



Coos County
Public Health

Annual Plan

2011 – 2012

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I. Executive Summary

The Oregon Legislative Assembly enacted into law that “each citizen of this state is entitled to basic public health services which promote and preserve the health of the people of Oregon.” Coos County Public Health continues to provide the 5 essential services required by Oregon law to meet the health needs of the community. Through these mandated services, we are addressing important social and health problems and state benchmarks: teen pregnancy prevention, child abuse prevention, adequate prenatal care, adequate immunizations for children, protection from communicable diseases, and assurance of safe food and drinking water for the public. We also record vital statistics and provide health information and referral sources. We have set goals and action plans for the 5 basic services and have also included an additional action plan to address emergency preparedness. Completion of these plans as submitted, and provision of services is contingent upon the receipt of adequate funding from the state and federal government.

The recent nation-wide county health ranking project found that our county is one of the least healthy in Oregon. Some health indicators have been consistent over recent years, showing little improvement or worsening of poverty, hunger, child abuse, cancer, smoking, diabetes, and sexually transmitted diseases. We know that our efforts have helped individuals in some of these areas, and through our programs and services, we are attempting to also improve the health of the population as a whole. The leading causes of preventable death in our county continue to be tobacco use, followed by diet, obesity and inactivity—individual behaviors that can be influenced by policy and system changes.

We are seeing some progress. Our county-wide immunization rates and our teen pregnancy rates are lower than the state average. Families served in our parent child health home visiting programs have been helped by our expert staff, and are nurturing their children. Our WIC program is serving an increasing number of women and children (over 3200 annually) to help them get the nourishment needed for proper development. We are helping the small public water systems address their water quality issues. And we continue to improve our response plans for pandemic illness and natural disasters as we build on our experience in immunizing our most vulnerable population against H1N1.

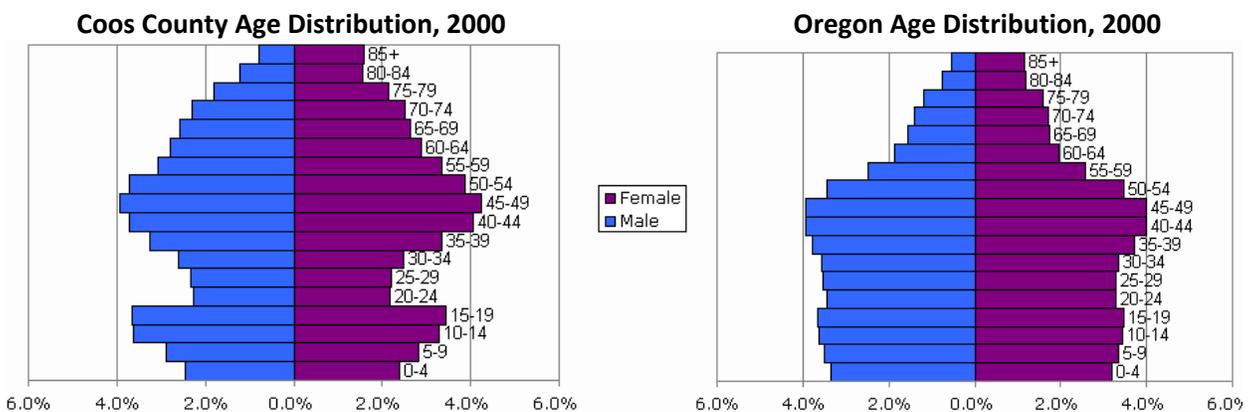
Our budget has not been finalized at this writing, and we are hopeful to maintain our current staff positions, while faced with loss of revenue from state, federal, and county sources. We have eliminated 10 positions (including 6 nurse positions) since FY 2006/07, due to the threatened loss of federal timber payments and the reduction in County general fund support. The loss of these positions has compromised our ability to respond to public health emergencies, such as a swine flu epidemic. If there is continued erosion of financial support for public health, it will likely mean that Coos County citizens will not get the public health services and protection that is assured in Oregon law. Meanwhile, our highly trained and capable employees continue to assist many individuals and our whole community, as we work within the limitations of our resources.

II. Assessment

Demographics and Public Health Indicators

The **63,453** persons living in Coos County on the southern Oregon coast have a **median age of 43.1 years**. Residents in this mostly rural county live as part of one of the seven communities spread over **1,629** square miles. The average household size is **2.3** and the average family size is **2.84**. In 2008, Coos County's ethnicity was comprised of:

- **92.5%** white, or **88.3%** white non-Hispanic,
- **4.8%** Hispanic or Latino,
- **3.1%** persons reporting two or more races,
- **2.6%** Native Americans,
- **1.1%** Asians,
- **0.5%** Black or African Americans, and
- **0.2%** Hawaiian/Pacific Islanders.



It is common for some Coos County youth to leave the area after high school to obtain higher education and to get jobs.

According to the 2006-2008 American Community Survey from the US Census Bureau, in Coos County, of those 25 years old and older:

- **85.6%** have a high school diploma or equivalent (State: 88.1%).
- **26.8%** have some college, no degree (State: 25.6%).
- **7.0%** have an associate's degree (State: 8.0%).
- **17.6%** have a bachelor's degree or higher (State: 28%).

According to the 2008 U.S. Census Bureau statistics, in Coos County:

- The median household income was **\$37,128**. (State: \$50,165).
- **17.8%** of the population live below the poverty line. (State: 13.5%)
- **26.2%** of children, under age 18 years old, live below the poverty line. (State: 17.8%).

According to the Oregon Labor Market Information System, as of March 2010 Coos County seasonally adjusted unemployment rate was **12.1%** (State: 10.6%).

HEALTH INSURANCE: As of July 2009, **15.2%** of the population (9,647 people) were eligible for the Oregon Health Plan (Medicaid); of those, **87.6%** were enrolled. In 2007, **53.9%** of the birth deliveries in the county were paid by the Oregon Health Plan (40% statewide).

According to the 2004-2007 Behavioral Risk Factor Surveillance System (BRFSS) **20.1%** of Coos County adults reported to be without health insurance (State: 17.2%). And **16%** of children (1,839 total children) were without health insurance (State: 12%).

According to the 2007-2008 Oregon Healthy Teens survey, in Coos County **16%** of 8th graders and **22.1%** of 11th graders reported physical health care needs that had not been met in the previous 12 months.

HUNGER: The US Department of Agriculture reports that for 2006-2008, Oregon had the second highest rate of hunger in the nation. The Oregon Food Bank Network distributed 66.2 million pounds of food in 2008/09 – the highest amount distributed by the statewide network in a single year. Locally in Coos County in 2008:

- **18,537** food boxes were distributed.
- **11,194** people received food stamps (State: 438,817 people).
- **53.4%** of school children qualified for Free and Reduced Lunch Programs, which is up from 48.2% in 2007/08 (State: 46.1%); of those, **76%** received school breakfast (State: 36%), and **40%** ate meals through the Summer Food Program (State: 31%).

Behavioral Factors

Public Health concerns in Coos County have multiple causes. Some major issues are:

ALCOHOL & DRUG USE: According to the 2004-2007 BRFSS, **65.3%** of adult males and **50.2%** of adult females reported having at least one drink in the last 30 days. The 2010 Oregon Healthy Teens Survey and Oregon Wellness Survey showed:

- **30%** of 8th graders and **34%** of 11th graders reported having consumed beer, wine or liquor in the previous 30 days; (State: 23% and 36%).
- **15%** of 8th graders and **25%** of 11th graders reported having 5 or more drinks in a short period of time during the last 30 days (State: 9% and 21%)
- **13%** of 8th graders and **26%** of 11 graders reported use of marijuana one or more times in past 30 days. (State: 12% and 24%)
- **3%** of 8th graders and **5%** of 11th graders reported use of illicit drugs other than marijuana in the past 30 days. (State: 3% and 5%)
- **6%** of 8th and **4%** of 11th graders reported use of inhalants during the previous 30 days. (State: 6% and 2%)

The 2006 to 2008 combined data from the National Survey on Drug Use and Health produce an estimate of **1,611** persons over 12 years of age in Coos County that exhibited drug abuse or dependence in the previous year.

2003 to 2007 combined BRFSS data show that:

- **37%** of motor vehicle fatalities in Coos County involved alcohol use.
- The rate of death from alcohol induced disease was 17 per hundred thousand.
- **4,112** people over the age of 12 met the criteria for alcohol abuse or dependence.

TOBACCO USE: The 2006 to 2009 aggregated data on smoking shows Coos County with an adult prevalence of **28.1%**, which was the second highest rate in the State. (State: 17.1%)

According to 2007 to 2008 data, the 8th grade smoking rate was **10%** (State: 8.8%) and the 11th grade rate was **24.4%** (State: 16.5%). Also **4.8%** of 8th graders and **17.2%** of 11th graders chewed tobacco (State: 5.3% and 13.7% respectively).

In Coos County, according to 2003 to 2007 aggregated data, **23.4%** of pregnant women smoked at some time during their pregnancy, nearly double the State rate of 12.2 %.

The smoking rate in Medicaid clients in Coos County was **37%**.

An estimated **27%** of all deaths in our county are smoking related. The age adjusted annual death rate from tobacco related diseases in Coos County from 2004-2007 was **238.9** per 100,000, **second highest** in the State. (State: 178.4)

Disease Burden

CANCER: Aggregated 2003 to 2007 statistics show that Coos County has dropped from second to sixth of Oregon counties for all cancer incidence. Coos County had an all cancer incidence of **500.5** per hundred thousand. (State: 465.6) Coos County did continue with the **second highest** all cancer death rate at **215.6**. (State: 185.8) This is a consequence of Coos County's historically high smoking rates. In 2007, cancer became the leading cause of death in Coos County, surpassing heart disease. Eighty-five per cent of lung cancer, which is the cancer the greatest numbers of people die from, is caused by tobacco use, as are many other cancers. According to 2002 to 2007 Cancer Registry data, the age adjusted incidence of tobacco related cancers was **179.7** per 100,000, the **highest rate** in the state. (State: 146.8) Coos County's tobacco linked cancer mortality at **113.8** per hundred thousand was also the highest in the state. (State: 89.2)

All the following rates are age adjusted (ranking based on 36 counties in Oregon):

TYPE OF CANCER	RATES IN COOS COUNTY
Lung & Bronchus	Highest incidence in the state, at 84.7 (State 67.3) and the second highest lung cancer death rate at 71 . (State 53.5)
Oropharyngeal	4th highest incidence in the state at 13.9 (State 10.6); highest death rate in state at 4.5 (State 2.5)
Bladder Cancer	14th highest incidence in state at 22.9 (State 22.6); 3d highest death rate at 6.9 (State 22.6)
Melanoma	18th highest incidence in state at 20.3 (State 24.7); 4th highest death rate at 3.7 . (State 3.1)
Prostate Cancer	5th highest incidence in state at 178.4 (State 146.8); 23d highest death rate at 17.0 . (State 26.0)
Breast Cancer	23d highest incidence in state at 123.4 (State 130.2); 20th highest death rate at 20.1. (State 23,2)
Colon & Rectum Cancer	30th highest incidence in state at 40.5 (State 45.4); 10th highest death rate at 18.9 . (State 16.8)

OTHER CHRONIC DISEASES:

Asthma continues to present a health burden to residents of Coos County with an adult age adjusted population prevalence of **13.1%** as measured by 2006 to 2009 aggregated BRFSS data (State: 9.7%).

- **10.6%** of 8th graders had current asthma according to 2007 to 2008 data (State: 11.1%); and **11.8%** of 11th graders had current asthma (State: 11.2%).
- Hospital asthma discharge rates for 2006 to 2008 were **13.3** per 10,000 residents (State 6.2).
- Emergency department visits per year, from 2004 to 2006 were **21.1** per hundred children ages 0-17 with asthma (State: 19.0) and **12.4** per hundred people with asthma, (state 13.7).
- Hospitalizations were **5.5** (State: 3.5) per hundred children with asthma, from 2004 to 2006, and in adults **5.0** (State 3.5).

In Coos County, low med ratios occurred in **51.4** per 100 children ages 0-17 with persistent asthma (State 45.7) and in **56.7** adults with persistent asthma (State: 52.4), indicating high rates of poor use of medications. (Low med ratios (<.33) mean a low rate of controller medications relative to rescue medications, which indicates poor asthma control and improper use of medications.)

Arthritis is the leading cause of disability in the United States. The age adjusted rate of adult arthritis prevalence in Coos County (from 2006 to 2009 BRFSS data) was **28.4** percent (State 25.8). Data from the 2004-2007 BRFSS survey show that 46.2% of adult Oregonians reported that they experienced chronic joint symptoms in the previous 30 days that were not formally diagnosed as arthritis. Of those that were diagnosed, 31.7% reported limitations in usual activities. Only 13.1% of people with arthritis have ever taken a class in the management of their condition.

Diabetes provides a significant contribution to poor health in Coos County. The age adjusted death rate from diabetes in Coos County from 2007 data was **33.2** per hundred thousand (State: 27.7). The 2006 to 2009 aggregated age adjusted diabetes rate in Coos County was **11%**, which is **third highest** in the State (State: 6.8%). It is estimated that **2.4%** of the residents have undiagnosed diabetes. This means that currently well over **9%**, or 5,700 of the people in Coos County, could have diabetes. This number is expected to grow markedly over the next few years.

Cardiovascular Disease is a leading cause of death in Coos County after cancer deaths. From aggregated 2006-2009 data, the average annual age adjusted adult prevalence rates were **7.3%** for heart attack (State: 3.3%), **5.7%** for stroke (State: 2.3%), **7.7%** for angina (State: 3.4%), **28.5%** for high blood pressure (State: 25.8%), and **41.8 %** for high blood cholesterol, the fifth highest in the state (State: 33.0%). The unadjusted death rate from cardiovascular disease in 2007 was **352** per 100,000, or a total of **222 people** in Coos County.

OVERWEIGHT AND OBESITY: Obesity has increased dramatically and become **second**, after smoking, of the most important preventable causes of disease, disability, and death. Obesity increases the risk of diabetes, cardiovascular disease, including coronary heart disease, and stroke, some cancers, and depression. The latest age adjusted figures, aggregated from 2006 to 2009 demonstrate that **36.8%** of Coos County adults are overweight (State: 36.1%), and **27.3%** are obese (State: 22.3 %). The 2007-2008 Oregon Healthy Teen Survey reports that in Coos County **15.7%** of 8th graders were overweight (State: 15.2%) and **10.8%** were obese (State: 10.7%); and that **17.4%** of 11th graders were overweight (State: 14.9%) and **10.9%** were obese (State: 11.9%).

COMMUNICABLE DISEASE: In 2009/10 there were 404 confirmed cases of communicable diseases, including sexually transmitted diseases. CCPH investigated 1 confirmed case of meningococcal disease. Each positive case requires in-depth follow-up with prophylactic antibiotic treatment to prevent serious illness for all exposed.

