



April 2009 Stillwater Voter

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Acting President

A Publication of Stillwater, Oklahoma,
League of Women Voters

Marlee Pierce, Editor
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This newsletter is supported by member dues. Complimentary copies are provided to interested parties. If you are interested in joining the League, please contact Gladeen Allred-Struthers at 372-7238.

SLWV Calendar

Tues., April 7 — Stillwater Mayoral Election. Candidates are: Roger McMillian (incumbent) and Nathan Bates.

Mon., April 13, 7:00 p.m. — Book discussion group: *The Double Bind* by Chris Bohjalian.
Leader: Trish Emig
Location: Syamali Nandi's home, 912 West Eskridge Ave.

Tues., April 14, 11:30 — Hunan Restaurant, 702 East Sixth Avenue. *Results of the Health Care Study*, presented by Esther Winterfeld. (Program will start at 12:00)

Thurs., April 16, 7:00 p.m. — SLWV Board meeting at the Stillwater Public Library, meeting room 138. All members are welcome to attend. (Contact Person: Gladeen Allred-Struthers)

Thurs., April 23, 6:00 p.m. — Highland Park United Methodist Church, 524 North Stallard. **LWV Stillwater Annual Meeting**, Pot luck dinner. Bring a favorite dish.

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Voter Service

Thanks to Marlee Pierce, Kay Murphy, and Alice Richardson, **Facts for Stillwater Voters** was revised and is available for anyone who wants to help distribute them. I have taken some to the Municipal Building, the Library, the Chamber of Commerce, ONB Bank, BancFirst, Payne County Election Board, and the Red Cross. I have plenty more.

We were able to re-schedule the Forum for mayoral candidates Roger McMillian and Nathan Bates. It will be Thursday, March 26, at 5:30pm at the City Council Chambers and will also be televised on Channel 23. Gladeen will moderate. We still need a timer and volunteers to hand out and collect cards and pencils as well as to screen questions. Please let me know if you can help.

Deanna Homer, 377-0918

(Editor's note: Obviously, the date for the forum has passed; I hope it went well!)



Sunny Days? Senat speaks about Sunshine Week

On March 10th at Hunan's Restaurant, Joey Senat, Assistant Professor of Journalism at Oklahoma State University, spoke to the League members about Sunshine Week and Oklahoma's Open Meeting Act. Sunshine week is celebrated March 15 through March 21, 2009 in Oklahoma.

Senat said that his organization, FOI Oklahoma, Inc., offers two versions of the pledge to support open government that candidates for public office can sign. There is a local version and a state-level version. The local pledge focuses on following and supporting the spirit of the law. The state version is a pledge to support strengthening open meeting laws. Eleven current state House members have signed the pledge.

Senat explained that some but not all governments are using the internet to post meeting notices and agendas within the state-mandated time period. The key is ease of access. The internet is a tool that governmental bodies can use to provide the 24-hour access required. For those without internet access, the notices and agendas must be posted facing out to a public right-of-way so that if someone wanted to access the agenda prior to the meeting when the building is closed, they can. Ten days notice is required prior to changing the date and time of a regular meeting. Only 48-hour notice is required for a special meeting. Agendas must be accessible 24 business hours prior to the meeting date and

time. The law covers not only councils, but also committees and even the Board of Regents. The location and time of the meeting must be convenient and accessible to the public. There is no requirement that they be televised.

Every meeting is considered open unless exempted by state legislature. The important presumption of the statute is that if the record or meeting is stated as being closed, it is up to the public to prove that they deserve access. If a person is informed that the item of information falls under an exemption by a government official, Senat advised that the person should read the statute at OSCN.net to double-check if it is indeed exempted. If not, the governmental official is in violation of the law. The public has an inherent right to know and be fully informed about their government.

Senat also spoke about the quorum portion of the act. A quorum cannot meet without public notice. However, this does not mean that less than a quorum cannot meet. Serial meetings with less than a quorum are prohibited, but violations of the prohibition are hard to prove, since many are done with telephone and email conversations. The OSU Board of Regents does this! Every vote has been unanimous with no discussion. This is a sign that agenda items are being decided outside of meeting. The public has a right to know what the alternatives were, the reasoning behind the individ-

ual votes, and even how the governmental body reached that conclusion. Senat said, "Rubber stamp votes are useless to the public."

