



*Coos County*  
*Public Health*

# **Annual Plan**

## **2013 – 2014**

**Frances H. Smith**  
**Public Health Administrator**  
**1975 McPherson Street #1**  
**North Bend, Oregon 97459**

## Table of Contents

I.	Executive Summary.....	1
II.	Data.....	2
III.	Description of and Adequacy of the 5 Basic Services .....	9
IV.	Adequacy of Other Services Important to Our Community .....	13
V.	Action Plans for Public Health Services.....	15
VI.	Organizational Chart .....	48
VII.	Unmet Needs .....	49
VIII.	Budget Information.....	50
IX.	Minimum Standards.....	51
X.	Health Department Personnel Qualifications.....	56
XI.	Local Health Authority Signature .....	58

## 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, which has few revisions from the previous year, discusses how Coos County Public Health expects in Fiscal Year 2013/2014 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. 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. The arrows show an upward or downward trend; this may be an increase or decrease—an improvement or worsening—of the health factor, depending on what or how it is measured.

### Mortality: Causes of Death

**835** Total deaths in Coos in 2010

In 2010, the primary cause of **early death, and the resulting potential years of life lost** before age 75 was due to cancer. Causes of years of potential life lost (before age 75) include:

Coos County	Statewide
1. Cancer	1. Cancer
2. Unintended Injury	2. Unintended Injury
3. Suicide	3. Heart Disease
4. Heart Disease	4. Suicide
5. Alcohol Induced	5. Alcohol Induced

In 2010, Coos County ranked **2<sup>nd</sup> highest** for potential years of life lost (PYLL) in Oregon. Note: In 2009, PYLL was based on death before age 65.

#### 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 2010, in rank order were:

# of Deaths	Coos Trend	Causes of Death
221	↓	Diseases of the Circulatory System <i>(includes heart disease and stroke)</i>
196	↓	Malignant Neoplasms
56	↑	Chronic Lower Respiratory Diseases
47	↑	Alzheimer's
45	↑	Disease of the Digestive System
45	↑	Unintentional Injuries
32	↑	Organic Dementia
29	↑	Diabetes
24	↑	Suicide
21	↓	Alcohol-Induced
18	↓	Disease of the Genitourinary System <i>(includes kidney disease)</i>
17	↓	Drug-Induced
15	↓	Infections and Parasitic Disease
12	↓	Influenza & Pneumonia

Cancer: Death Rate (per 100,000)	Rank in OR	Coos Trend	Coos County	Statewide
All Cancer	3 <sup>rd</sup>	↓	210.5	185.8
Breast Cancer	20 <sup>th</sup>	↓	19.4	21.5
Colon & Rectum Cancer	9 <sup>th</sup>	↓	18.5	16.0
Esophagus Cancer	3 <sup>rd</sup>	↑	7.7	4.8
Kidney & Renal Cancer	1 <sup>st</sup>	↑	7.1	3.8
Lung & Bronchus Cancer	2 <sup>nd</sup>	↓	67.2	51.1
Malignant Melanoma	2 <sup>nd</sup>	↑	4.1	3.1
Oral & Pharyngeal Cancer	1 <sup>st</sup>	↑	4.7	2.4
Prostate Cancer	23 <sup>rd</sup>	↑	19.8	25.7

## 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 **3<sup>rd</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: Incidence Rate (per 100,000)	Rank in OR	Coos Trend	Coos County	Statewide
All Cancer	19 <sup>th</sup>	↓	470.9	464.6
Breast Cancer	25 <sup>th</sup>	↓	116.5	130.7
Colon & Rectum Cancer	21 <sup>st</sup>	↑	41.0	42.7
Esophagus Cancer	2 <sup>nd</sup>	same	9.6	5.7
Kidney & Renal Cancer	6 <sup>th</sup>	↓	18.1	14.6
Lung & Bronchus Cancer	3 <sup>rd</sup>	↓	79.6	65.6
Malignant Melanoma	24 <sup>th</sup>	↓	17.5	26.0
Oral & Pharyngeal Cancer	3 <sup>rd</sup>	↑	15.1	10.5
Prostate Cancer	9 <sup>th</sup>	↓	163.9	145.1

Other Chronic Conditions	Coos Trend	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%

Other Chronic Conditions, cont.	Coos Trend		Coos County		Statewide	
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 Trend		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%	-	-

Depression & Wellbeing	Coos County	Statewide
New mothers reporting depression during or after pregnancy (2004-2008)	17.8%	24%
Adults (≥ 18 years of age) self-reporting poor or fair health (age-adjusted).	15.1%	13.1%
8 <sup>th</sup> Graders self-reporting seriously considering attempting suicide in the past 12 months (2007-2008)	15.7%	15.6%
11 <sup>th</sup> Graders self-reporting seriously considering attempting suicide in the past 12 months (2007-2008)	15.8%	12.9%

## Maternal Health

**Infant Mortality:** In 2011, there were **3** infant deaths. **Rate:** 5.2 per 1000 live births (state 4.7)

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	Number	Coos Trend	Coos County	Statewide
Total Births 2011	577	↓	577	45,136
Births to women >20 year old or older	522	↑	90.5%	91.3%
Births to women 18 to 19 years old	39	↓	7.7%	6.2%
Births to girls 10 to 17 years old	16	↑	3.1%	2.6%
Low Birth-weight Infants	39	-	6.8%	6.1%
Births to Unmarried Mothers	263	↑	45.6%	35.5%
Inadequate Prenatal Care	44	↑	7.7%	5.4%
First Trimester Care	419	↑	72.9	75.1

## Socio-Economic Factors Contributing to Health Outcomes

The Coos County population has decreased slightly, according to the Census: American Community Survey, 2009-2011 estimate, 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 for those without health insurance.

