



*Coos County*  
*Public Health*

# **Annual Plan**

## **2012 – 2013**

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## I. Executive Summary

This annual plan submission is in response to ORS 431.375-431.385, and is a requirement for supplemental funding from the State of Oregon, which helps Coos County meet its statutory obligations to provide basic public health services. This document discusses how Coos County Public Health expects in Fiscal Year 2012/2013 to provide the essential services required by law, and in accordance with standards set by the Local Conference of Health Officials:

- A. Control and epidemiology of preventable diseases and conditions
  - Communicable disease investigation and control
  - Tuberculosis case management
  - Tobacco prevention, education, and control activities (TPEP)
- B. Parent and child health
  - Immunizations
  - Maternal child health services (MCH block grant and home visiting services)
  - Family planning
  - Women, infants, and children nutrition services (WIC)
- C. Environmental health
- D. Public health emergency preparedness
- E. Vital records
- F. Information and referral

Coos County has been labeled as one of the least healthy counties in Oregon. Coos County residents don't live as long as the average Oregonian. Socio-economic factors here—especially poverty--contribute to poor health. However, the leading causes of early, preventable death in Coos County continue to be tobacco use, followed by diet, obesity and inactivity—individual behaviors that can be influenced by policy and system changes. Together with our community partners, we have made progress in creating smoke-free environments, although the positive impact of prevention efforts on chronic disease may not be fully realized here for many years. We know we have a lot more work to do in this domain.

We do see tangible results of some of our efforts. For example, our county-wide immunization rate and our teen pregnancy rate look better 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, and pregnant mothers and children get the nourishment needed for proper development from our WIC program. And we are much more prepared to assist our County during a disaster than we were 5 years ago.

Implementation of the plans described herein will be contingent upon receipt of adequate funding from the federal, state, and local governments. It is difficult to prepare plans during these uncertain economic times—when continued funding from all government sources is tenuous. However we remain optimistic that our Health Department will retain our current staff positions and continue to serve our community in the coming year.

## II. Data

The data selected for inclusion in this section helps to guide us in the work that we do.

### Causes of Death

**841** Total deaths in Coos in 2009

State-wide, the primary cause of **early death, and the resulting potential years of life lost** before age 65 was due to people dying from accidents.

The state-wide top 3 causes of **potential life lost** before age 65 in 2009:

- 1) Unintentional Injuries, 23,856 years lost
- 2) Cancer, 21,673 years lost
- 3) Suicide, 11,566 years lost

In Coos, the top 3 causes of years of **potential life lost** before age 65 in 2009 were:

- 1) Cancer, 469 years lost
- 2) Heart disease, 268 years lost
- 3) Unintentional injuries, 251 years lost

In Coos, the higher ranking of early deaths due to cancer and heart disease have been linked to our higher rates of tobacco use than state-wide rates.

#### **Median age of death (male and female combined):**

- 77 years in Coos County
- 79 years in Oregon

**Leading Causes of Death** in Coos County in 2009, in rank order were:

Number of Deaths	Causes of Death
254	Diseases of the Circulatory System <i>(includes heart disease and stroke)</i>
209	Malignant Neoplasms
44	Chronic Lower Respiratory Diseases
44	Disease of the Digestive System
43	Alzheimer's
28	Organic Dementia
24	Disease of the Genitourinary System <i>(includes kidney disease)</i>
23	Diabetes
23	Alcohol-Induced
21	Unintentional Injuries
20	Infections and Parasitic Disease
19	Suicide
14	Influenza & Pneumonia

## Morbidity -- Disease Burden

Coos has a high incidence rate for some types of cancers, particularly those cancers for which tobacco use is causal or associated with the disease. Coos had the 2<sup>nd</sup> highest death rate for cancer in all of Oregon. Coos also had higher rates of some chronic diseases than found state-wide. Our rates of obesity were similar to the rest of the state and are increasing in adults and children.

Cancer (rate per 100,000)	Incidence Rate			Death Rate (age-adjusted)		
	Rank in OR	Coos County	State-wide	Rank in OR	Coos County	State-wide
All Cancer	8 <sup>th</sup>	494.5	468.7	2 <sup>nd</sup>	215.6	185.8
Bladder Cancer	12 <sup>th</sup>	24.1	22.6	3 <sup>rd</sup>	6.9	4.8
Breast Cancer	25 <sup>th</sup>	120.5	130.3	20 <sup>th</sup>	21.1	23.2
Colon & Rectum Cancer	28 <sup>th</sup>	39.3	43.9	10 <sup>th</sup>	18.9	16.8
Esophagus Cancer	2 <sup>nd</sup>	9.6	5.6	1 <sup>st</sup>	7.3	5.1
Kidney & Renal Cancer	5 <sup>th</sup>	18.6	14.4	1 <sup>st</sup>	6.8	3.7
Leukemia	20 <sup>th</sup>	9.0	11.3	1 <sup>st</sup>	9.4	7.3
Liver & Bile Duct Cancer	3 <sup>rd</sup>	8.0	5.7	4 <sup>th</sup>	6.1	4.6
Lung & Bronchus Cancer	2 <sup>nd</sup>	86.3	66.7	2 <sup>nd</sup>	71.0	53.5
Malignant Melanoma	21 <sup>st</sup>	20.4	26.3	4 <sup>th</sup>	3.7	3.1
Non-Hodgkin Lymphoma	23 <sup>rd</sup>	17.2	19.9	19 <sup>th</sup>	7.2	7.6
Oral & Pharyngeal Cancer	4 <sup>th</sup>	13.7	10.5	1 <sup>st</sup>	4.5	2.5
Ovarian Cancer	14 <sup>th</sup>	13.3	13.7	11 <sup>th</sup>	9.4	9.8
Pancreatic Cancer	14 <sup>th</sup>	11.1	11.4	22 <sup>nd</sup>	9.2	11.1
Prostate Cancer	4 <sup>th</sup>	180.6	149.2	23 <sup>rd</sup>	17.0	26.0
Other Chronic Conditions	Coos ↑ or ↓		Coos County	Statewide		
Arthritis	↓		28.4%	25.8%		
Asthma	↑		13.1%	9.7%		
Heart Attack	↑		7.3%	3.3%		
Angina	↑		7.7%	3.4%		
Stroke	↑		5.7%	2.3%		
Diabetes	↑		11.0%	6.8%		
High Blood Pressure	↓		28.5%	25.8%		
High Blood Cholesterol	↑		41.8%	33.0%		
Adults Overweight	↑		36.8%	36.1%		
Body Weight – 8 <sup>th</sup> & 11 <sup>th</sup> Graders	Coos ↑ or ↓		8th grade	11th grade	8th grade	11th grade
Overweight (85th-95th percentile)	↑	↑	15.7%	17.4%	10.7%	11.9%
Obese (>-95th percentile)	-	-	10.8%	10.9%	-	-

## Maternal Health

**Infant Mortality:** In 2009, there were 2 infant deaths. **Rate:** 3.3 per 1000 live births (state 4.8)

Coos County has seen an improvement in the percent of women receiving adequate prenatal care. The percent of births to unmarried mothers are an indication of the number of children at risk for the hardships of poverty and its implications for poorer health outcomes.

Births 2009	Coos ↑ or ↓	Coos County	Statewide
Total Births	↓	614	47,188
Births to women 20 year old or older	same	89.3%	91.3%
Births to women 18 to 19 years old	↓	7.7%	6.2%
Births to girls 10 to 17 years old	↑	3.1%	2.6%
Low Birth-weight Infants	same	6.2%	6.3%
Births to Unmarried Mothers	↓	40.8%	35.2%
Inadequate Prenatal Care	↓	8.7%	6.2%
First Trimester Care	-	71.9	71.2

## Socio-Economic Factors Contributing to Health Outcomes

The Coos County population has decreased slightly, according to the 2010 census, and continues to be mostly white, with a slight increase in persons identifying as Hispanic. A primary factor causing the health disparities in Coos is poverty, as is shown by the median household income and percent of children below the poverty level. Because of poverty, many families are hungry, and are using food stamps and free school meals at a higher percentage than statewide. Access to health care is also a contributing factor.