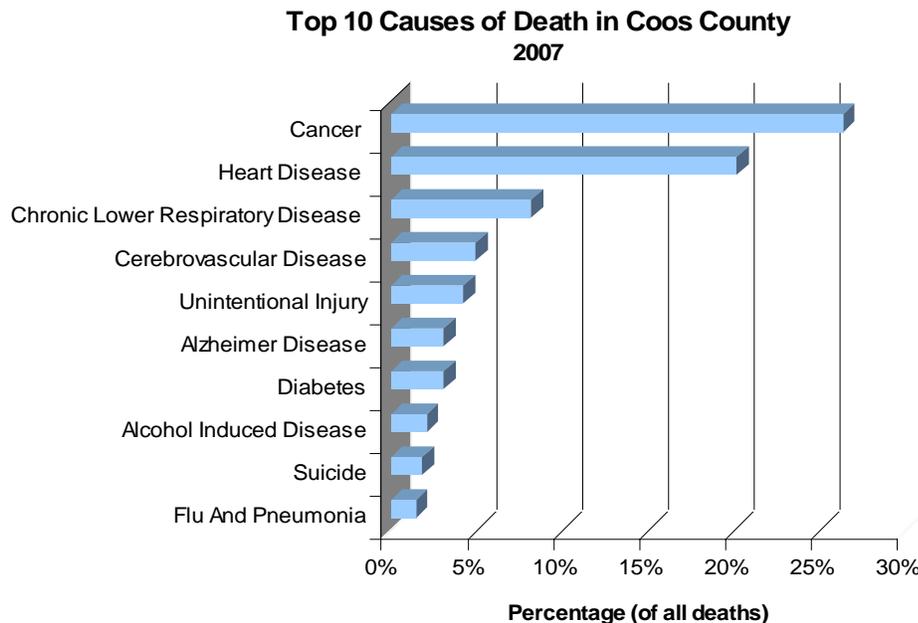
The number of Chlamydia cases reported to the Health Department has been consistently high over the years, but FY 2009/10 saw a dramatic increase (85%) over the previous year with **178** new cases. There were **4** cases of gonorrhea, and no new cases of syphilis. Other reportable diseases included: **146** reports of chronic hepatitis C; **8** new confirmed cases of salmonella, and **1** confirmed case of meningococcal disease. CCPH investigated **5** tuberculosis cases. There was one outbreak of GI illness confirmed as caused by noro-virus. Gastro-intestinal illness was also the affliction in the cases of campylobacter (13), giardia (22), and salmonella (8).

Causes of Death

INFANT MORTALITY: In 2007, the infant mortality rate for Coos County was 6.1 per 1,000 or a total of 4 infant deaths. Coos County ranked 18th in the state, which had a rate of 5.6.

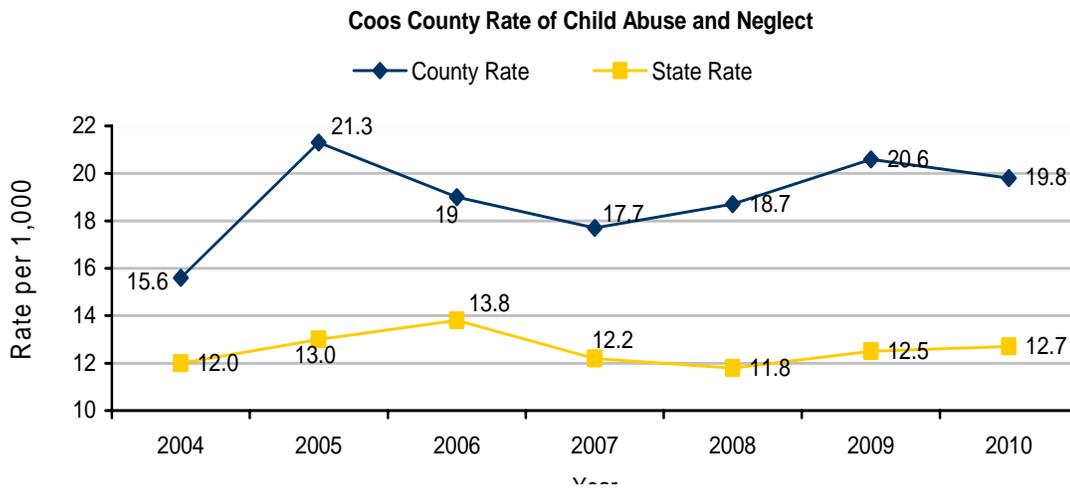
LEADING CAUSES OF DEATH in Coos in 2007 (most recent state data), in rank order were:

- | | |
|---|---------------------------------|
| 1. Cancer (213) | 6. Alzheimer Disease (25) |
| 2. Heart Disease (163) | 7. Diabetes (25) |
| 3. Chronic Lower Respiratory Disease (66) | 8. Alcohol Induced Disease (17) |
| 4. Cerebrovascular Disease (40) | 9. Suicide (15) |
| 5. Unintentional Injury (34) | 10. Flu And Pneumonia (12) |



Family Health

CHILD ABUSE: Coos County's rate of child abuse and neglect had declined over a three-year span from 2005-2007. However the Coos rate rose in 2008 and again in 2009 to 20.6 per 1,000 children (State:12.5); ranking 9th highest of the 36 counties for victims of abuse/neglect. In 2010, Coos County tied with Union County, both ranking 7th highest of 36 counties for victims of abuse/neglect. There were **316** incidents of child abuse and neglect (254 children, some with >1 incident) and **161** foster care entrants in Coos County, compared to 376 incidents of abuse and 145 foster care entrants in 2009 respectively. Most of the abuse in Coos was characterized as *neglect* and *threat of harm*, with younger children being most affected.



PREGNANCY & BIRTH:

Of the **655** total births (preliminary data) in Coos County in the 2010 calendar year:

- **89%** were to women 20 years old or older (State: 92%),
- **10%** were to women 18 to 19 years old (State: 6%),
- **1%** were to girls 10 to 17 years old (State: 2%),
- **6%** gave birth to low birthweight infants (State: 6%).
- **44%** were to unmarried mothers (State: 36%).

Statistically, unmarried women, as a group, have lower incomes, are more likely to smoke than married women, and have a greater proportion of low-birth weight babies. Compared to infants of normal weight, low birth weight and very low birth weight infants are at increased risk for impaired development and infant death. Smoking during pregnancy is the single greatest risk factor for low birth weight.

Coos County reached the highest rate in the state of inadequate prenatal care in 2006 and 2007 with rates of 14.6% and 14.9% (State: 6.2% and 6.4%, respectively). There was an improvement in 2008, with a rate of 9.7% inadequate care (State: 6.8%) and preliminary data for 2009 shows 8.7% (State 6.9% and 6.1%). Preliminary data for 2009 also show 72.6% of pregnant women starting care in the first trimester (State: 71.6%). 2010 preliminary data shows continued improvements with a rate of **7.3%** inadequate prenatal care (State: 5.3%).

TEEN PREGNANCY:

In 2008, data showed an improvement with a rate of 13.9 per 1,000 with 17 pregnancies for teens, ages 15-17 years old. However, the rate started to rise again in 2009, with the preliminary teen pregnancy rate at 20.6 (State: 22.4). (The teen pregnancy rate includes both births and abortions; the number of miscarriages is unknown.)

According to 2007/08 The Oregon Healthy Teen Survey , 61.5% of Coos County 11th grade females report that they have “had sexual intercourse” (50.1% statewide). Of those 11th grade females in Coos County who had sex, 82.8% of the females and 89% of the males reported using a method to prevent pregnancy.

The birth rate in teens ages 15-17 decreased in 2007 to **12 per 1,000**, (n=16) which was lower than the state’s rate of 16.6. The previous year’s birth rate for Coos teens, 15-17, was **21.1**. The 2007 abortion rate for teens, ages 15-17 was **7.5** (n = 10), which continues to be lower than the state rate of 9.1 for that age group.

Environmental Health Issues

During FY 2009/10:

- On **32** separate occasions, alerts were issued for bacteria in public water systems used for drinking water systems.
- On **9** separate occasions, alerts were issued for chemical contaminants found in public drinking water systems.
- **5** municipal sewage treatment systems reported outflows of untreated sewage into fresh water.
- **12** health advisories (ranging from 1-20 days) discouraged recreational water contact on two ocean beaches as a result of elevated bacteria levels.
- **4** properties were maintained on the “**unfit for use list**” due to methamphetamine drug lab contamination.

III. Description of and Adequacy of the 5 Basic Services

(Required by ORS 431.416)

1. Epidemiology & Control of Preventable Diseases & Disorders

COMMUNICABLE DISEASES. Public Health staff (public health nurses, environmental health specialists, and the health officer) follow up on any confirmed or suspected cases of over 50 diseases and conditions for which medical providers and labs in Coos County are required by law to report to the health department. The environmental health specialists assist with investigation and prevention of food and water borne illness. We coordinate these reports with state public health. Our health department also reports any clients that we have diagnosed with reportable conditions in our clinic.

Funding is insufficient to have staff dedicated solely to investigation of communicable disease reports. Our communicable disease nurse also serves as the immunization coordinator, family planning coordinator, clinic supervisor, and assists with direct client services in the clinic. The other clinic nurse who serves as back-up investigator is also the family planning nurse. The required completion of investigations by Fridays, especially when the case is reported on a Friday, is an ongoing challenge. Communicable diseases that require an immediate response, such as meningococcal disease, do take priority over other duties assigned to clinic staff.

Nurses are assigned to respond to the CD calls and investigations 24 hours a day, 7 days a week. After hours, calls are relayed to public health through our dispatch 911 service. (An updated contact schedule for public health personnel is provided each Friday to the Sheriff's office 911 dispatch office.) As we learned during the H1N1 pandemic of 2009/10, a large outbreak or public health emergency would require far greater resources than this department has available. Federal dollars were provided for the H1N1 response. County dollars are not available to support a response to a significant local outbreak.

IMMUNIZATIONS are provided to children and adults, with an emphasis on timely immunization of infants and young children, as they are most vulnerable to illness and disability from vaccine preventable diseases. Rabies immunizations are available through Bay Area Hospital.

SEXUALLY TRANSMITTED DISEASES which are reported by other agencies and clinicians to the Health Department are investigated, and medications are provided to contacts. There is no state or county funding for persons who are seeking initial diagnosis or screening for STIs through the Health Department. Several foundations have provided vouchers to help fill this need, and the Coquille Tribal Community Fund has been the greatest benefactor for the past 2 years.

OTHER PREVENTABLE CONDITIONS. We are a contract provider for the breast and cervical cancer screening program. The number of women we serve (ages 50-64) is strictly limited, based on the funding through that contract. Our efforts continue to address the prevention of tobacco related illness through our state funded tobacco prevention program, where the coordinator focuses on population based strategies in collaboration with community partners. We have been one of the 12 counties with funding to address the burden of chronic disease in our community, and staff who work in the *Healthy Communities* program work closely with the tobacco prevention coordinator on policy and system changes.

2. Parent & Child Health Services, Including Family Planning Clinics

(Required by: ORS 435.205)

PARENT HOME VISITING SERVICES for families are provided in Healthy Start / Healthy Families America (funded through the Commission on Children & Families), Babies First! and the CaCoon programs. In these programs, 222 clients were served during the last fiscal year (2009/10). Current staffing in the public home visiting programs include 2.4 FTE of public health nurses, with additional nurse time contracted at .6 FTE to work with DHS's Self Sufficiency JOBS Program. In addition, we have three full time professional parent educators (who are not nurses), one of which is dedicated full time to Healthy Start/Healthy Families America. Our home visiting programs are highly accessible as we provide services throughout Coos County. Our programs are in demand, and we usually have to refer clients to other programs due to caseload limitations.

All Parent Educators provide parent education, advocacy, and support to parents. In addition, we focus on prevention of family violence, prevention and intervention for substance abuse, SIDS risk reduction, child nutrition, immunizations, child safety, developmental screening, and case management. All home visitors in the Maternal Child Health Home Visiting programs are supervised by an experienced Public Health Nurse with a Masters in Public Health and Infant Toddler Maternal Health Graduate Certificate, who also serves a limited caseload. All parent educators (nurses and public health aides) are certified in and use the *Parents As Teachers* curriculum, and are KIPS Certified to perform parent-child assessments

All of our home visiting programs are based on best-practice models and work to prevent child maltreatment through the provision of services that strengthen families. In addition to our primary prevention programs, our home visiting staff are a partner with State Child Welfare and the *Zero to Three* Court team, where we help families develop parenting skills as they prepare to regain custody of their children.

Oregon's Public Health home visiting programs are currently in the process of being reframed to align with evidence-based models, standardization, evaluation, and statewide applicability. Coos County Public Health anticipates there will be significant changes in the structure of our current home visiting programs. We anticipate that we will, once again, provide home visiting services to expectant women during the prenatal period and immediate post partum period. Based on eligibility criteria, home visiting services to these families can continue until the child turns two years of age. Public Health will continue to work closely with other local home visiting programs (such as Healthy Start/Healthy families, the hospital's MOMS program, and Early Head Start) to coordinate services.

WOMEN, INFANT & CHILDREN NUTRITION PROGRAM Our WIC program staff of 4.4 FTE efficiently served over 3200 participants last year, including 52% of the pregnant women in the county (statewide 38%), and issued \$1.2 million in WIC food vouchers. Although 89% of WIC mothers in Coos County start out breast feeding, our program has received WIC funding to initiate a peer led breastfeeding support project to improve the duration of breastfeeding in WIC participants.

OTHER PERINATAL SERVICES Our nurses are unable to provide maternity case management home visiting services to pregnant women at this time, due to the inadequate Medicaid reimbursement rates. We refer to the Bay Area Hospital MOMs program and the newly initiated Early Head Start program in Coos County. Through our *Oregon MothersCare* program, assistance is offered to pregnant women for enrolling in the Oregon Health Plan for health insurance and in obtaining prenatal care with local physicians. We also continue to partner with other agencies interested in improving the perinatal outcomes of pregnant and postpartum women through the Coos County Perinatal Task Force. Public Health has taken an active role in the Perinatal Task Force to sponsor infant massage certification training.

FAMILY PLANNING Our department provides Title X Family Planning services through the DHS contract, and also contracts with the Oregon Medical Assistance Program to provide contraceptive services through the Medicaid Family Planning Expansion Project (FPEP), newly named Oregon Contraceptive Care. The administrative burden to meet the requirements of the Title X program is greater than for any other program provided by our department, and the costs exceed the resources provided by the state and federal government. We have seen a decline in the number of FPEP clients served in our clinic each year since the local Federal Qualified Health Center, Waterfall Community Health Center, became a contractor for the FPEP program. A nurse practitioner is available 3 days a week in our clinic. Currently, persons seeking contraceptive services are able to get an appointment at the Health Department's North Bend Annex clinic within 2 weeks. Services are also provided once a month at the Coquille satellite office.

ADOLESCENT SERVICES Teens are served in all of the programs listed above. Also, we pass through funding to the Waterfall Community Health Center for operation of a certified school based health center (SBHC), located on the Marshfield High School Campus. In addition, we received funding for a planning grant to create a school-based health center in the rural town of Powers. This second site is expected to become operational in May, 2011. Public Health has been instrumental as a pass through agency for funds to supplement the SBHC budget needs.

3. Collection & Reporting of Health Statistics

We register all deaths in Coos County, using the automated OVERS system, and forward the information to the state, as required by administrative rules. Births are now registered by the hospitals directly with the state through the automated system. Three deputy registrars are available to provide birth and death certificates within 24 hours of request, and often can respond immediately to walk-in requests for certificates.

Each program within the department is charged with collection of data to track services provided, demographics, and outcomes, which is compiled into an annual report each year found at www.co.coos.or.us/ph. We enter data into the state data bases, including TWIST, Ahlers, ALERT, IRIS, OVERS, ORPHEUS, ORCHIDS, Phoenix, and WebRad. However, we are unable to retrieve local data from some of these systems, and must await state reports which may not be published until several years after the events, and at inconsistent time intervals.

Our public health staff do participate in numerous community coalitions and the comprehensive planning process conducted by the Coos County Commission on Children and Families. However, funding is not available for the Health Department to take the lead in a comprehensive planning for community health improvement, with the exception for the assessment of chronic disease through the Healthy Communities program.