Demographics / Race / Ethnicity	Coos Trend	Coos County	Statewide
Total Population	↓	62,791	3,871,859
Population < 18 years of age	-	18.8%	22.3%
Population ≥ 65 years of age	-	21.8%	14.3%
Median Age	↑	47.4 years	38.5 years
White	↑	91.4%	88.6%
Hispanic or Latino	↑	5.6%	12.0%
Persons Reporting two or more races	↓	4.1%	3.4%
Native American	↑	2.7%	1.8%
Asian	↑	1.1%	3.9%
Black or African American	↑	0.5%	2.0%
Hawaiian or Pacific Islander	same	0.2%	0.4%
Education	Coos Trend	Coos County	Statewide
High School Graduate or Higher	↑	87.1%	87.9%
Some College, no degree	↑	31.0%	27.2%
Associate's Degree	↑	8.6%	8.1%
Bachelor's Degree or Higher	↓	17.2%	29.1%
Income	Coos Trend	Coos County	Statewide
Median Household Income	↑	\$37,258	\$48,377
All People Below Poverty Level	↓	17.6%	15.8%
Below Poverty Level < 18 years of age	-	22.9%	21.3%
Below Poverty Level ≥ 65 years of age	-	7.9%	7.9%
Unemployed (3 year estimate)	↑	13.5%	12.2%
Medical Care	Coos Trend	Coos County	Statewide
OHP (Medicaid) Eligible	↑	20.4%	16.0%
OHP (Medicaid) Eligible & Enrolled	↑	92.8%	92.3%
Adults without Health Insurance 18-64 yo	↑	23.9%	22.8%
Children without Health Insurance < 18 yo	↓	11.1%	9.0%
Seniors without Health Insurance ≥ 65yo	-	0.5%	0.7%

Food Insecurity/Hunger	Coos Trend	Coos County	Statewide
Food Boxes Distributed	↑	21,311	1,024,000
Food Stamps/SNAP Benefit in past 12 months	↑	20.3%	17.1%
Eligible for Free or Reduced School Meals	↑	54.5%	50.6%
Summer Food Program Eligible & Participate, 2011	↓	28%	22%

## 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.

Alcohol & Drug Use - Adults	Coos County	Statewide
Adult <b>Males</b> who have had 5 or more drinks of alcohol on one occasion	31.7%	18.7%
Adult <b>Females</b> who have had 4 or more drinks of alcohol on one occasion	7.4%	10.8%

Alcohol & Drug Use – 8 <sup>th</sup> & 11 <sup>th</sup> Graders	Coos Trend		8 <sup>th</sup> grade	11 <sup>th</sup> grade	8 <sup>th</sup> grade	11 <sup>th</sup> grade
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 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%

Tobacco Use – Adults	Coos Trend	Coos County	Statewide
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

Tobacco Use - 8th & 11th Graders	Coos Trend		8th grade	11th grade	8th grade	11th grade
Youth Cigarette Smoking	↓	↑	10.0%	24.4%	8.8%	14.9%
Male Youth Smokeless Tobacco Use	↓	↓	4.8%	5.3%	17.2%	13.7%

Teen Pregnancy & Sexual Activity	Coos Trend	Coos County	Statewide
Teen Pregnancy Rate, 2011, ages 15-17 yo (N=23)	↑	20.4 / 1,000	17.1 / 1,000
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 (Rate of cases per 100,000)	↓	284.4	356.1

Child Abuse	Coos Trend	Coos County	Statewide
Victim Count	↑	292	11,599
Victim Rate per 1,000 (5th highest in the State, 2011)	↑	24.3	13.4
Incidents of Abuse / Neglect	↑	376	14,284
# of Incidents of Mental Injury	↓	0	184
# of Incidents of Neglect	↑	154	4,929
# of Incidents of Physical Abuse	↓	18	977
# of Incidents of Sexual Abuse	↓	14	906
# of Incidents of Threat of Harm	↑	190	7,288
Number in Foster Care	↑	255	8,882
Foster Care Rate per 1,000	↑	21.2	10.3

## References

- 2010 Addressing Hunger – Federal Nutrition Programs, Coos County Oregon
- 2010 Student Wellness Survey Reports by County – Coos
- National Cancer Institute 2005-2009 Death Rates
- National Cancer Institute 2005-2009 Incidence Rates
- National Center for Education Statistics 2010-2011 Free & Reduced Lunches
- OHA Public Health Division TPEP, Adult male use of smokeless tobacco by county, 2006-2009
- OHA Public Health Division TPEP, Adult smoking by county, 2006-2009
- OHA Public Health Division TPEP, Coos County Tobacco Fact Sheet 2011
- OHA Public Health Division TPEP, Male youth smokeless tobacco use by grade and county, 2007-2008
- OHA Public Health Division TPEP, Prenatal tobacco use by county, 2003-2007
- OHA Public Health Division TPEP, Tobacco-linked cancer incidence by county, 1999-2001 and 2002-2007
- OHA Public Health Division TPEP, Tobacco-linked death rates for Oregon residents, 2004-2007
- OHA Public Health Division TPEP, Tobacco-linked mortality by county, 1999-2001 and 2002-2007
- OHA Public Health Division TPEP, Youth cigarette smoking by county and grade, 2007-2009
- OHA Public Health Division STD Prevention, 2011 Oregon Cases & Incidence of Early Syphilis, Gonorrhea and Chlamydia by County
- Oregon Behavioral Risk Factor Surveillance System (BRFSS), Age-Adjusted and Unadjusted Prevalence of Selected Chronic Conditions among Adults, by County, Oregon 2006-2009
- Oregon Behavioral Risk Factor Surveillance System (BRFSS), 2006-2009 Alcohol Consumption – Females
- Oregon Behavioral Risk Factor Surveillance System (BRFSS), 2006-2009 Alcohol Consumption – Males
- Oregon Behavioral Risk Factor Surveillance System (BRFSS) - Oregon Adults in Good General Health, Oregon, 2006-2009 (Age-adjusted)
- Oregon DHS: Children, Adults, and Families Division, 2011 Child Welfare Data Book
- Oregon DHS: Teen Pregnancy Rate for Teens 15-17, by County of Residence, 2008-2011
- Oregon Department of Education: 2011 Oregon Summer Food Participation Report
- Oregon Healthy Teens (OHT) 2011 - 8<sup>th</sup> Grade Results
- Oregon Healthy Teens (OHT) 2011 - 11<sup>th</sup> Grade Results
- State of Oregon: Oregon Health Plan, Medicaid, and CHIP Population by County and Mental Health Organizations/Coordinated care Organizations: 15 November 2012
- The Oregon Food Bank and the Oregon Food Bank Network, 2010-2011 Annual Statistics
- U.S. Census Bureau, 2009-2011 American Community Survey, Age and Sex
- U.S. Census Bureau, 2009-2011 American Community Survey, Age by Disability Status by Health Insurance Coverage Status
- U.S. Census Bureau, 2009-2011 American Community Survey, Educational Attainment
- U.S. Census Bureau, 2009-2011 American Community Survey, Selected Economic Characteristics
- U.S. Census Bureau, 2009-2011 American Community Survey, Selected Social Characteristics in the United States
- U.S. Census Bureau, State & County QuickFacts

## II. 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. 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 3 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. Coos had been one of the 12 counties in FY 11/12 with funding to address the burden of chronic disease in our community; however, we did not receive Healthy Communities continuation funding in FY 12/13, and had to discontinue prevention activities, such as coordinating community worksite wellness efforts, due to lack of funds.

