

Fallbrook Regional HEALTH DISTRICT

AGENDA SPECIAL BOARD MEETING Friday, June 25, 2021, 10:00 a.m.

In accordance with the current State of Emergency and the Governor's Executive Order N-25-20, of March 12, 2020 and N-33-20 of March 19, 2020, teleconferencing will be used for this meeting. Board members, staff and members of the public will be able to participate by webinar by using the following link:

<https://us02web.zoom.us/j/83255369155?pwd=U0ZoRzdqc1ZkUzFGcXQvYmVrVG1iQT09>

Meeting ID: 832 5536 9155 Password: 098018 Participants will need to download the Zoom app on their mobile device. Members of the public will also be able to participate by telephone using the following dial in information: Dial in #: (310) 372-7549, Passcode 660448.

A. CALL MEETING TO ORDER / ROLL CALL / ESTABLISH A QUORUM / PLEDGE OF ALLEGIANCE

A Special Meeting may be called at any time by the President, or three Board members, by delivering notice to each Board member and to each local newspaper or general circulation, radio, or television station requesting such notice in writing, personally or by mail. Such notice must be delivered personally or by mail at least twenty-four (24) hours before the time of such meeting as specified in the notice. The call and notice shall specify the time and place of the special meeting and the business to be transacted. No other business shall be considered at special meetings. Such written notice may be dispensed with as to any Board member, who at, or prior to the time the meeting convenes, files with the Secretary a written waiver of notice. Such waiver may be given by telegram. Such written notice may also be dispensed with as to any member who is actually present at the meeting at the time it convenes.

B. APPROVAL OF THE AGENDA

C. PUBLIC COMMENTS

Opportunity for board members and citizens to speak on items of interest within subject matter jurisdiction of the District. Please note that, for comments made on items not appearing on the current agenda, the Board may take no action as to the comment at the current meeting (Gov't Code 54954.3[a]), and the Board is allowed only a brief response to the speaker's comment. For the record, please state your name. "Request to speak" cards should be filled out in advance and presented to the Board Chair or the recording secretary. The Board has a policy limiting any speaker to not more than five minutes.

D. DISCUSSION/POSSIBLE ACTION ITEMS

C1. Catalyst Presentation of Financial Feasibility of Programming Options for Wellness Center at 1636 E. Mission Rd. Property

E. ADJOURNMENT

NOTE: I certify that on Thursday, June 24, 2021 I posted a copy of the foregoing agenda near the regular meeting place of the Board of Directors of Fallbrook Regional Health District, said time being at least 24 hours in advance of the meeting. The American with Disabilities Act provides that no qualified individual with a disability shall be excluded from participation in, or denied the benefits of District business. If you need assistance to participate in this meeting, please contact the District office 24 hours prior to the meeting at 760-731-9187.


Board Secretary/Clerk

Fallbrook Regional Health District
Health and Wellness Center

Special Board Meeting

June 25, 2021

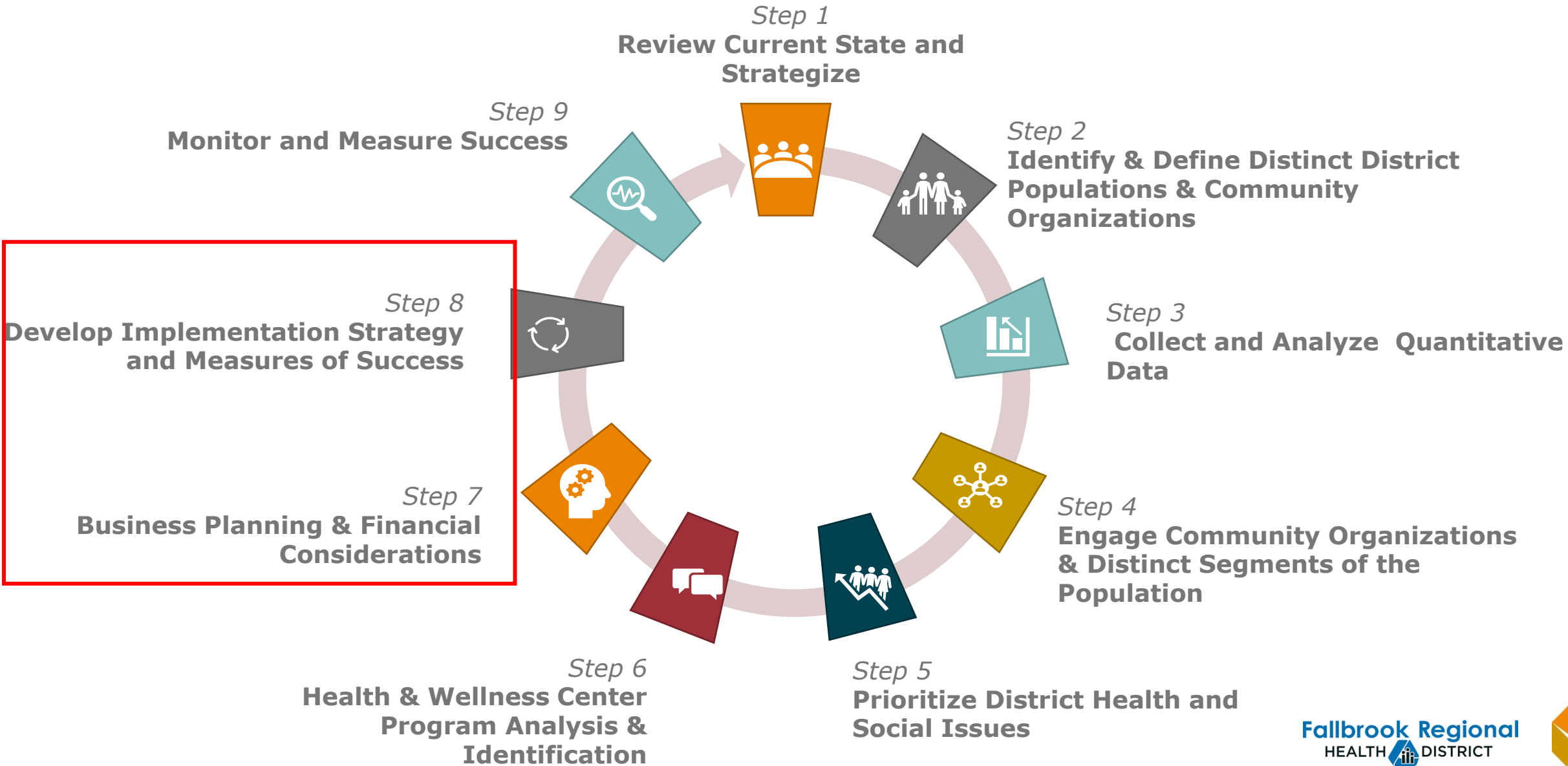


Agenda

- Wrapping Things Up
- Quick Review of How We Got Here
 - Priority Health and Social Needs
 - Considerations for Inclusion
 - Approved Programs
 - High Level Summary of Space Needs
- Conceptual Site/Building Use
- Financial Review
- Program Action Plans and Measures of Success
- Next Steps



FRHD Health and Wellness Center Work Plan



Quick Review of How We Got Here



Community Needs Prioritized and Grouped by Rank*

Needs are highly interconnected which enables programs to meet multiple needs simultaneously.

