the adverse childhood experiences among children entering the school system. Schools should have trained mental health professionals on staff to conduct their screenings and make referrals for counseling or referrals to child protective services if necessary. A state-funded grant could incentivize partnerships between schools and nonprofits and the faith communities to increase the number of mental health professionals in schools. Establish mentoring programs in schools specifically for children who have suffered adverse childhood experiences. Increase anti-bullying education awareness in schools to prevent depression among children. Mandate that health insurance cover anger management as well as mental health counseling.

Priority # 3 (*History and Culture*):

A unified message and educational campaign must be developed to drive public health needs to the forefront in order to improve our public health. (Colorado has recently implemented a campaign to become the healthiest state in the nation.) The goal of the Oklahoma campaign should be to raise awareness on the importance of good health and health literacy, and should be designed to help offset the widespread addictions in Oklahoma to fast food and sedentary lifestyles. The campaign must be supported by leadership at all levels of government, including tribal government. The campaign must also involve the business, education, nonprofit and faith based communities.

The Town Hall suggested the importance of including elements of the “Shape Your Future” program and the “Certified Healthy Oklahoma” program. The Town Hall also suggested that a “Health Vision Summit” should be held that develops a collaborative and cohesive health vision for Oklahomans focusing on “healthy in all aspects of life.”

Priority # 4a (Behavioral):

To improve the longevity and health of **all** Oklahomans, we must encourage and incentivize citizens to stop using tobacco. The Town Hall developed three recommendations to be implemented:

- The Oklahoma Academy Town Hall supports a Governor’s initiative petition for a statewide ban of smoking in public places.
- The Oklahoma Academy Town Hall supports a state tax increase on all tobacco products with a portion of the revenue directed to tobacco cessation programs.
- Oklahoma adopt legislation reducing or eliminating tobacco coupons, sampling and discounting.

In order to move forward with these recommendations, it is appropriate and important to promote a collaborative progressive dialogue between the State of Oklahoma and Oklahoma’s 39 federally recognized tribal governments to develop a mutually acceptable taxation initiative concerning tobacco products.

Priority # 4b (Behavioral):

More emphasis must be placed by the State Department of Education and the public school districts on the importance of physical fitness and health education/literacy in schools. The Town Hall recommends that Personal Health and Fitness Education and physical activity classes be added as a part of the standard curriculum in Oklahoma’s K through 12 education systems. This curriculum addition should be funded through tobacco tax revenue or a re-allocation of tobacco tax funds and implemented by FY 2017. The school grading system should include health literacy and activity efforts.

Beyond providing classroom education regarding health awareness, dietary and lifestyle options, and exercise, it is critically important that the information and concepts are shared with and implemented at home by parents, grandparents, and caregivers.

Priority # 5 (History and Culture):

To improve health literacy and ultimately the health of our citizens, an effective “health exchange information system” must be developed and implemented that includes better coordination across state agencies. It is important that more emphasis must be placed on the importance of good health and healthy behaviors in the workplace as well. There is a real and proven need for health literacy and education among parents and students of all ages. There must be a more integrated approach to healthy lifestyle implementation.

Other Consensus Recommendations

History and Culture Focus

1. Starting at the youngest age of development and education a disparity in health education and literacy exists. There is a real need to improve health literacy and education among parents and students to secure a more integrated approach to healthy lifestyle implementation. While classroom education regarding health awareness, dietary lifestyles/options, and exercise implementation is critical to improving youth health literacy, it is important that these concepts are implemented at home with the full support of caregivers, such as parents and grandparents.