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

(Required by: ORS 435.205)

**PARENT HOME VISITING SERVICES** During FY 2011/12, 264 unduplicated children were served through 2,635 home visits in Babies First!, CaCoon, and Healthy Start ~ Healthy Families programs. After January 2013, The Healthy Start ~ Healthy Families program will no longer be provided through Coos County Public Health, and is expected to continue through the administration of another organization in Coos County. Staff positions continuing to provide home visiting services through the Babies First! and CaCoon programs include 3 FTE of public health nurses, with a nurse manager (who also oversees clinic services). In addition, we have two full time professional parent educators (who are not nurses). 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 an Infant Toddler Maternal Health Graduate Certificate, and 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 and also Western Oregon Advanced Health, the coordinated care organization for Coos County. 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 3058 participants in calendar year 2011, including 60% of the pregnant women in the county (statewide 46.%), and issued \$1.11 million in WIC food vouchers. Although 89.5% of WIC mothers in Coos County start out breast feeding, our program had 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.

**FAMILY PLANNING** Our department provides Title X Family Planning services through the OHA 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 will be available 2 days a week in our clinic in FY 13/14. Currently, persons seeking contraceptive services are able to get an appointment at the Health Department's North Bend Annex clinic within 2 weeks. Services have not been offered at the Coquille satellite office since May of 2011.

**ADOLESCENT SERVICES** Teens are served in all of the programs listed above. We contract with Waterfall Community Health Center for operation of a certified school based health center (SBHC), located on the Marshfield High School Campus. Also, a second site became operational in September, 2011 on the Powers school campus, and the building for this clinic is expected to be replaced in early 2013. This clinic in Powers 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 in awarding 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 are 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 task forces, and give the public health perspective on health statistics. In June of 2012, we began coordinating the efforts of and providing the staff support for the local CCO's Community Advisory Council, including work on our Community Health Assessment and Community Health Improvement Plan. We are expecting to have those documents completed in May 2013, which will help to guide the work of the health system in Coos County.

### **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 to meet clients' 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 continues to be a work in progress.

## 5. Environmental Health Services

The Environmental Health program licenses and inspects restaurants, motels, bread & breakfast inns, 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 58 of the small public water systems in our county which have ground water sources. 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. The Beaver Hill Disposal Site, which formerly incinerated garbage, is now a transfer station.

**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.

### III. 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. Also, the urgent dental needs of uninsured adults is a problem which is being reviewed by a task force, with a goal of providing this care outside of the hospital's emergency department.

Coos County Public Health coordinates the *Ready to Smile* school-based dental program, a South Coast Regional Health Initiative funded by the Oregon Community Foundation. This program addresses the oral health needs of children in grades K-7, in both Coos and Curry Counties, with the primary objective of providing sealants and fluoride varnish to students in grades 1,2 6, & 7, dental education and hygiene instruction, and referral for painful dental problems. Over 40 donors (foundations, service clubs, and individuals) have contributed to this project, which is in its third year of operation.

2. **Emergency Preparedness:** Our department's role in a declared emergency is to coordinate the health system response throughout the county. If there were 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 plans 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.
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 funding provided by Western Oregon Advanced Health (the CCO for Coos County), we were able to restart the *Living Well with Chronic Disease* self management program in 2013. (This program had been discontinued in Coos County in March 2012 after the loss of grant funding.) We will be

coordinating the provision of these services with South Coast Business Employment Corporation (AAA Agency), which has received a grant to support the *Living Well* activities.

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. In 2012, we began discussions with Coos County Mental Health about the possibility of providing primary care services on site through Health Department clinic services. These discussions will continue through FY 13/14, as our community focuses on the integration of mental health and physical health services.
  
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.

## IV. Action Plans for Public Health Services

### 1. Epidemiology & Control of Preventable Diseases & Disorders

#### COMMUNICABLE DISEASE INVESTIGATION & CONTROL

##### Current Conditions:

In our communicable disease (CD) 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 Oregon 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. 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 2011/12; **405** confirmed cases of CD 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. **Two** confirmed outbreaks of **noro-virus** at restaurants and **one gastro-intestinal illness** of unknown etiology affected many individuals with symptoms for enteric disease (stomach upset, vomiting, and/or diarrhea).

5-Year Comparison of Selected Reportable Diseases in Coos County					
Disease:	2011/12	2010/11	2009/10	2008/09	2007/08
Campylobacter	22	22	12	13	12
Giardiasis	3	7	22	10	9
Hepatitis B	4	5	5	5	1
Hepatitis C (chronic) *	142	152	146	180	79
Pertussis	0	2	4	8	0
Salmonella	8	2	8	5	8

\* Not an unduplicated count: Includes multiple tests per individual.

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 2013/14:** 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 responded to the 24/7 reporting system on 4 separate test dates in FY 2011/12 within the required timelines.)

**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.

**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 2011/12, there were **14 possible cases of tuberculosis investigated**, with **1 active** case, and **4 latent** cases treated for TB. Our Communicable Disease nurses performed **68 TB skin tests**. Some of these TB skin tests were done as part of an investigation of an active case who had been residing in local homeless shelters. This active case was housed and fed through public health resources while receiving direct observed therapy from public health nurses.

**Goal for FY 2013/14:** 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 2011/12, 8.2% of clients who were tested in the Coos County Public Health family planning and STD clinics were infected with Chlamydia. This positivity rate met the state's testing guideline for efficient use of publicly funded testing, and was a slight increase over the rate of the previous fiscal year (6.8%).
- Practitioners in Coos County identified 196 cases of Chlamydia (which was a higher number of positive cases than the previous two years, n=161 and n=178). There were no cases of Syphilis, and 2 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 2011/12 our public health clinic services provided:

- 535 Chlamydia tests (44 positive),
- 44 Herpes tests (25 positive)
- 535 Gonorrhea tests (0 positive),
- 8 Syphilis tests (0 positive), and
- 13,000 condoms for disease prevention, including the non-latex variety.

**Goal for FY 2013/14:** 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 from all community providers are interviewed and counseled. (From July 1, 2011 to December 31, 2011, > 50% of CT cases were interviewed. Within this timeline, 100% (2 cases) of GC was interviewed.)
- The positivity rate for chlamydia will stay above 3% in our family planning and STD clinics, which will demonstrate that screening resources are reaching those who are considered at risk. (The CT positivity rate for FY 2011/12 was >8%).