*Ranking of needs is based on assessment against weighted criteria and stated wellness center goals determined by the Board.

| Rank | Category | Needs |
|------|----------|------------------------|
| 1 | Health | Obesity |
| | Health | Type 2 Diabetes |
| | Social | Youth Social Support |
| 2 | Health | Mental Health |
| | Social | Prevention/Screening |
| 3 | Health | High Cholesterol |
| | Health | High Blood Pressure |
| | Social | Transportation |
| 4 | Health | Mobility |
| | Social | Healthy Food/Nutrition |
| 5 | Health | Age Related Deficits |
| | Social | Language Barrier |
| 6 | Social | Economic Security |
| 7 | Social | Family/Child Support |
| 8 | Social | Education |
| 9 | Social | Health Literacy |
| 10 | Social | Legal/Advocacy |

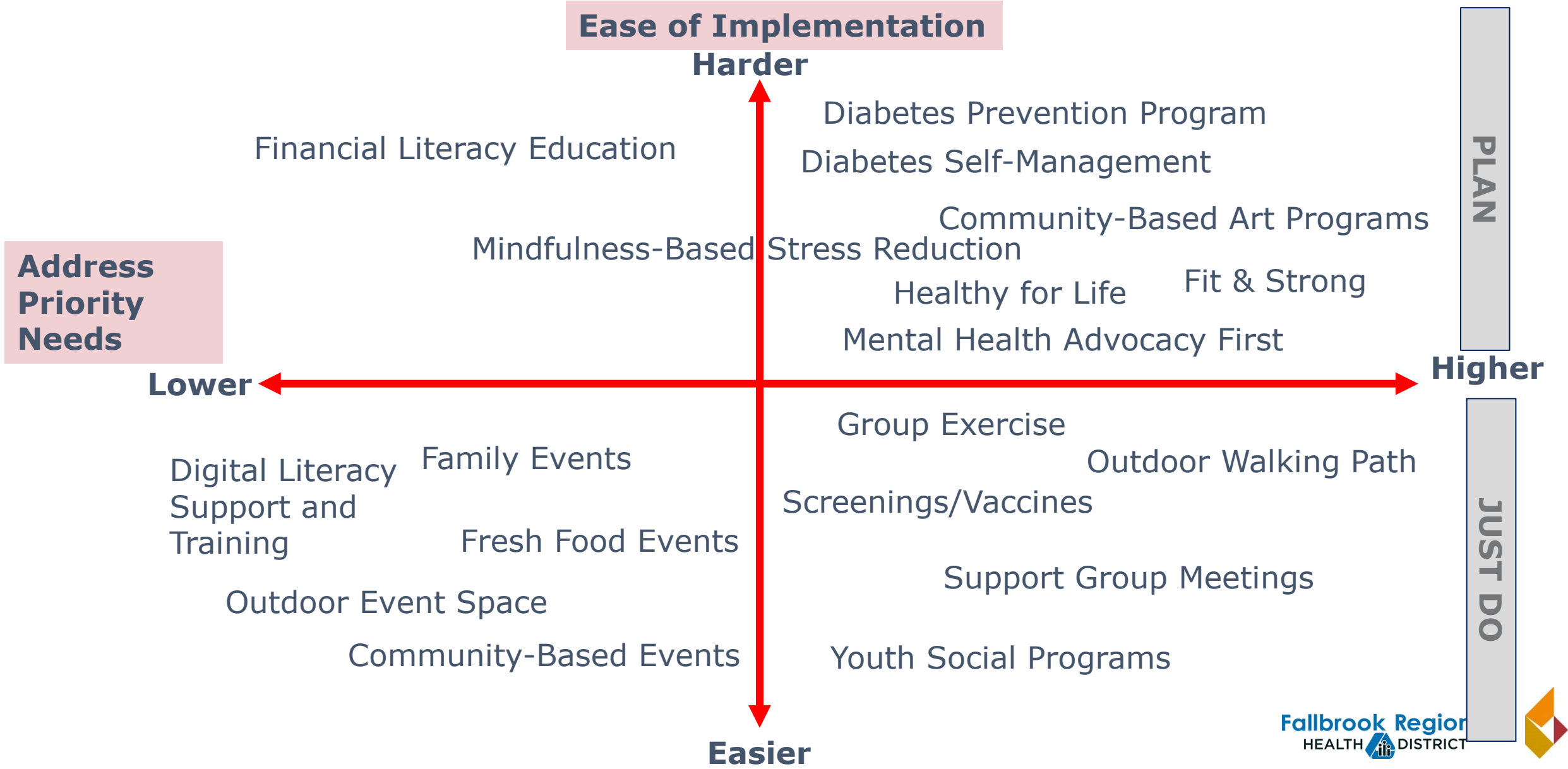


Considerations for Inclusion of Evidence-Based Programs

- Evidence-based.
- Must address more than one SDOH.
- Should be sensitive to cultural, disabled and literacy considerations.
- Align with criteria identified by the Board.
- Supporting space must be flexible to allow utilization by other programs.
- Integrate with and be complementary of other programs.
- Implementation leverages existing resources to minimize execution time.
- Programs must not duplicate services already offered in the community unless information supports expansion, repositioning or increased need for accessibility.
- Programs should meet S.M.A.R.T. goals whenever possible.



Recommended Programs – Just Do vs. Plan



Summary of **Just Do** General Space Needs

Outdoor Space



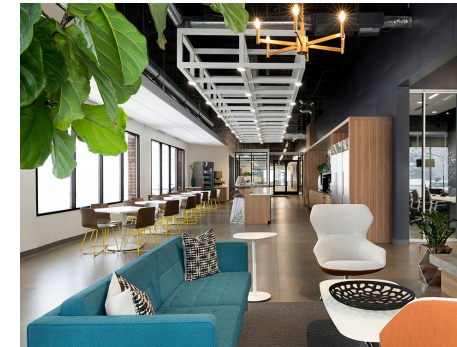
Private Rooms



Educational Space



Public/Social Space



| General Types of Space Needed | Programs Supported |
|-------------------------------|---|
| Large Education Space | <ul style="list-style-type: none"> • Support Groups • Family Events • Community-Based Events • Digital Literacy |
| Large Exercise/Arts Room | <ul style="list-style-type: none"> • Group Exercise • Prevention/Screening • Support Groups • Youth Social Events • Community-Based Events |
| Private Rooms for 2-4 persons | <ul style="list-style-type: none"> • Prevention/Screening • Support Groups |
| Public/Social Space | <ul style="list-style-type: none"> • Family & Youth Events • Community-Based Events |
| Demonstration Kitchen | <ul style="list-style-type: none"> • Family & Youth Events • Community-Based Events |
| Outdoor Space | <ul style="list-style-type: none"> • Family Events • Fresh Food Events • Community-Based Events • Group Exercise • Outdoor Walking Path • Youth Social Events • Outdoor Private Events |

Exercise Space



Demo Kitchen

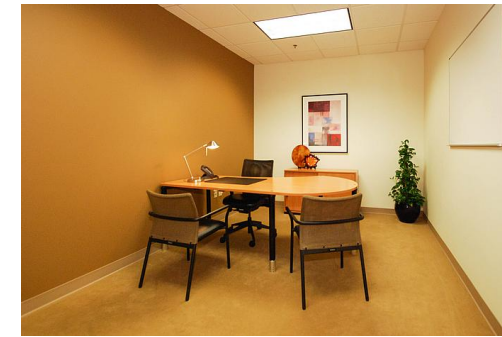


Summary of **Plan Programs** General Space Needs

Outdoor Space



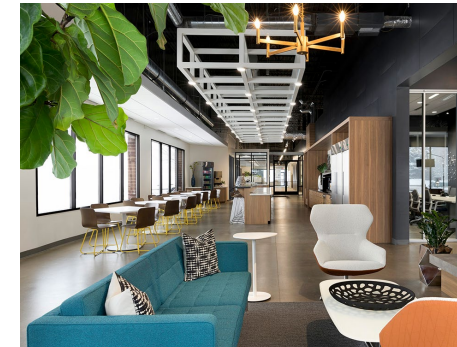
Private Rooms



Educational Space



Public/Social Space



| General Types of Space Needed | Programs Supported |
|-------------------------------|--|
| Large Education Space | <ul style="list-style-type: none"> • Diabetes Prevention Program • Diabetes Self-Management Program • Mental Health Advocacy First (MHFA) • Healthy for Life • Financial Literacy Program |
| Large Exercise/Arts Room | <ul style="list-style-type: none"> • Mindfulness-Based Stress Reduction • Fit & Strong • Community-Based Arts Education |
| Private Rooms for 2-4 persons | <ul style="list-style-type: none"> • Diabetes Prevention Program • Diabetes Self-Management Program • Financial Literacy Program |
| Public/Social Space | <ul style="list-style-type: none"> • Transition Area for All Programs |
| Demonstration Kitchen | <ul style="list-style-type: none"> • Diabetes Prevention Program • Healthy for Life |
| Outdoor Space | <ul style="list-style-type: none"> • Mindfulness-Based Stress Reduction • Fit & Strong • Community-Based Arts Education |