4. Health Information & Referral Services

All health department programs provide health information and referrals to programs within our agency and to other county departments, since the County no longer has a switchboard operator. Our support staff who answer the main switchboard spend significant time as a referral source to outside agencies that can help meet needs that are beyond the scope of our agency. Examples include referring to local resources for primary care, referring a pregnant woman to a medical doctor for prenatal care, referring a young parent for food stamps. We strive to keep up-to-date on our community resources and keep our referral lists current. Health education, with a prevention focus, is also a key component of our public health programs.

To enlighten the community about public health services, we continue to publish an annual report, post messages on our electronic sign on the front of the County Annex, send public service

announcements regarding services and new developments, post educational bulletins, and speak to groups on various public health topics. Our expectations to complete our website may be realized within the next year, due to an increase in county IT staffing.

5. Environmental Health Services

The Environmental Health program licenses and inspects restaurants, motels, RV parks, pools, spas, and organizational camps. Our environmental health specialists teach and certify food handlers and also provide food service manager training. To protect from food-borne illnesses, we license and inspect temporary food events that are open to the public. We also investigate reported cases of food-borne and water-borne illnesses. We monitor over 70 small public water systems in our county. For a fee, we can perform assessments of septic and water systems for loan transactions. We also inspect correctional facilities, school kitchens, and daycare centers.

For the **on-site sewage disposal system** within Coos County, the Oregon Department of Environmental Quality (DEQ) maintains all regulatory oversight.

SOLID WASTE is not regulated by this department. Individual cities have independent solid waste ordinances, as does Coos County. Our staff frequently receive nuisance complaints related to illegal dumping and refer those calls to the applicable jurisdiction. Privately operated Sanitation/Garbage companies handle the majority of domestic solid waste within Coos County. Beaver Hill Disposal Site is the only solid waste disposal site within the county and is operated by Coos County. Regulatory oversight is provided by the DEQ.

OTHER ENVIRONMENTAL HEALTH CONCERNS expressed by our constituents (e.g. pollution, algae in water, mold) cannot be addressed by the staff, although they are capable, because there is no source of funding for these activities.

Staff consist of an Environmental Health (EH) Program Manager, who does his share of field work, and two EH Specialist trainees (1.4 FTE), with .9 FTE clerical support.

IV. Adequacy of Other Services Important to Our Community

- Dental:** The water system serving our largest populated area has fluoridated water. Many others in our rural county are on small water systems without fluoridation or have private wells. Some dental education is conducted through WIC, Oregon Mothers Care, and home visiting programs, and nurses conduct visual "lift the lip" exams with children 0-5 during home visits. Care for children's teeth is discussed, and brochures on baby bottle tooth decay and toothbrushes are distributed. The maternal / child health staff are continuing to work with local dentists and community partners to increase access to dental care for pregnant women and children. We share educational resources with the dental hygiene society and provide "lift the lip" screening/referral services to children and parents in Healthy Start, WIC, SSP/TANF, and the Southern Oregon Community College's Family Center. Coos County Public Health was selected as the operational agency for the South Coast Regional Health Initiative (*Ready to Smile*) funded by the Oregon Community Foundation. This grant addresses the oral health needs of children in grades K-7, in both Coos and Curry Counties, through coordinating existing dental services, identifying gaps, and working to reduce the gaps. Implementation of the *Ready to Smile* program has also been funded through the Ford Family Foundation and multiple donors on the South Coast.
- Emergency Preparedness:** Our department's role in a declared emergency is to coordinate the health system response throughout the county. In response to a bioterrorist event or other public health emergency, we would also work to protect the public's health by preventing additional exposure to communicable agents and provide counter measures, such as vaccine and antibiotics. Staff have worked with the County Emergency Management staff to update the medical portion of the County's Emergency Response Plan and have drafted numerous plan specific to the public health response. We meet monthly with community partners to work on health system issues in emergency response.
- Health Education and Health Promotion:** Health education and promotion are components in all Health Department programs. Examples that we will continue to provide include breastfeeding support in WIC; food handler training; parent education for parents of newborns; safer sex practices for persons with STDs.
- Laboratory Services:** Our department has a CLIA waived lab, currently licensed as a PPM lab. We provide limited diagnostic and screening tests for our clients in the family planning and sexually transmitted disease programs.
- Medical Examiner:** The Medical Examiner in Coos County works out of the District Attorney's office.
- Nutrition:** Nutrition education and counseling is the primary focus of the WIC program. Nutrition counseling is also a component in our maternal child services, and family planning services. Our department is beginning activities to encourage system changes that will support weight control and prevention of heart disease.
- Older Adult Health:** This department provides flu shots and other immunizations to our older population. We currently are a contracted provider for the Breast and Cervical Prevention Program, which serves women (and men) ages 50-64 who meet the eligibility criteria. Through the Healthy Communities program, and a special grant, our department will help to support the *Living Well* chronic disease self management program, which does provide interventions for elders with conditions such as arthritis and cardiovascular health problems.
- Primary Health Care:** Our department does not provide primary health care. We assist with the application process for the Oregon Health Plan, and we refer to local medical providers, including the

local safety net providers in the Waterfall Community Health Center. We continue to provide limited assistance to persons seeking publicly funded insurance, and prescription assistance. Through Oregon MothersCare, we help pregnant women get appointments for prenatal care and apply for financial assistance. With the increase in enrollment in the Oregon Healthy Kids program, our department also assists some families with that application process.

9. **Shellfish Sanitation:** Services are provided locally through the Oregon Department of Agriculture (ODA). Commercial shellfish harvesting is regulated by ODA under ORS 622 and standards set by U.S. Food and Drug Administration. ODA provides routine updates to the public and Coos County Public Health on status of shellfish harvesting in specific coastal areas. If circumstances warrant, Coos County Public Health may take additional steps to alert the public to related sanitation issues.

V. Action Plans for Public Health Services

1. Epidemiology & Control of Preventable Diseases & Disorders

COMMUNICABLE DISEASE INVESTIGATION & CONTROL

Current Conditions

In our communicable disease program, investigations of reportable conditions and communicable diseases are conducted, prophylactic treatment (if available) is provided for close contacts of a reportable disease, and investigation report forms are completed and submitted as per the Investigative Disease Guidelines. Staff in this program work closely with the hospitals, and provide consultation to health providers in the community and education to the general public on communicable diseases.

In FY 2009/10; **404** confirmed cases were investigated. Also, staff investigated **1** report of **meningococcal disease**, which requires in-depth, quick follow-up with prophylactic antibiotic treatment to prevent serious illness. One (**1**) outbreak of GI illness was confirmed as caused by noro-virus.

Four Year Comparison of Selected Reportable Diseases in Coos County:

Disease:	2009/10	2008/09	2007/08	2006/07
Campylobacter	12	13	12	13
Chlamydia	178	96	86	77
Giardiasis	22	10	9	14
Gonorrhea	4	9	3	2
Hepatitis B	5	5	1	8
Hepatitis C (chronic)	146	180	79	191
Pertussis	4	8	0	2
Salmonella	8	5	8	7
Syphilis	0	0	0	3

Sexually transmitted diseases continue to be the diseases reported most often, followed by gastrointestinal afflictions (campylobacter, giardia, and salmonella). Although the lab reports of chronic Hepatitis C are numerous, we are not required to investigate these cases.

Continuing Activities:

- Coos County Public Health (CCPH) continues to respond to communicable disease calls 24/7. We have trained individuals in CD 101, and also CD 303. One Environmental Health Specialist is also trained in CD 101 and 303, and the other EH specialists are in the process of being trained.
- We investigate all reported communicable diseases/condition within the investigative guidelines, and meet the compliance requirements. We will be improving our data collection on demographics for race and ethnicity, complete address of cases, and also hospitalization outcomes.
- We perform active & passive surveillance of community illness/reportable diseases and/or syndromes.
- We continue to receive and distribute public health alerts received from CDC, Health Alert Network, and other sources, as appropriate, to other community partners. Information is provided to the local providers via fax broadcast, e-mail and local media. This system is also in place for contacting city municipalities, public safety officers (fire & police), and veterinarians.

Action Plan

<p>FY: July 2010-June 2011</p> <p>Goal: Control of reportable communicable disease which includes responding to communicable disease reports 24/7, investigation, education, prophylaxis, and prevention activities to assure the health of the public.</p>				
Objectives	Methods/Tasks	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>A. Continue to respond to communicable disease calls 24/7</p>	<ul style="list-style-type: none"> • Test the Coos County Public Health and dispatch procedures for reporting communicable disease two times a year. • Contact local labs, medical providers, and infection control professionals twice a year to encourage communicable disease reporting. 	<ul style="list-style-type: none"> • Coos County staff will respond to communicable disease reports and/or testing of the reporting system within 30 minutes of receipt of the report. • Documentation of contacts with local labs, medical providers, and infection control professionals at least twice a year. 	<ul style="list-style-type: none"> • Coos County staff responded to the 24/7 reporting system immediately on 9/29/10 and 1/11/11. On 2/1/11 staff responded within 30 min. • The memo to report communicable disease was updated then e-mailed and faxed to agencies 3/28/11. 	<p>The Coos County Public Health Communicable Disease Program staff continues to be available within 30 minutes 24 hours a day 7 days a week to receive reports of communicable disease.</p>
<p>B. Investigate reportable diseases/conditions and carry out control measures in a timely manner according to the Oregon Investigative Disease Guidelines.</p>	<ul style="list-style-type: none"> • Using the Orpheus database, all diseases/conditions will be investigated within the timelines provided in the state investigative guidelines and reported to the state communicable disease program. • Develop a procedure for the process and interaction between communicable disease staff and environmental health staff. 	<ul style="list-style-type: none"> • $\geq 80\%$ of cases will be investigated and reported within the timeline for the specific disease/condition, unless budget constraints reduce staff and the ability to meet the timelines for the conditions which do not have immediate life-threatening consequences. • Perform a test of the process for an E. coli outbreak and take corrective actions by 6/30/11. 	<ul style="list-style-type: none"> • From 7/1/10-4/5/11 93% of case investigations were "completed." 	<p>Using Orpheus, a case report was retrieved of investigations "completed." From the report, unable to determine if the investigations were within the "timelines" set forth in the investigative guidelines.</p>

TUBERCULOSIS CASE MANAGEMENT

Current Conditions

Ongoing activities of our TB program include:

- Working cooperatively with Department of Human Services/Health Services and local medical providers to provide evaluation of positive PPD skin tests.
- Providing testing and treatment for any contacts to a person with known or suspected active TB, using the investigative guidelines.
- Ensuring that the active tuberculosis cases receive Directly Observed Therapy (DOT), as necessary, for the duration of therapy appropriate to their cases.
- Providing state supplied medication at no cost to those clients without medical insurance and/or limited resources when appropriate.
- Ensuring that follow-up sputum testing is done at the appropriate intervals during treatment of active TB.
- Submitting appropriate completed forms to the state TB division at the initiation of therapy, as further information is available, and at the completion of therapy for both active and latent disease.

In 2009/10, there were no active cases of tuberculosis. However, our CD staff investigated **5 possible cases** of tuberculosis, and **6 individuals were treated for latent tuberculosis**. Our Communicable Disease nurses performed **52 TB skin tests**.

ACTION PLAN

FY: July 2010-June 2011

Goal: Prevent and control the spread of active Tuberculosis which includes identifying cases, treating cases, evaluate contacts of active cases, and screening of high-risk populations for TB infection.

Objectives	Methods/Tasks	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>A. Identify and treat active and latent Tuberculosis cases.</p>	<ul style="list-style-type: none"> • Contact local labs, medical providers, and infection control professionals twice a year to encourage communicable disease reporting including TB. • Update the Tuberculosis P&P. • Liaison with local homeless shelters and correctional facilities regarding P&P for TB assessment/evaluation. 	<ul style="list-style-type: none"> • Documentation of contacts with local labs, medical providers, and infection control professionals at least twice a year. • The TB P&P will be updated using the current template from the state TB program. This will be completed by 12/31/2010. • These institutions will include T.H.E. House, The Mission, and Coos County Jail. This will be completed by 6/30/2011. 	<ul style="list-style-type: none"> • The memo to report communicable disease was updated then e-mailed and faxed to agencies 3/28/11. • A new TB P&P was set in place in October 2010. • The T.H.E. House, The Mission, and Coos County Jail were contacted and education provided as needed in January, February, and March of 2011. 	<p>The new TB P&P was set in place in October 2010 and is currently being reviewed and revised as needed.</p> <p>The Health Officer, Dr. Tyson, made contact with the T.H.E. House, The Mission, and Coos County Jail. The jail has a very good policy in place for assessment of TB and PPD testing. The T.H.E. House and The Mission were offered no-cost PPD testing. CCPH will provide these agencies with “Cover Your Cough” posters. Both agencies were instructed to send any person with a chronic cough to BAH ER or CCPH for evaluation.</p>

SEXUALLY TRANSMITTED INFECTIONS

Current Conditions

- Chlamydia is Oregon's and Coos County's most common treatable STI.
- In FY 2009/10, 5% of teens and young adults that visited the Coos County Public Health family planning and STI clinics were infected with Chlamydia. This positivity rate meets the state's testing guideline for efficient use of publicly funded testing.
- Practitioners in Coos County identified 178 cases of Chlamydia (an 85% increase over the previous year), 0 cases of Syphilis, and 0 cases of Gonorrhea. Neither genital herpes nor genital warts are reportable, and therefore, statistics are not kept on these very prevalent STIs.
- Funding provided by the State for STI exams and treatment has been eliminated, which shifts costs to the clients who are seeking exams for initial evaluation. The Coquille Tribal Community Fund provided a \$5,000 grant to pay for exams for young people who otherwise had no means to pay for services.
- Communicable disease nurses follow-up on any STI cases and contacts which are required to be reported to public health, including those generated from our agency.

In FY 2009/10 our public health clinic provided:

- 567 Chlamydia tests (36 positive),
- 44 Herpes tests (31 positive)
- 510 Gonorrhea tests (0 positive),
- 17 Syphilis tests (0 positive), and
- 15,000 condoms for disease prevention, including the non-latex variety.

Action Plan

FY: July 2010-June 2011

Goal: Prevent and control the spread of sexually transmitted disease including chlamydia, gonorrhea, syphilis, and HIV.

Objectives	Methods/Tasks	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>A. Provide STD case management service including surveillance case finding, and prevention activities.</p>	<ul style="list-style-type: none"> • Investigate reportable diseases/conditions and carry out control measures in a timely manner according to the Oregon Investigative Disease Guidelines. • Develop a policy & procedure for Expedited Partner Treatment (EPT). • Offer free chlamydia testing in the Family Planning and STD clinics according to the state screening criteria. 	<ul style="list-style-type: none"> • At least 80% of GC and 50% of CT cases are interviewed and counseled. Seventy-five percent of contacts are evaluated and treated. • A policy & procedure for EPT will be developed by 12/31/2010. • The positivity rate for chlamydia will stay above 3% in FP and STD clinic, which will demonstrate that screening resources are reaching those who are considered at risk. 	<ul style="list-style-type: none"> • Three out of four cases of GC were able to be interviewed for a total of 75% of cases interviewed. Seventy-four percent of CT cases were interviewed. • A P&P for EPT was not adopted. • The positivity rate for CT was 5%. 	<p>CCPH continues to attempt to contact all cases of GC and CT to interview the cases regarding treatment, prevention, and partner information. Currently, unable to pull a report from Orpheus determining percent of contacts evaluated and treated.</p> <p>A P&P for EPT by a RN was not adopted due to the inability to use state supplied antibiotics for these people. If deemed necessary by the Nurse Practitioner (NP), the NP will write a prescription for EPT.</p> <p>From July 1, 2010 to April 1, 2011, 386 Chlamydia tests were performed in the FP and STD clinics. Of the 386 tests, 20 were positive for a positivity rate of 5%.</p>

HIV PREVENTION

Current Conditions

In Coos County this past year, there were no new cases of HIV found through testing. Our department had received funding in FY 2009-10 for HIV prevention, but will not receive any prevention funding for FY 2010-11. Case management services for persons living with HIV disease are contracted by the state with HIV Alliance from Lane County. After the case management program left our department, we lost an important connection with the HIV community that was useful for outreach efforts.

