

Moving Toward Better Health:

How to Make Stillwater the Healthiest Community in Oklahoma



Stillwater SPEAKS: In Search of Common Ground

What is Stillwater SPEAKS?

This non-partisan, non-biased public deliberative forum issue guide is the work of **Stillwater SPEAKS (Stillwater People Expressing Attitudes and Knowledge): In Search of Common Ground**. This group was formed in 2002 by a collection of Stillwater citizens who were all too familiar with strongly divisive opinions, such as neighbor vs. neighbor and institution vs. institution. A way that leads to common ground was needed.

Stillwater SPEAKS wrote to the Kettering Foundation of Dayton, Ohio, expressing interest in participating in training in the art of public decision making, especially if factions of that public seem to have difficulty talking with each other. The Kettering Foundation selected the group to be one of three in the country to receive training in a series of workshops in Dayton through fall, 2003. This issue guide on health and wellness in Stillwater is one product of the group's training at the Kettering Foundation.

How Was This Issue Forum Guide Developed?

Over several months, *Stillwater SPEAKS* employed four strategies to identify an issue for deliberation in public forums. The strategies included three public meetings, a written survey, conversations with fellow citizens, and interviews with professionals. Through this process, the broad issue of distress about health and wellness surfaced as a major concern to Stillwater citizens. Through further discussions, interviews and research, *Stillwater SPEAKS* identified three approaches or possible policy directions for citizens to deliberate and developed this issue guide. The **purpose of this deliberative forum issue guide** is to engage Stillwater citizens in public deliberative issue forums.

What Is a Deliberative Forum?

In a deliberative forum, a **diverse group** of about **15-30 persons** convene in a circle with a **trained moderator and recorder**. Over 2 to 2½ hours, the moderator engages people in deliberating three or four **possible policy approaches** to a public issue of concern to our community. Participants talk about the appeals and concerns of each approach as well as possible actions consistent with each approach. The moderator maintains an environment where forum **participants listen carefully and respectfully to each other** as they share their varied perspectives on the issue. Participants listen for **common ground**, and they identify the **trade-offs** they are willing to make in support of an action or approach.

How Can You Get Involved in Stillwater SPEAKS?

Involvement in *Stillwater SPEAKS* is open to any resident (adult or youth) who is willing to work with others who share an interest in fostering citizen involvement in public decision making through deliberative forums. *Stillwater SPEAKS* engages in various activities such as:

- identifying local public issues appropriate for deliberative forums
- developing a non-partisan, non-biased issue guide for use with deliberative forums
- promoting, convening and participating in deliberative forums
- moderating and recording deliberative forums
- reporting forums to participants, decision makers and the public

To become involved in *Stillwater SPEAKS*, please contact the following persons:

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Moving Toward Better Health: How to Make Stillwater the Healthiest Community in Oklahoma

A Deliberative Forum Guide

Introduction to the Issue

The state of health and health care are major concerns for all Americans. In many respects, the current health picture for Oklahoma is dim. As reported in the Oklahoma Board of Health *2003 State of the State's Health* report, too many Oklahomans still smoke, are overweight, do not exercise enough, and do not have medical insurance. The United Health Foundation recently ranked Oklahoma 46th in the nation for health.

Oklahoma's death rate is higher than the nation as a whole. In fact, Oklahoma is the only state whose death rate has been increasing since 1990. The Oklahoma Board of Health concluded

that more than 50% of deaths in Oklahoma are due to preventable causes. Changing some of our poor habits and choosing healthful ones could make a huge impact on our overall health status.

Concerns about health and healthcare emerged from Stillwater citizen input during a series of community meetings in 2002-2003. Three major themes surfaced: quality of, cost of, and access to health care practices and services. Also, people were concerned about mental health issues, substance abuse, impacts on children, and lifestyle choices.