Exercise Space



Demo Kitchen



Conceptual Building Use Options



Property and Pavilion



Church Building and Activity Hall



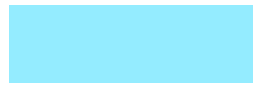
School Building



House



Conceptual Site Program Options-Just Do Programs



- Digital Literacy Support & Training
- Group Exercise
- Support Group Meetings



- Youth Social Programs
- Screenings/Vaccines
- Group Exercise
- Support Group Meetings
- Community/Family Events



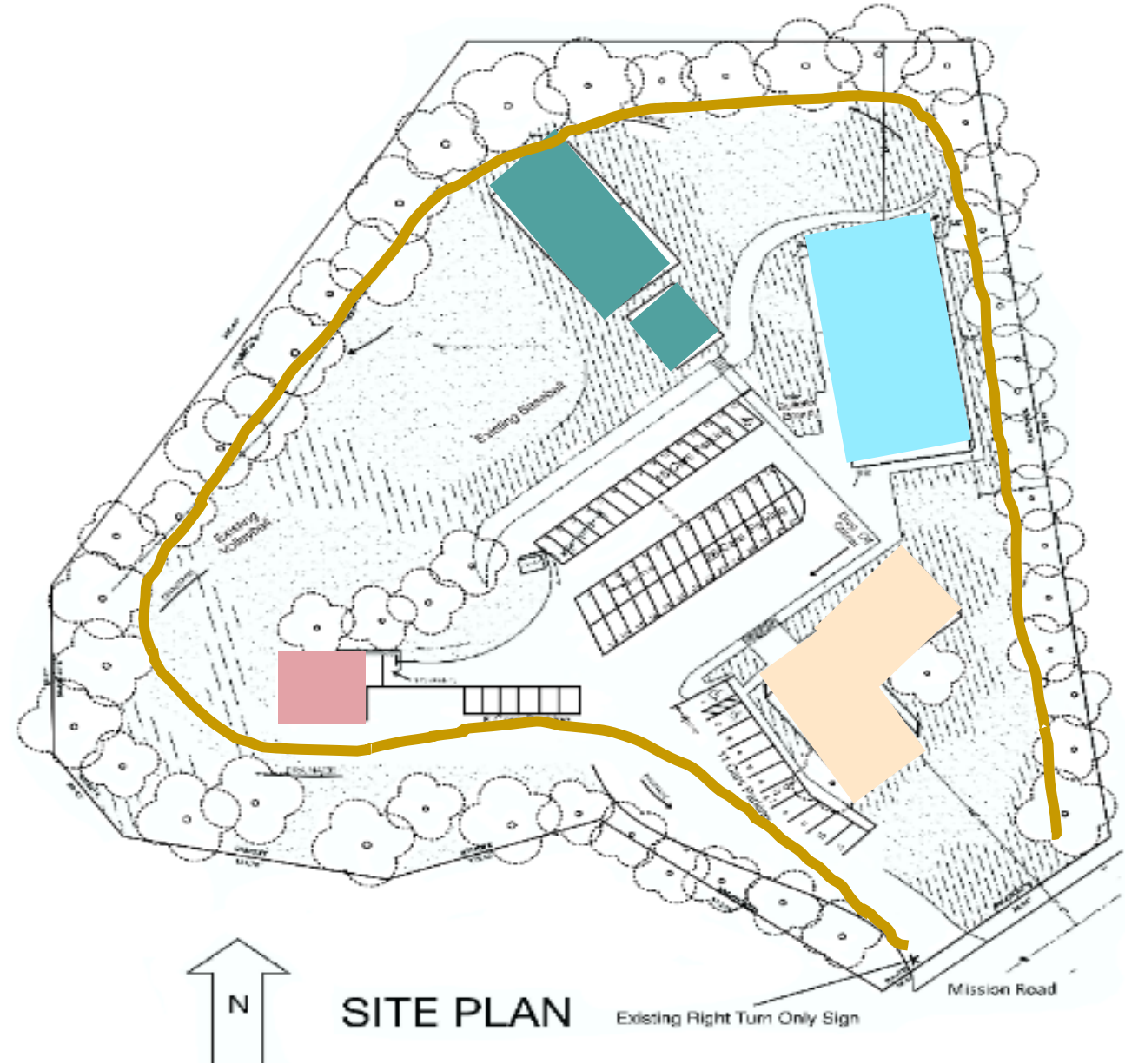
- Fresh Food Events
- Community/Family Events
- Youth Social Events
- Outdoor Event Space



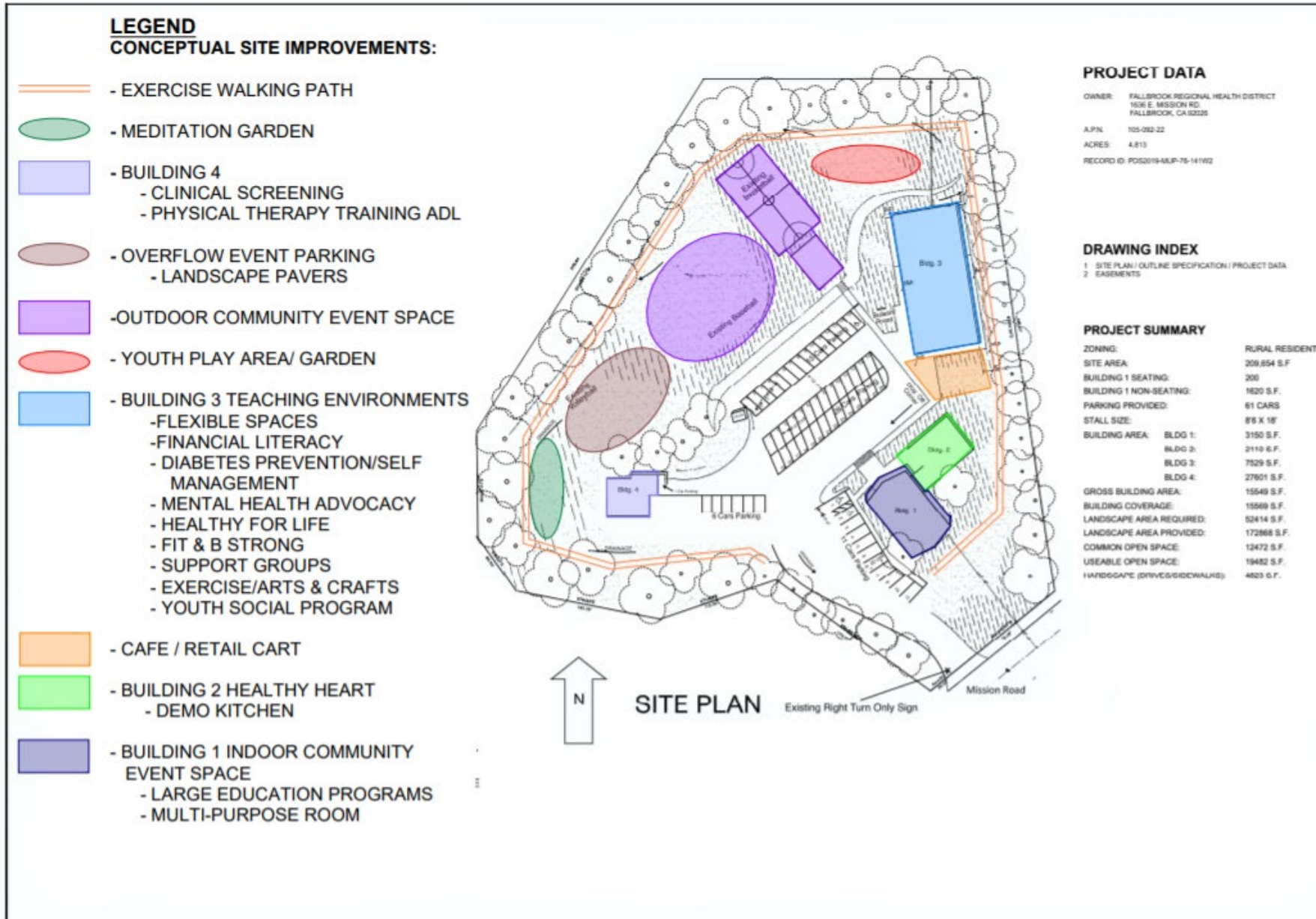
- Screenings/Vaccines
- Support Group Meetings