Action Plan

Time Period: July 2011 – June 2012

Goal: Prevent transmission of HIV disease.

Activities:

- Continue to provide the state-funded HIV lab test to those who seek testing who meet the state's criteria for high risk. The fee for the office visit will be charged to the client, in the absence of prevention dollars paying for the nurse's time.
- Continue to offer condoms to high risk clients through the STD program, and for an affordable price at the front intake desk.

Evaluation: The number of positive HIV tests annually in Coos County.

TOBACCO PREVENTION, EDUCATION AND CONTROL

Current Conditions

Statistics provided by the Oregon Health Authority Tobacco Prevention and Education Program reveal that in Coos County in the previous year:

- 28.1% or 14,254 adults regularly smoked cigarettes.
- 4,417 people suffered from a serious illness caused by tobacco use.
- 226 people die in one year from tobacco use. (27% of all deaths).
- 23.4% pregnant women smoked during pregnancy.
- \$41 million is spent on medical care for tobacco-related illness.
- \$38 in productivity is lost due to tobacco-related deaths.

Tobacco use is the single greatest preventable cause of sickness and death and the single greatest cause of chronic disease. The three greatest causes of death are cardiovascular disease, cancer, and lung disease.

The greatest toll of tobacco is from its contribution to cardiovascular disease. Tobacco users have 2 to 4 times the rate of coronary artery disease, which is the leading cause of death, and about twice the risk of suffering a stroke.

Cancer is the second leading cause of death from tobacco. Tobacco use causes cancers of the bladder, oral cavity, pharynx, larynx (voice box), esophagus, uterine cervix, kidney, lung, pancreas, stomach, colon and anus, and causes acute myeloid leukemia. About 85% of lung cancer deaths are attributable to smoking tobacco.

Cigarette smoking is associated with a tenfold increase in the risk of dying from chronic obstructive lung disease, and accounts for about 90% of these deaths. Tobacco use also increases the risk of acute respiratory infections in people of all ages.

Tobacco use is also the greatest single cause of adverse pregnancy outcomes, including still birth and infant deaths. Coos County's prevalence of smoking during pregnancy is about twice the state level.

Progress:

All K-12 schools in Coos County now have smoke free environments. All three hospitals (Bay Area Hospital, Coquille Valley Hospital, and Southern Coos Hospital) have adopted tobacco free campus policies; the city of Bandon has declared all city facilities, including parks, to be smoke free; Coos Bay has made its flagship park, Mingus Park, smoke free; Southwestern Oregon Community College has passed a policy to make all of the campus tobacco free, except in designated areas; several of the larger employers in the County have smoke free campus policies; the great majority of multi-unit housing, including all housing under the jurisdiction of the Public Housing Authority, is now smoke free; under state law, all workplaces, including bars and restaurants are now smoke free; cessation resources are more available, especially to those with mental health and substance use disorder problems, who face the greatest burden of tobacco use.

Action Plan:

Time Period: July 2011 to June 2012:

Goal: To reduce the burden of tobacco use in Coos County, using evidence based practices, involving policy, environment and systems change to create a milieu where smoking is not the social norm, and it easier for people to not start smoking and to quit smoking.

Best practices research shows that one of the most effective ways for local communities to bring about sustainable change in social norms about tobacco use is to create smoke free environments. With State funding, Coos County's Tobacco Prevention and Education Program (TPEP) is working to promote and create smoke free environments through sustainable policy changes.

Workplan Objectives:

By June 2012, the TPEP program will help with providing two additional public health presentations, each featuring prominent speakers representing policy, environment and systems change approaches to public health made relevant to our local context.

By June 2012, Coos County Commissioners will have voted to establish 100% smoke free county facility campuses.

By June 2012, Coos County Public Health Department will have responded to all complaints of violation of the Smokefree Workplace Law according to the protocol specified in the IGA.

By June 2012, two additional multi-unit housing properties that are not currently smoke free, will become smoke free, one of which will be the Coddington Place housing for women and children at risk for abuse.

By June 2012, Southwestern Oregon Community College will have successfully completed the transition period and be prepared for implementation of a new tobacco policy that will ban smoking in all core areas of the campus. There will be a maximum of three designated areas that will be on the farthest periphery of outer parking lots.

By June 2012, Coos County Fair will have adopted a smoke free fair policy.

By June 2012, a list of at least two dozen succinct, well referenced responses to common misconceptions about tobacco and tobacco control will be created for those working on policy change with decision makers and engaging in debates with those opposed to tobacco control efforts.

Local program plans with specific activities and evaluations have been developed for each of the above objectives and have been submitted to the Oregon Health Authority Tobacco Prevention and Education Program.

CHRONIC DISEASE PREVENTION / HEALTHY COMMUNITIES PROGRAM

Current Conditions

During 2010 – 2011, the Healthy Communities Program expanded the Living Well / Tobacco Quit Line referral system to three additional sites, including: Waterfall Community Health Center, Bay Area Hospital, and North Bend Medical Center. In collaboration with the Coos County Public Health Wellness Committee, a department wellness policy was developed. The Wellness Committee members also promoted preventive health screening recommendations, along with information about what is covered by county insurance carriers. A high point of the Healthy Communities Program during FY 2011/12 was the four community forums and a one day chronic disease summit. The forums were facilitated discussions with community members expressing ideas to make Coos County a healthier place to live. The summit, scheduled for May 12, 2011, targets community leaders with knowledge and ideas for policy and system changes which support healthier choices.

Action Plan

Time Period: July 2011 - June 2012

Goal: Reduce the burden of chronic disease in Coos County through policy and system changes.

Objectives:

- The Living Well and Tobacco Quit Line fax referral system will be expanded to three additional sites in Coos County, which will include more rural locations.
- Coos County will develop a county-wide worksite wellness committee.
- The Healthier Coos County Taskforce will sponsor a second annual summit for local leaders and policy makers to learn more about environmental changes that can be made in our communities to help promote better health.

Local program plans, with specific activities and evaluations, have been developed for each of the above objectives and have been submitted to the DHS - Healthy Communities Program.

2. Parent & Child Health Services

WOMEN, INFANTS, AND CHILDREN (WIC)

Current Condition

For 2009, Oregon placed as one of the top 5 *most food insecure with hunger* states in the nation at 13.9% of Oregon households. Over 25% of children in Coos County under the age of 18 live below the poverty line. In 2009, WIC foods helped to feed 3200 participants, and \$1.2 million in WIC foods were distributed in Coos County, at a value of about \$50 a month for each woman and child. The formula for infants is worth about \$126 per month. Even though WIC provides infant formula, 89% of our Coos County WIC mothers start out breastfeeding their newborn babies. The duration of breast feeding could be improved, and a breastfeeding peer counseling (BFPC) program has been designed to help WIC mothers breastfeed exclusively and for longer duration. This essential support is identified in the recently released Surgeon General's Call to Action. The BFPC program offers assistance from board certified lactation consultants, and mother-to-mother support for new moms.

WIC participants are receiving nutrition education and nutritious foods at critical times in their lives—during pregnancy and infancy—when good nutrition can make a significant difference in brain development of babies and can make a difference in whether babies will grow into adults with health problems. Our WIC program embraces the Oregon WIC Listens concepts of participant centered education. Our nutrition education plan addresses how our program staff will offer quality education to help our clients make positive choices to improve their health.

Evaluation: FY 2010-2011

Goal 1: Oregon WIC staff will continue to develop their knowledge, skills and abilities for providing quality participant centered services.

Year 1 Objective: During planning period, staff will learn and utilize participant centered education skills and strategies in group settings.

Activity 1: *WIC Training Supervisors will complete the online Participant Centered Education Module by July 31, 2010.*

Evaluation criteria: Please address the following questions in your response.

- Did your WIC Training Supervisor complete the module by December July 31, 2010?
- Was the completion date entered into TWIST?

Response: Training supervisor, Phyllis Olson, completed the Participant Centered Education Module and the date was entered in TWIST.

Activity 2: *WIC certifiers who participated in Oregon WIC Listens training 2008-2009 will pass the posttest of the Participant Centered Education e-Learning Modules by December 31, 2010.*

Evaluation criteria: Please address the following questions in your response.

- Did all certifiers who participated in OWL training 2008-2009 pass the posttest of the Participant Centered Education e-Learning Modules by December 31, 2010?

Response: All certifiers who participated in OWL training passed the posttest of the Participant Centered Education Module.

Activity 3: *Local agency staff will attend a regional Group Participant Centered training in the fall of 2010. The training will be especially valuable for WIC staff who lead group nutrition education activities.*

Evaluation criteria: Please address the following question in your response.

- Which staff from your agency attended a regional Group Participant Centered Education in the fall of 2010?
- How have those staff used the information they received at the training?

Response: All WIC staff attended a regional Group Participant Centered Education in the fall of 2010. Two home visiting staff also attended.

WIC and home visiting staff have teamed up to practice and use the information received. Class outlines are being revised as classes are used.

Goal 2: Oregon WIC staff will improve breastfeeding support for women in the prenatal and post partum time period.

Year 1 Objective: During planning period, each agency will identify strategies to enhance their breastfeeding education, promotion and support.

Activity 1: Each agency will continue to implement strategies identified on the checklist entitled "Supporting Breastfeeding through Oregon WIC Listens" by December 31, 2010.

Evaluation criteria: Please address the following questions in your response:

- What strengths and weaknesses were identified from your assessment?
- What strategies were identified to improve the support for breastfeeding exclusivity and duration in your agency?
- Response: Strengths include our local BF coalition, an IBCLC on staff, our encouragement of BF, knowledge of breastfeeding, number of CPAs with advanced BF training.
- Implementation of the BF Peer Counseling Program.

We need to become a breastfeeding mother friendly employer, Human Resources has been contacted and we will be working with them for all county locations.

We also need to continually be aware of using our OWL skills with pregnant and post-partum women.

Activity 2: Each local agency will implement components of the Prenatal Breastfeeding Class (currently in development by state staff) in their breastfeeding education activities by March 31, 2011.

No response needed. The Prenatal Breastfeeding Class is still in development.

Goal 3: Strengthen partnerships with organizations that serve WIC populations and provide nutrition and/or breastfeeding education.

Year 1 Objective: During planning period, each agency will identify organizations in their community that serve WIC participants and develop strategies to strengthen partnerships with these organizations by offering opportunities for nutrition and/or breastfeeding education.

Activity 1: Each agency will invite partners that serve WIC participants and provide nutrition education to attend a regional group Participant Centered Education training fall 2010.

Evaluation criteria: Please address the following questions in your response.

- Which community partners did your agency invite to attend the Group PCE training fall of 2010?
- How do you feel partnerships with those agencies were enhanced?
- What went well and what would you do differently?

Response: Parents as Teachers, Healthy Start, and Early Head Start partners were invited to attend the Group PCE trainings.

As a result PAT and Healthy Start staff are helping team teach Group Meetings.

Staff evaluation: Classes well organized, participation appreciated, creative presentation.

Activity 2: *Each agency will invite community partners that provide breastfeeding education to WIC participants to attend a Breastfeeding Basics training and/or complete the online WIC Breastfeeding Module.*

Evaluation criteria: Please address the following questions in your response.

- Which community partners did your agency invite to attend a Breastfeeding Basics training and/or complete the online WIC Breastfeeding Module?
- How do you feel partnerships with those agencies were enhanced?
- What went well and what would you do differently?

Response only if you invited community partners to attend a Breastfeeding Basics training. The online WIC Breastfeeding Course is still in development.

Breastfeeding Basics training was co-taught by IBCLC Josephine Morrison. Invited to the training were members of the Bay Area Hospital Staff, Early Head Start, Healthy Start, Parents as Teachers, and Coquille Valley Hospital staff.

Staff evaluation: Good information, needed more question time, rushed, 1st day long and drawn out, could have been more compact.

Goal 4: Oregon WIC staff will increase their understanding of the factors influencing health outcomes in order to provide quality nutrition education.

Year 1 Objective: During planning period, each agency will increase staff understanding of the factors influencing health outcomes.

Activity 1: Local agency staff will complete the new online Child Nutrition Module by June 30, 2011.

Evaluation Criteria: Please address the following questions in your response.

- Did/will the appropriate staff complete the new online Child Nutrition Module by June 30, 2011?
- Are the completion dates entered into TWIST?

Response: Staff will complete Child Nutrition Module by June 30, 2011.

Activity 2: Identify your agency training supervisor(s) and projected staff in-service dates and topics for FY 2010-2011. Complete and return attachment A by May 1, 2011.

Evaluation criteria: Please use the table below to address the following question in your response.

- How did your staff in-services address the core areas of the CPA Competency Model (Policy 660, Appendix A)?
- What was the desired outcome of each in-service?

FY 2010-2011 WIC Staff In-services

In-Service Topic and Method of Training	Core Competencies Addressed	Desired Outcome
Civil Rights Training-Power Point Presentation in February, 2010	Program Integrity	Complies with the provisions of Civil Rights laws, regulations and policies.
Wellness-presented by OSU in July, 2010. Lecture.	Nutrition Education	Understand basic nutrition concepts.
Wellness-presented by OSU in September, 2010. Lecture with visuals.	Identify function and food sources of major nutrients.	Identify money saving tips, budgeting, food choices, lifestyle changes
Domestic violence-presented by Women's Safety and Resource Center-Video and facilitated discussion. February, 2011.	Makes recommendations to participants on safe practices and behaviors that impact pregnancy and child development	Be able to identify potential victims and referrals.

Action Plan FY 2011-2012:

Goal 1: Oregon WIC Staff will continue to develop their knowledge, skills and abilities for providing quality participant centered services.

Year 2 Objective: During planning period, staff will incorporate participant centered education skills and strategies into group settings.

Activity 1: Local agency staff will attend a regional Group Participant Centered training focusing on content design to be held in the fall of 2011.

Note: Specific training logistics and registration information will be sent out prior to the trainings.

Activity 2: Each agency will modify at least one nutrition education group lesson plan from each category of core classes and at least one local agency staff in-service to include PCE skills and strategies from the PCE Groups trainings held Fall 2010 and Spring 2011.

Activity 3: Each agency will develop and implement a plan to familiarize all staff with the content and design of 2nd nutrition education options in order to assist participants in selecting the nutrition education experience that would best meet their needs.

Goal 2: Oregon WIC staff will improve breastfeeding support for women in the prenatal and postpartum time period.

Year 2 Objective: During planning period, each agency will incorporate participant centered skills and strategies into their group settings to enhance their breastfeeding education, promotion and support.

Activity 1: Each agency will modify at least one prenatal breastfeeding class to include PCE skills and strategies from the PCE Groups trainings held Fall 2010 and Spring 2011.

Activity 2: Each agency's Breastfeeding Coordinator will work with the agency's Training Supervisor to provide an in-service to staff incorporating participant centered skills to support breastfeeding counseling.

Note: In-service content could include concepts from Biological Nurturing, Breastfeeding Peer Counseling Program – Group Prenatal Series Guide, and/or Breastfeeding Basics - Grow and Glow Curriculum. An in-service outline and supporting resource materials developed by state WIC staff will be sent by July 1, 2011.

Goal 3: Strengthen partnerships with organizations that serve WIC populations and provide nutrition and/or breastfeeding education.

