Additions from members after PowerPoint agenda

- Confidentiality/Student Counseling spaces
- How is design team getting this information? (Explanation of the LRDP process)
- Integration of physical and behavioral help in one space
- Oral health integration; hybrid models for filling gaps
- Significant health care gaps for college students
- Make sure campus has storage spaces for multi-use facilities
- Behavioral health map/contact list of the same 5-mile region as depicted on our primary-care health care providers slide from the presentation for this session would be really helpful to create
- Transportation collaboration considerations including: how are students getting to services, considerations for differing ability students, staff, faculty, and community members, busing/taxi/student shuttle services to health care facilities (this came up due to not necessarily having on-site medical facilities)

Promising collaborations or community partner relationships

- Health & Wellness Collaborations
- Cascade’s Public Transit System
  - Transportation for all services
- Nearby gyms/fitness facilities (e.g. LIFT)
- Bend Parks and Rec – IM’s, club sports, etc.
- St. Charles Emergency Services – working with students in crisis
- St. Charles Primary Care
- Juniper Center (Bend Parks and Rec District)
- Community Resources (All these are linked; resources for students)
  - These groups are great for looking at systems and policies
    - Family Resource Center
    - Parent Education Hub (20 orgs that work with families)
    - Early Learning Hub
    - Central Oregon Health Council (CCO extension; Health Insurance)
    - Better Together – Advising/Service Delivery/Research/Internships
- Physical/Behavioral Services (e.g. BMC, High Lakes, St. Charles Health Systems, Mosaic Medical)
- Commuting Options
- High Desert Food and Farm Alliance
- Nutrition Services through OSU Extension
- Bend Endurance Academy + foundation
- Central Oregon Oral Health Coalition
• Shared Future Coalition (drinking issues for 18-25)
• Deschutes County Health Services – Evidence based research on a variety of issues; tobacco, drugs, etc.
• Suicide Prevention Alliance
  o Policy and institutionalized system of resources
• Deschutes County Mobile Crisis Unit
• Bend Police Department
• Faith community
  o St. Charles has been reaching out to pastors lately, but tough to get them there in one group due to commitments, timing, etc.
  o Faith communities would love to be on campus, but not sure what this looks like; interreligious services
  o Great database of information around faith communities in town; lots of choices in Bend
• US Forest Service
• Deschutes Land Trust
• Children’s Forest of Central Oregon; outdoor internships/education
• Kinesiology Club food pantry and services beyond
• Neighbor Impact – gardening, fresh produce
• COCC – similar students/needs/concerns around healthcare
• Mt. Bachelor – shuttle services, etc.
• Small community fitness shop owners (bike, ski, etc.)
• Body healing, massages, etc.- holistic for bodies; practice hours
• Therapy animals
• Mental health providers – not a lot of numbers of providers; get information to students
• Public school district – fields, gymnasiums, etc.
• Cultural/ethnic organizations for social networks/support
• Central Oregon Research Coalition
  o Linked with other health and wellness orgs in town
• Volunteer Connect
• Business connections/retail (e.g. REI, small shops in Old Mill)
• OSU Main campus – help with liability, policy, etc.
• Interfaith council creation?
  o Opportunity to be a hub
• Youth Council
• Spiritual Health and Social Justice intertwined; service/support
  o Student get involved in various pantries, shelters, etc.
  o One barrier is equal representation of faiths in service so all feel welcome
• First Presbyterian Church
• St. Helen’s Center
• Safeway Pharmacies – Travel immunizations, clinics for regular immunizations, prescription filling right by campus

**How do these partnership influence design of campus?**

• Pop-up space for community resources (ie: multicultural services)
  o Multi-service spaces; utility of design in being able to transform/shift needs

• Transportation issues:
  o Bike baths/racks; cages for bike racks
  o Shower facilities
  o Bike repair spaces/classes
  o Bike share/ZipCars

• Some facilities more dedicates spaces and flex spaces

• Child care facilities on edge of campus

• Health and connectedness centralized location

• Large community room for classes, etc. + room for multi-types of health practitioners, ie: hygienist can come in and do treatments

**What barriers confront OSU-Cascades for health and wellness? How can they be overcome?**

• Tough to coordinator religious leaders
  o Great idea to have OSU-Cascades serve as a hub
  o Finding meaning in students’ lives is very important; student development

• Boundaries of being a public institution and incorporating religions
  o Need to define relationships will all orgs

• Stigma of mental health services
  o We don’t do enough in messaging about wellness
  o Need a wellness communication strategy

• Insurance/cost are barriers
  o Private providers/Oregon system issues
  o Expanding advisory services

• Navigating help-seeking behaviors

• Communication is vital; need to ensure effective communication process; can be a barrier in sustaining partnerships

• Effective student awareness of resources

• Student vs. parent needs for service; confidentiality issues

• Veteran’s care

• Land limits for physical structures and outdoor spaces

• Neighbor concerns/issues (ie: smoking policy issues, etc.)