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

## **HIV PREVENTION**

**Current Conditions:**

In Coos County, there were **five** new positive cases of HIV recently found through testing by all providers in our county. Two of those positive cases were identified through our Health Department clinic. Our Department has not received any HIV prevention funding since FY 2009/10. 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 2013 – June 2014

**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:**

The statistics provided by the Oregon Health Authority--Tobacco Prevention and Education Program reveal that in Coos County:

- 28.1% or 14,254 adults regularly smoked cigarettes; 72% of adults do not use 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 million dollars 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 for those with mental health and substance use disorder problems, who face a great burden from tobacco use.

### **Action Plan:**

**Time Period:** July 2013 to June 2014:

**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 2014, Coos County Commissioners will have voted to establish 100% smoke free county facility campuses.

By June 2014, Coos County Public Health Department will have responded to all complaints of violation of the Smoke-free Workplace Law, according to the protocol specified in the IGA with OHA.

By June of 2014, student tobacco activism groups will be organized in support of policy promotion for at least the following three goals.

- By June 2014, Coos County Fair will have adopted a smoke free fair policy.
- By June of 2014, The Blackberry Arts Festival, and the Farmers' Market in downtown Coos Bay will have implemented tobacco free policies
- By June of 2014, The Cranberry Festival in downtown Bandon will have implemented a tobacco free policy.

By June of 2014, the possibility of using tobacco retail licensing as a means of reducing point of sale tobacco advertising, restricting tobacco sales in pharmacies, and reducing tobacco sales to minors, will be explored with county and city leaders.

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

**CHRONIC DISEASE PREVENTION / HEALTHY COMMUNITIES PROGRAM**

**Current Conditions:**

After FY 2011 – 2012, the Healthy Communities Program funding was not awarded to Coos County Public Health, and the program staff either left employment or were reassigned to other funded programs. Worksite Wellness had been a focus of the last year of the Healthy Communities program, but our leadership role in promoting worksite wellness throughout the county was suspended, with the loss of funding. There continues to be interest in a wellness program for Coos County employees, and the County's Safety Committee has agreed to also serve as the County Wellness Committee.

The *Living Well with Chronic Conditions* classes are being restarted in Coos County through coordination by Coos County Public Health, with the funding received from the Western Oregon Advanced Health CCO. (The Living Well program had been discontinued in March 2012, when grant money from a federal stimulus project ended.) The *Living Well* program is expected to continue through FY 13/14.

## 2. Parent & Child Health Services

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

**Goal :** Oregon WIC staff will continue to provide quality participant centered services as the state transitions to eWIC.

**Objective 1:** During the planning period, WIC agencies will assure participants are offered and receive the appropriate nutrition education contacts with issuing eWIC benefits.

**Activity 1:** By December 1, 2013, each agency will develop and implement a procedure for offering and documenting nutrition education contacts for each participant based on category and risk level while issuing benefits in an eWIC environment.

Note: Information and guidance will be provided by the state office as local agencies prepare for the transition to eWIC.

#### **Implementation Plan and Timeline:**

By December 1, 2013, this agency will develop and implement a procedure for offering and documenting nutrition education contacts for each participant based on category and risk level while issuing benefits in an eWIC environment. This will be accomplished within a month of receiving information and guidance from the state office in preparation for the transition to eWIC.

**Objective 2:** During the planning period, Oregon WIC Staff will increase their knowledge in the areas of breastfeeding, baby behavior and the interpretation of infant cues, in order to assist new mothers with infant feeding and breastfeeding support.

**Activity 1:** By March 31, 2014, all WIC certifiers will complete the new Baby Behavior eLearning online course.

Note: Information about accessing the Baby Behavior eLearning Course will be shared once it becomes available on the DHS Learning Center.

#### **Implementation Plan and Timeline:**

Within 4 weeks of receiving information about accessing the Baby Behavior eLearning Course, all WIC certifiers will complete the course.

**Activity 2:** By March 31, 2014, all new WIC Staff will complete the Breastfeeding Level 1 eLearning Course.

Note: Information about accessing the Breastfeeding Level 1 eLearning Course will be shared once it becomes available on the DHS Learning Center.

#### **Implementation Plan and Timeline:**

Within 4 weeks of receiving the Breastfeeding Level 1 eLearning Course, all new WIC Staff will complete the course.

**Objective 3:** During planning period, each agency will assure staff continue to receive appropriate training to provide quality nutrition and breastfeeding education.

**Activity 1:** Identify your agency training supervisor(s) and projected staff in-services dates and topics for FY 2013-2014. Complete and return Attachment A by December 1, 2012.

**Implementation Plan and Timeline:**

During the planning period, this agency will continue to offer staff appropriate training to provide quality nutrition and breastfeeding education.

**Attachment A**

**FY 2013-2014 WIC Nutrition Education Plan**

WIC Staff Training Plan – 7/1/2013 through 6/30/2014

**Agency:** Coos

**Training Supervisor(s) and Credentials:** Phyllis Olson, RD eligible

**Staff Development Planned**

Based on planned program initiatives, your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-service topic and an objective for quarterly in-services that you plan for July 1, 2013 – June 30, 2014. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	August, 2013	Civil Rights	To serve all of our clients with respect and to be aware of the laws.
2	November, 2013	Discuss new procedure for offering and documenting NE	Nutrition Education contacts should be based on risk and category while issuing benefits in an eWIC environment.
3	February, 2014	Baby Behavior eLearning online course review	Assist new mothers with infant feeding and breastfeeding support.
4	May, 2014	Review Breastfeeding Level 1 eLearning Course as a group	To offer support for breastfeeding mothers.

## IMMUNIZATION PROGRAM

### Current Conditions:

The CCPH Immunization program strives to improve the immunization rate coverage of children and adults in Coos County. In FY 2011/12 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 -- no changes for FY 2013/14

#### 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)

The Center for Disease Control’s study of *Adverse Childhood Experiences* (ACEs) found that certain childhood experiences result in long term adverse health and social consequences later in life. These adverse childhood experiences, which are disclosed by many of the parents we serve, include:

- Physical, emotional or sexual abuse.
- Physical or emotional neglect.
- Growing up:
  - with someone who abuses alcohol, tobacco or other drugs;
  - with someone who is depressed or has another mental health problem; and/or
  - with family violence and/or crime.

Coos County’s rate for victims of child abuse and neglect increased in 2011, and Coos ranked 5th highest in the State of Oregon, with a rate of 24.3 per 1000 (state rate of 13.4 per 1,000). There were 292 victims. *Threat of harm and neglect* were the most common forms of abuse, according to *The Child Welfare Data Book*, 2011.