Year 2 Objective: During planning period, each agency will continue to develop strategies to enhance partnerships with organizations in their community that serve WIC participants by offering opportunities to strengthen their nutrition and/or breastfeeding education.

Activity 1: Each agency will invite at least one partner that serves WIC participants and provides nutrition education to attend a regional Group Participant Centered Education training focusing on content design to be held in the fall of 2011.

Note: Specific training logistics and registration information will be sent out prior to the trainings.

Activity 2: Each agency will invite at least one community partner that provides breastfeeding education to WIC participants to attend a Breastfeeding Basics - Grow and Glow Training, complete the Oregon WIC Breastfeeding Module and/or complete the new online Oregon WIC Breastfeeding Course.

Note: Specific Breastfeeding Basics Grow and Glow Training logistics and registration information will be sent out prior to the trainings. Information about accessing the online Breastfeeding Course will be sent out as soon as it is available.

Goal 4: Oregon WIC staff will increase their understanding of the factors influencing health outcomes in order to provide quality nutrition education.

Year 2 Objective: During planning period, each agency will continue to increase staff understanding of the factors influencing health outcomes.

Activity 1: Each agency will conduct a staff in-service to address the factors influencing health outcomes by March 31, 2012.

Note: An in-service outline and supporting resource materials developed by state WIC staff and sent out to Local Agencies by July 1, 2011.

Activity 2: Local agency staff will complete the new online Postpartum Nutrition Course by March 31, 2012.

Activity 3: Identify your agency training supervisor(s) and projected quarterly in-service training dates and topics for FY 2011-2012. Complete and return Attachment A by May 1, 2011.

Attachment A: WIC Nutrition Education Plan

Based on planned program initiatives, program goals, and identified staff needs, the following quarterly in-services and or continuing education are planned for existing WIC staff.

WIC Staff Training Plan – 7/1/2011 through 6/30/2012			
Quarter	Month	In-Service Topic	In-Service Objective
1	July, 2011	Local review of PCE skills and strategies	Ability to modify Group Ed lesson plans to include PCE skills
2	October, 2011	Regional PC Group Training-State	Enhance PCE skills
3	December, 2011	PC skills to support BF counseling	Improve staff skills in BF counseling
4	March, 2012	Health Outcomes-State	Increase staff understanding of the factors influencing health outcomes.

IMMUNIZATION PROGRAM

Current Conditions

The CCPH Immunization program strives to improve the immunization rate coverage of children and adults in Coos County. In FY 2009/10, the total number of immunizations given by our department was 1,206. In the fall, an additional 694 seasonal flu shots were administered, plus 6,950 H1N1 vaccines during the flu season.

In 2009, the up-to-date rate for 2-year olds seen at Coos County Public Health Department was 75%. Many of the children in Coos County receive vaccines from pediatricians at private medical offices.. Public Health will continue to strive to improve the up-to-date rate for 2-year olds in the community, and have been fortunate to have the support from the Bay Area Rotary Club for the *Shots for Tots & Teens* program.

Action Plan:

Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease

Calendar Years 2010-2012

Year 1: January-December 2010						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Increase the 4th DTaP rate by 2%	<ul style="list-style-type: none"> Monthly reminders will be mailed to the parents of children 12-35 mo. who are due for a 4th DTaP, using reports from the ALERT IIS. Assess the 4th DTaP rate quarterly, using reports from the ALERT IIS Meet with all CCPH immunization nurses quarterly to discuss the 4th DTaP rate and ways to increase the rate. 	12/31/10	Lena Hawtin	<ul style="list-style-type: none"> Reminder system in place by December 31, 2010 The 4th DTaP rate of the 5 DTaP immunization series increases by 0.5% each quarter. The 1st quarterly meeting with the immunization nurses will take place by July 31, 2010. The 2nd quarterly meeting with the nurses will take place by December 31, 2010. 	<ul style="list-style-type: none"> Reminder system through ALERT IIS was not in place December 31, 2010. ALERT IIS was not in place to retrieve a report for the 4th DTaP rate each quarter. Meetings were held in July and December 2010. 	<p>The ALERT IIS transition was delayed. The ALERT IIS was not in place until April 1, 2011.</p> <p>The 2 clinic immunization nurses discussed the 4:3:1:3:3:1 rate in July and December of 2010. Immunization rates were also discussed as needed throughout the year. A poster with the 4:3:1:3:3:1 vaccines were posted at the nurses' station in July 2010.</p>

Year 2: January-December 2011

Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>A. Increase the 4th DTaP rate by 2%</p>	<ul style="list-style-type: none"> Monthly reminders will be mailed to the parents of children 12-35 mo. who are due for a 4th DTaP, using reports from the ALERT IIS. Assess the 4th DTaP rate quarterly, using reports from the ALERT IIS Meet with all CCPH immunization nurses quarterly to discuss the 4th DTaP rate and ways to increase the rate. 	12/31/11	Lena Hawtin	<ul style="list-style-type: none"> Reminders will be mailed 12 of 12 months The 4th DTaP rate increases by 0.5% each quarter. A meeting with all immunization nurses will take place each quarter. 	<p>To be completed for the CY 2011 Report</p>	<p>To be completed for the CY 2011 Report</p>

Year 3: January-December 2012

Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>A. Increase the 4th DTaP rate by 2%</p>	<ul style="list-style-type: none"> Monthly reminders will be mailed to the parents of children 12-35 mo. who are due for a 4th DTaP, using reports from the ALERT IIS. Assess the 4th DTaP rate quarterly, using reports from the ALERT IIS Meet with all CCHP immunization nurses quarterly to discuss the 4th DTaP rate and ways to increase the rate. 	12/31/12	Lena Hawtin	<ul style="list-style-type: none"> Reminders will be mailed 12 of 12 months The 4th DTaP rate increases by 0.5% each quarter. A meeting with all immunization nurses will take place each quarter. 	<p>To be completed for the CY 2012 Report</p>	<p>To be completed for the CY 2012 Report</p>

Plan B – Community Outreach and Education

Calendar Years 2010-2012

Year 1: January-December 2010						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Educate public and private providers on ways to increase immunization coverage rates.	<ul style="list-style-type: none"> Assist with the annual AFIX Exchange Luncheon to be hosted by the DHS IZ program AFIX team. Staff from all private and public clinics that provide immunizations will be invited to attend the AFIX Exchange Luncheon. 	4/20/10	Lena Hawtin	<ul style="list-style-type: none"> The annual AFIX meeting will be held in the Spring 2010. There will be attendance from Bay Clinic, NBMC-Bandon, NBMC-Coos Bay, NBMC-Coquille, NBMC-Myrtle Point, Coquille Indian Tribe, Powers Clinic, Waterfall Clinic and Marshfield SBHC. 	<ul style="list-style-type: none"> The annual AFIX meeting was held on April 20, 2010. Invites were sent to all public and private VFC providers and community partners. 	<p>This objective was fulfilled with the 2010 Community AFIX Exchange.</p> <p>The April 20, 2010 luncheon was sponsored by John McNamee from Merck. In attendance were individuals representing Coos County Public Health, Marshfield SBHC, Waterfall Clinic, North Bend Medical Center-Coos Bay, Bay Clinic, Coquille Tribe, Shots for Tots, and DOCS Health Plan.</p> <p>In 2007, the average Coos County immunization up-to-date rate for two year olds was 72%. The rate in 2008 was 75%.</p>
B. Educate private providers on ways to increase immunization coverage rates for two-year-olds	<ul style="list-style-type: none"> Assist with an AFIX Exchange for an individual private clinic provided by the DHS IZ program Health Educator and AFIX Team. 	4/20/10	Lena Hawtin	<ul style="list-style-type: none"> On 4/20/10, an AFIX Exchange was held to provide private clinics with their UTD rates for two-year-olds and discuss ways to improve the rate. 	<ul style="list-style-type: none"> The annual AFIX meeting was held on April 20, 2010. Invites were sent to all public and private VFC providers and community partners. 	<p>This objective was fulfilled with the 2010 Community AFIX Exchange.</p> <p>See above in A.</p>

Year 2: January-December 2011

Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>A. Educate community partners on current immunization practices and ways to increase immunization coverage rates for two-year-olds.</p>	<ul style="list-style-type: none"> Approve/edit printed materials in support of the annual community immunization luncheon. Assist with the annual community immunization luncheon to be hosted by the DHS IZ program Health Educator. Community partners will be invited to attend the annual community immunization luncheon. 	5/31/11	Lena Hawtin	<ul style="list-style-type: none"> The annual meeting will be held in the Spring 2011. Maria Grumm from the DHS IZ program will speak on vaccine safety issues and how to talk to parents. There will be attendance from Coos County Public Health, Marshfield SBHC, Waterfall Clinic, North Bend Medical Center-Coos Bay, Bay Clinic, Coquille Tribe, Shots for Tots, and DOCS Health Plan. 	To be completed for the CY 2011 Report	To be completed for the CY 2011 Report
<p>B. Educate a private provider on ways to increase immunization coverage rates for two-year-olds</p>	<ul style="list-style-type: none"> Assist with an AFIX Exchange for an individual private clinic provided by the DHS IZ program Health Educator and AFIX Team. 	12/31/11	Lena Hawtin	<ul style="list-style-type: none"> In the Fall of 2011, an AFIX Exchange will be held to provide a private clinic with their UTD rate for two-year-olds and discuss ways to improve the rate. 	To be completed for the CY 2011 Report	To be completed for the CY 2011 Report

Year 3: January-December 2012

Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>A. Educate community partners on current immunization practices and ways to increase immunization coverage rates for two-year-olds.</p>	<ul style="list-style-type: none"> • Approve/edit printed materials in support of the annual community immunization luncheon. • Assist with the annual community immunization luncheon to be hosted by the DHS IZ program Health Educator. • Community partners will be invited to attend the annual community immunization luncheon. 	5/31/12	Lena Hawtin	<ul style="list-style-type: none"> • The annual meeting will be held in the Spring 2012. The speaker and topic are TBA. • There will be attendance from Coos County Public Health, Marshfield SBHC, Waterfall Clinic, North Bend Medical Center-Coos Bay, Bay Clinic, Coquille Tribe, Shots for Tots, and DOCS Health Plan. 	To be completed for the CY 2012 Report	To be completed for the CY 2012 Report
<p>B. Educate a private provider on ways to increase immunization coverage rates for two-year-olds</p>	<ul style="list-style-type: none"> • Assist with an AFIX Exchange for an individual private clinic provided by the DHS IZ program Health Educator and AFIX Team. 	12/31/12	Lena Hawtin	<ul style="list-style-type: none"> • In the Fall of 2012, an AFIX Exchange will be held to provide a private clinic with their UTD rate for two-year-olds and discuss ways to improve the rate. 	To be completed for the CY 2012 Report	To be completed for the CY 2012 Report

PARENT / CHILD HEALTH HOME VISITING SERVICES

Current Conditions

Coos County's rates for victims of child abuse and neglect have worsened, as has the rate state-wide. In 2009, Coos County was ranked 9th highest, with a rate of 20.6 per 1000 (state rate of 12.5 per 1,000). And the preliminary rate for 2010 is **19.8** (State:12.7). This reflects a worsening from the 2007 statistics which showed that Coos County had a rate of 17.7 per 1000. In addition, Coos County's child maltreatment reoccurrence rate in 2009 is 13.4%, compared to the state rate of 7.8%.

Major family stressors that contribute to Coos County's child abuse/neglect rates are drug and/or alcohol abuse, domestic violence, financial distress, head of household unemployment, parental involvement with a law enforcement agency, and inadequate housing. Other contributing factors are: limited education, and poor parenting (the most prevalent factor according to the Child Welfare System), a history of child welfare involvement in the past, and caring for multiple children under the age of 5. However, poor parenting is often generational and may be influenced also by the factors listed above. The major reasons for placement in foster care were threat of harm, drug and alcohol abuse, physical abuse, neglect, the child's behavior, inability to cope, and inadequate housing.

Research shows that early intervention into the lives of families, beginning in and including the prenatal period, has a high impact on parental success and lessens child maltreatment. "What happens in the first three years of life can lay the foundation for becoming a productive, contributing member of society, or it can lay the foundation for intergenerational cycles of abuse, neglect, violence, dysfunction, and mental illness." (Indiana Association for Infant Toddler Mental Health)

Our department continues to provide services through the Babies First! and CaCoon programs, and to first birth families through Healthy Start, which is funded by the Commission on Children & Families (CCF). Family Outcomes served by these programs in 2009-2010 were the following:

- **100%** of families' needs were identified.
- **99.9%** of children had health care providers.
- **90.5%** of children were up to date on their immunizations.
- **39%** of children screened for health or behavioral problems were referred for further evaluation.
 - **Of these, 99% received follow-up services.**
- **23.7%** of families were referred into our home visiting services because of suspected child abuse.

Parents participating in our Babies First! (Parents As Teachers) program stated:

"I was raised in low income housing and I didn't want to raise my daughter like that."

"I have been involved with the Parents As Teachers program and have gotten so much out of it. I have been able to receive valuable information regarding my daughter's development. We have also built a healthy and trusting relationship."

"[Our parent educator] has been a tremendous help to me in understanding how to cope with everyday parenting techniques. I am pleased that programs like this exist because I need all the help I can get when it comes to parenting. I am a single mother with a small child and the skills that I have learned will make our lives better, healthier, and happier. Thank you!"

Parents participating in our CaCoon program stated:

“My little one had a lot of special needs. CaCoon is a great, great program that should go on and on. If it can help one child, it can help hundreds of children.”

“It’s important to have CaCoon in our area. I strongly think any little or big support should be given because this is a child’s life, the beginning of their life, and our future leaders.”

Action Plan

Goal: Strong nurturing families and healthy thriving children.

Objectives:

- Reduce child abuse and neglect.
- Promote readiness to learn.

Babies First! Activities:

- Provide regularly scheduled home visits through the **Babies First!** program for children through age 4 years who are at risk of developmental delay due to a variety of risk factors including: premature birth; drug exposed infant during pregnancy; low birth weight; age of the parent/caregiver; low income/ poverty and many other factors.
- Using the Parents As Teachers best practice curriculum, and following the Babies First protocols, nurses and public health aides (under the supervision of a nurse) help parents learn positive parent-child interactions, child development, realistic expectations, and coping skills. This parenting program provides information and guidance to reduce child abuse and neglect and promote “readiness to learn.” During the visits, educators help parents understand what to expect in each stage of their child’s development, and offer practical tips on ways to encourage learning, manage challenging behavior, and promote strong parent-child relationships.
- Conduct in-home health and developmental screening for participating children on a regular basis, detect potential problems, start interventions, and monitor child regularly. Screening is done for overall development, language, hearing, and vision.
- Case management activities help link families to needed community resources and providers.

CaCoon Program Activities:

Nurses provide nursing case management for children from birth to age 21 years with special health care needs during home visits.

- Nurses assist parent with medical, nutritional, and developmental issues and promote positive coping skills.
- Parents are helped to identify and prevent problems related to their child’s special health condition.
- Screening is done for growth and development and referrals are made into early intervention when needed.
- Nurses also coordinate health care and specialty services. CaCoon Nurses will participate in Community Connections as needed and as able, considering the limitations of funding.

Healthy Start Program Activities:

Parent educators under the supervision of a nurse provide the **Healthy Start/Healthy Families** services to first time families identified as eligible to receive intensive home visiting services. Staff adhere to the state Healthy Start/Healthy Families policies and procedures, Healthy Families America best practice

guidelines, and state/county CCF protocols. This program fits well into CCPH's existing continuum of home visiting programs.