- Outdoor Walking Path



Conceptual Site Program Design-Plan Programs



Financial Review



- The Model is designed to provide FRHD a 3 year business model for the programs being considered.
- Programs are built in the model individually and collectively to provide FRHD the ability to evaluate each program and it's impact on the overall compliment of programs provided by the Health and Wellness center.
- The model currently reflects only projected program cost and does not include FRHD's operating budget. However the model will allow FRHD the ability to add their operating budget to the programs so it reflects the overall business exposure for FRHD.
- Assumptions and program start times are only estimated. Actual cost to be determined once FRHD determines if they will provide the entire program or align with community partners.



Model Key

The model is comprehensive and includes the following key areas to reflect a program financial plan.

| | | | | | |
|--------------------------|--------------------------|--------------------------|---------------------------|------------------------------|---------------------------|
| FRHD Program Summary | WC Starting Expenses | Payroll FY 2021.2022 | Payroll Growth years 1 -3 | SalesForecastYear1 | |
| Sales Forecast Years 2-3 | 4-AdditionalInputs | 5a-OpExYear1 | 5b-OpExYrs1-3 | 6a-CashFlowYear1 | 6b-CashFlowYrs1-3 |
| 7a-IncomeStatementYear1 | 7b-IncomeStatementYrs1-3 | 8-BalanceSheet | BreakevenAnalysis | FinancialRatios | DiagnosticTools |
| COGS National DPP | COGS Diabetes SME | COGS MHAF | COGS MBSR Program | COGS CBAE Program | COGS AHA Healthy for Life |
| COGS F & S Program | COGS Financial Literacy | Digital Literacy Support | Group Exercise | Outdoor Walking | Screenings Vaccines |
| Support Meetings | Youth Social Programs | Family Events | Fresh Food Events | Community - Based Activities | Outdoor Private Event |



Program Summary

| Fallbrook Regional Health District - Health and Wellness Center | | | | | |
|---|------------|-----------------------|-----------------------|-----------------------|--------------------------------------|
| | Investment | 2021 | 2022 | 2023 | Total Program Development Investment |
| "Just Do" Programs | | \$1,150.00 | (\$45,700.00) | (\$50,016.67) | (\$94,566.67) |
| Planned Programs | | (\$151,782.50) | (\$472,805.00) | (\$550,990.00) | (\$1,175,577.50) |
| Total | | (\$150,632.50) | (\$518,505.00) | (\$601,006.67) | (\$1,270,144.17) |
| | | | | | |
| | | | | | |
| | | | | | |
| FRHD (100%) Ownership of new programs | | 2021 | 2022 | 2023 | Total Years 21-23 |
| | | | | | |
| New Programs Revenue Contributions | \$ | 54,500 | \$55,500.00 | \$ 52,000.00 | \$ 162,000 |
| Total Cost of Goods Sold (programs) | \$ | 205,133 | \$ 574,005 | \$ 653,007 | \$ 1,432,144 |
| Net Revenues | | (\$150,633) | (\$518,505) | (\$601,007) | \$ (1,270,144) |
| | | | | | |
| | | | | | |



2021 -2023 Program Summary

| "Just Do" Programs | 2021 Cost | 2021 Revenue | 2022 Cost | 2022 Revenue |
|--|---------------|----------------|---------------|----------------|
| Group Exercise | \$2,750 | \$ - | \$59,400 | \$ - |
| Outdoor Walking | \$6,600 | \$ - | \$450 | \$ - |
| Screenings/Vaccines | \$6,600 | \$ - | \$2,700 | \$ - |
| Support Meetings | \$6,600 | \$ - | \$5,300 | \$ - |
| Youth Social Programs | \$0 | \$ - | \$4,400 | \$ - |
| Family Events | \$4,950 | \$ 9,000.00 | \$5,167 | \$ 10,000.00 |
| Fresh Food Events | \$6,600 | \$ - | \$7,800 | \$ - |
| Community - Based Activities | \$6,600 | \$ 18,000.00 | \$8,100 | \$ 18,000.00 |
| Outdoor Private Events | \$6,050 | \$ 27,500.00 | \$5,683 | \$ 27,500.00 |
| Digital Literacy Support/Training | \$6,600 | \$ - | \$2,200 | \$ - |
| Asset Investment | \$53,350 | | \$101,200 | |
| Gross Revenue | | \$ 54,500.00 | | \$ 55,500.00 |
| Net Revenue | | \$1,150.00 | | (\$45,700.00) |
| Planned Programs | 2021 Cost | 2021 Revenue | 2022 Cost | 2022 Revenue |
| National Diabetes Prevention Program (DPP) | \$ 105,485.00 | 0.00 | \$ 210,970.00 | 0.00 |
| Diabetes Self Management Program (SME) | \$ - | 0.00 | \$ 83,140.00 | 0.00 |
| Mental Health Advocacy First | \$ - | 0.00 | \$ 64,100.00 | 0.00 |
| Mindfulness Based Stress Reduction (MBSR) Program | \$ 42,997.50 | 0.00 | \$ 85,995.00 | 0.00 |
| Community-Based Arts Education Program | \$ - | 0.00 | \$ 22,000.00 | 0.00 |
| American Heart Association (AHA): Healthy for Life | \$ - | 0.00 | \$ 3,300.00 | 0.00 |
| Financial Literacy Education | \$ 3,300.00 | 0.00 | \$ 3,300.00 | 0.00 |
| Fit & Strong | \$ - | 0.00 | \$ - | 0.00 |
| Asset Investment | \$ 151,783 | | \$ 472,805 | |
| Gross Revenue | | \$0.00 | | \$0.00 |
| Net Revenue | | (\$151,782.50) | | (\$472,805.00) |
| Total Asset Investment | \$ 205,133 | | \$ 574,005 | |
| Total Gross Sales | | \$ 54,500 | | \$ (518,505) |
| Net Revenue | | (\$150,632.50) | | (\$518,505.00) |



| 2021 -2023 Program Summary | | |
|--|------------------|---------------------|
| "Just Do" Programs | 2023 Cost | 2023 Revenue |
| Group Exercise | \$59,400 | \$ - |
| Outdoor Walking | \$4,500 | \$ - |
| Screenings/Vaccines | \$2,700 | \$ - |
| Support Meetings | \$5,300 | \$ - |
| Youth Social Programs | \$4,400 | \$ - |
| Family Events | \$4,650 | \$ 9,000.00 |
| Fresh Food Events | \$6,500 | \$ - |
| Community - Based Activities | \$7,200 | \$ 18,000.00 |
| Outdoor Private Events | \$5,167 | \$ 25,000.00 |
| Digital Literacy Support/Training | \$2,200 | \$ - |
| Asset Investment | \$102,017 | |
| Gross Revenue | | \$ 52,000.00 |
| Net Revenue | | (\$50,016.67) |
| Planned Programs | 2023 Cost | 2023 Revenue |
| National Diabetes Prevention Program (DPP) | \$ 210,970.00 | 0.00 |
| Diabetes Self Management Program (SME) | \$ 83,140.00 | 0.00 |
| Mental Health Advocacy First | \$ 64,100.00 | 0.00 |
| Mindfulness Based Stress Reduction (MBSR) Program | \$ 85,995.00 | 0.00 |
| Community-Based Arts Education Program | \$ 22,000.00 | 0.00 |
| American Heart Association (AHA): Healthy for Life | \$ 3,300.00 | 0.00 |
| Financial Literacy Education | \$ 81,485.00 | 0.00 |
| Fit & Strong | \$ 81,485.00 | 0.00 |
| Asset Investment | \$ 550,990 | |
| Gross Revenue | | \$0.00 |
| Net Revenue | | (\$550,990.00) |
| Total Asset Investment | \$ 653,007 | |
| Total Gross Sales | | (\$601,007) |
| Net Revenue | | (\$601,006.67) |