Our County’s families continue to live with major family stressors, which research shows contribute to increased incidents of child abuse and neglect. Twenty-four percent (24%) of children who were referred into our home visiting services had suspected child abuse as a risk factor, prior to initiation of our services.

Parents of the 264 children receiving home visiting services from CCPH in FY 2011/12 disclosed the following stressors:

- 98% were low income.
- 25% of parents had a current or past history of mental health issues.
- 37% were single-parent households.
- 23% experienced some form of domestic violence.
- 31% had less than a high school education.
- 22% admitted to having a chemical dependency.
- 35% of children had on-going health problems serious enough to limit life activities.
- 8% were teen parents.
- 3% spoke something other than English as their primary language.

**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.
- 94% of children had health care providers.
- 95% of all two year olds enrolled in our home visiting programs were up-to-date on their immunizations.

- 45% of all children screened (health, vision, dental, hearing, and developmental) were referred for further evaluation. Of these, 83% received follow-up services.

**Action Plan:**

**Goal for FY 2013/14:** Strong nurturing families and healthy thriving children.

**Objectives:**

- Reduce child abuse and neglect.
- Promote readiness to learn.
- Promote positive parent-child interactions.
- Promote healthy growth and development.

**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.
- 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 as part of the Coos County *Zero to Three Court Team* pilot program.
  - 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.
  - Support breastfeeding according to the CDC and WHO recommendations.
- 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 or neglect.
- 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 (and nurse oversight for Public Health Associates) 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 to 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:**

As of 1/31/13, Coos County Public Health Department will no longer be providing Healthy Start home visiting services to Coos County residents. Public Health will continue to partner with this program by referring eligible families to the new vendor, case conferencing in event that a child is enrolled in both Healthy Start and CaCoon, and sharing trainings and other resources.

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

Coos County Public Health's home visitors will:

- 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. Refer pregnant women to the Breastfeeding Peer Counseling Program for possible enrollment through WIC or Bay Area Hospital.

- 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 participate in the *Ready to Smile* program and Cavity Free Kids.
- 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, Bay Area Rotary Club, 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 or regional equivalent.
- Continue to participate in local MDT and Child Fatality Review Board.
- Continue to participate in the Airport Heights Successful Children's pilot program.
- Continue to participate in the Coos Curry Transitional Planning Team.
- Continue to participate in the Coos and Curry Nurturing Communities Coalition.
- 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 in the Intimate Partner Violence grant and other mutually beneficial endeavors.
- Continue to be active participants on the Coos County *Zero to Three Court Team* pilot program, in which Public Health Nurses provide administrative support as well as direct services to enrolled families via our Babies First! and CaCoon programs.
- Continue to collaborate with community partners and educate them about Public Health's services.
- Explore branding of Public Health home visiting services
- Continue to advocate for home visiting services during Early Learning Council and Coordinated Care Organization discussions.
- 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 which 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 form, screen, and/or referral form which allows for exchange of information between programs.
  - Determine the feasibility of contracting with Western Oregon Advanced Health Coordinated Care Organization for Babies First! and CaCoon services, the possible resumption of Maternity Case Management services, and the development of Coos Nurse Family Partnership services.
  - Apply for Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funding, (through the federal Patient Protection and Affordable Care Act of 2010) if opportunity arises

### **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 and then provide more in-depth training to remainder of staff on issues related to attachment.
- Send home visiting staff to the 2013 Child Abuse Summit, as funding permits.
- Send home visiting staff to the September 2013 state-wide home visitor meeting.
- Continue to offer in-service trainings to staff, on topics such as infant-toddler mental health, self regulation, domestic violence, child abuse, Period of Purple Crying, and ACEs.
- Continue facilitating semi-annual Early Childhood Service Provider retreats.
- Continue to disseminate available and appropriate information to home visiting staff, community partners, and community members to increase overall knowledge of the importance of early childhood experiences, neurodevelopmental injury, and interventions.
- Explore opportunities to create a Coos County Nurse Family Partnership.
- Apply for MIECHV funding, if given opportunity to do so.
- Explore participation in local and/or state-wide Quality Assurance/Quality Improvement work group.

### **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.
- Log of the number of community outreach activities. The following work groups and outreach activities were performed in 2011-12, and are expected to continue in FY 2013-2014:
  - Perinatal Task Force
  - Breastfeeding Coalition
  - Early Childhood Committee
  - Coos Curry Nurturing Communities Coalition
  - Airport Heights Successful Children’s program
  - Ready to Smile Steering Committee
  - Mental Health Council
  - Early Childhood Service Provider retreats
  - SWOCC guest lecturer; Cavity Free Kids guest presenter, other speaking opportunities
  - Various educational outreach tables at employee health fairs, community college student orientations, high school career day, and community health fairs
- 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.

## **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. Coos County has substantially reduced the **inadequate prenatal care** rate since 2006 and 2007, when we had the unfavorable designation of the highest rate of inadequate prenatal care in the state (15%). Data for 2011 indicates that the inadequate prenatal care rate has dropped to **7.7%**, (n=44) compared to the state-wide rate of 5.4%.

Our public health department's Oregon MothersCare program deserves much credit for the improvement in the prenatal care rate. In 2011/12, 90% 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. 206 pregnant women were helped with applying for the Oregon Health Plan, obtaining prenatal care, and referrals to other prenatal services. This service reached an estimated 32% of all the pregnant women in Coos County in one year.

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 2013/14:** Strong nurturing families and healthy thriving children

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

#### **Activities:**

- Explore opportunities to resume Coos County's Maternity Case Management services and/or creation of a Coos County Nurse Family Partnership program. Explore funding MCM services through future MIECHV grant opportunities and/or local CCO sponsorship.
- 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 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, and 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 2011-2012, and are expected to continue in FY 2013-2014:
  - Perinatal Task Force
  - Early Childhood Services Provider Retreats
  - Early Childhood Committee, or regional equivalent
  - Various educational outreach tables at partnering agencies, employee health fairs, community college student orientations, high school career day, and community health fairs

**Challenges for Parent / Child Health Home Visiting Services:**

- 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 our services are not eligible.
- The reorganization of early childhood services in Oregon within the Early Learning Initiative and the Coordinated Care Organizations creates uncertainty about the structure and administration of our public health home visiting programs.
- Oregon statutes requires increased oversight of public health associates by registered nurses.
- Families are challenged with an increased number and severity of risk factors, which make case management more challenging and complex.