Demographics / Race / Ethnicity	Coos ↑ or ↓	Coos County	Statewide
Total Population	↓	63,043	3,831,074
Median Age	↑	47.3 years	38.4 years
Average Household Size	same	2.29	2.47
Average Family Size	↓	2.78	3.00
White	↓	89.8%	83.6%
Hispanic or Latino	↑	5.4%	11.7%
Persons Reporting Two or More Races	↑	4.3%	3.8%
Native American	↓	2.5%	1.4%
Asian	↓	1.0%	3.7%
Black or African American	↓	0.4%	1.8%
Hawaiian or Pacific Islander	same	0.2%	0.3%

Education	Coos ↑ or ↓	Coos County	Statewide
High School Graduate or Higher	↑	85.8%	88.6%
Some College, no Degree	↑	28.9%	26.3%
Associate's Degree	↑	7.6%	8.1%
Bachelor's Degree or Higher	↑	18.3%	28.6%
Income	Coos ↑ or ↓	Coos County	Statewide
Median Household Income	↓	\$36,285	\$48,446
Mean Household Income	-	\$47,942	\$63,579
Below Poverty Level, All People	↑	18.1%	14.6%
Families, with children <18 years, Below Poverty Level	-	23.7%	16.6%
Families, with children < 5 years, Below poverty Level	-	30.1%	19.2%
Female household, no husband, child < 5 years, Below poverty level	-	75.7%	52.1%
Unemployed (3 year estimate)	-	11.6%	10.6%
Medical Care	Coos ↑ or ↓	Coos County	Statewide
OHP (Medicaid) Eligible	↑	19.6%	15.5%
OHP Eligible & Enrolled	↓	87.3%	84.2%
Adults without Health Insurance	↓	11.9%	10.6%
Children without Health Insurance <18 yo	↑	18.0%	16.6%
Employed, No Health Insurance	-	25%	18.9%
Food Insecurity/Hunger	Coos ↑ or ↓	Coos County	Statewide
Food Boxes Distributed	↑	21,311	1,024,000
Food Stamps/SNAP Benefit in past 12 months	↑	19.2%	14.8%
Eligible for Free or Reduced School Meals	↓	52.6%	46.7%
Summer Food Program Eligible & Participate	↑	35%	20%

## Behavioral Factors Contributing to Health

Coos County was ranked as one of the least healthy counties in the state according to the *County Health Rankings* project (by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute); we were ranked close to the bottom because of our unhealthy behaviors. Of special concern are our high rates of tobacco and alcohol use by our teens. Adults have one of the highest rates of smoking in the state, with pregnant women smoking at almost double the state rate.

<b>Alcohol &amp; Drug Use - Adults</b>	<b>Coos ↑ or ↓</b>		<b>Coos County</b>		<b>Statewide</b>	
Adult <b>Males</b> who have had at least one drink of alcohol in the past 30 days	↑		67%		64%	
Adult <b>Females</b> who have had at least one drink of alcohol in the past 30 days	↓		46.9%		54.4%	
<b>Alcohol &amp; Drug Use – 8<sup>th</sup> &amp; 11<sup>th</sup> Graders</b>	<b>Coos ↑ or ↓</b>		<b>8<sup>th</sup> grade</b>	<b>11<sup>th</sup> grade</b>	<b>8<sup>th</sup> grade</b>	<b>11<sup>th</sup> grade</b>
Reported having consumed beer, wine, or liquor in the previous 30 days	↑	↑	33.9%	51.4%	28.9%	46.1%
Reported having 5 or more drinks in a short period of time during the past 30 days	↓	↑	13.1%	29.8%	11.7%	25.4%
Reported use of marijuana one or more times in past 30 days	↓	↓	8.9%	21.4%	9%	18.9%
Reported use of illicit drugs other than marijuana, prescription drugs, & inhalants in the past 30 days	↑	↑	4.6%	6.4%	2.9%	4.5%
Reported use of prescription drugs (without a doctor's orders) to get high in the past 30 days	↑	↑	3.9%	7.9%	3.8%	6.4%
Reported use of inhalants during the past 30 days	↑	↓	6.3%	2.2%	4.4%	2.1%
<b>Tobacco Use – Adults</b>	<b>Coos ↑ or ↓</b>		<b>Coos County</b>		<b>Statewide</b>	
Adults Cigarette Smoking	↑		28.1%		17.1%	
Male Adult Smokeless Tobacco Use	same		15.4%		6.3%	
Mothers who Smoke while Pregnant	same		23.4%		12.2%	
Tobacco-linked Death Rates (age-adjusted) per 100,000 (2nd highest rate in the State)	same		238.9		178.4	
Tobacco-linked Cancer Incidence per 100,000 (highest rate in the State)	same		179.7		146.8	
Tobacco-linked Cancer Mortality per 100,000	same		113.8		89.2	
<b>Tobacco Use - 8<sup>th</sup> &amp; 11<sup>th</sup> Graders</b>	<b>Coos ↑ or ↓</b>		<b>8<sup>th</sup> grade</b>	<b>11<sup>th</sup> grade</b>	<b>8<sup>th</sup> grade</b>	<b>11<sup>th</sup> grade</b>
Youth Cigarette Smoking	↓	↑	10.0%	24.4%	8.8%	14.9%
Male Youth Smokeless Tobacco Use	↓	↓	4.8%	5.3%	17.2%	13.7%

<b>Teen Pregnancy &amp; Sexual Activity</b>	<b>Coos ↑ or ↓</b>	<b>Coos County</b>	<b>Statewide</b>
Teen Pregnancy Rate ages 15-17 years old (2010 preliminary data)	↓	12.5	18.6
11th graders who reported they “had sexual intercourse”	↑	61.5%	50.1%
11th graders who reported having sexual intercourse with three or more individuals in their lifetime	↑	23.4%	16.6%
11th grade females who used a method to prevent pregnancy during intercourse	↓	82.8%	83.4%
11th grade males who used a method to prevent pregnancy during intercourse	↑	89.0%	83.1%
Chlamydia, number of cases reported (Rate per 100,000)	↑	298.7	320.6
<b>Child Abuse</b>	<b>Coos ↑ or ↓</b>	<b>Coos County</b>	<b>Statewide</b>
Victim Count	↓	241	11,188
Victim Rate per 1,000 (8th highest in the State)	↓	19.8	12.7
Incidents of Abuse / Neglect	same	316	14,803
Mental Injury % of Incidents	↓	1.9%	1.9%
Neglect % of Incidents	↓	39.6%	31.4%
Physical % of Incidents	↓	6.6%	8.4%
Sexual Abuse & Sexual Exploitation % of Incidents	↓	5.7%	8.7%
Threat of Harm % of Incidents	↓	46.2%	49.6%
Number in Foster Care	↑	242	8,916
Foster Care Rate per 1,000	↑	19.9	10.1

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### 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 and works half time in the Mental Health Department. The required completion of investigations by Fridays, especially when the case is reported on a Friday, is an ongoing challenge, and staff have found that they lack time to enter data into the ORPHEUS data base, and are instead faxing reports to the state. 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 STDs 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. We anticipate continuing this work, if we are able to obtain *Healthy Communities* funding for FY 12/13.

## 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, 230 families, and 264 unduplicated children were served during FY 2010/11. Current staffing in the public home visiting programs include 3 FTE of public health nurses, with a nurse manager (who also oversees clinic services). 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 associates) 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, as the new system is developed under the planning guidance of the Early Learning Council. Public Health will continue to work closely with other early childhood providers (such as Healthy Start/Healthy Families, the hospital's MOMS program, ESD Early Intervention, 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 44% of the pregnant women in the county (statewide 46.2%), and issued \$1.12 million in WIC food vouchers. Although 86.7% 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 had an active role in the Perinatal Task Force this past year in sponsoring 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 Contraceptive Care (CCare) project. The administrative burden to meet the requirements of the Title X program continues to be 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 maintained about the same number of CCare clients, compared to the previous year. 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 were discontinued 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 this past year to create a school-based health center in the rural town of Powers, where there is no other health provider. This second site became operational in September, 2011. This meets a critical need for the area, and allows students to receive health services without having to miss a significant amount of class time to travel elsewhere. Public Health has been instrumental as a pass through agency for state general 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](http://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, which helps meet needs that are beyond the services which we provide. 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. The updating of our county web-site is finally progressing, after becoming a priority of our current Board of Commissioners.