Collaboration Activities with Community Partners to Improve Maternal Child Health Outcomes"

- Continue to offer assistance and referrals to perinatal depression group, "Parenting Survival Skills: Adjusting to Your New Baby," which was formed through a collaborative effort of our local Perinatal Task Force. The depression group consists of a 4 week curriculum focusing on coping with depression, steps to take to improve mood, reducing stigma of depression, and referrals to medical providers. Since research shows that new moms who have a history of depression often miss or misinterpret their babies' cues, this intervention for the mothers' depression can be important for the ultimate development of positive mother/child attachments.
- Coordinate efforts with partnering agencies to sponsor an infant massage training. (June 7-10, 2011). Infant massage has been shown to help infants self-soothe and self-regulate. Benefits for the caregiver (such as improved recognition of infant cues) and society as a whole have also been identified in the research.
- Continue to participate in the Perinatal Task Force to identify and decrease barriers to healthy birth outcomes.
- Continue to participate in the Coos County Breastfeeding Coalition to promote breastfeeding and improve breastfeeding rates among county residents.
- Collaborate with local WIC program to provide nursing/breastfeeding support to women. One of our public health nurses is also an IBCLC and is the WIC IBCLC Peer Coordinator.
- Continue to strengthen relationships with local and regional dental community to improve access and treatment of pregnant women and young children to promote early childhood cavities prevention.
- Continue to seek funding opportunities through grants and/or contracts to help support our maternal child health services through local agency partners such as CWS, Coos Bay/North Bend Rotary, and Bay Area Hospital.
- Work towards developing policy and procedures to enable public health workers to provide fluoride varnish application to clients when medically necessary.
- Continue to participate in local MDT and Child Fatality Review Board.
- Continue to participate in DHS: Child Welfare Services, Family Decision Meetings, etc. as appropriate.
- Continue to participate in Family Violence Council meetings.
- Continue to be active participants on the Coos County *Zero to Three Court Team* pilot program, providing administrative support as well as direct services to enrolled families via our Healthy Start, Babies First! and CaCoon programs.

Activities to Assure Training and Continuing Education Opportunities for MCH Staff

- Consider sending the Nursing Services Manager or other delegate to "Circle of Security" training to then be able to provide more in-depth training to remainder of staff on issues related to attachment.
- Send at least 3 field staff to 2011 Child Abuse Summit.
- Continue to offer in-service trainings to staff, on topics such as infant-toddler mental health, self regulation, domestic violence, and child abuse.

Evaluation

For families served by **Babies First!**:

- Families' needs will be identified in 100% of clients.
- 80% of parents will demonstrate positive child-rearing competencies and improved parenting skills
- 80% of parents will demonstrate positive parent-child interactions.
- 80% of parents will demonstrate increased knowledge about child development.
- 80% of parents will demonstrate developmentally appropriate expectations.
- 90% of parents will have no confirmed case of abuse/neglect after enrollment
- 90% of enrolled parents will self report improved access and utilization of services
- 90% of parents will report supportive relationships with others
- Additional evaluations will be conducted by the state, and our staff will participate as needed.

For families served by **CaCoon**:

- Additional evaluations will be conducted by the state, and our staff will participate as needed.

For families served by **Healthy Start**:

- Evaluations will be conducted by the state and local Commission on Children and Families.

SERVICES FOR PREGNANT WOMEN

Current Conditions

Early prenatal care is a benchmark to ensure healthy birth outcomes. Inadequate prenatal care is defined as care that begins after the second trimester of pregnancy or that involves fewer than 5 prenatal visits. In 2006 and 2007, Coos County had the unfavorable designation of the highest rate of **inadequate prenatal care** in the state (15%). Preliminary data for 2010 indicates that the inadequate prenatal care rate has dropped to **7.3%**, compared to the state rates of 5.3%.

Some of this improvement in the prenatal care rate is attributed to our OregonMothers Care program. In Coos County in FY 2009-10, 82% of women who contacted our Oregon Mothers Care program in their first trimester were able to begin prenatal care with a provider during their 1st trimester. Through OregonMothers Care, 287 pregnant women were helped with applying for the Oregon Health Plan, obtaining prenatal care, and referrals to other prenatal services.

In FY 2007-2008, Coos County Public Health stopped offering home visiting services to pregnant women through the Healthy Beginning /Maternity Case Management (MCM) program. MCM services had assisted pregnant women with obtaining early prenatal care, referral to other social programs, and guidance on improving behaviors to assure a healthy baby and pregnancy. Our efforts have shifted towards working with community partners to help identify and reduce barriers to receiving adequate and/or early prenatal care. Through a grant from the Commission on Children and Families, Public Health performed a community needs assessment that identified barriers and access problems that were varied and wide ranging. We continue to meet monthly and work with the Perinatal Task Force to assess and plan ways to improve the early prenatal care rates in Coos County.

Action Plan

Goal: Strong nurturing families and healthy thriving children

Objective: Increase access to adequate and early prenatal care and community support services.

Activities:

- Assist pregnant clients with applications to the Oregon Health Plan and facilitate pregnant women's first appointments with prenatal care providers, through the Oregon Mother's Care (OMC) Program.
- Refer pregnant clients from internal Public Health Department programs such as WIC and pregnancy testing to Oregon Mothers Care (OMC) and outside agencies which provide support during the prenatal period such as The MOMS program through Bay Area Hospital, Coquille Valley Hospital's perinatal outreach program, and Pregnancy Resource Center.
- Continue to meet monthly and work with the Perinatal Task Force (PNTF) to assess and plan ways to improve the early prenatal care rates in Coos County. The PNTF includes representatives from Bay Area Hospital, Public Health, DOCS – Independent Practice Association, A & D treatment, DHS Food Stamps/Temporary Aid to Needy Families, Early Head Start, and physicians and other organizations.
- Continue to offer assistance with the Perinatal Task Force's new perinatal depression group, "Parenting Survival Skills: Adjusting to Your New Baby," that provides 4 weeks of education to pregnant and postpartum mothers, and a follow-up support group.
- Continue to meet with the Coos County Breastfeeding Coalition.
- Seek grants to fund Perinatal projects such as the CAWEM-plus program, postpartum depression support group, prenatal vitamin distribution, dental care services for pregnant women, etc.

- Participate in the State's Public Health's workgroup(s) as home visiting programs are re-designed, and realigned with best practice and evidence-based programs, including advocating for adequately-reimbursed prenatal home visiting services.

Evaluation:

- Number of pregnant women served through Oregon MothersCare who have successfully initiated prenatal care.
- Log of the number of community outreach activities. The following work groups and outreach activities were performed in FY 2009-2010:
 - Perinatal Task Force
 - Breastfeeding Coalition
 - Early Childhood Coalition
 - Early Head Start in-service
 - SWOCC CNA and RN presentations
 - Coquille Valley Hospital and Bay Area Hospital in-service
 - Pregnancy Resource Center in-service
 - Various educational outreach tables at employee health fairs, community college student orientations, high school career day, and community health fairs
 - Retreat by The Lake (Child Care Conference) presentation

Challenges:

- The state support for perinatal services is insufficient for the number of women who can be served with Maternity Case Management (MCM).
- The Medicaid reimbursement rate for MCM services does not reflect the actual cost of providing these services. Lack of financial support has resulted in our phasing out this effective service.

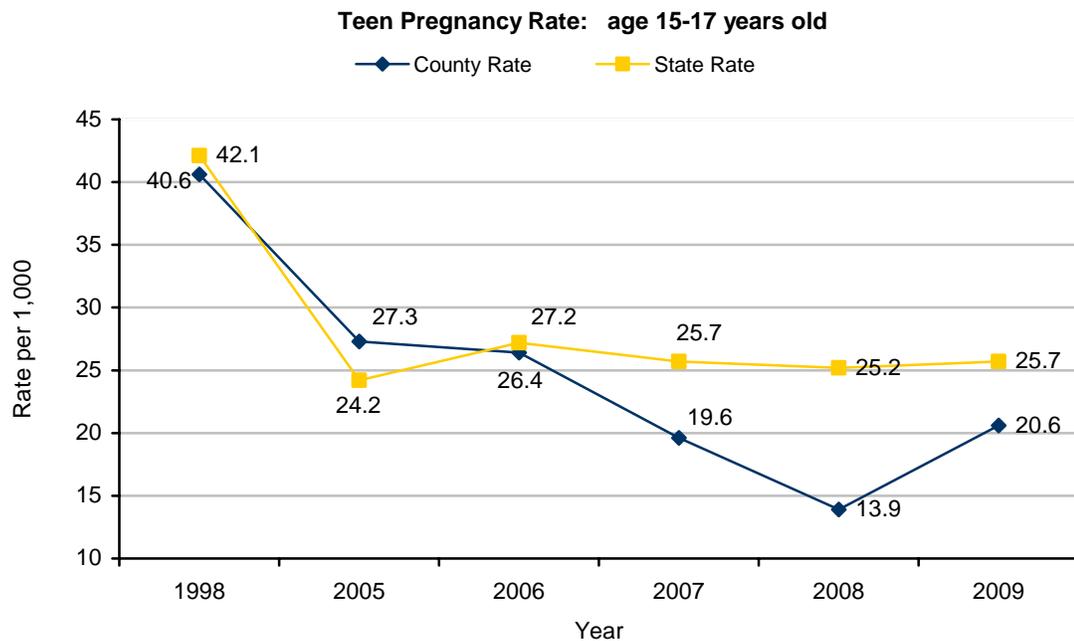
FAMILY PLANNING PROGRAM

Current Conditions

According to the service data for Oregon Title X Family Planning Agencies, in FY 2010 there are **5,057 women in need** (WIN) in our county between the ages of 13 and 44. We served 1,026 of those WIN clients in FY 10, or 19.2%, (*State average 30.5%*). The number of women served by other CCare providers in our county was not available for this report.

At Coos County Public Health we served 279 teens, ages 10-19. Also, our department does pass through funding for a school based health center (SBHC) through a contract with Waterfall Community Health Center. This SBHC provides contraceptive services on-site to the largest high school in our county.

The contraceptive services provided by our department are estimated to have **prevented 190 pregnancies among female clients**. Our Title X program provides a wide variety of contraceptives, including IUD insertion, and refers males for vasectomy. The teen pregnancy rate had declined from 2007 to 2008, going from 19.6 to 13.9. However, the preliminary rate for 2009 is back up to **20.6**. The 2010 benchmark is 20 pregnancies per 1,000. (The teen pregnancy rate includes both births and abortions; the number of miscarriages is unknown.)



Action Plan

Goal #1: Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.

Problem Statement	Objective(s)	Planned Activities	Evaluation
Decreased number of clients seen in Family Planning clinic.	Increase the number of clients seen in Family Planning clinic while continuing to provide required services.	<ul style="list-style-type: none"> • Assess clinic flow and duties of aides, RNs, and NP. • Determine amount of time needed per visit type, to determine scheduling needs. 	<ul style="list-style-type: none"> • A P&P for clinic flow and staff duties will be created by July 30, 2010. • After approval of the P&P, all FP visits will be assessed for a 3 month period. Eighty percent of these visits will be completed within time allotted for visit type, while continuing to provide required services.

Goal #2: To promote awareness and access to Emergency Contraception (EC) among Oregonians at risk for unintended pregnancy.

Problem Statement	Objective(s)	Planned Activities	Evaluation
Lack of awareness of access to EC in Coos County.	Increase awareness in the community regarding access to EC.	<ul style="list-style-type: none"> • Provide information to the community via media, website, and Advisory Committee. • Continue to offer EC at each FP visit. 	<ul style="list-style-type: none"> • Quarterly PSAs will be sent to local media. • Information on the county website will be updated quarterly. • Information will be e-mailed to local medical providers quarterly. • Posters will be developed and distributed by Advisory Committee at least twice a year. • FP Clinic will continue to offer one EC at each FP visit for immediate use, as needed, and one for future use.

Progress on Goals / Activities for FY 11

(Currently in Progress)

Goal / Objective	Progress on Activities
<p>#1: Assure continued high quality clinical family planning and related preventive health services to improve overall individual community health.</p>	<p>After assessing clinic flow and discussing the duties of the aides, RNs, and NP, a procedure for NP appointment clinic process was drafted. The process is continually assessed in order to identify any necessary changes that would quicken the process and enable the clinic staff to provide services to more clients. The next assessment of visit time is scheduled for March, April, and May of 2011.</p>
<p>#2: To promote awareness and access to Emergency Contraception (EC) among Oregonians at risk for unintended pregnancy.</p>	<p>EC continues to be offered at each FP visit. One box is provided for immediate use, and two for future use. The county website is currently being redesigned and will have information on FP services including EC. FP posters and business size cards were developed and distributed by the Advisory Committee as well as Health Department staff. An ad regarding FP services available at the Health Department ran on KCBY, a CBS affiliate, through September and October, 2010. A PSA regarding Family Planning services, including EC, was sent via fax or e-mail to local media and pediatricians during the month of February, 2011.</p>

3. Collection & Reporting of Health Statistics

Current Conditions

As one of the services required by Oregon law, our department registers all births and deaths in the county. We also review the health statistics which have been compiled by the state related to program areas that we provide. We have made progress this past year in developing more systematic approaches to collecting health data or outcome measures for the services that we provide, in addition to the required data mandated by certain programs, such as WIC and ALERT. We have recently begun using the ORPHEUS program for communicable disease reporting. Although this is a cost shift to our department to input the data instead of sending it to the state for data entry, we expect to have greater control over the accuracy of the data that is entered.

ACTION PLAN

Goal: Continued improvement in departmental statistics gathering on health indicators or outcome objectives.

Activities:

- Each program supervisor will review tools and methods for collecting outcome data related to targeted program objectives.
- Where there are gaps in data collection, supervisors will develop tools or processes for measuring program effectiveness.

Evaluation:

- Achievement of improved data collection in program areas.
- Publication of Annual Report.

4. Health Information and Referral Services

Current Conditions

Public Health clients often have needs that are out of the range of services offered within our department. Some are aware of the information or services they are seeking, and call asking for contacts and phone numbers. Many, however, are unaware of services available, and therefore do not inquire. These clients are dependent on Coos County Public Health staff to take the initiative and suggest services and opportunities that might be beneficial to them.

All Department programs are currently involved in providing information and making referrals to clients for services offered at the Health Department, as well as services of other agencies. The following are examples of common information and referrals provided by our department.

- The Family Planning Clinic provides options counseling to clients who become pregnant, and refers the client to the appropriate agency.
- The Oregon Health Plan / Oregon Mothers Care outreach specialist assists clients in applying for publicly funded health insurances, and in locating affordable primary healthcare services.
- WIC ensures that client's vaccinations are current by referring to the Coos County Public Health Immunization Clinic when scheduled immunizations are due.

- Home visiting nurses regularly refer parents of young children and pregnant women to free smoking cessation classes offered by the local hospital and to Wellness programs (Living Well).

Information about public health services is provided to the community at large through media releases, the county website, electronic reader board, presentations through the cable channel and for community organizations, and many printed materials, including our annual report.

ACTION PLAN

Goals:

Persons will be connected with the many services available through Coos County Public Health and the other public and private agencies designed to improve their quality of life.

Community constituents, decision makers, and leaders will be informed about the role of public health and the services available.

Activities:

To enable our staff to continue to improve their abilities to successfully refer our clients within our department and to other agencies for appropriate services:

- Invite agency representatives to make presentations at our monthly all-staff meetings, so that our staff will become familiar with services provided by other agencies.
- Participate in agency health fairs, for networking opportunities.
- Orient new employees about public health services and provide program updates at staff meetings.

To disseminate information about public health services and the public health mission:

- Post health information and our department's services on our electronic sign.
- Publish an annual report describing our services by December.
- Work with county IT staff to complete the health department website and include more links to state and federal agencies, such as the CDC. Add website to media releases.
- Seek invitations for speaking engagements on public health topics.