The State of Health in Oklahoma and Stillwater

Mental Health

People often view mental health as the absence of a mental illness, but it's much broader. Mental health is a state of successful mental functioning. Mental health results in productive activities, fulfilling relationships, and the ability to adapt to change and cope with adversity. Mental health is vital to personal well-being, family and personal relationships and one's contribution to society.

Over 5% of adults have a "serious" mental illness (SMI) or mental disorder that interferes with some areas of social functioning. People with SMI are at increased risk for arrest, incarceration, homelessness, and unemployment. About 10% of Americans suffer from depression. Depression affects people of all ages and can range from mild to

severe. Two thirds of people who reportedly commit suicide suffer from severe depression. Yet, 96% of those who suffer from depression could benefit from counseling to help them through a depressive episode.

Local and state budget cuts have reduced mental health services. Local social agencies are overwhelmed with caseloads. There is a shortage of staff to handle the moderate cases and regular counseling sessions.

People with a mental illness are 3 to 6 times more likely to abuse substances. Often they are jailed for non-violent drug related offenses instead of receiving needed mental health services.

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“People with a mental illness are three to six times more likely to abuse substances than people without a mental illness”

Suicide is the 8th leading cause of death for Americans (Centers for Disease Control and Prevention). It is the 3rd leading cause of death for youth age 15-24. Unintentional injury and homicide are higher. Other facts include:

- Persons under age 25 make up 15% of all suicides in 1997.
- From 1980-1997, the rate of suicide increased:
 - 11% among persons aged 15-19 years
 - 109% among persons aged 10-14 years

- Oklahoma’s teen suicide rate (2.6%) is better than the national rate. Sadly, it is almost three times the Healthy People 2010 goal of 1%.

In 1999 and 2000, 7% of children received mental health services funded by the Oklahoma Department of MHSAS Medicaid. This figure does not include children who received service through other funding sources, thus underestimates the children receiving treatment.

Substance Abuse

Substance abuse includes the misuse of otherwise legal drugs, such as alcohol, inhalants and prescription medications, as well as the use of other drugs, such as cocaine, heroin, and marijuana.

Alcohol and other drug abuse link with:

- child and spousal abuse
- sexually transmitted diseases, including HIV infection
- teen pregnancy
- school failure
- motor vehicle crashes
- escalation of health care costs
- low worker productivity
- homelessness

Abuse of alcohol and other drugs can result in major disruptions in family, work, and personal life.

Stillwater is a unique community because of Oklahoma State University. With its young population, Stillwater has a greater incidence of substance abuse and child abuse.

According to the Director of the OSU Counseling Center, the presence of a university greatly increases teen abuse of alcohol and other drugs. High school teens blend into a young adult crowd. It’s easier for them to get and use alcohol and other drugs. Young college students are more likely to buy alcoholic beverages for underage persons.

Among state high school seniors, 35% reported past-month binge drinking. This rate is slightly above the national average, but three times the Healthy People 2010 goal. In fall 2002, there were two reported incidents of binge drinking among high school students in Stillwater.

The illegal production and use of methamphetamines clearly exists in Stillwater. According to the Stillwater Police Department, meth arrests increased from 60 in 1998 to 108 in 2002.

Tobacco Use. Oklahoma has the 3rd highest tobacco use per person in the nation. Tobacco use is the most preventable cause of death and disease.

In addition, juvenile use of tobacco is increasing. Most people begin using tobacco in early teens. In 1999, 42% of Oklahoma high school youth and 21% of middle school children used tobacco.

Secondhand smoke kills nonsmokers, too – an estimated 750 Oklahomans each year.



Lifestyles, Attitudes, and Choices

In 2002, the United Health Foundation released a report that attracted Oklahoma's attention. Our state was near the bottom of the list – 46th in the nation. Although data for Stillwater were not given, citizens and local health professionals share concerns about lifestyle and the choices people make.



Diet and Nutrition. Unhealthy choices in diet and nutrition lead to higher rates of heart disease and obesity. About 56% of Oklahomans are overweight or obese. Super-size portions and a love for high fat fried foods are largely to blame.