Program Action Plans and Measures of Success



Action Plan for Just Do Programs

- Facilities condition assessment
- Determine which of the programs can be initiated most easily and cost effectively, and operate during construction
- Reach out to Grantees and other community-based organizations to determine level of interest to bring programs to the Center
- Consider using these early programs to develop awareness and interest of the Health & Wellness Center
- Identify and assess options to generate revenue

- **Group Exercise**
- **Outdoor Walking Path**
- **Screening/Vaccines**
- **Support Meetings**
- **Youth Social Programs**
- **Family Events**
- **Fresh Food Events**
- **Community-Based Events**
- **Outdoor Private Events**
- **Digital Literacy**



National Diabetes Prevention Program (DPP) Action Plan

| District Owned* | Partnership |
|---|--|
| Hire and train Lifestyle Coach | Explore possible partnership with existing DPP program at United Fitness Centers in Temecula or other southern CA location |
| Hire and train Program Coordinator | Transportation considerations |
| Develop tools and processes to collect, input and submit data | Cultural and language considerations |
| Identify and enroll eligible participants | |
| Complete the CDC organizational capacity analysis | |
| Apply for CDC-recognition (optional) | |
| Collect and submit data as required | |
| Transportation considerations | |
| Cultural and language considerations | |

*Given the associated operating costs to run the program itself, the District would want to consider being a Medicare Provider to bill for services.



National Diabetes Prevention Program (DPP) Measures of Success

Measures of Success

Percentage of participants attending at least 9 sessions during months 1-6 (target minimum 60%)

Percentage of participants attending at least 3 sessions in months 7-12 (target minimum 60%)

Percentage of sessions where body weight is recorded (target minimum 80%)

Percentage of sessions where physical activity minutes are recorded (target minimum 80%)

Weight loss achieved over 12-month intervention program (minimum 5% starting weight)

Weekly minutes of physical activity (target 150 minutes)

Percentage of participants whose eligibility is based on either a blood test indicating prediabetes or history of GDM (minimum target 35%)



Diabetes Self Management Program Action Plan

| District Owned | Partnership |
|--|---|
| Hire and train two leaders, one or both who are non-health professionals with diabetes themselves | Explore possible partnership with existing Diabetes SME program in Vista, Hillcrest Pharmacy North Vista or other southern CA locations |
| Leaders must be trained by certified Master Trainers | Transportation considerations |
| Review licensing procedures and policies for public agencies licensing@selfmanagementresource.com | Cultural and language considerations |
| Apply and receive license | |
| Determine program delivery method-in person, phone or on-line | |
| Transportation considerations | |
| Cultural and language considerations | |



Diabetes Self Management Program Measures of Success

| Measures of Success |
|--|
| HbA1c level |
| PHQ-8 depression rating |
| General health rating |
| Illness intrusiveness rating |
| Hypoglycemic symptoms (number) |
| Minutes of aerobic exercise |
| Communication with physician |
| Medication adherence |
| Proportion with a follow-up exam for eye, foot, cholesterol and kidney |



Mental Health Advocacy First Action Plan

| District Owned | Partnership |
|---|--|
| Collaborate with San Diego Mental Health First Aid to train a leader to deliver in person programs | Partner with San Diego Mental Health First Aid to provide on-line and in-person program to the residents of the District |
| Determine program delivery method-in person or on-line | Coordinate efforts the local community mental health and holistic health providers |
| Develop community advocate role to support the needs of specific neighborhoods in the District | Recruitment of participants and marketing of the program to local providers and CBOs to identify participants |
| Recruitment of participants and marketing of the program to local providers and CBOs to identify participants | Transportation considerations |
| Transportation considerations | Cultural and language considerations |
| Cultural and language considerations | |



Mental Health Advocacy First Measures of Success

Measures of Success

Knowledge of mental health and ability to recognize mental illness (before/after program)

Reduction in stigmatizing attitude toward individuals with mental illness (before/after program)

Improved confidence and helping intentions when interacting with a person with mental illness (before/after program)

Demonstrate helping behavior when interacting with someone under mental stress (follow-up 3, 6 and 12 months)



Mindfulness-Based Stress Reduction Action Plan

| District Owned | Partnership |
|---|---|
| Collaborate with UCSD Center for Mindfulness to train facilitator in MBSR program | Partner with UCSD Center for Mindfulness to provided trained instructors for in person or on-line programs |
| Determine program delivery method-in person or on-line | Collaborate with others in the community who are trained in MBSR programs |
| Recruitment of participants and marketing of the program to local providers and CBOs to identify participants | Recruitment of participants and marketing of the program to local providers and CBOs to identify participants |
| Transportation considerations | Transportation considerations |
| Cultural and language considerations | Cultural and language considerations |



Mindfulness-Based Stress Reduction Measures of Success

| Measures of Success |
|---|
| PHQ-8 depression rating |
| General health rating |
| Self reported level of anxiety |
| Improvements in health/disease |
| Improved attention and memory |
| Improved emotional regulation |
| Reduction in harmful behaviors |
| Sleeping better and higher energy level |



Community-Based Arts Education Program Action Plan

| District Owned | Partnership |
|---|---|
| While the District could hire its own visual and performing art instructors, the opportunity for partnership is stronger. | Many opportunities exist to collaborate with local organizations, performers and artists in the community to bring visual and performing art programs to individuals in the community who might not otherwise have an opportunity to participate. |
| Recruitment of participants and marketing of the program to local providers and CBOs to identify participants | Recruitment of participants and marketing of the program to local providers and CBOs to identify participants |
| Transportation considerations | Transportation considerations |
| Cultural and language considerations | Cultural and language considerations |



Community-Based Arts Education Program Measures of Success

Measures of Success

PHQ-8 depression rating

Self reported level of anxiety

Improvement in self-regulation skills (reported by caregiver)

Reduction in behavioral/mental health problems (reported by caregiver)

Increased feelings of self worth

Increased motivation and enthusiasm for life (reported by caregiver)

Demonstration of new coping mechanisms (reported by caregiver)



Fit & Strong! Action Plan

| District Owned | Partnership |
|--|--|
| Complete readiness assessment tool to determine willingness and capacity to adopt and maintain the program | Consider partnering with the YMCA, park district, or local gym who might share an instructor |
| Register to offer Fit & Strong! And a staff member will contact you to describe the program and discuss implementation | Register to offer Fit & Strong! And a staff member will contact you to describe the program and discuss implementation |
| Recruit a certified exercise instructor | Register instructor in Fit & strong instructor training |
| Register instructor in Fit & strong instructor training | Obtain the necessary exercise equipment |
| Obtain the necessary exercise equipment | Recruitment of participants and marketing of the program to local providers and CBOs to identify participants |
| Recruitment of participants and marketing of the program to local providers and CBOs to identify participants | Transportation considerations |
| Transportation considerations | Cultural and language considerations |
| Cultural and language considerations | |



Fit & Strong!