## 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 one full-time and one part-time EH Specialist, with .9 FTE clerical support.

## IV. Adequacy of Other Services Important to Our Community

1. **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, OregonMothers 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/Healthy Families, WIC, 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, with the primary objective of providing sealants to students in grades 1,2 6, & 7, dental education and hygiene instruction, and referral for remedial dental care, when identified. Implementation of the *Ready to Smile* program has also been funded through the Ford Family Foundation and multiple donors on the South Coast.

2. **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.
3. **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.
4. **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.
5. **Medical Examiner:** The Medical Examiner in Coos County works in the District Attorney's office.
6. **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.
7. **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 stimulus fund grant, our department provides a coordinator 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.

8. **Primary Health Care:** Our department does not provide primary health care, but is in discussion with community partners to consider how to increase the services to those who are uninsured. 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 (a federally qualified health center) and Bandon Community Health Center, a rural health clinic. 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 and timelines. We have trained individuals in CD 101, and also CD 303. Also, two of the three Environmental Health Specialists are also trained in CD 101 and CD 303. 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.

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.

In FY 2010/11; **373** 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 in a residential care center as caused by noro-virus.

##### **Five Year Comparison of Selected Reportable Diseases in Coos County:**

<b>Disease:</b>	<b>2010/2011</b>	<b>2009/10</b>	<b>2008/09</b>	<b>2007/08</b>	<b>2006/07</b>
Campylobacter	22	12	13	12	13
Chlamydia	161	178	96	86	77
Giardiasis	7	22	10	9	14
Gonorrhea	4	4	9	3	2
Hepatitis B	5	5	5	1	8
Hepatitis C (chronic)	152	146	180	79	191
Pertussis	2	4	8	0	2
Salmonella	2	8	5	8	7
Syphilis	0	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.

**Goal for FY 2012/13:** 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.

**Objective 1:** Continue to respond to communicable disease calls 24/7.

**Activities:**

- Test the Coos County Public Health and dispatch procedures for reporting communicable disease two times a year, with a 30 minute response time.

**Evaluation:**

- Documentation of response time. (Coos County staff last responded to the 24/7 reporting system immediately on 9/29/10 and 1/11/11. On 2/11, staff responded within 30 min.; on 6/13/11 and 12/21/11, staff responded within 5 minutes.)

**Objective 2:** Investigate reportable diseases/conditions and carry out control measures in a timely manner according to the Oregon Investigative Disease Guidelines.

**Activities:**

- Do follow-up calls with cases as needed to collect data on demographics for race and ethnicity, complete address, and also hospitalization outcomes.
- Continue to receive and distribute public health alerts received from CDC, Health Alert Network, and other sources, as appropriate, to local medical providers and other community partners via fax broadcast, e-mail and local media.
- Contact local labs, medical providers, and infection control professionals at least twice a year to encourage communicable disease reporting, according to State guidelines.

**Evaluation:**

- >80% of cases will be investigated and reported within the timeline for the specific disease/condition, with the demographic data required.
- Log of the public health alerts /contacts with local providers and media. (The memo to report communicable disease was updated and faxed to agencies 10/13/11.)

**Challenges:**

- Budget constraints which have reduced staff may compromise our ability to meet the timelines for the conditions which do not have immediate life-threatening consequences.
- Using ORPHEUS, we are unable to determine if the investigations were within the “timelines” set forth in the investigative guidelines.

## **TUBERCULOSIS CASE MANAGEMENT**

**Current Conditions:**

In 2010/11, there were **5 possible cases of tuberculosis investigated**, with **1 active** case, and **3 latent** cases treated for TB. Our Communicable Disease nurses performed **63 TB skin tests**. Since July 1, 2011, there have been no acute cases of TB, and 3 LTBI cases have been provided case management.

In 2011, our Health Officer updated the TB program manual, with protocols for investigation and treatment, and he contacted T.H.E. House, The Mission, and Coos County Jail to provide education and training in January, Feb. and March, 2011.

**Goal for FY 2012/13:** Prevent and control the spread of active Tuberculosis.

**Objectives:** Identify cases, treat cases, evaluate contacts of active cases, and screen high-risk populations for TB infection.

**Ongoing activities:**

- Working cooperatively with the Oregon Health Authority 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.

**Evaluation:**

Response to TB reports within timelines in the protocols.

**SEXUALLY TRANSMITTED INFECTIONS****Current Conditions:**

- Chlamydia is Oregon's and Coos County's most common treatable STI.
- In FY 2010/11, 6.8% of clients who were tested in the Coos County Public Health family planning and STD 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 161 cases of Chlamydia (which was close to the high number of positive cases the previous year n=178. There were no cases of Syphilis, and 4 cases of cases of Gonorrhea identified in the community. Neither genital herpes nor genital warts are reportable, and therefore, statistics are not kept on these very prevalent STIs.
- Without funding provided by the State for STD exams and treatment, the clients who are seeking exams for initial evaluation must pay for the services. 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 STD cases and contacts which are required to be reported to public health, including those generated from our agency.

In FY 2010/11 our public health clinic provided:

- 570 Chlamydia tests (39 positive),
- 33 Herpes tests (21 positive)
- 570 Gonorrhea tests (0 positive),
- 17 Syphilis tests (0 positive), and
- 13,000 condoms for disease prevention, including the non-latex variety.

**Goal for FY 2012/13:** Prevent and control the spread of sexually transmitted disease including Chlamydia (CT), gonorrhea (GC), syphilis, and HIV.

**Objective:** Provide STD case management service including surveillance case finding, and prevention activities.

**Activities:**

- Investigate reportable diseases/conditions and carry out control measures in a timely manner according to the Oregon Investigative Disease Guidelines.
- Offer free chlamydia testing in the Family Planning and STD clinics according to the state screening criteria.

**Evaluation:**

- At least 80% of GC and 50% of reported CT cases are interviewed and counseled. (From July 1, 2011 to November 1, 2011, > 50% of CT cases were interviewed. Within this timeline, 100% (1 case) of GC was interviewed.)
- 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. (The 2010 positivity rate for CT was >6%).

**Challenges:** Due to budget constraints and reduced staff, CCPH has begun prioritizing STD reports and investigations.

## **HIV PREVENTION**

**Current Conditions:**

In Coos County, there was one new positive case of HIV recently found through testing. Our department did 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 2012 – June 2013

**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 cardiovascular 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 is 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.

**Work Plan Objectives Currently in Progress:**

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 on May 12, 2011, targeted 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.

**Work Plan Objectives Currently in Progress:**

- 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 OHA - Healthy Communities Program.

## 2. Parent & Child Health Services

### WOMEN, INFANTS, AND CHILDREN (WIC)

This section will be submitted May 1, 2012.

### IMMUNIZATION PROGRAM

#### Current Conditions:

The CCPH Immunization program strives to improve the immunization rate coverage of children and adults in Coos County. In FY 2010/11 the total number of immunizations given by our department was 1,066. In the fall, an additional 976 seasonal flu shots were administered.

In 2010, 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.