An excess 10-20 pounds greatly increases health risks and early death. A person with a weight gain of 11-18 pounds is twice as likely to develop Type 2 diabetes as one whose weight remains the same.

What happens in Stillwater Public Schools (SPS)? For school lunch offerings, SPS uses USDA menu software. SPS plans menus to get a

nutrient balance and portion size appropriate for the student's age. SPS has used that standard since the early 1990s.

SPS allows the use of pop and snack vending machines as a source of funding. The elementary schools, middle school, and junior high have pop vending machines in the teachers' lounges. They are not for student use.

The high school has vending machines in the student center. Federal law prohibits their use during mealtime. California and Pennsylvania have banned vending machines in schools.



High fat foods can lead to obesity



Lack of exercise. About 82% of Oklahomans do not exercise, compared to 78% in the U.S. The most common excuse is laziness. However, there are some things that promote exercise, such as:

- sidewalks
- signaled cross walks
- bicycle paths
- walking trails

Some of these things don't exist in areas of Stillwater, or are in bad condition.

Physical education classes are no longer required at the secondary level. It appears children in the U.S. are getting less exercise in general:

- Daily participation in high school physical education has dropped (Centers for Disease Control):
 - 42% in 1991
 - 27% in 1997
- Children's participation in a fitness activity at least 100 times/year has dropped (American Sports Data, Inc.):
 - 23% in 1987
 - 19% in 1997

"About 82 percent of Oklahomans do not exercise compared to 78 percent nationally." (Oklahoma State Board of Health's 2003 State of the State's Health.)

“24% of adults 19-64 and 17% of children 18 and under in Oklahoma are uninsured”



Uninsured and Underinsured. Poverty continues to plague Oklahoma. It adds to our health gap. Oklahoma ranks in the top ten states with the highest poverty rates. Poverty in Payne County is 2% higher than Oklahoma. As a result, many go without health insurance.

No survey data exists, but the Stillwater Chamber of Commerce projects that many local businesses do not provide health insurance to part time employees.

Some studies show the following:

- 75 million Americans lacked health care at some point during the last two years (Robert Wood Johnson Foundation)
- Henry J. Kaiser Family Foundation State Health Facts Online:
 - Fewer Oklahoma private sector establishments offer health insurance:
 - 52% (Oklahoma)
 - 59% (U. S.)
 - Uninsured Oklahomans:
 - 24% of adults ages 19-64
 - 17% of children 18 - under

Little or no insurance means problems. People may skip routine medical exams or do without medications. These actions can result in serious conditions, such as uncontrolled high blood pressure and high cholesterol.

Stillwater Community Health Center helps uninsured and underinsured persons. It is a non-profit agency operated mostly by volunteers.

The center sponsors two, two-hour clinics a week. Volunteer doctors, nurses, and pharmacists are on duty then. Appointments are required under normal circumstances. "Walk-in" traffic is common – people have to come back another day for an appointment. Doctors see 80 - 100 people a month. Also, 160-180 patients get prescription drugs at the center.

The center is not able to meet the current need in Stillwater. Also, one challenge is to inform the most likely users of the center's availability and use criteria.

How Can We Work for Better Health in Stillwater?

We can work toward better health in Stillwater through education, incentives, and requiring greater citizen responsibility. Each approach promises some solutions to the challenge of better health.

To promote public deliberation about better health practices and services, this issue book presents three **approaches** or **possible policy directions** to address better health in Stillwater. These approaches may overlap, but each speaks for one distinct set of priorities and views.

Approach One – Education and Collaboration. Supporters of this

approach say Stillwater residents need to send a message community wide that wellness and good health are important to quality of life.

Because we care for all members of the community – old, young, affluent, homeless, underrepresented, those with disabilities, etc. – we want to promote knowledge of, access to and practice of good health for all groups of people.