## FAMILY PLANNING PROGRAM

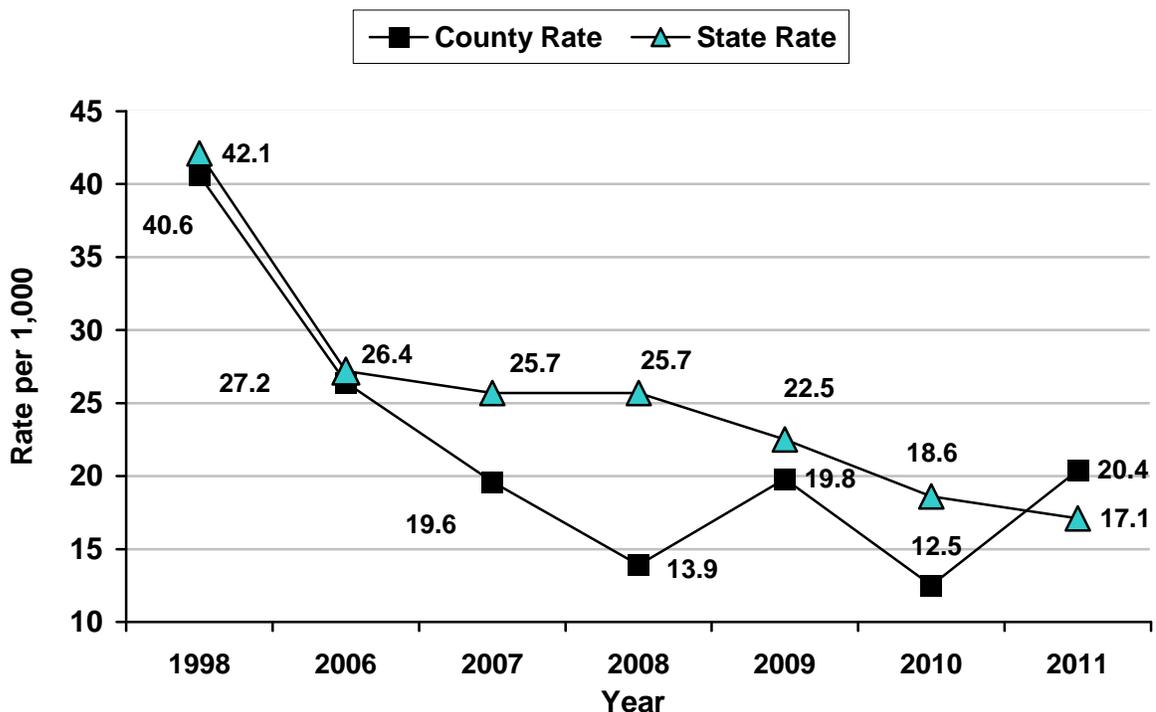
### Current Conditions

According to the service data for Oregon Title X Family Planning Agencies, in FY 2012 there are **4,120 women in need** (WIN) in our county between the ages of 13 and 44. We served 1,009 of those WIN clients in FY 12, or **24.5%** (*Statewide 20.1%*). 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 248 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 2011/12, 502 office visits were provided (352 at Marshfield High School and 150 at a Powers modular unit). The 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 120 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 bounced up to 19.8 in 2009 and then declined again to 12.5 in 2010. According to preliminary data, the teen pregnancy rate for 2011 has again increased and is now **20.4** which is slightly higher 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.)

### Teen Pregnancy Rate: age 15-17 years old



**Action Plan for FY 2013/14**

July 1, 2013 to June 30, 2014

**Agency:** Coos County Public Health

**Contact:** Lena Hawtin

**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>
Community need for low-cost Family Planning services. CCPH served only 26% of the Women in Need during FY 11-12.	Increase the number of clients seen in Family Planning clinic by 5%.	<ul style="list-style-type: none"> <li>• Provide information to the public about FP services available using FP posters and business cards.</li> <li>• Provide local media with information regarding FP services.</li> <li>• Update the county website to ensure all birth control methods available, including Depo Provera, IUDs and vasectomy are posted.</li> </ul>	<ul style="list-style-type: none"> <li>• At least twice during the year, information regarding FP services will be distributed to the public using posters and business cards.</li> <li>• A PSA will be sent to the media regarding FP services available at CCPH by July 31, 2013.</li> <li>• The county website will be updated with FP information by July 31, 2013.</li> <li>• The number of clients seen in the FP clinic will increase by 5%.</li> </ul>

**Goal #4** Address the reproductive health disparities of individuals, families, and communities through outreach to 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) and by partnering with other community-based health and social service providers.

<b>Problem Statement</b>	<b>Objective(s)</b>	<b>Planned Activities</b>	<b>Evaluation</b>
The underserved populations in the community are unaware of Family Planning services that are available.	Increase awareness of Family Planning services available at CCPH.	<ul style="list-style-type: none"> <li>• In order to reach more of the Hispanic population, information regarding Family Planning services will be distributed through the WIC program.</li> <li>• Provide family planning services information, including vasectomy, to agencies that assist people with special needs.</li> </ul>	<ul style="list-style-type: none"> <li>• The FP business card will be translated into Spanish by July 31, 2013, and provided to the WIC program for distribution.</li> <li>• Information regarding FP services at CCPH will be distributed to Star of Hope by December 31, 2013.</li> </ul>

**Progress on Goals / Activities for FY 2013**

<b>Goal / Objective</b>	<b>Progress on Activities</b>
<p>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.</p>	<p>In April 2012, a PSA was sent to the media regarding family planning service and the changes to the income guidelines for eligibility to Ccare.</p> <p>In September 2012, business cards regarding family planning services were distributed at the Southwestern Oregon Community College Orientation.</p> <p>During October through December 2012, business cards regarding Health Department services, including family planning, were distributed at off-site immunization clinics.</p> <p>The number of family planning clients seen from July 1, 2012, through December 31, 2012, decreased by 2% from the number of clients seen in 2011 during the same timeframe.</p>
<p>Promote awareness and access to long acting reversible contraceptives (LARCs).</p>	<p>In April 2012, a PSA was sent to the media regarding family planning service, including the changes to the income guidelines for eligibility to Ccare and availability of birth control.</p> <p>Depo-Provera and IUDs continues to be available as a long-acting reversible contraceptive method.</p> <p>The NP completed the Nexplanon web-based training in May 2012. At the Fall 2012 Family Planning Coordinators meeting, CCPH received an award as runner-up for increasing the percentage and use of long-acting reversible contraceptives (LARCs)</p> <p>Due to the high expense of the Implanon/Nexplanon and the decrease of NP visits to two days a week, the implant was discontinued as an available method of birth control in December 2012.</p>

### 3. Collection & Reporting of Health Statistics

#### **Current Conditions:**

As one of the services required by Oregon law, our department registers all 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 we provide, in addition to the required data mandated by certain programs, such as WIC and ALERT IIS. We are coordinating our efforts on data collection with the other community partners who are working on the required Community Health Assessment and Improvement plan for the Coordinated Care Organization, WOA. H.