### IMMUNIZATION ANNUAL PLAN CHECKLIST

July 2012-June 2013

#### State-Supplied Vaccine/IG

- 1. Uses the Oregon Immunization Program (OIP) Vaccine Administration Record (VAR), or a county VAR given prior approval by OIP
- 2. Accurately codes all immunizations according to OIP Vaccine Eligibility Charts
- 3. Pays quarterly Billable Project invoices in timely manner

#### Vaccine Management & Accountability

- 4. Has an assigned immunization program coordinator
- 5. Uses OIP-approved Standard Operating Procedures for Vaccine Management
- 6. Uses and maintains OIP-acceptable refrigeration equipment
- 7. Uses and maintains OIP-acceptable temperature tracking, calibrated and certified thermometers in every vaccine containing refrigerator & freezer
- 8. Has an OIP-approved vaccine emergency plan
- 9. Complies with OIP vaccine expiration & wastage requirements

#### Delegate Agencies

- 10. Has one or more delegate agencies: LHD has up-to-date addendum agreements for each site  
 N/A
- 11. Has one or more delegate agencies: LHD has reviewed each site biennially, following OIP guidelines  
 N/A

### **Vaccine Administration**

- 12. Has submitted annual Public Provider Agreement & Provider Profile
- 13. Provides all patients, their parents or guardians with documentation of immunizations received
- 14. Complies with state & federal immunization-related document retention schedules
- 15. Does not impose a charge for the cost of state-supplied vaccines or IG, except for Billable Project or Locally Owned doses
- 16. Does not impose a charge of more than \$15.19 per dose for VFC/317 vaccine
- 17. Does not deny vaccine administration to any VFC or 317-eligible patient due to inability to pay the cost of administration fee, and waives this fee if client is unable to pay

### **Immunization Rates & Assessments**

- 18. Participates in the annual AFIX quality improvement immunization assessment and uses rate data to direct immunization activities

### **Perinatal Hepatitis B Prevention & Hepatitis B Screening and Documentation**

- 19. Provides case management services to all confirmed or suspect HBsAg-positive mother-infant pairs
- 20. Has a process for two-way notification between LHD and community hospital infection control or birthing center staff of pending deliveries by identified HBsAg-positive pregnant women
- 21. Enrolls newborns into case management program & refers mother plus susceptible household & sexual contacts for follow-up care
- 22. [Multnomah County only] provides centralized case management work over the tri-county area of Washington, Clackamas & Multnomah  N/A
- 23. Documents & submits to OIP the infant's completion or status of 3-dose Hepatitis B vaccine series by 15 months of age (excluding Washington & Clackamas counties)  N/A
- 24. Works with area hospitals to promote the Hepatitis B birth dose vaccine to all infants and Hepatitis B vaccine and IG to affected infants whose mothers are HBsAg positive or whose status is unknown
- 25. Screens all pregnant women receiving prenatal care from public programs for HBsAg status or refers them to other health care providers for the screening
- 26. Works with area hospitals to strengthen hospital-based screening & documentation of all delivering women's hepatitis B serostatus
- 27. If necessary, has an action plan to work with area hospitals to improve HBsAg screening for pregnant women
- 28. Requires and monitors area laboratories & health care providers to promptly report HBsAg-positive pregnant women

### **Tracking & Recall**

- 29. Forecasts shots due for children eligible for immunization services using ALERT IIS
- 30. Cooperates with OIP to recall any patients who were administered sub-potent (mishandled or misadministered) vaccines

### **WIC/Immunization Integration**

- 31. Assists and supports the Oregon Health Authority (OHA) to provide WIC services in compliance with USDA policy memorandum 2001-7: Immunization Screening and Referral in WIC

### **Vaccine Information**

- 32. Provides to patients or patient's parent/legal representative a current VIS for each vaccine offered
- 33. Confirms that patients or patient's parent/legal representatives has read or had the VIS explained to them, and answers questions prior to vaccine administration
- 34. Makes VIS available in other languages

### **Outreach & education**

- 35. Designs & implements a minimum of two educational or outreach activities in each fiscal year (July 2012 through June 2013). [Can be designed for parents or private providers and intended to reduce barriers to immunization. This can not include special immunization clinics to school children or for flu prevention.] Report activity details here:  
Annual Immunization Luncheon  
  
Private clinic site visit  
  
(Activity 3)

### **Surveillance of Vaccine-Preventable Diseases**

- 36. Conducts disease surveillance in accordance with Communicable Disease Administrative Rules, the Investigation Guidelines for Modifiable Disease, the Public Health Laboratory Users Manual, and OIP's Model Standing Orders for Vaccine

### **Adverse Events Following Immunizations**

- 37. Completes & returns all reportable LHD patient adverse event VAERS report forms to OIP
- 38. Completes the 60-day and/or 1-year follow up report on prior reported adverse events if requested by OIP
- 39. Completes & returns VAERS reports on other adverse events causing death or the need for related medical care, suspected to be directly or indirectly related to vaccine, either from doses administered by the LHD or other providers

### **School/Facility Immunization Law**

- 40. Complies with Oregon School Immunization Law (ORS 433.235-433-284)
  - a. Conducts secondary review of school & children's facility immunization records
  - b. Issues exclusion orders as necessary
  - c. Makes immunizations available in convenient areas and at convenient times
- 41. Completes & submits the required annual Immunization Status Report to OHA by the scheduled deadline
- 42. Covers the cost of mailing/shipping: school exclusion orders to parents, and packets to schools & other facilities

### **American Recovery & Reinvestment Act (ARRA) Stimulus Funds**

- 43. Completes and meets all ARRA (state and federal) reporting requirements including the ARRA Final Summary Report by November 30, 2011.  
Report submitted?  Yes  No

**Performance Measures**

- 44. Meets the following performance measures: [Refer to your 2011 Performance Measure spreadsheet]
  - Yes  No: 4th DTaP rate of >90%, or improves the prior year's rate by 1% or more
  - Yes  No: Missed Shot rate of <10%, or reduces the prior year's rate by 1% or more
  - Yes  No: Correctly codes >95% of state-supplied vaccines per guidelines in ALERT IIS
  - Yes  No: Completes the 3-dose hepatitis B series to >80% of HBsAg-exposed infants by 15 months of age
  - Yes  No: Enters >80% of vaccine administration data into ALERT IIS within 14 days of administration

**Terms & Conditions Particular to LPHA Performance of Immunization Services**

- 45. Reimburses OHA for the cost of wasted state-supplied vaccines/IG when required
- 46. Returns at LHD's expense all styrofoam containers shipped from Oregon Immunization Program (and not by McKesson)
- 47. Participates in state-sponsored annual immunization conferences, and uses dedicated OIP-provided funds for at least one person to attend

**Reporting Obligations & Periodic Reporting**

- 48. Submits, in timely fashion, the following reports (along with others required & noted elsewhere in this survey):
  - Monthly Vaccine Reports (with every vaccine order)
  - Vaccine Orders (according to Enhanced Ordering Cycle [EOC] assignment)
  - Vaccine inventory via ALERT IIS
  - Immunization Status Report
  - Annual Progress Report
  - Corrective Action Plans for any unsatisfactory responses during triennial review site visits  N/A

## **PARENT / CHILD HEALTH HOME VISITING SERVICES**

### **Current Conditions:**

Research shows that early intervention into the lives of families, beginning in and including the prenatal period, has a positive impact on parental success and lessens risk for 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)

Coos County’s rate for victims of child abuse and neglect remain high, ranked 8<sup>th</sup> highest in the State of Oregon, with a rate of 19.8 per 1000 (state rate of 12.5 per 1,000). N =161 founded assessments. *Threat of harm* and *neglect* were the most common forms of abuse, according to *The Child Welfare Data Book*, March 2010.

Our County’s families continue to live with major family stressors, which research shows contribute to increased incidents of child abuse and neglect. Twenty-one percent (21%) of children who were referred into our home visiting services had suspected child abuse as a risk factor. The 230 families receiving home visiting services from CCPH in FY 2010/11 disclosed the following stressors:

- 98% were low income.
- 44% of moms and 30% of dads had a current or past history of mental health issues.
- 37% were single-parent households.
- 34% experienced some form of domestic violence.
- 30% had less than a high school education.
- 25% admitted to having a chemical dependency.
- 20% of children had on-going health problems serious enough to limit life activities.
- 9% were teen parents.
- 7% spoke something other than English as their primary language.

The Center for Disease Control (CDC) performed a study of Adverse Childhood Experiences (ACE) through their Division of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion. Notable adverse childhood experiences include:

- physical, emotional or sexual abuse.
- neglect.
- witnessing family violence.
- living with someone who abuses alcohol, tobacco or other drugs.
- living with someone who is depressed or has another mental health problem.

It is noteworthy to compare the similarity in the stressors of the families we serve to the stressors that are reported as adverse childhood experiences.

**Family Outcomes:** The following identifies some of the outcome measures from Maternal Child Health Home Visiting Services provided by Coos County Public Health:

- 100% of families' needs were identified.
- 99% of children had health care providers.
- 75% of children (0-21 years) were up to date on their immunizations. 96% of all two year olds were up to date on their immunizations.
- 48% of children screened (health, vision, dental, hearing, and developmental) were referred for further evaluation. Of these, 59% received follow-up services.