To deliver that message, we can educate ourselves that health and wellness encompass emotional well being, physical well being, mental well being, and spiritual well being set in a healthy environment. We need to empower

“The tools to help build better health are responsibility, education, and incentives.”

people and health care professionals to be in partnership. We believe that positive health is directly linked to the health of the artificial and natural environments (indoors and outdoors) and that our actions should reflect this understanding. All people are viewed as equals in health care issues and should have equal access to, and education for, all health related actions.

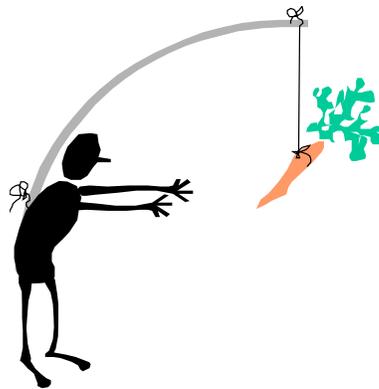
Approach Two – Motivation and Incentives. Supporters of this approach believe that community members must make living healthy lifestyles the rewarding and satisfying thing to do. We can secure a healthy future for the Stillwater community by providing incentives for access and obtain appropriate medical treatment.

By achieving and maintaining a high level of community health, we will be more productive economically and have a higher quality of life for everyone. By being proactive and learning the intrinsic rewards of taking good care of our bodies, we will promote a high level of community spirit and desire among our citizens to succeed in all aspects of their lives.

Approach Three – Responsibility and Accountability. Supporters of this approach say that voluntary behavior (poor choices) causes poor health. These actions potentially put a burden on the community as a whole.

The way to improve the health and well-being of members of the community is to establish rules for providers and consumers to follow in providing and accessing health care. People who abuse alcohol and other drugs must experience consequences for their actions and must not be coddled. Civic leaders and government officials must take a more active role in developing recreational facilities for the community to use.

“Civic leaders and government officials must take a more active role...”



“Let make living healthy lifestyles and providing appropriate medical treatment the rewarding and satisfying thing to do.”

Further Reading:

- 2003 State of the State's Health: Prescription for Public Health Improvement. www.health.state.ok.us/board/stte/index (accessed 6/24/2003)
- Henry J. Kaiser Family Foundation's State Health Facts Online. www.statehealthfacts.kff.org/
- Oklahoma State Department of Health www.health.state.ok.us/ (accessed 6/24/2003)
- Health Status Profile for Payne County 2001. www.health.state.ok.us/board/state01/profiles/index.html [click on County Profiles] (accessed 6/24/2003)

Approach 1



“Prevention begins with knowledge.”



Oklahoma has the dubious distinction of being the only state whose death rate has been increasing since 1990. Data on disability from injury and illness show a similar trend (Oklahoma State Board of Health, 2003). Among the causes for these negative trends are preventable behaviors and practices (e.g., smoking, poor eating habits, and lack of exercise).

Stillwater needs to send a message community wide that wellness and good health are critical elements of quality of life. Because Stillwater cares for all members of the community – old, young, affluent, homeless, underrepresented, those with disabilities, etc. – citizens want to promote knowledge of, access to and practice of wellness and good health for all groups of people.

One way to deliver the message is through **education**. In schools and through **lifelong learning**, we can learn that health and wellness encompass emotional well being, physical well being, mental well-being, and spiritual well being set in a healthy environment.

The Stillwater community can form an educational partnership with health care professionals. Together we can learn a better understanding of what it means to be healthy and work toward a healthier community.

Physical education in the schools can yield healthy results. The Oklahoma Association for Health, Physical Education, Recreation and Dance (OAHPERD) reports that a **physically educated** person:

- has a physically active lifestyle
- achieves and maintains a health-enhancing level of fitness
- understands that physical activity provides enjoyment, challenge, social interaction

Oklahoma does not mandate physical education in the schools.

Through education, adults can learn to change and improve their lifestyles. For example, OSU’s Cooperative Extension Service offers the Community Nutrition Education Program (CNEP). The program enrolls limited-resource families in a personalized, thorough, long-term educational experience. Participants learn skills to obtain an adequate amount of health foods every day. In FY02, around 90% of program participants indicated a positive change towards a more healthy diet. Currently, the program is not offered in Payne County.