#### **Action Plan:**

**Goal for FY 2013/14:** 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 2013/14:**

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 EH program provides services with one Environmental Health Specialist (EHS) who is the manager, and 2 EHS trainees, 1 full time and 1 part-time. One secretary provides program support. One EHS has been certified as a ServSafe Trainer (for manager certification), and each regular EHS employee is ServSafe Certified. One EHS has attained national training in Pool Operator Certification. Two EHS employees have completed training in CD 101, and one has completed CD 303.

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

### LICENSED FACILITIES WORK

#### Current Condition:

In 2011, 398 facilities providing food service, lodging, and recreational accommodations for public use were licensed and inspected by Coos County Environmental Health. The actual count for 2011 included: Pools (10), Spas (13), limited service (6), Bed & Breakfasts (5), Travelers' Accommodations (113), RV Parks (41), Organization Camps (3), Restaurants (180), Mobile Food Units (16), Commissaries (7), Warehouses (3), and Vending (1).

#### Goals for FY 2013/14:

1. Long-Term Goals:
  - a. Ensure 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.

2. Assure all field staff achieves 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.
3. 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. Dedicate 1 day a month toward meeting the FDA Voluntary National Retail Food Regulatory Program Standards.
9. 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).
10. 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.
11. 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. EHS personnel will provide health education to staff of licensed facilities while conducting inspections – comments will be noted in facility file where pertinent.
8. 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
9. 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 the 58 public water systems with ground water sources (serving 4 or more connections and up to 3,300 customers). The state has authority over the larger water systems, and any public water system using surface water.

About 12,000 residents (or 20%) in the county 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 2013/14:**

To assure safe water for consumption throughout Coos County:

- 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).
- lab reports of confirmed enteric illness resulting from contaminated water will be followed up with 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.

## **ENVIRONMENTAL HEALTH'S ROLE IN 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 bite reports; otherwise CD staff maintains the predominate role, with EH involvement increasing when there is a facility inspection component with an investigation. Two EHS have completed training for CD 101 and one has completed 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 2013/14:**

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.
4. Document, follow-up and communicate with OHA on animal bites. Coordinate with affected local jurisdictions regarding animal bites.
5. A file will be maintained for all animal bite reports (includes incident, victim name and any follow-up completed).

### **Evaluation:**

1. 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.
2. All lab confirmed illness may be summarized by reviewing the ORPHEUS database or in-house CD log.
3. A file will be maintained and kept available for periodic review of all reported animal bites and associated follow-up.

## **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 2013 – June 2014

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

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

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

- Review finalized plans yearly and update as needed.
- 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 Isolation and Quarantine: Functional Exercise
  - 2013 Continuity of Operations: 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 NIMS compliant.

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

- Online ICS trainings, workshops, and exercises.
- Completion of NIMSCAST tool yearly.
- Annual review of staff training record.

#### **Outcome Measure(s):**

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

---

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

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

- Coordinator and other identified public health staff will participate in all state and local communication 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.
- Monthly meetings with At-Risk Populations Emergency Planning Committee.

**Outcome Measure(s):**

- Document meeting minutes.
- 

**Action Plan: Medical Reserve Corps**

**Action Plan:** Medical Reserve Corps

**Time Period:** July 2013 – June 2014

**Mission:** The mission of the Coos County Medical Reserve Corps is to protect the health and safety of our communities by maintaining a pool of healthcare professionals and support staff who are trained and ready to respond during an emergency where local capabilities are not sufficient, as well as support public health initiatives throughout Coos County.

**Goals:**

- Recruit, train, and credential a corps of medical and support staff volunteers who are ready to respond during an emergency.
- Provide training opportunities for volunteers to develop and/or maintain their skills, as well as opportunities to participate in vaccination clinics and public health education campaigns.
- Continue to promote and develop collaboration between the MRC and other response partners.

**Objective 1:** Recruit five to ten new volunteers.

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

- Advertise in the local newspaper.
- Present MRC information to nursing students at the local community college.

**Outcome Measure(s):**

- Five to ten new volunteers will be registered with SERV-OR and have gone through the new volunteer orientation.

---

**Objective 2:** Provide at least three training opportunities for volunteers.

Plan for Methods/Activities/Practice:

- Plan and organize potential training opportunities.
- Forward all additional training opportunities from around the state to volunteers.