Social meetings are permitted, so long as they do not discuss public business. Many choose to avoid social meetings in order to avoid the appearance and rumors that may be started that they are in violation of the open meeting act.

Senat suggested that the law could be strengthened by having an independent public body formed or empowering the state attorney general to investigate and prosecute violations of the open meeting law. This would take it outside of the local politics level. Clarification could also be made to "a reasonable amount of time" for access to governmental documents. Senat stated that 30 days, as suggested by one legislator, is too long.

What can the League do? We are encouraged to make open meetings a candidate questionnaire issue. For more information on Sunshine Laws, visit LWV.org or FOIOklahoma.org.

—Kirsten Tautfest



Healthcare Study Report 2008-2009

Members of the Study Committee:

Thora DuBois, Joanne Murer, Kay Murphy, Nelda Sander, Esther Winterfeldt, Chair

National goals for health are developed for each ten year period by the U.S. Department of Health and Human Services and a mid-course review published each five years. The challenge to the health providers of the U.S. and the impetus for the goals are based on

the major health challenges:

- 18.2 million Americans have diabetes and nearly one-third are unaware they have the disease.
- More than 64% of the U.S. population is overweight or obese.
- More than 31 million people have a diagnosis of arthritis and many do not apply the knowledge that is known regarding treatment.

•Heart disease and stroke account for more than 40% of all deaths yearly.

•Cancer is the second leading cause of death, killing more than half a million.

Twenty-eight focus areas have been identified as goals with long lists of objectives for each area. Two overarching goals are identified:

1. Increase the quality and years of

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healthy life, and

2. Eliminate health disparities.

The health care crisis in the U.S. today is fueling current government efforts, at both federal and state levels, to greatly improve the system as it works today. Four aspects of what is needed in a comprehensive health plan are:

1. prevention of illness and disease,
2. better management of chronic disease,
3. end-of-life care, which accounts for 20% of all health care expenditures, and
4. better primary care.

There is an urgent need for hospitals, insurance companies, doctors, and other health care providers to come together to make a better system work in light of the fact that the U.S. now spends some 16% of GNP for health care. This is more than any other country including those that have universal health care in place. Our system is fragmented in that there is disagreement about where the problems lie. Summarized, some of the major problems are: 1) preventive measures are not taken seriously, often by providers as well as consumers, 2) access to health care through insurance and other assistance all relate directly to costs, 3) the population is aging leading to increased health care costs due to chronic conditions, 4) Medicare and Medicaid are predicted to have substantial funding problems in the future, 5) lifestyle practices add to the costs including smoking, alcohol use, obesity, drugs, neglect of routine health checks, lack of exercise.

According to news reports, it is anticipated that the President's Stimulus Package 2009 will include the following:

- \$87 billion for Medicaid,
- 29 billion for health insurance,
- 20 billion for health care information technology,
- 11 billion for low-income workers who lost jobs to enable them to apply for Medicaid,

Redefines workers age 55 and above with 10 years of tenure to continue to receive health insurance through COBRA or until age 65 and eligibility for Medicare.

OKLAHOMA DATA

Overall, Oklahoma ranked 43rd among

all states by the Centers for Disease Control in 2008 according to "American Health Rankings". The state received \$19.40 per person in federal funds to help prevent disease and injury and is ranked 24th among states in this regard. Amounts differ by states based on various factors. The specific areas in which the state scores in the bottom 10% are obesity, adult smoking, and diabetes. Rankings for Oklahoma regarding health factors are the following:

Income: 47th
 High school education: 41st
 Nutrition: 50th
 Exercise: 47th
 College education: 47th
 Mental illness: 50th
 Health insurance: 44th
 Tobacco use: 47th
 Heart disease: 50th

Oklahoma is one two states with no requirement for health education in the public schools. PASS ("Priority Academic Student Skills") guidelines provide a comprehensive outline of the components of health education at every grade, but only about half the 539 school districts in OK offer any type of physical ed, health and nutrition classes in the upper grades.

