

Health Policy and Analytics Medicaid Waiver Renewal Team
Attn: Michelle Hatfield
RE: 1115 Medicaid Demonstration Renewal Comments

Dear Oregon Health Authority:

Thank you for the opportunity to comment on the 1115 Medicaid Demonstration Renewal. Our names are Sadiya Muqueeth and Kristin Kovalik. We are writing in our capacities as Director of Community Health and Oregon Program Director at the Trust for Public Land (TPL). TPL has a long-standing commitment in Oregon, working for 40+ years to create parks and protect land for people. Our work extends from parks in Greater Portland and Bend, to large landscapes including the Columbia River Gorge and Steens Mountain. In addition, we are launching a three year Oregon Rural Schoolyard Program due to our success working with the Klamath Tribes on our Chiloquin Schoolyard project. We do this work with the recognition that our greenspaces have an impact on health, climate resilience, equity, and communities.

Thus, we commend Oregon Health Authority's (OHA) inclusion of investment in social determinants of health, with 1% of the global budget carved out to community investment collaboratives on health equity with citations to housing, climate, and other upstream factors. Retaining this investment will increase health equity across Oregon. In support of OHA's leadership in this work, we recommend:

1. OHA retain the requirement that CCOs invest at least 33% of the 3% of their global budgets with community investment collaboratives with flexible authority to invest in health equity. Community investments such as those in community led efforts significantly impact health and well-being.
2. OHA retain authority for expenditures on population health as healthcare investment in social determinants will have wide-ranging effects on myriad health outcomes.
3. OHA enhance opportunities for climate resilience through prevention not solely through response to disaster.

Investment in Community Collaboration: CCOs investments of their global budgets into community collaborative will generate distant and clear opportunities to improve health through community-led initiatives. Communities are experts in their contextual needs and priorities. Such decision making opportunities and cooperation mechanisms will strengthen the neighborhoods and social connectedness, a critical need in the context of an ever-evolving pandemic. Our work in Klamath County with the Klamath Tribes and numerous community partners including Oregon Health and Outdoors Initiative and Healthy Klamath Initiative serves as a principal example of this. For the past two years' students and community members in Chiloquin Oregon worked together to design a safe, multi-generational outdoor gathering space at Chiloquin Elementary School. The final design is reflective of the diverse culture and local priorities and needs. Private and public investments including funding from the Cascade Comprehensive Care (CCC)/Cascade Health Alliance (CHA), is supporting the creation of this green schoolyard which will also serve as a much needed public gathering space.

Healthcare must invest in social determinants of health equity: High healthcare costs and health inequities will continue to rise without intentional investment in social determinants of health such as education and climate change. We, therefore, recommend that OHA retain authority for expenditures on population health equity in the communities that need it most. Such investments in community-based efforts have wide-reaching intersectional ramifications. For example, in a study of 1,772 schools in Massachusetts, when controlling for race and household income, the increased level of greenness surrounding the schools was linked to reduction in chronic absenteeism. According to the study, an increase of 0.15 in the greenness index was associated with 25,837 fewer students

chronically absent every year (or a 2.6 percent reduction) (MacNaughton, 2017). Chronic absenteeism is associated with health outcomes across the lifespan.

These efforts may have significant implications for health care costs. Review studies find urban green space exposure consistently related to decreased mortality, reduced heart rate and violence, improved attention and mood, and increased or higher likelihood of physical activity (M. Kondo et al., 2018; Wolf et al., 2020). Systematic reviews find inverse relationships between greenness, measured through a normalized difference vegetation index (NDVI), and all-cause mortality (M. Kondo et al., 2018; Rojas-Rueda et al., 2019). Muller et al. (2019) studied 30 years of available data for all US counties and found that a \$100 increase in per capita investment in parks and recreation was associated with 3.4 fewer deaths per 100,000 people, suggesting that increased funding for parks could be considered a broader public health intervention (Mueller et al., 2019).

Analysis of data from Los Angeles projected that more than 164,000 years of life expectancy could be gained by addressing park needs in that city, with the majority of gains occurring among Black and Latinx residents (Yañez et al., 2020). Greenspace studies have also found protective associations with two leading risk factors for infant mortality, low birthweight and small for gestational age, with heightened effects among mothers in lower socio-economic positions (Ebisu et al., 2016). Kondo, et al. (2020)'s health impact assessment in The Lancet projected that 403 (95% interval 298–618) premature deaths could be prevented city-wide by attaining a 30% tree canopy cover by 2025, with the majority (244) of the deaths prevented in lower socio-economic census tracts (M. C. Kondo et al., 2020). If tree canopy increased by 5 percentage points in areas with non-tree vegetation alone, researchers projected an annual reduction of 302 deaths city-wide, with a monetary value of \$2.9 billion.

Create opportunities for climate resilience through prevention not only disaster response: The Waiver Renewal includes clear language on the health risks created by climate change as well as climate-related fires and extreme heat. However, the Waiver application frames climate support as a 'response to climate disasters'. This does not include specific authority to invest in climate resilience. With prevention serving as a central tenet of public health and healthcare, we recommend adding a bullet to the list of Climate Supports on p68 such as, "Increasing access to natural areas with shade."

In conclusion, we know that place-based inequities drive preventable health outcomes. The practice of community health is to address inequities through prevention and collaboration. This investment from OHA into communities will advance the health and well-being of communities, ensure they are more resilient to climate change, and place Oregon on a path to innovation and leadership against adaptive challenges that lie ahead. Thank you for your consideration of our comments.

Sincerely,

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