With the current fiscal shortfalls, increasing public sector expenditures on prevention education will be difficult. We must seek alternatives. Partnerships to promote, share and use resources through collaboration can fill that need and offer greater efficiency.

One example is the partnership between elementary schools and the Oklahoma City-County Health Department. It provides community-based education in nutrition, injury prevention, exercise, and cardiovascular risk reduction.

What can be done?

Some actions we might take under this approach (with an orientation toward ALL constituent groups) include:

- Develop educational forums and programs to inform the public about health and environmental issues (e.g., gender, race, economic status, disability specific).
- Engage the media to produce educational information for distribution to the public (weekly newspaper articles about various health related issues, radio and TV PSAs).
- Encourage the development of curricula in the schools dealing with quality of life issues (sex education, environmental education, etc.) and physical activity and deliver in all grade levels.
- Develop partnerships between faith based organizations, the city, nonprofits and health care providers
- to offer programs promoting healthy lifestyles and treatment of the whole person.
- Encourage the establishment of safe havens for all people and groups that are subject to harm and hate (non-alcohol parties, safe shelter from abuse, etc.).
- Develop opportunities for low threat dialogues between health care professionals and users.
- Provide greater access to health care and health promotion (e.g., transportation, community scholarships, community health clinic).
- Establish and make available an ombudsperson to mediate health access issues.
- Improve health and fitness infrastructure (e.g., hike/bike trails, city-run wellness facilities, and open space access).

What costs and tradeoffs should we be prepared to accept?

Concerns about this approach

- Issues about health should be taught at home.
- Schools can't teach the subjects they need to teach now; there is no time to teach additional subjects.
- I don't want the church involved in health care.
- These ideas will cost too much money; I'm already overtaxed.
- This won't meet the immediate needs of people who do not have adequate access to health care.
- I don't need any more education about healthy living. Others need to stop telling me what to eat, where I can smoke, etc.
- For every rule and regulation on the environment, you infringe on my freedom.
- I already pay way too much money for city programs that I don't participate in.

Likely Tradeoffs

- A tax levy to fund better health facilities even if the tax burden already feels high
- Volunteering time for community programs at night even when I am worn out from working all day
- Giving people choices to make bad decisions



“...a large order of fries increases calories by 157%.”

Approach 2

“Would you like to super-size that order?” This is a common question at most fast food restaurants. It is a question which is indicative of the general attitude many of us have about our lifestyle and approach to health. These “value” meals are promoted to appear to give us more for less. The trouble is, increasing from a small order of fries, for example, to a large order of fries increases calories by 157%.

This same type of attitude leads many to abuse alcohol and drugs and use tobacco products. In a recent presentation to the OSU Emeriti Faculty, representatives of Stillwater Medical Center cited the statistic that 53% of our health status is the result of our lifestyle.

In addition to problems with lifestyles, Stillwater residents face problems due to the cost and availability of medical care. Costs are increasing for insurance coverage and prescriptions. Costs are also increasing for doctors with some Stillwater doctors reporting an increase of 30% for malpractice insurance premiums.

To secure a healthy future for the Stillwater community, we must make **living healthy lifestyles** and providing and obtaining appropriate **medical treatment the rewarding and satisfying thing to do**. By achieving and maintaining a high level of community health we will be more productive economically and have a higher quality of life for everyone. By being proactive and learning the intrinsic rewards of taking good care of our bodies, we will promote a high level of community spirit and desire among our citizens to succeed in all aspects of their lives.

As an example of a program with intrinsic rewards as an incentive, Walk This Weigh is a social marketing campaign being piloted by the Oklahoma Department of Health in selected communities starting October, 2, 2003. Participants begin their personalized program by receiving a Passport to Freedom and a pedometer. Turning Point partnerships work with local hospitals to screen and pretest participants so they can set and attain goals.



What can be done?