Environmental Focus

1. Schools need to require physical activity during the school day, and offer their facilities to the community for exercise after school and during the weekends.
2. Enhance accessibility to infrastructure for healthy options (food, bike trails, complete sidewalks, community activity centers, maintained parks and mental health facilities).
3. Dedicate more public infrastructure to public health and healthy activities, including community centers, parks, schools, sidewalks, bike trails, community gardens and public transportation. Implement shared use agreements for public facilities, specifically school playgrounds and athletic facilities to allow children and their families to access these facilities in areas with limited access to gymnasiums and other exercise related infrastructure.
4. Municipalities and tribal governments should mandate that sidewalks and bike lanes be required for any new residential or commercial development under their jurisdiction if not already in place. Policies such as development impact fees have proven effective in earmarking funds for the construction of these public benefits. Modify local zoning codes to allow for mixed-use development and planned unit developments with specific guidelines for sidewalks and bike lanes.
5. Expand the Certified Healthy program managed by the State of Oklahoma to include certified healthy building designs similar to that of LEED architectural design standards, to encourage promotion of building design to emphasize healthy living.
6. Institute screenings in the schools, primary care offices and emergency rooms for mental health issues and addiction so that these diseases might be identified and treated much earlier in the disease process before reaching an acute stage. The screenings should be implemented by ODMHSAS, the Oklahoma Department of Education and the private sector and non-profit industry.
7. Identify funding to increase the numbers of nurses and/or nutritionists in the schools to implement health education and to emphasize healthy food options for students. Increasing healthy food options for students as well as teaching children healthy food preparation skills should be encouraged.
8. Communities should support grant applications from private entities, tribal governments, federal agencies and the Oklahoma Tobacco Settlement Endowment Trust for school and community gardens. Additionally, schools should be encouraged to modify their procurement policies to allow for purchase of the foods grown in the school gardens and state regulations limiting such purchases should be modified to allow for these sales.
9. Increase funding for the Double-Up Food Buck programs to increase the dollar amounts available to SNAP recipients for the purchase of fresh fruits and vegetables at farmers markets and other sales outlets.
10. Municipalities and the Oklahoma Tax Commission Funds should earmark funds from the sales tax on produce to dedicate towards healthy food system economic development. It is recommended that mobile grocery units receive the funding through the dedicated sales tax revenue as mobile grocery units can be utilized to collect data demonstrating food consumption habits, purchasing trends and the impact of accessibility to healthy foods in a specific geographic area.
11. To create greater affordability of healthy foods, reduce the amount of regulations and fees imposed upon producers of healthy food items in Oklahoma to lower the cost of the product.

12. Incentivize the purchasing of healthy foods by providing an exemption from sales tax for these items.

Behavioral Focus

1. Expand the mental health and medical workforce. Oklahoma faces significant shortages in the healthcare professionals. The professional position shortages that should receive immediate attention are: tele-psychologists, licensed clinical social workers, physician assistants, advanced practice nurses, and increased residencies for psychiatrists. Additionally, improve/strengthen state licensure laws and address the “scope of practice” issues of allowing all medical professionals to “practice at the top of their license.”
2. The State of Oklahoma, in concert with professional organizations and foundations, must develop and fully fund a public relations strategy, raising awareness and better educating the general public on the importance of prevention, early detection, and treatment of mental health issues. Several panels discussed the importance of eliminating the “stigma” of mental illness and educating the public that so much of what afflicts Oklahomans in this area is a truly a “disease of the brain.” Mental illness “deserves the same evaluative treatment” as other diseases.
3. Require all physicians to check the statewide prescription drug database (Prescription Monitoring Program) prior to approving a new prescription. Before a new prescription is written, the prescribing physician would access the database to ensure there are no duplicate scripts for this patient. *One of the panels suggested that, if a patient is suspected of “doctor shopping,” that the physician prescribers direct the patient for immediate treatment as medically indicated. Outcomes for individuals considered shoppers for distribution purposes should be determined as part of future conversations on PMP use.*
4. In order to prevent and decrease alcohol dependence and abuse, focus on primary school and higher education students with targeted programs such as:
 - Encouraging the adoption of sober high schools and sober dorms designed to provide supportive environments for young people who have struggled with addiction
 - Encourage schools to participate in alcohol awareness education that also involves parents
 - Launch a public relations campaign for moderation in alcohol use targeted at children before they enter college
 - Increase punishment of adults who provide alcohol to minor children in their homes
 - Address youth risk behaviors as part of a comprehensive k-12 education program
 - Follow the Michigan model.
5. Mandate Responsible Beverage Sales and Services (RBSS) training to obtain a license to serve alcohol. The training provides information and skills to prevent alcohol sales to those under age 21 and those showing signs of intoxication. The training should be offered by a partnership of the ABLE Commission, law enforcement agencies, industry associations, and Career Services Centers. *Panels opposed the relaxation of current alcohol laws, such as allowing strong beer, wine, and liquor to be sold in grocery stores.*
6. To reduce prescription fraud and abuse of prescription narcotics, the Oklahoma Legislature should mandate the use of the Prescription Monitoring Program (PMP) by all prescribing providers.
7. Expand public education on the safe disposal of prescription drugs.
8. Utilizing screening for all varieties of cancer early and often has proven to be very effective, and under the Affordable Care Act as implemented, these screenings are provided free of charge for those insured under the program. Provide additional rebates to individuals who regularly undergo cancer screening. Insurance companies, private employers and public entities should provide financial incentives to encourage their employees to participate in wellness exams and cancer screenings.
9. In an effort to lower teen pregnancy rates, develop, expand, and better-fund a statewide, educational awareness campaign. The campaign should focus on prevention, the biological aspects of early pregnancy, body image, and the economic and social costs of having children early. The campaigns must be broad enough to reach teens (female and male), schools, parents, nonprofits, and churches. The consensus of the Oklahoma Academy Town Hall was that funding for such a campaign must include support from non-governmental entities and foundations (“can’t rely on government exclusively”). Additional elements of the campaign could include:
 - Specific programs should be offered that focus on the role males play in unplanned pregnancies.
 - A K-16 approach, extending educational and contraceptive materials to post-secondary Oklahomans.
 - Utilize “evidence-based” programs that have proven effectiveness. A comprehensive, holistic health education approach, which includes an abstinence element, would be effective in lowering teen pregnancy/birth rates.