Measures of Success

Measures of Success

Reduction of arthritis pain and stiffness

Increased level of daily physical activity and aerobic capacity

Increased level of functionally movements and independence

Increased understanding of what arthritis is and how to manage it the disease

Increased leg strength

Increased self-efficacy for and adherence to physical activity

Improved anxiety and depression



Healthy for Life Action Plan

| District Owned | Partnership |
|--|---|
| Healthy for Life Facilitator Hub provides access to tools, resources, online orientation, and implementation support resources | Collaborate with the Food Pantry and/or other CBO who have experience setting up, promoting and executing Healthy for Life programs |
| Hire program Lead | Recruitment of participants and marketing of the program to local providers and CBOs to identify participants |
| Develop the schedule and format of programs from resources made available | Transportation considerations |
| For each program, determine format, date/time, space/facility needs, volunteers needed and roles/responsibilities | Cultural and language considerations |
| Promote each program 3-4 weeks in advance | |
| Recruitment of participants and marketing of the program to local providers and CBOs to identify participants | |
| Transportation considerations | |
| Cultural and language considerations | |



Healthy for Life Measures of Success

Measures of Success

Increase in daily fruit and vegetable intake

Increase in daily whole grain consumption

Increased level of confidence to substitute healthier cooking and food preparation methods at home

Increased level of confidence to eat recommended serving sizes

Increased frequency of reading food labels and checking the nutritional values when purchasing food



Financial Literacy Education Action Plan

| District Owned | Partnership |
|---|---|
| San Diego Financial Literacy Center (SDFLC) offers several free programs on-line and in person, so the opportunity is to work with SDFLC to bring these programs to residents of Fallbrook and not to develop them internally | Collaborate with San Diego Financial Literacy Center to provide on-line and in person programs to residents of Fallbrook. Other potential partners include: California Coast Credit Union, San Diego Mesa Community College or Palomar College Teaching and Learning Center |
| Recruitment of participants and marketing of the program to local providers and CBOs to identify participants | Recruitment of participants and marketing of the program to local providers and CBOs to identify participants |
| Transportation considerations | Transportation considerations |
| Cultural and language considerations | Cultural and language considerations |



Financial Literacy Education Measures of Success

Measures of Success

Increase in general topics of financial literacy

Enable individuals/families to build wealth and decrease debt

Enable individuals to increase their credit scores

Increased understanding of budgeting

Increased level of confidence in making future financial decisions



Next Steps

- Deliver Final Business Plan Report
 - ✓ Planning Rationale
 - ✓ Market Overview – Quantitative and Qualitative
 - ✓ Community-Based Organization Service Offerings
 - ✓ Health and Social Needs Assessment and Ranking
 - ✓ Health and Wellness Center Goals
 - ✓ Program Recommendations – Just Do and Plan
 - ✓ Summary space requirements and attributes
 - ✓ Financial Review
 - ✓ Programmatic Action Plan
 - ✓ Program-Specific Measures of Success



Appendix

Plan Program Description



National Diabetes Prevention Program (DPP)

| | | | | | | | |
|---|--|---|---|--|---|-------------------------------|---|
| <input checked="" type="checkbox"/> Disparities | <input checked="" type="checkbox"/> Imp.to Community | <input checked="" type="checkbox"/> Magnitude | <input checked="" type="checkbox"/> Trend | <input checked="" type="checkbox"/> Implementation | <input type="checkbox"/> Comm Resources | <input type="checkbox"/> Cost | <input checked="" type="checkbox"/> Fills Market Void |
|---|--|---|---|--|---|-------------------------------|---|

Needs Addressed/Rank



Program Rationale

- Research has demonstrated the ability to lower the risk of people with prediabetes from developing type 2 diabetes by 58% (71% for people over 60 years old).
- Outcomes show that prevention or delay of diabetes with lifestyle intervention can persist for at least 10 years.

Program Characteristics

- CDC-approved curriculum with lessons, handouts, and other resources to help participants make healthy changes; offered in-person, on-line or blended.
- One-year program focused on healthy eating, physical activity, managing stress & overcoming challenges; also offered in **Spanish**.
 - During the first 6 months participants meet once a week.
 - During the second 6 months participants meet once or twice a month.
- Led by a Lifestyle Coach who is trained to lead the program, teach new skills, help participants set and meet goals, and facilitate personalized group discussions.
- Program utilizes a support group environment to share ideas, celebrate success, and overcome obstacles.
- Program is supported by a Coordinator and additional community outreach liaisons.



National Diabetes Prevention Program (DPP)

Financial Considerations

| Potential Revenue Opportunities | Cost (assuming direct provision of program) |
|---|--|
| Medicare Providers are reimbursed for DPP program through Medicare Part B | Cost of providing a CDC-recognized lifestyle change program varies depending on location, organization offering it, and vehicle for program delivery |
| Some employers and insurance carriers cover the cost of the program | Cost of Lifestyle Coach and Program Coordinator could be the same person) |
| Participation fees, if any, will need to be determined | Overhead/facility costs |

Design and Space Requirements

- A private setting where participants can be weighted or meet individually with Lifestyle Coaches.
- Organizations that choose to deliver the program via online or distance learning modalities (i.e., telehealth) require the appropriate technology and quiet space.
- Organizations that offer in-person group sessions require a large group space with moveable seating and audio-visual capabilities.
- Teaching kitchen will be required to provide healthy cooking demonstrations.

Implementation Considerations

- Explore partnership with existing DPP program at United Fitness Centers in Temecula or other Southern California locations.
- Start-up requires training of a Lifestyle Coach and development of baseline data and metrics for tracking and measurement to determine program success.
- Recruitment of program participants and marketing of program with local providers and CBOs to identify participants.
- Transportation considerations to facilitate participation.
- Cultural and language considerations.



Diabetes Self Management Program (SME)

| | | | | | | | |
|---|--|---|---|--|---|-------------------------------|---|
| <input checked="" type="checkbox"/> Disparities | <input checked="" type="checkbox"/> Imp.to Community | <input checked="" type="checkbox"/> Magnitude | <input checked="" type="checkbox"/> Trend | <input checked="" type="checkbox"/> Implementation | <input type="checkbox"/> Comm Resources | <input type="checkbox"/> Cost | <input checked="" type="checkbox"/> Fills Market Void |
|---|--|---|---|--|---|-------------------------------|---|

Needs Addressed/Rank



Program Rationale

- Self Management Resource Center (SMRC) SME programs have been shown to:
 - Lower A1C levels
 - Prevent or reduce diabetes complications
 - Improve quality of life
 - Lower medical expenses
- Self-management education (SME) programs can help participants learn skills to manage diabetes more effectively by checking blood sugar regularly, eating healthy food, being active, taking medicines as prescribed, and handling stress.
- Research showed that at 6 months participants had significant improvements in depression, symptoms of hypoglycemia, communication with physicians and reading food labels. At 12 months participants continued to demonstrate improvements in depression, communication with physicians, and healthy eating.
- SME participants had significant improvements in patient activation and self-efficacy at both 6 and 12 months.

Program Characteristics

- Program was developed by Stanford University and is a 6-week group program for people with Type 2 Diabetes.
- This program is an interactive workshop that meets for 2.5 hours a week.
- Facilitated from a detailed manual by two trained leaders, one or both of whom are peer leaders with diabetes themselves. Leaders must be trained through approved program.
- Program can be offered in Spanish.

Diabetes Self Management Program

Financial Considerations

| Revenue | Cost (assuming direct provision of program) |
|---|---|
| Reimbursement varies depending on if it is covered by private insurance, Medicare, or Medicaid in some states | Cost of training of the Leaders |
| Some employers and insurance carriers cover the cost of the program | SMRC Licensing costs apply if District owns the program |
| Participation fees, if any, will need to be determined | Overhead/facility costs |

Design and Space Requirements

- Special attention should be given to making the location accessible to all.
- A room large enough for all participants to gather comfortably (12-16), plus space for 2 leaders and their materials.
- Adequate audio-visual for presenting material.

Implementation Considerations

- Explore partnership with existing Diabetes SME program in Vista, Hillcrest Pharmacy North Vista or other Southern California programs.
- Better Choices, Better Health is a fully on-line version of the program.
- Recruitment of program participants and marketing of program with local providers and CBOs to identify participants.
- Transportation considerations to facilitate participation.
- Cultural and language considerations.