Some actions we might take under this approach (with an orientation toward ALL constituent groups) include:

- Establishing a program in the public schools which recognizes children who take health and nutrition classes, participate in recreation activities, and maintain healthy lifestyles.
- Establish a community program which recognizes families who commit to a health and wellness program.
- Publicly recognize doctors who donate time to the community health center.
- Provide a waiver of local sales tax on purchases of health foods and recreational equipment.
- Place a label on high fat items on menus in restaurants.
- Reduce development related costs for new developments which are pedestrian oriented and reduce dependence on cars.
- Provide greater tax incentives for health care expenditures to offer programs promoting healthy lifestyles and treatment of the whole person.

What costs and tradeoffs should we be prepared to accept?

Concerns about this approach

- This doesn't do what we need. Not enough people will participate in this voluntary fashion.
- Providing the recognition and incentives will cost money; we are experiencing budget shortages already.
- This approach does not go far enough in getting at the root causes of what encourages poor lifestyle choices and neglecting medical treatment.
- A system of universal health care that emphasizes preventive health care regardless of ability to pay is what is needed to solve our problems.
- This part of the country identifies with "steak and potato" eating – promoting "healthy" eating will take away some of our identity.
- Everyone needs to make their own choices based on what is important to them. Creating these incentives to make everyone act the same takes away from the individualism which makes our community unique.

Likely Tradeoffs

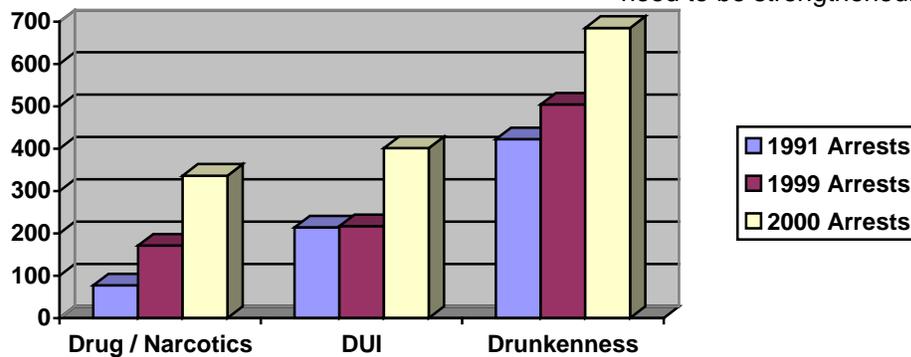
- Willingness to make a commitment to family recreational activities even though the time taken may increase stress in other areas of life.
- Paying more in taxes or medical costs to provide for increased health coverage for mentally ill or low income.

Approach 3

“The number of arrests for the illegal production and use of methamphetamines has doubled from 1998 to 2002...”

The way to improve the health and well being of members of the community is to establish rules for providers and consumers to follow in providing and accessing health care. In addition, people who abuse alcohol and other substances must experience consequences for their actions. The government and school system need to take a more active role in promoting fitness and good nutrition.

Arrests for the illegal production and use of methamphetamines doubled from 1998 to 2002, according to statistics provided by the Stillwater Police Department. Laws must be established to protect society from drug users and drunk drivers. In schools, kids need to be taught the consequences of drug use and drinking and driving. The following chart of Stillwater arrest statistics paint a sobering picture as to why penalties need to be strengthened:



We must be **responsible** and **accountable** to address underage abuse of alcohol and other drugs. A survey of Stillwater High School seniors conducted by PaNOK Area Prevention Resource Center in May 2001, found the following:

- 21% used marijuana during the last 30 days
- 37% got drunk during the last 30 days
- 29% smoked cigarettes in the last 30 days

Oklahoma State University (OSU) affects teenage use of alcohol and other drugs in Stillwater. According to the Director of the OSU Counseling Center, the presence of a university significantly increases the extent to which teens obtain and use alcohol and other drugs because high school

students more easily blend into a college crowd and some college students are willing to purchase alcohol for underage students.