10. Develop and promote a comprehensive, statewide plan, incorporating the findings from both the Kaiser and Kirkpatrick foundations, with additional input from various ethnic organizations, nonprofits, and the Oklahoma Institute for Child Advocacy. These findings (to lower teen pregnancy rates) would be included into a new software application (“app”), which should be more attractive to teens, given their propensity to use social media and mobile devices.
11. Support the US Food and Drug Administration Guidelines on teenage contraceptives and policies.
12. The Town Hall participants recognize that the culture in Oklahoma does not encourage breastfeeding or foster acceptance of breastfeeding mothers. To change the attitudes and behaviors regarding breastfeeding, the Town Hall consensus is to recommend a public service campaign promoting the health benefits of breastfeeding for babies and mothers.
13. The Town Hall encourages the creation of a coalition of nonprofits and professional associations to increase education about breastfeeding and information for pre-natal and post-natal care. The Town Hall recommends that breast milk banks need to be established and expanded for those mothers who are not able to breastfeed, and for OBGYNs to encourage breastfeeding.
14. The Town Hall recommends that the Oklahoma Legislature take a comprehensive look at laws regarding breastfeeding and strengthen workplace protections for breastfeeding mothers. *(Oklahoma law currently exempts mothers who are breastfeeding from jury duty upon their request and allows mothers to breastfeed a child in any location where they are otherwise authorized to be. Oklahoma law allows, but does not require, employers to provide unpaid break time and a safe location for employees who need to breastfeed or express breast milk. However, as of 2010 the Affordable Care Act requires all employers to provide reasonable break time and a private place for an employee to express breast milk for one year.)*
15. The Town Hall Panels endorsed an initiative through the federally funded WIC Supplemental Nutrition Program that is increasing the availability of lactation consultants, in partnership with tribes and the State of Oklahoma. They emphasized that need for lactation consultants is especially great in rural areas of the state.
16. The Town Hall recommends creating monetary incentives for hospitals to obtain Baby-Friendly certification. A recommended funding method is for the Oklahoma Health Care Authority to increase Medicaid reimbursements to hospitals offering labor and deliver services that are certified as “baby-friendly.”
17. The State of Oklahoma has the opportunity to serve as an example to the private sector by strengthening its own health and wellness policies and providing healthy snack options in the workplace, especially in vending machines. The Town Hall participants think the healthy snack options should supplement rather than replace the less healthy snack items. State agencies should encourage participation in wellness activities by providing evidence-based incentives.
18. The Town Hall recommends that the Oklahoma Legislature repeal 40 O.S. Section 500, which establishes smokers as a protected class for anti-discrimination hiring laws. Repealing this section of law will allow employers to dis-incentivize unhealthy behavior, while allowing insurers to offer rates determined by the smoking and the non-smoking insured.
19. Citizens in underserved communities across the state would benefit from shared use agreements or memorandums of understanding allowing them to utilize public athletic facilities for low or no cost. *In 2012, the Oklahoma Legislature approved SB 1882 which limits liability for schools and public facilities that adopt a shared use agreement to allow public use of said facilities.*
20. Employers should be encouraged to partner with their health insurance providers to provide incentives and awards to their employees for participating in exercise initiatives, purchasing healthy foods, partnering with local farmers markets, and demonstrating other healthy behavior.
21. Strong networks for communication and partnership should be built upon, as demonstrated by the Cherokee Nation in its jurisdiction, where agencies, nonprofits, state and local chambers of commerce, community organizations, private businesses, and health care providers collaborate to ensure opportunities are not missed and resources are leveraged to best implement health and wellness practices. One such program that could be adopted in many communities is the Rails to Trails program, utilizing federal funds to transform former railway easements and berms into jogging and biking trails throughout the State of Oklahoma.