Evaluation:

- track the agency presentations made at our staff meetings
- review orientation checklists to see that the proper emphasis on information and referral services has actually been included in all incoming staff orientations.
- monitor our website for progress being made, checking for completeness and currency of the information.
- review advertising to insure the website address is included.
- track community presentations

5. Environmental Health (EH) Program

Current Conditions

- Approximately 400 facilities in Coos County provide eating, lodging and recreational accommodations for public use.
- There are approximately 80 recognized public water systems in Coos County, most of which receive some regulatory oversight or assistance from the County's Environmental Health (EH) staff.
- County EH and Communicable Disease (CD) staff collaborate regarding food borne investigations, animal bites and numerous other communicable disease issues.
- The EH program provides service with 2 full-time and 1 part-time Environmental Health Specialists (EHS), a 1 person support staff, and occasionally 1 or more EHS, who work intermittently on contract.
- One EHS has been certified as a ServeSafe (manager certification) Trainer and each regular EHS employee is ServeSafe Certified.
- One EHS has attained national training in [swimming] Pool Operator Certification.
- Two EHS along with support staff have access to the ORPHEUS CD log and 1 EHS has completed training for CD 101 and CD 303.

The following text separates the goals, activities and program evaluation components of the Environmental Health Program into three parts: Licensed Facilities, Drinking Water and Communicable Disease work.

LICENSED FACILITIES SERVICES

A recent categorization (and count) of Licensed Facilities in Coos County included: Food Service (214), Public Pools (23), Travelers' Accommodations (112), Bed & Breakfasts (7), RV Parks (41) and Organizational Camps (3). Travelers' Accommodations and Bed & Breakfasts are routinely inspected annually. State law requires the other facilities to be inspected twice annually. Additional inspections come from concerned calls from the public, disease outbreak investigations or when unsafe conditions are found during a routine inspection.

The Licensed Facility inspection program is based on expecting and educating facility operators to be pro-active in preventing injury and prevention of disease transmission.

Action Plan

Long-Term Goals:

- Ensuring licensed facilities in Coos County are free from factors leading to transmission of communicable disease and hazards leading to injury.
- See a decrease or elimination of forced closures of public pools for lack of control of pH, disinfection, unsafe water temperatures or turbidity.
- See a decrease or elimination of violations cited resulting in closure to a tourist facility, or part of it, due to gross issues of sanitation or physical threats to the safety of patrons.
- See a decrease in food service violations cited relative to the 5 CDC Risk Factors most prominent in causing food borne illness.

- Provide remedial training for person(s) in charge of pools that can be shared with co-workers with maintenance duties.
- Provide an education focus during inspections on safety and risk training for person(s) responsible for cleaning and maintaining tourist facility operations.
- Focus attention on training supervisors in food service operations, particularly in taking advantage of Restaurant Manager Certification.
- As an office, complete the FDA Program Standards.
- Increase accessibility of licensed facility inspection reports to the public.

Short-Term Goals:

- Assure all food service, tourist facilities and public pools are appropriately licensed.
- Achieve 100% of required inspections for all licensed facilities in a timely manner.
- Coordinate epidemiological investigation in licensed facilities, including food-borne investigations with communicable disease staff.
- Follow-up on citizen complaints relative to licensed facilities in a timely manner.
- Make education for food handlers and food facility managers easily accessible.

Activities:

- Conduct health based licensing inspections of all licensed facilities.
- Promote food handler certification testing by providing walk-in testing weekly, promoting on-line testing at EZFOODCARD.com, plus monthly scheduled classes.
- Offer ServSafe Manager Certification training on a semi-annual basis.
- Offer remedial pool operator's training on an annual basis.
- Investigate citizen complaints of potential health hazards in licensed facilities.
- Initiate enforcement action against facilities illegally operating without a license.
- Answer environmental service questions asked by the public.
- Document, follow-up and communicate with DHS on animal bites. Coordinate with local jurisdictions regarding animal bites.
- Dedicate 1 day a month toward meeting the FDA Program Standards.
- Stay abreast of current rules and rule interpretations by attending regional Food, Pool and Lodging educational meetings as well as annual training meetings and participation with the Conference of Local Environmental Health Supervisors (CLEHS).
- Assure food service inspectors work monthly with a standardized inspector.

Evaluation:

- A file record will be maintained of all routine inspections performed at tourist facilities and public pools.
- A log is maintained of extra inspections performed to re-open a tourist facility following closure due to unsafe conditions.

- A log is maintained of extra inspections performed to re-open a public pool following a forced closure.
- There will be a record and numerical score maintained in a file for each food service inspection.
- The PHOENIX data base for restaurant inspections will be routinely queried to count the separate violations most closely related to the 5 CDC risk factors.
- Number of food handler cards issued will be tracked, including whether the card was issued via the internet or some other means. EH support staff maintains a running log of individuals taking advantage of county provided Manager Certification training.
- Environmental Health staff will maintain files on all epidemiological investigations and will send documentation to Oregon Health Services as required.
- EHS personnel will provide health education to staff of licensed facilities while conducting inspections – comments will be noted in facility file where pertinent.
- Environmental Health Specialists will also provide health education to the public as requests/calls are made. Comments will be logged in the [complaint] data-base.
- A log will be kept of all animal bites (includes incident, victim name and follow-up completed).
- A summary log including any resolution found will be kept of all citizen complaints regarding licensed facilities.
- All drinking water work will be documented as required in contract with DHS.

DRINKING WATER SERVICES

Illness and death resulting from water borne disease outbreaks around the country help us appreciate safe drinking water. Drinking water services provided by Coos County are intended to assure good quality water with an overarching goal of “assuring the availability of safe drinking water, meaning water which is sufficiently free from biological, chemical, radiological, or physical impurities such that individuals will not be exposed to disease or harmful physiological effects.”

The Environmental Health (EH) program receives contract funds from Oregon’s Drinking Water Program (DWP) to offer on-going local assistance to operators of most of the 80 public water systems providing water to approximately 50,000 Coos County residents.

It is an imperfect system, as most of the remaining 12,000 residents (20% of the county) live where they rely on private water supplies. As the DWP contract dollars are specifically for public water systems, no government entity provides safety oversight for private water sources.

Another potential service gap exists when the need for service from public water systems exceeds the allocation of funds from the DWP to the county. After the terms of a contract have been met, and with no ability to re-negotiate a mid-year contract, any acute needs of local water system operators would have to be addressed by DWP staff in either the Portland or Springfield regional office.

By law, water systems operators are required to take steps to physically protect the water and regularly sample for potential contaminants. County services for this program are primarily directed toward helping public water system operators sort through the maze of rules which help to assure quality drinking water.

Action Plan

Vision: Safe water for consumption throughout Coos County.

Goals:

1. Work with Communicable Disease Staff to identify water borne illness/enteric disease.
2. 90% of [community] water systems will provide water that meets all applicable health-based drinking water standards during the year (EPA 2015 National Drinking Water Objective).

Activities:

1. The following activities are specified as “required services” in contract:
 - a. Develop, maintain and carry out an EH Program emergency response plan in case of public water system emergencies.
 - b. Take enforcement action against any licensed facility, also acting as a public water system and failing to comply with safe drinking water rules.
 - c. Provide regulatory assistance to water system operators seeking interpretation of regulatory requirements.
2. As specified in contract, the following activities may be invoiced for payment to the DWP:
 - a. Investigation of Water Quality Alerts, when questionable levels of chemical or microbiological contaminants are found in sample results.
 - b. Investigation and resolution of water systems found to be in chronic non-compliance with drinking water rules.
 - c. Follow-up for any enforcement action initiated by DWP.
 - d. Scheduling and performing water system surveys on a routine basis.
 - e. Resolution of violations for failure to sample or submit required treatment reports.
 - f. Identification of previously unrecognized public water systems.
 - g. Assistance to operators to develop their water system Emergency Response Plans.
3. Other activities which are not covered by the DWP contract:
 - a. Follow-up on lab confirmed enteric illness resulting from contaminated water and provide logical water treatment options.
 - b. Refer questions from citizens regarding safe development of a private water source to: Oregon Association of Water Utilities, Oregon State University Extension Service, private contractors, internet websites, and other resources.

Evaluation:

1. The percentage of water systems meeting health-based drinking water standards. This will be approximated by (1) Subtracting out the number of separate public water systems that had maximum contaminant level (MCL) violations found in “Investigation of Water Quality Alerts” from (2) the total number of public water systems and (3) dividing the balance by the total number of public water systems.
2. Lab confirmed enteric illness reports, which are individually reviewed by staff on a routine basis as well as part of an annual report.
3. Citizen questions (deferred elsewhere) regarding private water sources, which are logged on the EH data base.
4. Documentation, as required by DWP contract for all work done for the DWP. Work that may be invoiced to the DWP is tracked per the state’s internet data base system. At year’s end individual tasks that could have been completed can be tabulated by contract category. Actual work

accomplished, may be totaled in each category by reviewing individual invoices sent to the DWP.

FOOD-BORNE COMMUNICABLE DISEASE SERVICES

County Environmental Health (EH) and Communicable Disease (CD) staff collaborate regarding food borne investigations, norovirus outbreaks, animal bites, plus numerous other communicable disease issues. EH generally takes the lead with animal bites; otherwise CD staff maintain the predominate role, with EH involvement increasing when there is a facility inspection component with an investigation.

Action Plan

Goals:

1. Maintain a zero incidence rate for rabies in humans.
2. Assure at-risk bite victims are screened by a medical or public health professional in a timely way.
3. Provide outreach material to affected facilities to minimize the spread of norovirus illness.
4. Initiate immediate investigation of enteric illness as per DHS Acute & Communicable Disease Program time frames.
5. Develop an on-line mechanism for the collection of enteric illness/food-borne illness reports.

Activities:

1. Coordinate with local community professionals, law enforcement, veterinarians and medical professionals to provide animal bite reports.
2. Develop institution training regarding preventing the spread of norovirus.
3. Coordinate with CD staff for investigation of lab confirmed enteric illness or other illness as warranted.

Evaluation:

1. A file will be maintained and kept available for periodic review of all reported animal bites and associated follow-up.
2. EH staff will maintain files on epidemiological investigations and send summaries to DHS as necessary.
3. All lab confirmed illness may be summarized by reviewing the ORPHEUS database.

6. Public Health Emergency Preparedness

Current Conditions

During 2010-2011, The Coos County Public Health Emergency Preparedness Program finalized the Resource Management Plan, drafted the Direction and Control Plan, and updated the Communications and Natural Disaster Health Recovery Plans. The Health Department staff also participated in the countywide Flood Functional exercise by fulfilling ICS roles in the activated County Emergency Operation Center. Other activities included drafting a Continuity of Operations Plan for all Health Department programs, and starting a Medical Reserve Corps unit for Coos County.

Time Period: July 2011 – June 2012

Goal: To prepare for, respond to, and recover from natural or man-made disasters in collaboration with other county, city, state, and tribal response partners.

Objective 1: Continue to develop, update, and review Emergency Response Plans for ESF #8; specifically, the Direction and Control Plan, Disease Outbreak Control & Response, Community Mitigation and Chemical Events.

Plan for Methods/Activities/Practice:

- Review finalized plans yearly and update as needed.
- Coordinator will draft new EOPs for review and approval from Administrator.
- Outcome Measure(s): All completed and finalized EOPs will be posted on the Health Alert Network.

Objective 2: CCPH will participate in at least two exercises per year as in accordance with PE 12.

Plan for Methods/Activities/Practice:

- 2012 Terrorism, explosive (WMD), mass casualty: Tabletop exercise.
- 2012 Terrorism, explosive (WMD), mass casualty: Functional exercise.
- 2013 Technological, communication failure: Functional exercise.

Outcome Measure(s): After Action Reports with Improvement Plans will be completed within 60 days post exercise and posted on the Health Alert Network.

Objective 3: CCPH staff will continue to be trained in their respective ICS response roles, and will continue to be NIMS compliant.

- Plan for Methods/Activities/Practice:
- Online ICS trainings, workshops, and exercises.
- Completion of NIMSCAST tool yearly.
- Annual review of staff training record.

Outcome Measure(s):

- NIMSCAST completion – 100% compliant.
- Updated staff training record.

Objective 4: Maintain communication capabilities while continuing to test the 24/7 contact number, the Health Alert Network, satellite phones, HAM radio, and police radio.

Plan for Methods/Activities/Practice: Coordinator and other identified public health staff will participate in all state and local tests, drills, and exercises.

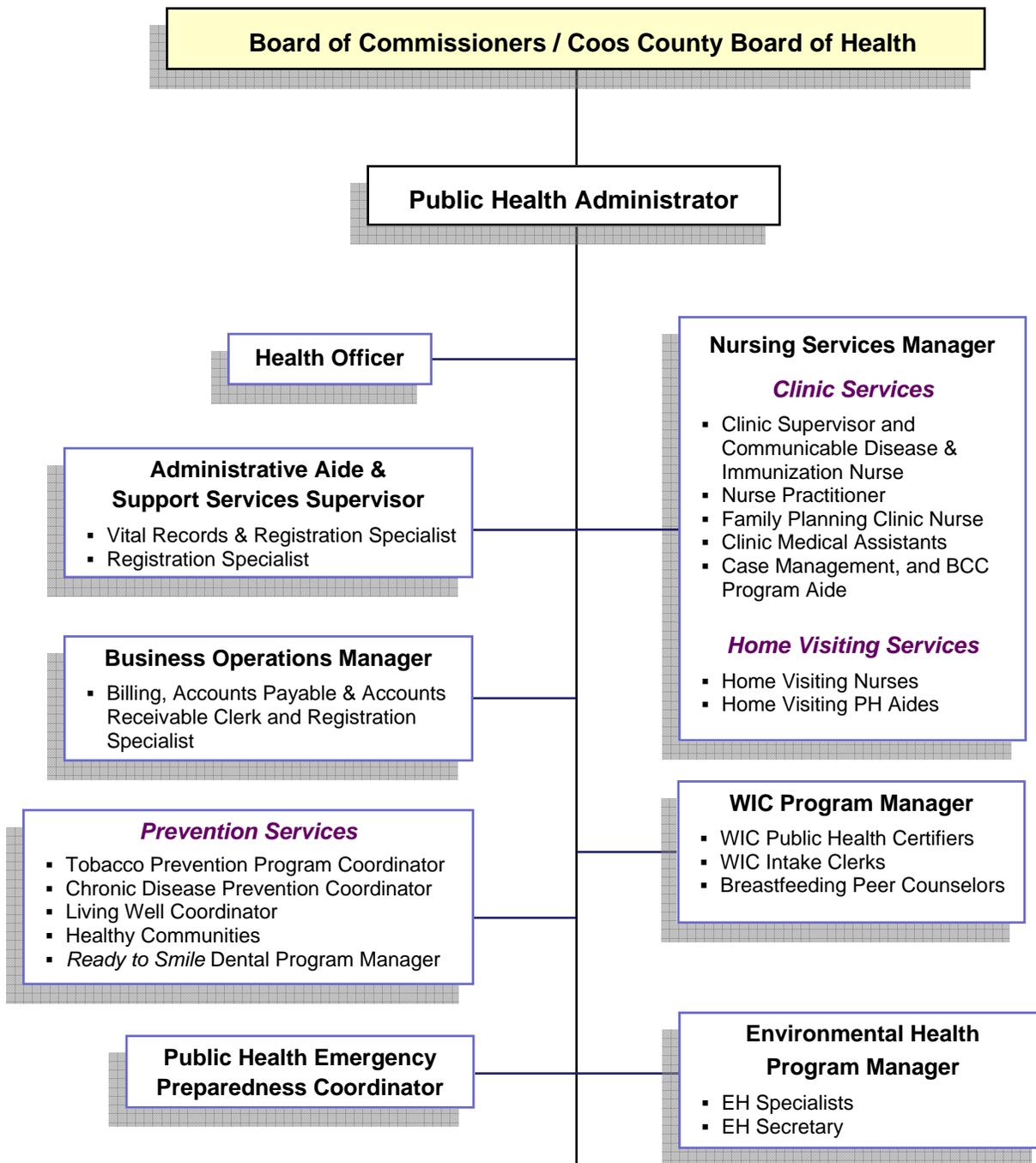
Outcome Measure(s): Coos County Public Health will be at least 90% compliant on all tests.