Mental Health Advocacy First

 Disparities

 Imp.to Community

 Magnitude

 Trend

 Implementation

 Comm Resources

 Cost

 Fills Market Void

Needs Addressed/Rank



Program Rationale

- Mental illness often goes undiagnosed and untreated due to low levels of mental health literacy and lack of recognition of mental illness.
- Leverage the current Mental Health First Aid (MHFA) program offered in San Diego which has received several awards for excellence and is listed in the US Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-Based Programs and Practices.
 - Research shows that participants built new knowledge, skills, and confidence to apply to their work of assisting community members who may be at risk of developing mental health or substance abuse problems.

Program Characteristics

- MHFA aims to help adults and adolescents recognize the signs and symptoms of mental health in family/others and promote help seeking behaviors while reducing associated stigma.
- Community support and advocacy is provided by certified outreach program coordinators certified through a MHFA program.
 - This is 8-hour instructor led course resulting in a 3-year certification after completion.
 - Modules for Adult, Youth and Military
- Offer programs to address stress reduction, exercise, behavioral health, mindfulness, etc., to all sectors in the community, i.e., Mindfulness-Based Stress Reduction Program.



Mental Health Advocacy First

Financial Considerations:

| Potential Revenue Opportunities | Cost (assuming direct provision of program) |
|---|--|
| MHFA is provided free of charge through the county | Cost associated with the leaders, facilitators of support groups and other stress reducing classes |
| Fees outside of the MFA program would need to be determined | Overhead/facility costs |

Design and Space Requirements

- Mental Health First Aid (MHFA) program:
 - Classroom/group space that can hold 10-15 participants who are participating in the county sponsored-training remotely or in-person led by trained Leader from MHFA.
 - Sufficient space so that participants can interact with each other during facilitated exercises.
 - Appropriate screen, audio and technology to project the program on a large screen.
- Space for mindfulness program (see MBSR program description)
- Support group space:
 - Comfortable seating for 15-20 participants that is warm and welcoming
 - Catering space

Implementation Considerations

- Leverage Mental Health First Aid San Diego who offers the program to all San Diegans free of charge. Program is already developed.
- Role of the advocate needs developed to support the specific needs of the community and/or sector.
- Coordinated effort with the local community mental and holistic health providers.
- Recruitment of program participants and marketing of program with local providers and CBOs to identify participants.
- Transportation considerations to facilitate participation.
- Cultural and language considerations.

Source:



Mindfulness Based Stress Reduction (MBSR) Program

 Disparities

 Imp.to Community

 Magnitude

 Trend

 Implementation

 Comm Resources

 Cost

 Fills Market Void

Needs Addressed/Rank



Program Rationale

- MBSR is the most well-known mindfulness-based intervention and the first to gain empirical support in the treatment of psychological conditions, i.e., anxiety and depression.
- Studies showed that MBSR outperformed an active stress-management education program in a group of individuals with generalized anxiety disorder.
- “MBSR was designed to increase participants’ present-moment awareness by building insight, compassion, and non-reactivity. According to several empirical studies and meta-analyses, MBSR has been shown to reduce pain intensity, anger, and perceived stress, and improve quality of life and social functioning.” <https://scienceofmindfulness.org/what-is-mbsr/>

Program Characteristics

- MBSR is an 8-week treatment program that is aimed at reducing stress via enhanced mindfulness skills developed through regular meditation practices.
- The program consists of weekly 2.5-3.5-hour group-based meditation classes with a trained teacher and a day-long mindfulness retreat occurring during the sixth week. Total of 30+ hours of direct classroom contact.
- Much of the course content is focused on learning how to mindfully attend to body sensations, using various mind-body meditative practices such as sitting meditation, body scans, gentle stretching, and yoga.
- Additionally, the group classes foster discussion of how to apply these mindful practices in daily life, with the ultimate effect of being able to handle stressors in a more adaptive way.

Source: [US National Library of Medicine National Institutes of Health; Strive Well-Being](https://scienceofmindfulness.org/what-is-mbsr/)
<https://scienceofmindfulness.org/what-is-mbsr/>



Mindfulness Based Stress Reduction (MBSR) Program

Financial Considerations:

| Potential Revenue Opportunities | Cost (assuming direct provision of program) |
|--|---|
| Participation fees, if any, will need to be determined. UCSD charges \$570/participant | MBSR Certified Trainer Cost |
| | Indirect/facility costs |

Design and Space Requirements

- Can be offered virtually or in person (indoors or outdoors).
- If in person indoors, need a large space for practice and education; remote from high traffic areas to provide auditory privacy. Room needs to have temperature, lighting and audio controls.
- Need equipment storage closet.
- Room must have WIFI available for headsets.

Implementation Considerations

- UCSD Center for Mindfulness offers both classes and training, discuss possibility of collaboration with UCSD and other trained instructors.
- Recruitment of program participants and marketing of program with local providers and CBOs to identify participants.
- Transportation considerations to facilitate participation.
- Cultural and language considerations.
- Financial and schedule aspects of the program need to be considered.



Community-Based Arts Education Program

 Disparities

 Imp.to Community

 Magnitude

 Trend

 Implementation

 Comm Resources

 Cost

 Fills Market Void

Needs Addressed/Rank



Program Rationale

- Youth gain artistic skills as well as self-regulation skills and demonstrate a statistically significant reduction in behavioral and mental health problems. Arts programs have been shown to promote relaxation, fostering a sense of hope and developing new coping mechanisms and increase sense of self worth, motivation and aspiration and decrease levels of depression.
- Prescription of arts as a kind of social 'medication' can be used as a supplement to traditional treatments of poor mental health and promoting social engagement for socially marginalized groups.
- "Through creativity and imagination, we find our identity and our reservoir of healing. The more we understand the relationship between creative expression and healing, the more we will discover the healing power of the arts." <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2008.156497>

Program Characteristics

- The Pro-Kids program targets approximately 16 youths ages 12-18 for a 12-week program, although the art-based program can be easily organized in other ways. Provides for both visual and performing arts.
- Experienced artists teach the basic skills of their discipline, provide its historical context, and help students develop final projects to be featured in a public display at the end of each session.
- Pro-Kids program also brings together local artists, kids, families, and community residents.
 - Featured artists present an interactive demonstration of their artwork and personal history.
 - The event also provides opportunities for new students and supporters to become involved in the program.



Community-Based Arts Education Program

Financial Considerations

| Revenue | Cost (assuming direct provision of program) |
|--|---|
| Participation fees, if any, will need to be determined | Instructor salaries if not volunteers |
| | Materials/event cost TBD |
| | Overhead/facility costs |

Design and Space Requirements

- Visual Arts program requires a large open space for work areas and mobile art stations, sink/counter, and storage space for art supplies.
- Performing Arts program requires a large enough space to practice music, plays and other performances, as well as perform.
- Collapsible stage for live music, performances and other events, as well as lighting, electrical, and sound systems.