Health Care Services Focus

1. Allow all licensed health care professionals/providers to practice “at the full authority of their license” and be more inclusive of the interpretation of the term health care providers.

2. Oklahoma should develop a comprehensive statewide plan for increasing the use of telemedicine technologies. This plan should be developed through an interim study by the Oklahoma Legislature, or a commission established by the Legislature, that includes representatives from Oklahoma health agencies, health care provider associations, the private insurance industry, and other affected entities. Potential barriers identified by the panels include the need for regulatory changes, limited broadband in rural areas, and law enforcement concerns regarding prescription diversion.
3. Increase state funding for Oklahoma's Physician Manpower Training Commission to provide medical school scholarships, pay back student loans, and fund primary care residency slots for physicians practicing in underserved rural areas in Oklahoma.
4. Encourage the establishment of more privately funded primary care residency programs in the state.
5. Re-allocate some higher education funding to increase class sizes at the University of Oklahoma and Oklahoma State University Colleges of Medicine.
6. The Oklahoma Health Improvement Plan should include a rural health infrastructure plan (structural and workforce) to address the evolving demographic and health environment.
7. Further collaboration with local public health departments, Tobacco Settlement Endowment Trust working groups, County Extension Services, and County Health Improvement Organizations should be encouraged to alleviate pressure on rural health systems.
8. To ensure adequate levels of staffing for rural medical facilities and to increase referrals to rural hospitals, programs such as Oklahoma State University's "Blue Coats to White Coats" should be widely adopted, thereby increasing residency slots for those serving in primary care in rural areas, providing recruitment payments for a term of service, and incentivizing medical residents to practice and remain in rural Oklahoma communities.

Collaboration with Tribal Nations

1. Reintroduce HB 1851 authorizing the Oklahoma Health Care Authority to negotiate an expanded healthcare waiver to allow for additional pass-through dollars to qualified Tribal, Indian Health Services, and urban health programs by the end of the 2015 Legislative Session. *This bill passed the House but died in the Senate during the 2014 Legislative Session.*

Additional Areas

1. A majority of the Town Hall Panels stressed the importance of dental care for good overall health and made recommendations for improving dental care:
 - Allow dental hygienists to operate independent practices.
 - Expand water fluoridation.
 - Focus on expanding preventive dentistry.
 - Include dental coverage in basic health coverage.
2. A majority of the Town Hall Panels supported legislative action to ban texting while driving and distracted driving.
3. Take serious steps to solve issues of childhood hunger:
 - Urge Oklahoma's next Superintendent of Public Instruction to expand breakfast in the classroom and other programs encouraging fresh, local fruits and vegetables served in schools.
 - Expand the Regional Food Bank of Oklahoma's Backpack Program, which provides a backpack of food for children at risk of hunger to eat on weekends and school holidays.
 - Implement summer meal programs in schools.
 - Improve access to fresh, local fruits and vegetables; community gardens in schools.
 - Find ways to increase funding for local food and food accessibility programs such as those championed by the Oklahoma Farm and Food Alliance.
4. The Town Hall Panels encourage the adoption of the community school model in more schools. Town Hall Panels recommend that Oklahoma send messages about public health to the alumni mailing list of Oklahoma colleges and universities, in collaboration with those universities.

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