Objective 5: Continue to work with local, regional, tribal, and state response partners in planning for the health and medical response to disasters.

Plan for Methods/Activities/Practice: Monthly meetings with the Health Emergency Response Team – HERT.

Outcome Measure(s): Document meeting minutes.

VI. Organizational Chart



Board of Health

The Board of Health is comprised of the three Coos County Commissioners. Regular board meetings are held at least twice a month and often weekly, and public health issues are often on the agenda, as needed. Meetings are televised on the local cable access channel. The Commissioners occasionally meet as the Board of Health, when need arises for a special meeting. The Board liaison to the Health Department is Commissioner Cam Parry.

Public Health Advisory Board

No Advisory Board exists at this time.

Senate Bill 555

The Coos County Board of Commissioners, who are the Local Public Health Authority, also oversee the Coos County Commission on Children and Families, which was responsible for coordinating the comprehensive planning process in Coos county. A member of the Board of Commissioners usually serves on the Coos County Commission on Children and Families. The Health Administrator also sits on the local CCF. Health Department staff have participated in the most recent update to the comprehensive plan. Annual plan topics which are also included in the comprehensive plan include: prenatal care, immunizations, child abuse, use of alcohol, tobacco and other drugs, and teen pregnancy.

VII. Unmet Needs

The unmet needs are generally the same as have been discussed in recent years. Funding from the state and federal government for most of the mandated public health programs is insufficient to meet the demands that come with those dollars. (An exception has been the federal funds available for our local H1N1 response.) Our local dollars are in short supply for all county services. Coos County Public Health lacks discretionary dollars from either state or county sources to address public health needs specific to our county, unless we are able to obtain special grants from foundations, service clubs, or individuals. With the loss of our grant writing position in 2006 and a nurse manager position in 2008, the full workload of the remaining managers leaves little time for grant writing. Stable funding to maintain a grant writing position could bring in additional dollars to enhance programs and services. However, the expectation that *mandated* public health programs can be maintained on “soft” grant money is unrealistic. Unlike a business that can charge the true cost for a product or service, public health programs that are mandated to serve everyone, regardless of ability to pay, or that do not have a billable component that reimburses the cost of the service, require a stable source of government funding. So far our staff have weathered the stress of working in multiple programs—as multiple funding streams are necessary to create full time positions—but fatigue is especially evident in our managers and supervisors who also are providing direct service while managing the administrative burden that government imposes on itself. For example, one supervisor who used to coordinate one program now has six programs to manage. And as we look towards the challenge of accreditation that is setting a high standard for public health in this country, we see a deep chasm between the high expectations for a fully functioning health department and the funding necessary for achievement.

Our constituents ask for assistance with environmental health concerns, such as nuisance complaints, problems with mold, blue-green algae, and malfunctioning private wells. Our environmental health specialists are funded only to administer the licensed facilities program and to monitor public water systems. We charge fees to inspect schools and day care facilities. An additional source of funding would enable these environmental health experts to assist with these other community concerns. The ability to do proactive environmental community assessments is virtually non-existent. Some of these activities were done in the past, when the Health Department received County general fund contributions for the environmental health program.

People continue to seek diagnosis for sexually transmitted diseases (STDs) at the Health Department (a traditional public health service that is now unfunded), and clients often lack funds to pay for the exams. Through the continued generosity of the Coquille Tribal Community Grant, vouchers have helped these clients. We have no funding dedicated this next year for prevention outreach for STDs, including HIV. The rate of new infection with HIV is very low, but there is potential for this disease to be introduced into our sexually active population who have not adopted pro-health behaviors.

Interventions by public health nurses with new mothers before and after they give birth are a cost effective way to help babies get a better start in life, especially for families who are at risk due to health problems, poverty (inability to pay rent and utilities), poor nutrition, drug use, domestic violence, mental health problems, disabilities, and generational lack of parenting knowledge. We currently have a significantly reduced capacity to address these perinatal needs in our county. We discontinued our maternity case management home visits, due to the inadequate reimbursement rate paid by Medicaid for this service (and the lack of other funding). We have had to strictly limit the number of families we can enroll in CaCoon, which serves medically fragile children with nurse consultation and screening. Healthy Start services for first birth families were reduced due to budget cuts. We continue to have high rates of child abuse and neglect in our county, but also see positive outcomes in the families who receive our services, and wish we could serve more.

We note that Coos County has a high rate of maternal depression, ranging between 40-45% of women seen through the hospital’s prenatal support program (MOMs). Services are severely limited for women

with depression, especially for those who do not have health or mental health insurance to pay for medication and/or therapy. Women with Oregon Health Plan insurance (Medicaid) are also at a disadvantage, as counseling services typically do not extend beyond the initial assessment.

The importance of infant-toddler mental health to the long-term positive outcomes of children is becoming increasingly recognized. As neuroscience research helps illuminate the extremely vulnerable period of brain development in these children, preventive services focusing on improving the infant-parent attachment and parenting skills for nurturing should be considered. Currently there is only one licensed mental health professional in our county who works with these very young children. Specialized infant/toddler mental health training should be provided to interventionists working with infants and toddlers.

The expectation by the federal government for comprehensive family planning services under the federal Title X program exceeds what can be accomplished with the federal grant award, and the reimbursement rates for the Medicaid funded Oregon Contraceptive Care have been cut too deeply to keep this program out of the red. This mismatch between funding and program requirements results in an administrative burden that is untenable.

Data about our community's needs and the services that we provide help us to evaluate our effectiveness and guide us in our efforts. We are expected to enter information into multiple state data bases, which can be labor intensive. However, we find that we continue to be unable to extract the local information that we need from some state data bases, (e.g., ORCHIDS and OVERS). We continue to lack the funds to purchase a good business/accounting software that would interface with our County's accounting system, and that would improve efficiency for our business processes and mandated record keeping.

And finally, the lack of medical and dental care for many who live here continues to be a problem that is mirrored at the state and national level. Dental care is especially important for the health of pregnant women and children. While our state and federal governments implement health reform that will provide health insurance for more people, we are hopeful that public health prevention efforts will be included in the solution.

VIII. Budget Information

Contact to receive a copy of our approved budget document:

Sherrill Lorenzo

Business Operations Manager

Coos County Public Health

541-756-2020, ext. 539

slorenzo@co.coos.or.us

IX. Minimum Standards

Organization

1. Yes No A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.
2. Yes No The Local Health Authority meets at least annually to address public health concerns.
3. Yes No A current organizational chart exists that defines the authority, structure and function of the local health department; and is reviewed at least annually.
4. Yes No Current local health department policies and procedures exist which are reviewed at least annually.
5. Yes No Ongoing community assessment is performed to analyze and evaluate community data. (To a limited extent.)
6. Yes No Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria.
7. Yes No Local health officials develop and manage an annual operating budget.
8. Yes No Generally accepted public accounting practices are used for managing funds.
9. Yes No All revenues generated from public health services are allocated to public health programs.
10. Yes No Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes No Personnel policies and procedures are available for all employees.
12. Yes No All positions have written job descriptions, including minimum qualifications.
13. Yes No Written performance evaluations are done annually (or according to County policy)
14. Yes No Evidence of staff development activities exists.
15. Yes No Personnel records for all terminated employees are retained consistently with State Archives rules.
16. Yes No Records include minimum information required by each program.
17. Yes No A records manual of all forms used is reviewed annually.
18. Yes No There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes No Filing and retrieval of health records follow written procedures.
20. Yes No Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes No Local health department telephone numbers and facilities' addresses are publicized.
22. Yes No Health information and referral services are available during regular business hours.

23. Yes No Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.
24. Yes No 100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures. (Birth records are now registered by the state.)
25. Yes No To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes No Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes No Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.
28. Yes No A system to obtain reports of deaths of public health significance is in place.
29. Yes No Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.
30. Yes No Health department administration and county medical examiner review collaborative efforts at least annually. (Only as needed.)
31. Yes No Staff is knowledgeable of and has participated in the development of the county's emergency plan.
32. Yes No Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes No Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
34. Yes No Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
35. Yes No Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.
36. Yes No A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

Control of Communicable Diseases

37. Yes No There is a mechanism for reporting communicable disease cases to the health department.
38. Yes No Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted

in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.

- 39. Yes No Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.
- 40. Yes No Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
- 41. Yes No There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.
- 42. Yes No There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
- 43. Yes No A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.
- 44. Yes No Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.
- 45. Yes No Immunizations for human target populations are available within the local health department jurisdiction.
- 46. Yes No Rabies immunizations for animal target populations are available within the local health department jurisdiction.

Environmental Health

- 47. Yes No Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
- 48. Yes No Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
- 49. Yes No Training in first aid for choking is available for food service workers. (The importance of taking first aid training for choking is discussed, but no actual training is done.)
- 50. Yes No Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
- 51. Yes No Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system. (A couple have been non-compliant.)
- 52. Yes No Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
- 53. Yes No Compliance assistance is provided to public water systems that violate requirements.
- 54. Yes No All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.
- 55. Yes No A written plan exists for responding to emergencies involving public water systems.
- 56. Yes No Information for developing a safe water supply is available to people using on-site individual wells and springs.

57. Yes No A program exists to monitor, issue permits, and inspect on-site sewage disposal systems. (DEQ)
58. Yes No Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes No School and public facilities food service operations are inspected for health and safety risks.
60. Yes No Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
61. Yes No A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
62. Yes No Indoor clean air complaints in licensed facilities are investigated. (This is done by the tobacco prevention coordinator, if related to smoking.)
63. Yes No Environmental contamination potentially impacting public health or the environment is investigated. (by the DEQ. Our EH staff have no funding for this work.)
64. Yes No The health and safety of the public is being protected through hazardous incidence investigation and response. (by the DEQ)
65. Yes No Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control. (Other agencies contribute to regulation. We don't have vector control.)
66. Yes No All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

Health Education and Health Promotion

67. Yes No Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.
68. Yes No The health department provides and/or refers to community resources for health education/health promotion.
69. Yes No The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.
70. Yes No Local health department supports healthy behaviors among employees.
71. Yes No Local health department supports continued education and training of staff to provide effective health education.
72. Yes No All health department facilities are smoke free.

Nutrition

73. Yes No Local health department reviews population data to promote appropriate nutritional services.
74. The following health department programs include an assessment of nutritional status:
- Yes No WIC
 - Yes No Family Planning
 - Yes No Parent and Child Health

- d. Yes No Older Adult Health
- e. Yes No Corrections Health (N/A)
- 75. Yes No Clients identified at nutritional risk are provided with or referred for appropriate interventions.
- 76. Yes No Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.
- 77. Yes No Local health department supports continuing education and training of staff to provide effective nutritional education.

Older Adult Health

- 78. Yes No Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.
- 79. Yes No A mechanism exists for intervening where there is reported elder abuse or neglect.
- 80. Yes No Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.
- 81. Yes No Prevention-oriented services exist for self health care, stress management, nutrition, exercise, medication use, maintaining activities of daily living, injury prevention and safety education. (Funds are lacking to provide some of these topics.)

Parent and Child Health

- 82. Yes No Perinatal care is provided directly or by referral.
- 83. Yes No Immunizations are provided for infants, children, adolescents and adults either directly or by referral.
- 84. Yes No Comprehensive family planning services are provided directly or by referral.
- 85. Yes No Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.
- 86. Yes No Child abuse prevention and treatment services are provided directly or by referral.
- 87. Yes No There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.
- 88. Yes No There is a system in place for identifying and following up on high risk infants.
- 89. Yes No There is a system in place to follow up on all reported SIDS deaths.
- 90. Yes No Preventive oral health services are provided directly or by referral.
- 91. Yes No Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.
- 92. Yes No Injury prevention services are provided within the community.

Primary Health Care

- 93. Yes No The local health department identifies barriers to primary health care services.
- 94. Yes No The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.

- 95. Yes No The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.
- 96. Yes No Primary health care services are provided directly or by referral.
- 97. Yes No The local health department promotes primary health care that is culturally and linguistically appropriate for community members.
- 98. Yes No The local health department advocates for data collection and analysis for development of population based prevention strategies.

Cultural Competency

- 99. Yes No The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.
- 100. Yes No The local health department develops, implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services.
- 101. Yes No The local health department assures that advisory groups reflect the population to be served.
- 102. Yes No The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

X. Health Department Personnel Qualifications

Local health department Health Administrator minimum qualifications:

The Administrator must have a Bachelor degree plus graduate courses (or equivalents) that align with those recommended by the Council on Education for Public Health. These are: Biostatistics, Epidemiology, Environmental health sciences, Health services administration, and Social and behavioral sciences relevant to public health problems. The Administrator must demonstrate at least 3 years of increasing responsibility and experience in public health or a related field.

Answer the following questions:

Administrator name: Frances Smith

Does the Administrator have a Bachelor degree? Yes No

Does the Administrator have at least 3 years experience in public health or a related field? Yes No

Has the Administrator taken a graduate level course in biostatistics? Yes No

Has the Administrator taken a graduate level course in epidemiology? Yes No

Has the Administrator taken a graduate level course in environmental health? Yes No

Has the Administrator taken a graduate level course in health services administration? Yes No

Has the Administrator taken a graduate level course in social and behavioral sciences relevant to public health problems? Yes No

a. Yes No The local health department Health Administrator meets minimum qualifications:

If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications.

Plan: Take a course in biostatistics by 12/31/2011.

b. Yes No The local health department Supervising Public Health Nurse meets minimum qualifications:

Licensure as a registered nurse in the State of Oregon, progressively responsible experience in a public health agency;

AND

Baccalaureate degree in nursing, with preference for a Master's degree in nursing, public health or public administration or related field, with progressively responsible experience in a public health agency.

If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications.

Note: Our Supervising Public Health Nurse has the following degrees: Associate in Applied Science in Nursing, Bachelors in Human Biology, Masters in Public Health, and Graduate Certificate in Infant Toddler Mental Health. This should comply with the intent of minimum qualifications.

c. Yes No The local health department Environmental Health Supervisor meets minimum qualifications:

Registration as a sanitarian in the State of Oregon, pursuant to ORS 700.030, with progressively responsible experience in a public health agency

OR

A master's degree in an environmental science, public health, public administration or related field with two years progressively responsible experience in a public health agency.

If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications.

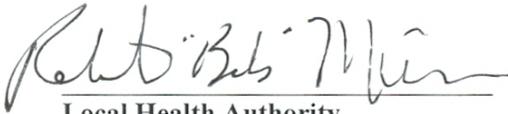
d. Yes No The local health department Health Officer meets minimum qualifications:

Licensed in the State of Oregon as M.D. or D.O. Two years of practice as licensed physician (two years after internship and/or residency). Training and/or experience in epidemiology and public health.

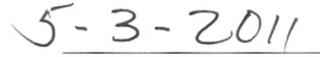
If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications.

XI. Local Health Authority Signature

The local public health authority is submitting this Comprehensive Plan pursuant to ORS 431.385, and assures that the activities defined in ORS 431.375-431.385 and ORS 431.416, are performed.



Local Health Authority
Bob Main, Commissioner Chair
Coos County



Date