Stillwater and the state must pass laws to keep doctors, pharmacies, and insurance carriers from raising prices to the point that people cannot get the necessary healthcare. For example, one self-employed Stillwater businessperson saw an 85% increase since 1999 in his major medical insurance premiums.

Malpractice insurance costs must be controlled. Doctors are experiencing increasing costs for malpractice insurance, with some Stillwater physicians noting that their malpractice insurance premium increased 30% in 2003, plus an additional 30% surcharge on top of the increase.

Civic leaders and government officials must take a more active role in developing recreational facilities for the community to use. Facilities such as contiguous sidewalks, signaled cross walks at intersections, bicycle pathways, and walking trails encourage physical activity. Although some popular facilities exist in some parts of the community, they are non-existent in some areas, in poor condition, recently repaired, or in the planning stage of being implemented.

Schools need to reexamine the need for mandatory physical education in the secondary schools. Thirteen (13%) of children ages 6-11 and fifteen (15%) of adolescents 12-19 are overweight. The number of overweight children has doubled, and the figure has tripled in adolescents.

Although tax increases are not popular, one Oklahoma community voted to earmark a percentage of the county sales tax to benefit youth. Juvenile Judge Miller in Canadian County successfully lobbied for a sales tax to improve services to at-risk youth. The county used tax proceeds to:

- start a weekend sanctions program for youth getting in trouble
- build a detention center for delinquent youth.

When community members decide that something is a priority, they often support it financially.

What can be done?

Some actions we might take under this approach (with an orientation toward ALL constituent groups) include:

- Improve Increase sales taxes on alcohol, tobacco and soft drinks and use the proceeds to fund such initiatives as drug and alcohol treatment and prevention programs, nutrition education programs, and improving recreational facilities and programming.
- Remove pop and snack machines from the schools.
- Increase local penalties for the possession and selling of illegal drugs.
- To help curb the rising cost of healthcare, support legislation limiting liability for malpractice suits and increasing tax deductions for health care expenses.
- Pass ordinances increasing penalties for selling beer and tobacco to minors.
- Establish a requirement at Stillwater Medical Center that doctors have to accept a certain percentage of Medicaid clients or donate 1 day a month to a free clinic in order to have privileges.
- Establish local public transportation to assist needy in getting to appointments.
- Establish a local school policy to mandate physical education classes in secondary schools.

What costs and tradeoffs should we be prepared to accept?

Concerns about this approach

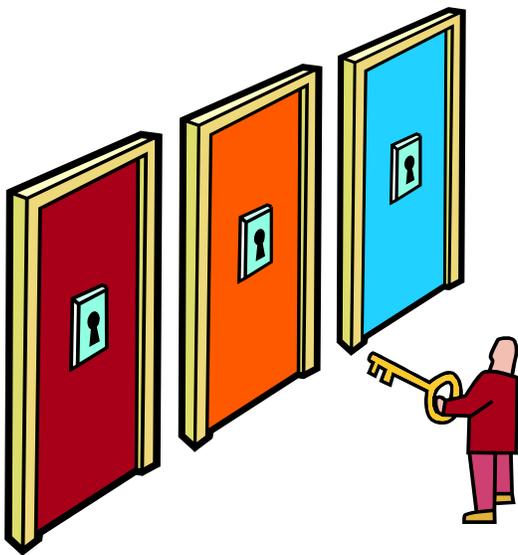
- More legislation is not the answer; doctors need incentives to control costs.
- Making recreational facilities available does not mean people will use them.
- Drug offenders need treatment, not punishment. You do not punish people for having diabetes; chemical dependency is a disease.
- Education is the key to a healthier lifestyle, not more of the government telling us what to do.
- It's better to bring the community together in an effort to promote health lifestyles rather than having a lot of mandates. For example, Stillwater could start a community garden.
- Communities used to take care of their own, and so should Stillwater. We don't need bureaucrats setting up regulations.
- People have a right to do what they want with their lives.
- Who has time for exercise? I'm trying to keep a roof over my head and food on the table.
- Scare tactics don't work with kids. Give them the facts about drugs.
- Locking up drug offenders will lead to increased costs for incarceration.
- Tort reform might limit compensation for those who have truly been harmed, who may then become a burden on society.
- Increased crime rates because prohibition of drug use leads to increased crime to support a person's addiction.