**Action Plan:**

**Goal for FY 2012/13:** 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 high risk according to the program's designated risk factors. In-home health and developmental screening for participating children will be performed according to the Babies First! protocols on a regular basis, to detect potential problems, start interventions, and monitor the child's growth and development regularly. Screening is done for overall growth and development, motor skills, language skills, problem-solving skills, hearing, vision, dental, and social-emotional development.
- Support breastfeeding according to the CDC and WHO recommendations. A Public Health Nurse on staff is also an International Board Certified Lactation Consultant (IBCLC) and is available for breastfeeding support to our Babies First!, CaCoon, and Healthy Start families.
- Help parents learn positive parent-child interactions, child development, realistic expectations, and coping skills. Nurses and public health associates (under the supervision of a nurse) will:
  - Continue to use *Parents As Teachers*, an evidence-based, best practice curriculum (a parenting program that provides information and guidance to reduce child abuse and neglect and promote "readiness to learn").
  - Continue to use the *Keys to Interactive Parenting Skills (KIPS)* assessments to identify parenting strengths and challenges for educational purposes, and to measure entrance and exit parenting skills
  - Educate parents about the ACE study and introduce the ACE's questionnaire to help parents identify their childhood experiences and consider how their childhood experiences may impact their current parenting style. Explore ways to enhance parenting and create a nurturing environment to promote their child's optimal growth and development and maximize their potential to be effective members of society.
  - 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.
- Use effective case management strategies to help link families to needed community resources and providers.

- Continue to use the *Edinburgh Postpartum Depression Scale* to monitor postpartum depression in parents and to refer appropriately. 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, and thus lowers the risk of child abuse.
- Monitor the dose-response theory when deciding how frequently to visit a family. Research points to more frequent visits being important for risk reduction in the home.
- Offer to teach infant massage to parents of new babies. Several of our home visitors have been trained/certified, and 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.
- Work towards hiring another public health nurse. Due to changes in Oregon Statutes and Administrative Rules (401-318-0060, 401-318-0020, 409.040, 414.065, and 409.010), for Targeted Case Management (our primary funding source for Babies First! and CaCoon services), Public Health Associates must now work under the direction of a registered nurse. Additional nursing time would help assist with this new layer of case management oversight.

### **CaCoon Program Activities:**

Nurses provide nursing case management for children from birth to age 21 years with special health care needs during home visits, in accordance with the CaCoon program protocols.

- 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, local school districts, and primary care providers when needed.
- Nurses also coordinate health care and specialty services. CaCoon Nurses will participate in Community Connections Network as needed and as able, considering the limitations of funding.
- Incorporate the Babies First! activities, as listed above, as applicable to the CaCoon family's needs.

### **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 Commission on Children & Families protocols. This program fits well into CCPH's existing continuum of home visiting programs. Families that cannot be accommodated into Healthy Start's caseload are referred to our Babies First!, CaCoon, or other early childhood program for possible placement.

### **Collaboration Activities with Community Partners to Improve Maternal Child Health Outcomes**

- Continue to offer assistance and referrals to Coos County's 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.

- 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. Refer pregnant women to the Breastfeeding Peer Counseling Program for possible enrollment through WIC.
- Continue to strengthen relationships with local and regional dental community to improve access and treatment of pregnant women, young children, and children with special health care needs 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 Child Welfare Services, Coos Bay/North Bend Rotary, Coquille Tribal Community Fund 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 the Early Childhood Committee.
- 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 partner with the Women's Safety and Resource Center.
- Continue to be active participants on the Coos County *Zero to Three Court Team* pilot program. Public Health Nurses provide administrative support as well as direct services to enrolled families via our Healthy Start/Healthy Families, Babies First! or CaCoon programs.
- Continue to collaborate with community partners and educate them about Public Health's services. Be a part of the discussions (Early Childhood Learning Council) regarding the new funding streams for the state.
- Work to increase the number of families that can be served in our county by:
  - Continuing to monitor client's enrollment in other evidence based programs to help prevent duplication of services and thereby increase the number of families in our county that can be reached.
  - Discern if dual enrollment is needed because of a child's risk factors; or whether one program could adequately meet the child's needs.
  - Work with community partners to develop a universal Release of Information, screen, and/or referral form which allows for exchange of information between 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 home visiting staff to the 2012 Child Abuse Summit, as funding permits.

- Continue to offer in-service trainings to staff, on topics such as infant-toddler mental health, self regulation, domestic violence, and child abuse.
- Continue facilitating quarterly early childhood retreats.
- Continue with the Neurosequential Model of Therapeutics Train the Trainer program. Disseminate information as available and appropriate to home visiting staff, community partners, and individuals to increase overall knowledge of the importance of early childhood experiences, neurodevelopmental injury, and interventions.

### **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 experiencing 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.

For all home visiting programs:

- Log of the number of community outreach activities. The following work groups and outreach activities were performed in 2010, and are expected to continue in FY 2012-2013:
  - Perinatal Task Force
  - Breastfeeding Coalition
  - Early Childhood Committee
  - Early childhood home visiting provider retreats
  - SWOCC CNA and RN presentations
  - Coquille Valley Hospital and Bay Area Hospital in-services
  - 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

### **Challenges:**

- Enrollment in home visiting programs through the Health Department has been mostly limited to those who are enrolled in the Oregon Health Plan, due to lack of other sources of revenue. This means that some families who could greatly benefit from services are not eligible.
- There is a need for more funding of IBCLC lactation consultations for families.

- Uncertainty about the future of early childhood programs and guidance from Early Learning Council.
- New Oregon statutes requiring increased registered nurse oversight of public health associates.
- Increased complexity of families. Referred families are experiencing increased number and severity of risk factors making case management more challenging and complex.

## **SERVICES FOR PREGNANT WOMEN**

### **Current Conditions and Outcomes:**

The prenatal period is a critical time in a child's developing nervous system. The quality of the inutero period and first few years of life have life-long impacts on a child's developing brain and, subsequently, the child's ability to be a productive and functioning member of society.

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-wide rate of 5.3%.

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

After Coos County Public Health stopped offering the Healthy Beginning/Maternity Case Management (MCM) program as part of our home visiting service continuum (due to inadequate funding), our efforts shifted towards working with community partners to help identify and reduce barriers to early prenatal care.

### **Action Plan:**

**Goal for FY 2012/13:** 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 MothersCare (OMC) Program.
- Refer pregnant clients from internal Public Health Department programs such as WIC and pregnancy testing to OMC and outside agencies which provide support during the prenatal period such as The Management of Maternal Services (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, physicians, and other organizations, depending on the specific project.

- 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 to promote breastfeeding in the hospital, at home, and in the workplace.
- 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.
- Participate in the State Public Health 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.
- Continue to provide neuroscience-based education to community members and service providers to help increase the overall knowledge about the critical importance of prenatal and early childhood experiences in influencing a child's ability to function effectively in later life.

**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 2010, and are expected to continue in FY 2012-2013:
  - Perinatal Task Force
  - Breastfeeding Coalition
  - Early childhood home visiting provider retreats
  - Early Childhood Committee
  - Coquille Valley Hospital and Bay Area Hospital in-services
  - 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

**Challenges:**

- The state support for maternity case management is insufficient for this service to be provided by this local health department.
- Enrollment in home visiting programs through the Health Department has been mostly limited to those who are enrolled in the Oregon Health Plan, due to lack of other sources of revenue. This means that some families who could greatly benefit from services are not eligible.
- Uncertainty about the future of early childhood programs and guidance from the Early Learning Council.

