

# Blueprint for a Healthy Clackamas County

## Healthy Behaviors Subcommittee Proposal

Healthy Behavior is influenced by the social, cultural and physical environments in which we live, work, and play. It is shaped by individual choices and external constraints. Healthy Behavior is an action taken by a person to maintain, attain, or regain good health and to prevent illness. Healthy Behavior reflects a person's health beliefs. Some common health behaviors are exercising regularly, eating a balanced diet, and obtaining necessary inoculations.

Healthy Behaviors may include the development of individual, group, institutional, community and strategies to improve health knowledge, attitudes, skills and behavior.

### Message from the Co-Chairs

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*We appreciate the time, effort, and commitment that the Healthy Behaviors Subcommittee members have dedicated to choosing goals, advancing health equity and being trauma informed, and developing objectives and strategies to help Clackamas County build a healthier community. We also acknowledge the inherent bias in deciding on a path without full representation from the community members that the strategies will impact. Starting from a wide variety of critical areas of importance in healthy behaviors, the two proposed goals attempt to target the greatest need and best use of resources. It is our hope that the work spent on this process so far will inform the development of more specific assessments and effective intervention strategies that truly reduce heart disease and type II diabetes, as well as reduce substance use/abuse and suicides in our county.*

*Erin Devlin, Oregon State University- Clackamas County Extension  
Brenna Monahan, Planned Parenthood Columbia Willamette*

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### Proposed Goals

- Goal 1: Reduce heart disease and type II diabetes.
- Goal 2: Reduce substance use/abuse and suicides.

“Trauma-informed care is a strengths based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.” (Hopper, Bassuk, & Olivet, 2010)

Health Equity is the absence of unfair, avoidable, or remediable difference in health among social groups. Health equity implies that health should not be compromised or disadvantaged because of racism, classism, sexual discrimination, religious discrimination, linguistic discrimination, nationalism, ableism, or by neighborhood or other social condition.

Achieving health equity requires the equitable distribution of resources and power resulting in the elimination of gaps in health outcomes between within and different social groups.

Health equity also requires that public health professionals look for solutions outside of the health care system, such as the transportation or housing sectors and through the distribution of power and resources, to improve health in communities.

## **Guiding Principles – Advancing Health Equity and Being Trauma Informed**

The Healthy Behaviors Subcommittee was continually mindful of how their decision-making process could be perceived through an equity lens, and it was a topic discussed at multiple meetings. The subcommittee used the guiding principle of advancing health equity to encourage group members to invite less-represented groups. Clackamas County provided a Spanish-language translator for one meeting when necessary, and agendas were consistently provided bilingually in English and Spanish. Under the guiding principle of being trauma informed, the subcommittee changed the wording of the first goal to omit the stigmatizing and traumatizing word ‘obesity’ and replace it with a focus on heart disease and type II diabetes. For the second goal to reduce substance use/abuse and suicides, the subcommittee intentionally added an objective to increase the number of trauma informed care agencies in Clackamas County.

## Healthy Behaviors Subcommittee Participants

- Avila, Santa – Hacienda CDC
- Bankston, Cindy – Northwest Family Services
- Berns-Norman, Susan – Clackamas County Public Health
- Karen Buehrig – Clackamas County Department of Transportation & Development
- Davis, Grace – Clackamas County Aging Services Advisory Council
- Devlin, Erin (co-chair) – Oregon State University Extension
- France, Scott – Clackamas County Public Health
- Hicks, Tiffany – Clackamas County Children Youth and Families
- Herron, Apryl – Clackamas County Public Health
- Ingersoll, Kirsten – Clackamas County Public Health
- Johnston, Eric – Todos Juntos
- Kaptur, Charmaine – Tualatin Valley Fire Rescue
- Kauffman-Smith, Sonya – Providence Health Services
- Longley, Natalie – Clackamas Volunteers in Medicine
- Mason, Philip – Clackamas County Public Health
- Menon, Anna – Clackamas County Public Health
- Marek, Joe – Clackamas County Department of Transportation & Development
- Monahan, Brenna (co-chair) – Planned Parenthood of Columbia Willamette
- Olemgbe, Ngozi – Planned Parenthood of Columbia Willamette
- Peck, George – Clackamas County Vector Control
- Pfeifer, Maria – YMCA of Columbia Willamette
- Rudometov, Tatiana – RN student
- Ryan, Jackie – Kaiser Permanente NW
- Smith, Roxie – retired teacher
- Taggart, Sara – Children’s Center
- Ullmann, Georgia – CCCC – Head Start
- Watters, Peggy – retired City government
- Wells, Abby – Northwest Family Services
- Zamora, Carolina – Clackamas Volunteers in Medicine
- Zoller, Erica – Clackamas County Public Health