Likely Tradeoffs

- Increased taxes
- Mandating that doctors see clients may increase healthcare costs because increased costs are passed on to those who can pay.

This issue forum guide provides an overview of the issue to promote public deliberation and citizen action. It outlines several perspectives or approaches.

Each approach speaks for one set of priorities and views. It draws ideas from across the political spectrum to advocate a unique and consistent approach to the issue. Some elements of the approach are readily mixed, but not others, because each approach takes Stillwater in a very different direction. These pages outline the three approaches presented in this guide.



Approach 1

Education and Collaboration

Educational programs are the key to improving health in Stillwater. Through them, people will learn to improve their health habits.

What Can Be Done?

- Develop educational forums and programs to inform the public about health and environmental issues.
- Provide greater access to health care and health promotion.
- Develop opportunities for low threat dialogues between health care professionals and users.
- Improve the health and fitness infrastructure in Stillwater.
- Engage the media to produce educational information for the public.

In Opposition

- This won't meet the immediate needs of people who do not have adequate access to health care.
- I don't need any more education about healthy living. Stop telling me what to eat, where I can smoke, etc.

Likely Tradeoffs

- Increased taxes for better health facilities, even if taxes already feel high
- Volunteering time for community programs at night even when I am worn out from working all day.

Approach 2

Motivation and Incentives

Stillwater residents face health problems due to lifestyle and affordable/available healthcare. We need to reach and maintain a high level of health in Stillwater so we will be more productive and have a higher quality of life. People will improve their health if we offer the right incentives and motivation.

What Can Be Done?

- Publicly recognize persons who donate to the community health center.
- Establish a community program which recognizes families who commit to a health and wellness program.
- Place a label on high fat items on menus in restaurants. Recognize restaurants that offer healthy choices.
- Provide greater tax incentives for healthcare expenditures to offer programs promoting healthy lifestyles and treatment of the whole person.

In Opposition

- This doesn't do what we need. Not enough people will participate in this voluntary fashion.
- This approach does not go far enough. It does not get at the root causes of why people make poor lifestyle choices and neglect treatment.

Likely Tradeoffs

- Spending more time on personal and family health, even though the time taken may increase stress in other areas of life
- Higher taxes or medical costs to increase health coverage for mental illness or for low income persons

Approach 3

Responsibility and Accountability

Rules and laws can help improve the health and wellness of Stillwater citizens. People should be responsible and accountable for their actions. Healthcare providers and consumers need new rules on access to healthcare. People who abuse alcohol and other drugs must face the consequences. Require government and school systems to be more active in promoting fitness and good nutrition.

What Can Be Done?

- Remove pop and snack machines from the schools.
- Increase local penalties for:
 - possession and selling of illegal drugs.
 - selling beer and tobacco to minors.
- Pass laws to limit malpractice liability.
- Increase tax deductions for health care expenses.

In Opposition

- We cannot force people to exercise. They have to want to do it.
- Chemical dependency is a disease. Drug offenders need treatment, not punishment. We do not punish people for having diabetes, so we should not punish people for this disease.

Likely Tradeoffs

- Increased taxes
- Higher healthcare costs for those who can pay, if doctors are mandated to see patients

The Title of Citizen

“. . . the only title in our
democracy superior to that
of President, the title of
Citizen.”

-- President Jimmy Carter
Farewell Address to the Nation
January 14, 1981

Stillwater SPEAKS extends gratitude to the Stillwater Public Schools “Change of Course” project (funded by the National Foundation for the Improvement of Education) for supporting the publication of this booklet.

Photographs courtesy of Stillwater Parks and Recreation and Stillwater News Press.