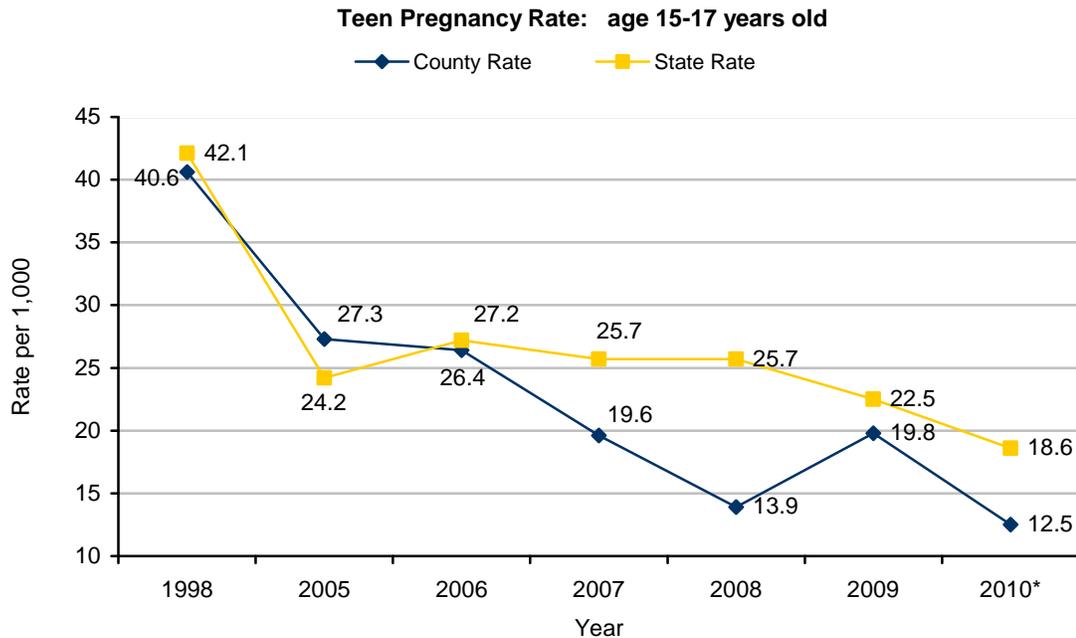
## FAMILY PLANNING PROGRAM

### 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, and in FY 2010/11, 180 students received services. 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 in 2008, going from 19.6 to 13.9 pregnancies per 1000 girls, then rebounded to 19.8 in 2009. According to preliminary data, the teen pregnancy rate for 2010 is **12.5**. This is better than the 2010 benchmark of 20 pregnancies per 1,000. (The teen pregnancy rate includes both births and abortions; the number of miscarriages is unknown.)



**Action Plan for FY 2012/13**

**Goal #2 Assure ongoing access to a broad range of effective family planning methods and related preventive health services, including access to EC for current and future use.**

<b>Problem Statement</b>	<b>Objective(s)</b>	<b>Planned Activities</b>	<b>Evaluation</b>
Increased community need for low-cost FP services. Compared to the state average of 45%, CCHD served 25% of the Women in Need during FY 10-11.	Increase the number of clients seen in Family Planning clinic by 5-10%.	<ul style="list-style-type: none"> <li>• Provide information to the public and local businesses about FP services available using FP posters, business cards, and envelope stuffers.</li> <li>• Media will be provided info regarding FP services.</li> <li>• Offer a broad range of family planning methods during each family planning visit.</li> </ul>	<ul style="list-style-type: none"> <li>• Twice during the year, FP posters &amp; business cards will be distributed throughout the county.</li> <li>• A PSA will be sent to the media regarding FP services available by September 2012.</li> <li>• The number of clients seen in the FP clinic will increase by 5-10%.</li> </ul>

**Goal #3 Promote awareness and access to long acting reversible contraceptives (LARCs).**

<b>Problem Statement</b>	<b>Objective(s)</b>	<b>Planned Activities</b>	<b>Evaluation</b>
Community unaware of LARCs available at the HD.	Increase community awareness of LARCs available, such as DepoProvera, Implanon/Nexplanon, Mirena, and Paragard.	<ul style="list-style-type: none"> <li>• Provide information to the public about FP services available, including LARCs.</li> <li>• Ensure the NP is trained on currently available LARCs.</li> </ul>	<ul style="list-style-type: none"> <li>• Media will be provided info regarding FP services, including LARCs, by September 2012.</li> <li>• DepoProvera and Implanon/Nexplanon will be available as a choice of BC at each visit.</li> <li>• Due to the transition from Implanon to Nexplanon, the NP will attend the web-based training for Nexplanon by July 2012.</li> </ul>

The following is the progress for activities in FY 2011/12.

<b>Goal / Objective</b>	<b>Progress on Activities</b>
<p>#1: Assure continued high quality clinical family planning and related preventive health services to improve overall individual community health.</p>	<p>For distribution in the community, posters and business cards with FP services were provided to the Advisory Committee at the bi-annual meeting in November 2011. Information on FP services was provided to North Bend School District and South Coast ESD to be distributed to employees during November 2011.</p> <p>Implanon was also added to the list of birth control services in August 2011.</p>
<p>#4: To direct services to address disparities among Oregon's high priority and underserved populations, including Hispanics, limited English proficient (LEP), Native Americans, African Americans, Asian Americans, rural communities, men, uninsured and persons with disabilities.</p>	<p>Information regarding family planning services was provided at SOCC registration in September 2011. In November 2011, information regarding family planning services was also distributed to Shama House and Star of Hope.</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 discontinued using the ORPHEUS program for communicable disease reporting, because of the extra time involved in entering data. Reports are now faxed to the State for data entry.

#### **Action Plan:**

**Goal for FY 2012/13:** 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.

**Challenges:** We input data into the state programs, but are not able to retrieve our local data from some systems and have to collect duplicate data in-house.

### 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 MothersCare outreach specialist assists clients in applying for publicly funded health insurance, 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 for FY 2012/13:**

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

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 WORK

#### Current Condition:

1. In 2010, 394 facilities providing food service, lodging and recreational accommodations for public use were licensed and inspected by Coos County Environmental Health. The actual count for 2010 included: Pools (10), Spas (13), Bed & Breakfasts (5), Travelers' Accommodations (112), RV Parks (41), Organization Camps (3), Restaurants (185), Mobile Food Units (19), and Commissaries/Warehouses/Vending Machines (3 + 2 + 1 = 6).
2. There are approximately 80 recognized public water systems in Coos County, most of which receive some assistance or regulatory oversight from the County's Environmental Health (EH) staff. In 2010, the State Drinking Water Program staff provided assistance to 9 of those public water systems. Staff from Coos County Environmental Health was available for assistance or regulatory oversight for nearly 90% of all public water systems in the county.
3. County EH and Communicable Disease (CD) staff collaborate regarding enteric illness, food-borne illness investigations, animal bites and many other communicable disease threats.
4. The EH program provides service with 2 full-time Environmental Health Specialists (EHS), and 1 part-time EHS Trainee, and 1 secretary.
5. One EHS has been certified as a ServSafe (manager certification) Trainer and each regular EHS employee is ServSafe Certified.
6. One EHS has attained national training in Pool Operator Certification.
7. Two EHS have completed training for CD 101 and CD 303. They have access to both the in-house CD log and the state-wide ORPHEUS CD log. ORPHEUS access is also available to EH support staff.

#### Goals for FY 2012/13:

1. Long-Term Goals:
  - a. Ensuring licensed facilities in Coos County are free from factors leading to transmission of communicable disease and hazards leading to injury.
  - b. See a decrease or elimination of forced closures of public pools for lack of control of pH, disinfection, unsafe water temperatures or turbidity.
  - c. See a decrease or elimination of violations cited which result in closure to an overnight tourist facility, or part of it, due to gross issues of sanitation or physical threats to the safety of patrons.
  - d. See a decrease in food service violations cited relative to the 5 CDC Risk Factors most prominent in causing food-borne illness.
  - e. Provide remedial training for person(s) in charge of pools that they can share with co-workers with pool maintenance duties.

- f. Provide an education focus during inspections on safety and risk training for person(s) responsible for cleaning and maintaining tourist facility operations.
  - g. Focus attention on training supervisors in food service operations, particularly in taking advantage of Restaurant Manager Certification.
  - h. As an office, complete the FDA Voluntary National Retail Food Regulatory Program Standards.
  - i. Provide the Board of Commissioners (BOC) the opportunity to make licensed facility inspection reports available via the internet, including restaurant reports.
  - j. Provide an annual meeting forum for each of the three groups of licensed facility operators: Food Service, Travelers' Accommodations, and Public Pools.
  - k. Put in place a system using electronic medium(s) to communicate with licensed facility operators for purposes of emergency communication as well as changes in rules or interpretation of rules.
  - l. Assure all field staff achieve minimum continuation hours required to renew EHS license, by providing an opportunity to attend at least one multi-day training event and other relevant training options.
2. Short-Term Goals:
- a. Assure all food service, tourist facilities and public pools are appropriately licensed.
  - b. Achieve 100% of required inspections for all licensed facilities in a timely manner.
  - c. Assure epidemiological investigations for licensed facilities are coordinated with communicable disease staff in a timely way.
  - d. Follow-up on citizen complaints relative to licensed facilities in a timely manner.
  - e. Make education for food handlers and food service managers easily accessible.