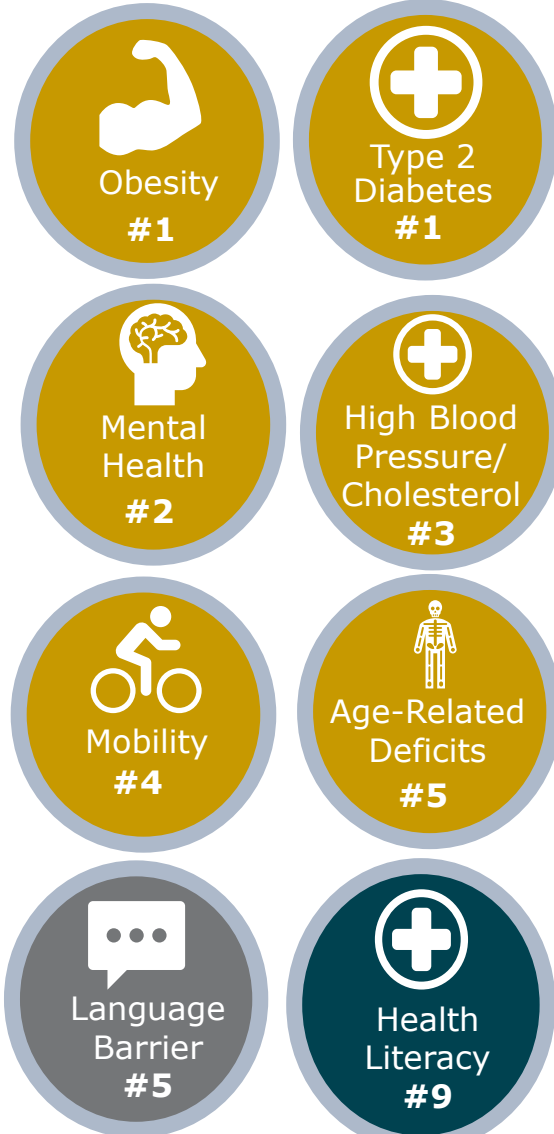
Implementation Considerations

- Many opportunities exist to collaborate with local organizations, performers and artists in the community to bring visual and performing art programs to youth in the community who might not otherwise have an opportunity to participate.
- Recruitment of program participants and marketing of program with local providers and CBOs to identify participants.
- Transportation considerations to facilitate participation.
- Cultural and language considerations.
- Financial and schedule aspects of the program need to be considered.



Disparities Imp.to Community Magnitude Trend Implementation Comm Resources Cost Fills Market Void

Needs Addressed/Rank



Program Rationale

- Studies show that physical activity can reduce pain and improve function, mood, and quality of life for adults with arthritis.
- Community-based, structured physical activity programs are proven to reduce arthritis symptoms and teach participants how to safely increase their physical activity to manage arthritis and other chronic conditions.

Program Characteristics

- Fit & Strong is a CDC approved, evidence-based, physical activity program for adults with osteoarthritis (OA), sedentary older adults with lower-extremity joint pain and/or stiffness, and adults with co-morbidities.
- It uses flexibility and strength training, aerobic walking, and health education to promote behavior change in people with osteoarthritis.
- Group-based class that meets for 90 minutes, 3 times a week for 8 weeks.
- Participants spend 60 minutes on appropriate exercises and 30 minutes on education around chronic disease management.
- Certified exercise instructor required.



Fit & Strong!

Financial Considerations

| Revenue | Cost (varies based on structure) |
|--|--|
| Participation fees, if any, will need to be determined | Program licensing fees for initial year and then on an annual recurring basis if District operates program |
| | One-time materials and equipment program and certified instructor training costs plus ongoing salary |
| | Manuals for each participant at \$35 each |

Design and Space Requirements

- A large open unobstructed multi-purpose room for walking, space for chairs for each participant, and storage space for equipment.
- Equipment storage for exercise bands, ankle weights, chairs, floor mats, and participant manuals.
- Room needs to have temperature, lighting and audio controls with level solid surface floor.
- Access to restrooms and water.

Implementation Considerations

- If District is providing program, complete readiness assessment and register to offer program to learn more.
- Consider partnership with YMCA, local gym, Parks and Rec. to provide certified trainer.
- Program enhancement might include youth-senior mentorship relationships where youth encourages senior.
- Recruitment of program participants and marketing of program with local providers and CBOs to identify participants.
- Transportation considerations to facilitate participation.
- Cultural, language and mobility considerations.
- Financial and schedule aspects of the program need to be considered.



American Heart Association (AHA): Healthy for Life

Disparities

Imp.to Community

Magnitude

Trend

Implementation

Comm Resources

Cost

Fills Market Void

Needs Addressed/Rank



Program Rationale

- Evidence-based community nutrition and well-being program from the AHA and implemented by more than 70 community-based organizations. Available in Spanish.
- Research shows that almost half (44%) of participants increased their daily fruit and vegetable consumption by one or more servings, increased their level of confidence in eating recommended serving sizes, and increased their frequency of reading food labels and nutritional values.

Program Characteristics

- This program focuses on interactive features like healthy cooking demonstrations, shopping skills presentations, and nutrition and heart health workshops.
- The goal of this program is to empower communities by providing community-based organizations with impactful, science-based educational experiences to ultimately equip individuals with the skills and confidence to shop and prepare healthy home cooked meals.
- Facilitator has access to free lesson plans, videos, and recipes.
- The Educational Experiences provide all necessary talking points and resources for facilitators, so a health background **is not required**.
- Recommendation is to offer at least four educational experiences, over 2-3 months to equips individuals with the knowledge, skills, and confidence to discover, choose, and prepare healthy food.



American Heart Association: Healthy for Life

Financial Considerations

| Revenue | Cost (assuming direct provision of program) |
|---|--|
| Participation fees, if any, will need to be determined. | Facility/overhead cost. |
| | Cost of food and use of kitchen equipment for demonstrations. |
| | Cost of the Program Facilitator, however, materials are available at no cost |

Design and Space Requirements

- Good sized surface for food prep that is visible to the audience for food demonstrations.
- Access to water, electricity, gas and temperature controls.
- Space requires a TV/computer, internet access, projector, and plenty of seating.
- Special flooring considerations to protect against slips/falls.
- Ensure all safety requirements are met.
- Kitchen will be equipped with commercial stove, oven, refrigerator, sink, storage, dishwasher and counter-tops.

Implementation Considerations

- Consider partnership with the Food Pantry to provide complementary programming.
- Consider creation of a community-garden to source healthy foods for demonstrations.
- Recruitment of program participants and marketing of program with local providers and CBOs to identify participants.
- Transportation considerations to facilitate participation.
- Cultural, language and mobility considerations.
- Financial and schedule aspects of the program need to be considered.



Financial Literacy Education

 Disparities

 Imp.to Community

 Magnitude

 Trend

 Implementation

 Comm Resources

 Cost

 Fills Market Void

Needs Addressed/Rank



Program Rationale

- **San Diego Financial Literacy Center (SDFLC)** helps San Diego County residents to increase their financial literacy, free of charge, through three programs:
 - Boost For Our Heroes (Military and their families)
 - Smart with Your Money (Low income/at risk adults)
 - Wave of the Future (K-12 and college youth)
- 96% of students agreed/strongly agreed that they will use the information learned in their financial future.
- Low literacy and lack of information affect the ability to save and to secure a comfortable retirement; low literacy is widespread among the general population and particularly acute among women, African-Americans, Hispanics, and those with low education.
- Research shows that planning is a large determinant of wealth, as those who do not plan are 10 to 15 percent less wealthy than those who plan, which negatively impacts health.

Program Characteristics

- SDFLC provides custom built education seminars and workshops to provide answers to the most pressing financial concerns in the areas of financial literacy, debt management, budgeting and credit counseling.
- SDFLC provides a multi-faceted approach to each target population that includes education series, podcasts, Live zoom presentations, blogs and complimentary one-on-one clinics with financial professionals.
- SDFLC is supported by the Foundation for Financial Planning and is a partner of Live Well San Diego; other partners include Palomar College Teaching & Learning Center, Mesa Community College, CA Coast Credit Union as well as others.



Financial Literacy Education

Financial Considerations

| Revenue | Cost (assuming direct provision of program) |
|---|---|
| None-as program are offered free of charge from SDFLC | Overhead/facility costs |

Design and Space Requirements

- A private setting where participants can meet with financial advisors.
- Seminars and workshops require a large group space with moveable tables and seating.
- Room will require audio-visual capabilities to allow for presentation of materials on a screen.
- Mobile elevated platform for presenter.

Implementation Considerations

- Consider partnership with local organizations providing the program, such as Palomar College Teaching & Learning Center or securing resources from SDFLC.
- Bringing this program to Fallbrook would provide increased exposure and accessibility to financial literacy services.
- Recruitment of program participants and marketing of program with local providers and CBOs to identify participants.
- Transportation considerations to facilitate participation.
- Cultural, language and mobility considerations.