Oklahoma Statistics:

- 641,000 are uninsured or 21% (The national average is 17%),
- 621,482 low-income and elderly are enrolled in Medicaid or Sooner Care (2008),
- 195,689 adults and 421,324 children under age 21 are enrolled in the Behavioral Health program (in Sooner Care),
- 17,290 are enrolled in the Sooner Family Planning program for uninsured women and men not enrolled in the regular Sooner Care,
- 36% of the population is overweight and 23% are obese,
- 64,766 are enrolled in SCHIP (children's health insurance),
- 15,000 are enrolled in INSURE, the public subsidy program for low-income employees and families to purchase

employer-sponsored insurance.

- 16% are at or below the poverty level (\$38,000 /yr for family of four),
- 129,227 are enrolled in WIC (Women's, Infants, and Children's program),
- 438,631 school lunch participants,
- 205,724 school breakfast participants,
- In 2005, there were 51,157 births,
- 39% of births were to unmarried mothers,
- 82,400 (4.7%) were unemployed in Nov. 2008 vs. 7% nationally,
- 70% of women 40 and older have mammograms at least each two years,

To their credit, the 2009 state legislature is working on bills to improve Oklahoma's health in view of the state's low ranking and the 600,000 who are uninsured.

PAYNE COUNTY DATA (Stillwater, Cushing, Glencoe, Ripley, Yale)

- 48,668 population (2007)
- 9% are age 65 and over
- 18% have incomes less than 10,000/yr.
- 871 births in 2005 (75 to mothers age 15-19). 937 births in 2006
- Low birth weight babies—rank is 8th in the state
- 511 deaths Causes of death (in descending order of occurrence): cardiovascular disease, cancer, respiratory disease, accidents, diabetes, flu and pneumonia, Alzheimers, kidney disease, septicemia.

Providers of Health Care

Stillwater Medical Center diagnoses of inpatients in 2008: Cardiovascular disease, 5778; Diabetes, 746; Cancer, 425; Obesity, 159; Alzheimers, 60; Arthritis 17.

Community Health Service treatments in 2008:

Services offered: general health care,

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mental health services, pharmacy prescriptions and drugs assistance (\$271,875), diabetic supplies (\$40,000), combined client and pharmacy services (\$733,000), medical, nursing, dietary services.

5030 individuals treated,

Volunteer hours provided: 1423

Value of volunteer hours: \$49,885

SMC services: \$38,860

Total value of medical services: \$885,593

Cost per client: \$111

Starting Point

Services provided: substance abuse treatment, educational and referral services to indigent and low-income citizens.

5505 individuals treated in 2008

Health Care Program Providers in Payne County (Feb 2009): State and Federal Funds

360, total

282, Sooner Care Traditional (Medicaid)

67, Developmental Disabilities Services

33, Sooner Care Choice—primary care provider

29, LTC (long term care)

8, INSURE Oklahoma (OK Employer-Employee Partnership for Insurance coverage)

3, NFM waiver (non-federal medical)

2, Sooner Care Choice—Indian Health Service

2, DDSD-SLA. (Developmental disabilities—supported living arrangements)

Direct Primary Care

Stillwater Medical Center and its community programs,

Hospice,

Community Health Service,

Starting Point,

County Health Department,

Private physicians

CONCLUSION

Payne County is typical of the State of Oklahoma in regard to health-related problems and illnesses but better than many communities in Oklahoma regarding health provider resources. It is obvious that many of the disease conditions that affect Payne County citizens have a direct connection to lifestyle factors that are typical of the state and the nation as a whole. The implication of these data is that much more could be done through preventive measures by health care professionals and by direct care providers. In addition, programs in schools are needed that emphasize exercise and nutrition. One good way is by integrating the school lunch and breakfast programs with classroom activities. Cooperative programs that involve health care professionals, researchers, university faculty and university resources, concerned citizens, and journalists could be expected to have a positive impact on the health status of Payne County citizens.

—*Esther Winterfeld*



**LEAGUE OF WOMEN VOTERS[®]
OF STILLWATER**

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