**Activities:**

1. Conduct health and safety risk based inspections of all licensed facilities.
2. Promote food handler certification testing by providing walk-in testing weekly, promoting on-line testing at [www.EZFOODCARD.com](http://www.EZFOODCARD.com) plus monthly scheduled classes.
3. Offer ServSafe Manager Certification training on a semi-annual basis.
4. Offer remedial pool operator's training on an annual basis.
5. Investigate citizen complaints of potential health hazards in licensed facilities.
6. Initiate enforcement action against facilities illegally operating without a license.
7. Answer environmental service questions asked by the public.
8. Document, follow-up and communicate with OHA on animal bites. Coordinate with affected local jurisdictions regarding animal bites.
9. Dedicate 1 day a month toward meeting the FDA Voluntary National Retail Food Regulatory Program Standards.
10. Maintain a working document outlining a system to detect, collect, investigate and respond to complaints and emergencies that involve food-borne illness and injury (as per # 5 of the FDA Voluntary Program Standards).
11. Stay abreast of rule changes and rule interpretations for licensed facilities by attending regional Food, Pool and Lodging meetings as well as annual training meetings and participation with CLEHS.
12. Assure food service inspectors work monthly with a standardized inspector.

### **Evaluation:**

1. A file record will be maintained of all routine inspections performed at tourist facilities and public pools.
2. A log is maintained of extra inspections performed to re-open a tourist facility following closure due to unsafe conditions.
3. A log is maintained of extra inspections performed to re-open a public pool following a forced closure.
4. There will be a record and numerical score maintained in a file for each complete food service inspection.
5. 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.
6. 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.
7. Environmental Health staff will maintain files on all epidemiological investigations. When complete, files will be housed in department's CD files. Completed reports will be forwarded to the Oregon Health Authority, as required.
8. EHS personnel will provide health education to staff of licensed facilities while conducting inspections – comments will be noted in facility file where pertinent.
9. Environmental Health Specialists will also provide health education to the public as time allows for individual requests/calls. Documentation of discussion will be logged in EH data base under citizen information request or referral
10. A file will be maintained for all animal bite reports (includes incident, victim name and any follow-up completed).
11. A summary log including any resolution will be kept of all citizen complaints regarding licensed facilities.

### **DRINKING WATER WORK**

#### **Current Conditions:**

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 (80%) 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 must logically 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.

**Goals for FY 2012/13:**

1. Provide means to assure safe water for consumption throughout Coos County.
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).
3. Follow-up on lab confirmed enteric illness resulting from contaminated water and provide logical water treatment options.

**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. Maintain computer access to the Drinking Water Program’s on-line data base system (SDWIS) and submit corrections as identified to keep the data base accurate.
  - d. Provide regulatory assistance to water system operators seeking interpretation of regulatory requirements.
  - e. Stay abreast of rule changes and rule interpretations by attending the annual drinking water program meeting, any regional ODA/County training as provided and by participation with the Conference of Local Environmental Health Supervisors (CLEHS).
2. The following activities are listed in general order of health risk priority and are invoiced as piece work up until contract funds are exhausted. When the DWP no longer pays for services, work is deferred to state DWP staff.
  - a. Investigate water quality alerts, when questionable levels of chemical or microbiological contaminants are found in sample results.
  - b. Schedule and conduct water system surveys on a routine basis.
  - c. Track and/or follow-up on enforcement action initiated by DWP.
  - d. Seek resolution for water systems found to be Priority Non-compliers.
  - e. Follow-up on deficiencies identified during a water system survey.
  - f. Inventory previously unrecognized public water systems.
  - g. Assist operators to develop a water system Emergency Response Plan.
  - h. Resolve violations for failure to sample or submit required treatment reports.
  - i. Negotiate supplemental services when above listed work has been addressed and other special need exists.
3. Other activities not covered by the DWP contract:

- a. EH staff work with CD staff to identify water-borne illness/enteric disease.
- b. Questions from citizens regarding safe development of a private water source are referred to: Oregon Association of Water Utilities, Oregon State University Extension Service, private contractors, and internet websites.

**Evaluation:**

1. The percentage of water systems meeting health-based drinking water standards will be approximated by (1) Subtracting 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 (4) the total number of public water systems.
2. Lab confirmed enteric illness reports are individually reviewed by staff on a routine basis as well as part of an annual report.
3. Questions regarding private water sources referred to other entities can be logged on the EH data base under citizen information request or referral.
4. Documentation is maintained as required by contract for all work done for the DWP.
5. Work that may be invoiced to the DWP is tracked per the State’s internet data base system. At year 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.

**COMMUNICABLE DISEASE WORK**

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 maintains the predominate role, with EH involvement increasing when there is a facility inspection component with an investigation.

**Goals for FY 2012/13:**

1. Maintain a zero incidence rate for rabies in humans.
2. Assure at-risk bite victims are referred to a medical or public health professional in a timely way.
3. Provide outreach material to minimize the spread of norovirus illness in affected facilities.
4. Initiate immediate investigation of enteric illness as per State 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 OHA as necessary.

3. All lab confirmed illness may be summarized by reviewing the ORPHEUS database or in-house CD log.

## **OTHER ENVIRONMENTAL HEALTH ISSUES**

The current state of environmental health in the county can also be defined by what Coos County does NOT do. In the realm of environmental public health, there are challenging community concerns that remain unaddressed within Coos County. There is no long-term strategic plan to address issues such as the following:

- The OHA routinely issues public health beach advisories to curtail recreation water contact, due to excessive levels of fecal bacteria found on any of the 3 public beaches currently being sampled in Coos County. The propensity of excessive fecal bacteria being tied to high levels of precipitation suggests contaminants may be coming from failing on-site sewage treatment. Little is being invested to identify and correct this issue. Environmental health personnel field questions on this topic from concerned citizens.
- Environmental health personnel also field questions regarding OHA health advisories issued for high levels of blue-green algae that produce toxins harmful to humans perennially found in Tenmile Lakes, where there are both permanent residents and recreational users at risk. More recently, harmful levels of blue-green algae have been identified in Sru Lake on USFS property. This suggests sampling in other water bodies may be warranted. No funding source has been identified to provide this service.
- Code enforcement of public health and land use issues in rural Coos County is currently non-existent. Serious problems include a lack of sanitation facilities where homeless persons may congregate, and also piles of putrescent solid waste, which are inviting to rodents. Unsanitary conditions affect the health and well being of the individuals living in those circumstances and eventually negatively impact neighbors on adjacent properties. Numerous calls are received regarding such concerns, but no county department has capacity to take follow up action.
- The fact that rental housing is in short supply, coupled with no provision of minimum housing standards, leaves many of the highest risk populations compromised. During the rainy winter months, unhappy home renters call with concerns about mold-cold-damp-wet-leaky roof conditions. Limited housing options drive the cost of the rental market, and a person on a fixed income has few choices--either to stay in unhealthy living conditions or abandoning the place, not knowing if the next residence will be any better.

## **OTHER CHALLENGES**

Recruiting and retaining competent EHS staff is an additional challenge in the Environmental Health Program in a small rural county, where it can be difficult to find EHS candidates suitable for either full time or part-time employment. It is concerning that the Oregon Health Licensing Agency (OHLA), which has the responsibility to issue EHS licenses, has imposed arbitrary rules which seem to contradict Oregon law, and make it extremely difficult for a part-time EHS trainee to obtain licensure.

## **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 Incident Command System (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.

**Action Plan: Public Health Emergency Preparedness**

**Time Period:** July 2012 – June 2013

**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.

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**Objective 1:** Continue to develop, update, and review Emergency Response Plans for ESF #8.

**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 Program Element 12.

**Plan for Methods/Activities/Practice:**

- 2013 Fiber Optics Cut: TableTop Exercise
- 2013 Fiber Optics Cut: Functional Exercise

*\* Exercise scenario, scope, and level of play are subject to change if needed.*

**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 National Incident Management Systems (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.