## Our Proposal

### Goal 1: Reduce heart disease and type II diabetes.

Objectives	Strategies	Health Equity Zones	Age Ranges
Improve worksite wellness to increase physical activity opportunities and healthy food policies to increase activity of employees and increase healthy food consumption	Healthy vending, training for wellness champion, implementation of worksite wellness assessment, worksite wellness curriculum, worksite wellness best practices, healthy meetings, employee activity programs, celebrating success, increase active commuting, wellness incentives	All	16-70
Improve school wellness by increasing physical activity	Help schools meet new PE standards, infusing health education into all classes, student	All	3-18

done by students and increasing consumption of healthy foods during school hours	leadership in wellness, fruit and vegetable tasting, healthy celebrations, cooking and food resource management classes, physically active classrooms, active recess, open gym, physical activity school programs, school gardens		
Reduce the consumption of added sugar to CDC guidance of less than 10% of daily calories	Wellness incentives, increasing water stations, education campaign	All	All
Increase the percentage of people consuming CDC recommendation of 5 or more fruits and vegetables per day	Power of Produce Kids Club Increase fruits and vegetables available at school-based health centers Veggie RX, SNAP match Communal eating and Mediterranean diet Campaign to try new vegetables, veggie tasting, promotion of fruit and vegetables, policies that promote healthy choices, systems changes that motivate health, healthy corner stores, healthy vending, food hubs and community supported agriculture	All	4-18 5-18  18+ 60+ All
Reduce percentage of children ages 0-5 screen time exposure to CDC recommendation of 1-2 hours maximum recreationally	Pediatrician involvement and screening, encourage parent-child interactive activities, independent activity motivation for young children, education campaign		0-5
Increase the percentage of people meeting the CDC's physical activity recommendations of 30 minutes daily for adults and 1 hour daily for youth	Physician prescription for physical activity, increase awareness of health indicators like metabolic rate, new or improved physical resources for activity, transport to activity places, open school campuses, creating or improving places for physical activity, Safe Routes to Schools and Safe Routes to Food  Interventions engaging community health workers		All   50-65

**Goal 2: Reduce substance use/abuse and suicides.**

Objectives	Strategies	Health Equity Zones	Age Ranges
Reduce the % of youth using tobacco, alcohol and/or other drugs	Expand long-term treatment options for substance users, information campaigns, home visitation programs, racial and social justice curriculum, peer led conflict resolution programs, increase the social	All	12-20

	connectivity of communities, decrease risk factors and increase protective factors, improve and increase the access to mental health resources in schools, healthy spaces for congregating, trauma recovery program, increase the number of professional mental health providers, collaboration on screening tools, understand the helpfulness of resources shared, improvement of screening tools, increase services available immediately at point of contact, increase access to mental health and recover resources through religious organizations		
Reduce the number of attempted suicides	Zero suicide program, mental health first aid, suicide awareness, suicide prevention model, CALM, ASIST, reduce the number of people feeling isolated and lonely, enhance networks of peer support for youth and adults	All	All
	Support for Veterans, improved access to jobs for recovered, increase training taken by caregivers and home visitors for older adults	All	18+
Reduce the number of emergency room visits for drug overdose	Increase naran/naloxone availability, proper drug disposal program, chronic pain management programs, integrating mental health services in medical clinic settings, dual substance abuse treatment and parenting programs, improve and increase the access to mental health resources at worksites, improve screening and integrate services for mental health at clinics and health centers, improve screening and access to mental health and recovery services for homeless youth and adults, increase access and improve mental health and recovery resources for those imprisoned and involved in the criminal justice system	All	All
Increase the number of trauma informed care agencies in Clackamas County	Trauma informed practices approach, jail diversion programs to recovery, trauma informed health care, therapeutic approaches in prisons, culturally adapted health care, implement trauma informed practices, systems, and environments	All	All