• Proximity of campus to providers

• Need for prevention/awareness

• Opportunities for students to experiment with drug/alcohol resources

• Money for students and money for institution

• Wanting to do too much too quickly
• Equity
• Transportation barrier to services
• Lack of mental health and mental health service providers in community
• Funding restriction
  o Restrictions on job type of organizations
• Do not have control over what businesses come near campus (e.g. marijuana dispensary)
• Significant coordinator of services and reminders to university around importance
  o Don’t cancel classes on Friday because of Thursday is perceived as a traditional “social night”
• Privacy issues
• Holistic health and wellness is difficult to coordinate; care in service
• Lack of culturally sensitive services
  o Global campus with local feel
• Funding for services not covered by insurance
  o Quantity vs quality (child care example….more students, less lavish facility?)
• Cost and access
  o 18-22 year old transition to having to figure out health care/wellness resources
• Large scatter plot of health and wellness interest of students
• Marketing will be critical for developing resources
  o Include on the back of ID cards emergency numbers for providers
• Insurance gaps
  o Determine gaps to create services
• Curriculum offerings restrictions based on “non-traditional” activity spaces
  o What can OSU-Cascades offer when PAC classes are so important
  o Transportation to facilities are very important
    ▪ Partnerships for skiing, etc.
• Disseminating information/destigmatizing
• When one finds wellness, helping others talk about what resources are out there
  o Having 50 options makes it difficult for students/overwhelming/make resource more than a name on a list
• Keeping all types of students in mind (tradition vs. nontraditional)
• No local professional education facilities to partner with (medical, dental schools)
• Create non-party culture of campus; helping be positive force in community

**Specific theme discussion**

• Transportation
  o Shuttles and care sharing (incentivize)
  o Exceptions to parking system that encourage
    ▪ Services tied with public transit
    ▪ Wi-Fi on a bus because of the wait
    ▪ Apps to show bus locations, etc.
Bike sharing programs/free services

Insurance
- Provide gap services for students; primary care
- Helps underinsured or uninsured students
- Booklet of what they have and what they don’t regarding insurance
- OHP signups with Mosaic
- Who needs to get on health plan?

Student Communications
- Utilize various platforms for marketing; lots of students that use primarily online services; using bulletin boards, newsletters, social media, etc.
- Integrating health and wellness in the curriculum
- Maximizing communication forms for students
- Demographic influences on marketing tools (Tumblr reemerging; trends in other areas)
- Training students on systems
- Digital recreations of previous paper materials; repositioned flat screens
- Pop-up spaces and creating physical spaces for wellness

Partner Collaborations
- List of partners and prioritize
- Spaces for non-denominational access for spiritual wellness
- On-campus is supporting student needs through process; connect students with partners in community
- Communications hub around wellness/health to help with collaborations
- Referral access between groups

**Campus vision creation – Group activity**
General compilation of campus vision ideas thrown submitted for dry-erase board activity

- Memorial services location
- Coffee house/food eating area
- Art
- Bike share station
- Standing desks in the classroom
- Info referral area for community connections
- Centralize multipurpose health center
- Rec Room
- Family growth/wellness
- Outdoor programs/rental
- Outdoor/multi-use spaces
- Transcultural spaces/Inclusive spaces
- Naturalized paths/decomposed granite pathways
- Rock wall/challenge course
- Student recreation center
• Student village
• Location for holiday celebrations/meals
• Community gardens
• Fast, healthy food locations
• Restaurants
• Community service spaces
• Athletic fields
• Contemplative spaces
• Places for play/whimsy
• Farmer’s market area
• “Wellness in every building”

General Comments from Activity
• Treating the area as a destination place; how do you get people to stay on campus?
• Places to congregate that aren’t classrooms
• Food – Are there self-op justifications due to food types we want (Bend/La Pine school system has great program)

Closing Remarks – What if architect was in the room right now?
• There are times spiritually where people need to support each other and need a place to come together; Space to group communally
• Think broadly about health and wellness; Utility of design should reflect this utilitarian need, but also when specific needs must be met
• Eco-wellness process in design; Make nature connection explicit
  o Hang out on campus and feel good
• Look at student demographic and realize demographics are across the board; not a monolithic design; Need to create facilities that are inclusive and help all achieve success
• Place where folks can stay; looking at coffee shops, open spaces, etc. – wide variety that encourage folks to experience campus and stay during the day
• Do the work to understand the student population; work with students, staff and faculty to really “know” campus needs
• Integrate health and wellness in all spaces; Net-positive promotion of health and wellness; Wellness lives everywhere; Also, factors into faculty and staff wellness
• What do we do to start and what to we build; quality over quantity in design
• There is something as “too many choices”; common spaces and quiet spaces needed; Group spaces are important too
• Natural lighting in spaces, standup desks, etc. (Are the spaces faculty/staff/students spend most of their time in as healthy as they can be?)
• No toxic materials in building supplies
• Think outside the box; We don’t always have to do it the same way as it’s been done
• Design has to enable people to do what they have to do, but, assuming functionality, when there is a chance to design to inspire...take that chance; Create little things that matter...within cost effectiveness
• Places for students to congregate are so important to build culture we are looking for