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

**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.

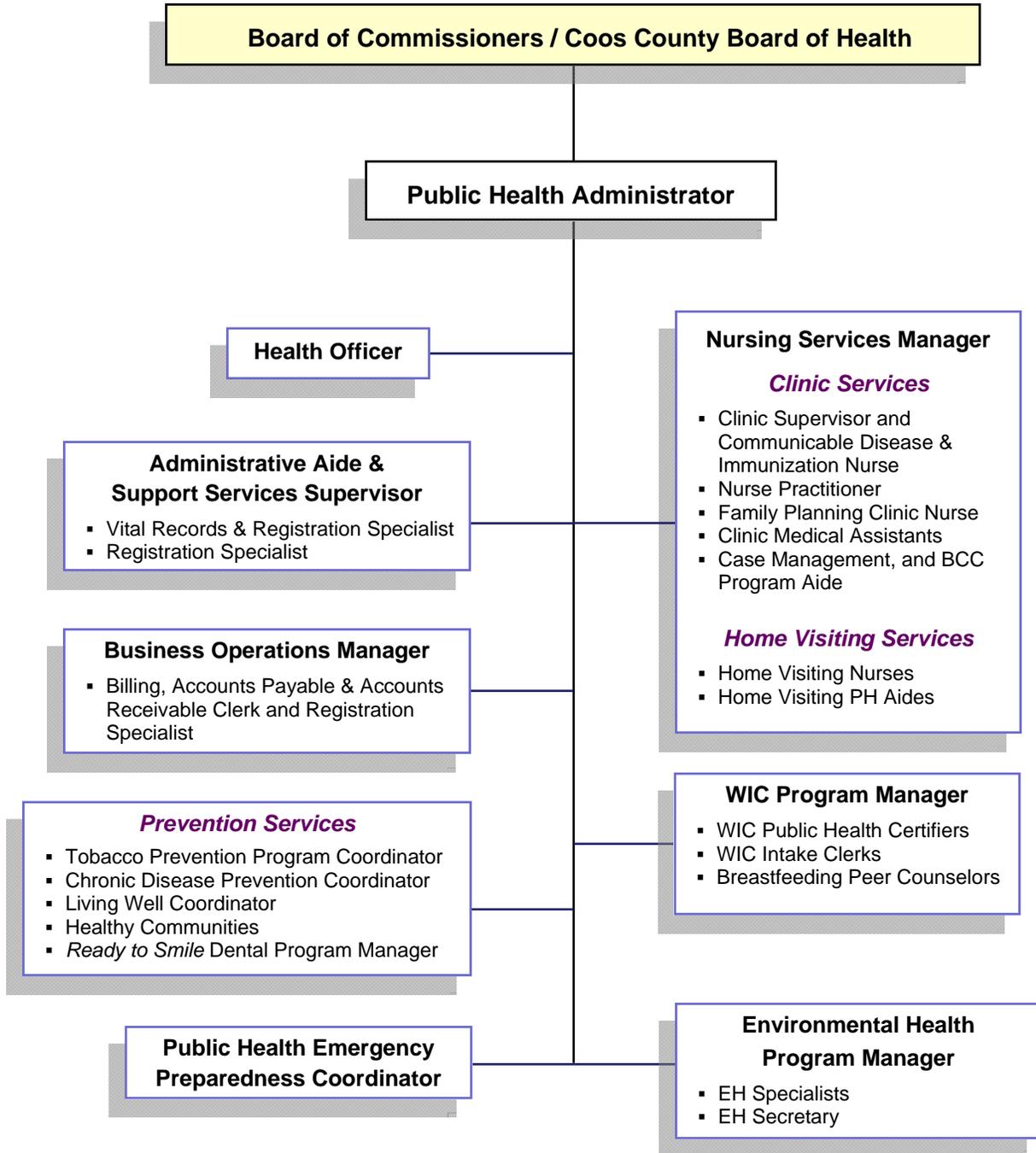
**Plan for Methods/Activities/Practice:**

- Monthly meetings with the Health Emergency Response Team – HERT.

**Outcome Measure(s):**

- Documentation of 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 public health issues are often on the agenda, as needed. Meetings are televised on the local cable access channel. The Commissioners will occasionally hold a special meeting, when the need arises. Discussion is underway about having the Commissioners convene as the Board of Health, separate from regular county business. 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**

Funding for the most basic of public health services has been very limited in recent years, but the outlook for sustaining the current level of mandated services is not optimistic. Coos County is facing a severe budget shortfall with the loss of the federal timber payments to counties, and reductions in funding from the state and federal governments are also on the horizon. It bears repeating that *mandated* public health programs require a stable source of government funding—federal, state, and local—if they are to be continued. This is especially true for the Family Planning Title X program. Public health programs serve everyone, regardless of ability to pay. Most of those who come to the Health Department for services are struggling financially. Also, many do not have primary health care and no insurance to pay for it, and may have to wait for months to get an appointment at a local clinic. Our department has not provided primary care in the past, but is considering whether this optional service would be financially feasible, because the need is certainly evident. We have been involved locally in the discussion about the creation of Coordinated Care Organizations to manage publicly funded insurance programs, but the CCOs are not working to solve the problem of the uninsured.

There are numerous concerns which are brought to the attention of our environmental health office. Examples are questions about contaminated water on the ocean beaches; concerns about blue-green algae in the local lakes; and complaints about nuisances, including solid waste. Our environmental health specialists work only in the licensed facilities and drinking water programs, because those programs pay their wages. Additional county or state revenue would enable our staff to assist our constituents with these other environmental health issues.

We are grateful to our local donors--private foundations, service clubs, and individuals--who have provided the only source of funds to pay for STD exams and screening for those who are unable to pay. There was recently a positive case of HIV in our county. Since we no longer receive state or federal funds to do outreach for HIV testing, our testing is now quite limited. Considering our high number of positive Chlamydia cases, we are aware of the potential for HIV to be introduced into our sexually active population.

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 (e.g., inability to pay rent and utilities), poor nutrition, drug use, domestic violence, mental health problems, disabilities, and generational lack of parenting knowledge. We continue to have a significantly reduced capacity to address these perinatal needs in our county, as the Medicaid funding for maternity case management was insufficient for us to continue that service. We are serving children with Babies First! and Cocoon services. However, enrollment in our home visiting programs is mostly limited to those who are enrolled in the Oregon Health Plan, due to lack of other sources of revenue. Some families who could greatly benefit from our services are not eligible, due to funding limitations. We are also finding that families' needs are becoming more complex.

We need data to plan what we do and evaluate what we have done. We continue to put data into state data bases, such as ORCHIDS, but we can't get back the information we need, which results in duplicate entry into our locally developed data base. We look forward to the universal data base which we have been told will be forthcoming with the Early Learning Council's reorganization of early childhood programs. Also, it would also be helpful if we knew the target date for the state's publication of statistical reports. We have timelines for assessments, and this annual plan, but have no way of knowing when more recent state/county data will be available. We would embrace electronic health records for our clinical and home visiting services, but are awaiting guidance on which vendor's product will best meet the needs for local public health departments and the state-wide public health system, and also be affordable.

And finally, the lack of dental care for many who live here continues to be a problem. We have been able to initiate a prevention program for children in the schools, with the support of the Oregon Community Foundation and other donors. However, there is still much need for dental prevention and remedial care for all ages.

## **VIII. Budget Information**

Contact to receive a copy of our approved budge 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. (Note: Due to reduced staff; we now have to prioritize which reports of Chlamydia received on Friday afternoons will be investigated within the timelines).
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. (Note: 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. (Note: A couple of water systems 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. (Note: DEQ has jurisdiction.)
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. (Note: 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. (Note: DEQ jurisdiction only. 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. (Note: DEQ jurisdiction.)
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. (Note: 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
  - Yes  No  Older Adult Health
  - 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 Yes  No

and behavioral sciences relevant to public health problems?

- a. Yes \_\_\_ No x **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:** Course work is in progress.

- b. Yes x 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 x 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 x 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  
Coos County Commissioner Chair

  
\_\_\_\_\_  
Date