**Outcome Measure(s):**

- Volunteers will have had at least three training opportunities to attend.
- 

**Objective 3:** All MRC Volunteer profiles and training records will be reviewed.

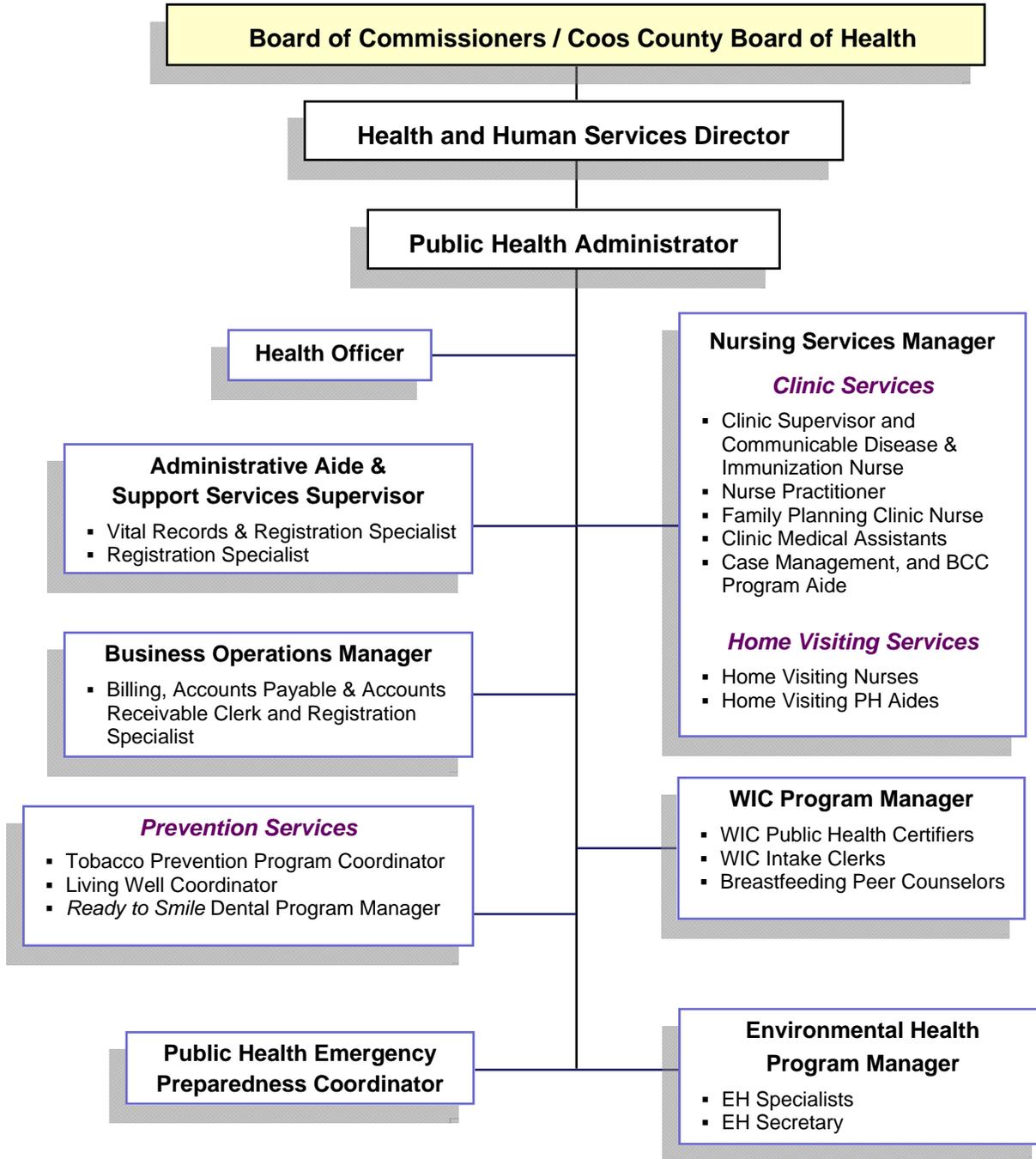
**Plan for Methods/Activities/Practice:**

- The MRC Unit Coordinator will review all training records and volunteer profiles online at SERV-OR.

**Outcome Measure(s):**

- All MRC Volunteers' profile and training information will be reviewed.
  - Any missing or additional information needed will be collected by the Unit Coordinator.
-

## V. 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. At times, the Board of Commissioners convene as the Board of Health, separate from regular county business. The Board liaison to the Health Department is Commissioner John Sweet.

## **Public Health Advisory Board**

No Advisory Board exists at this time.

## **Senate Bill 555**

At this time, it is uncertain whether the local CCF will continue to exist after June 30, 2013. 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 participated in the most recent update to the comprehensive plan. Annual plan topics which were also included in the comprehensive plan include: prenatal care, immunizations, child abuse, use of alcohol, tobacco and other drugs, and teen pregnancy.

## **VI. 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 meet community needs. 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 for mental health clients, 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 have not been charged with solving the problem of the uninsured. High rates of chronic diseases are found in our Medicaid population, and also the general population. Our department lacks funding (other than tobacco prevention dollars) to do community-wide prevention of chronic diseases for one of the least healthy populations in the state.

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 were recently 5 positive cases of HIV in our county. Since we no longer receive state or federal funds to do outreach for HIV testing, our ability to do 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 Cacoon 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 adults 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.

## **VII. Budget Information**

Contact to receive a copy of our approved budge document:

**Sherrill Lorenzo**  
*Business Operations Manager*  
Coos County Public Health  
541-751-2412  
slorenzo@co.coos.or.us

## VIII. 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:
- a. Yes  No  WIC
  - b. Yes  No  Family Planning
  - c. Yes  No  Parent and Child Health
  - d. Yes  No  Older Adult Health
  - e. Yes  No  Corrections Health (N/A)

75. Yes  No  Clients identified at nutritional risk are provided with or referred for appropriate interventions.
76. Yes  No  Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.
77. Yes  No  Local health department supports continuing education and training of staff to provide effective nutritional education.

## Older Adult Health

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

## Parent and Child Health

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

## Primary Health Care

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

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

## Cultural Competency

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

## IX. 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: \_\_\_\_\_ A new Administrator will be appointed for FY 2013/14. The requirements below are listed in the job description.

Does the Administrator have a Bachelor degree? Yes\_\_\_ No \_\_\_

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

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

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

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

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

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

- a. Yes \_\_\_ No \_\_\_ **The local health department Health Administrator meets minimum qualifications:**

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

- 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.

## X. 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.

A handwritten signature in cursive script, appearing to read "J. W. Sweet", written over a horizontal line.

**Local Health Authority**  
**John Sweet, Commissioner Chair**  
**Coos County**

A handwritten date "1/22/13" written over a horizontal line, with the word "Date" printed below the line.

*Public Health in Our Community*

# Coos County Public Health



**Frances Hall Smith**  
*Public Health Administrator*

1975 MCPHERSON STREET, SUITE #1  
NORTH BEND, OREGON 97459

**Annual Report**  
**2011/12**

This page intentionally left blank.

TABLE OF CONTENTS

**LETTER FROM THE ADMINISTRATOR .....1**

**CLINICAL MEDICAL SERVICES – TREATMENT, PREVENTION & HEALTH PROMOTION .....2**

    IMMUNIZATIONS ..... 2

    SEXUALLY TRANSMITTED DISEASES (STD) TREATMENT ..... 2

    HIV PREVENTION / TESTING..... 3

    REPRODUCTIVE HEALTH SERVICES: FAMILY PLANNING AND CONTRACEPTIVE CARE SERVICES..... 3

        Breast & Cervical Cancer Prevention Program (BCCP) ..... 5

        Access to Care: Oregon MothersCare / Oregon Health Plan (OHP) Outreach ..... 5

        Adolescent Health -- School Based Health Center (SBHC)..... 6

    CHILDREN’S DENTAL HEALTH --READY TO SMILE –SCHOOL BASED PROGRAM ..... 7

**COMMUNITY DISEASE PREVENTION, PROTECTION & EMERGENCY PREPAREDNESS .....9**

    EPIDIMIOLOGY AND CONTROL OF PREVENTABLE DISEASES..... 9

        Sexually Transmitted Disease - Partner Notification ..... 10

        Tuberculosis: Screening, Case Management, and Treatment ..... 10

        Hepatitis Screening and Prevention ..... 11

        Animal Bites ..... 12

        Improving Immunization Rates..... 12

        Activities to Increase Immunization Rates..... 13

    ENVIRONMENTAL HEALTH SERVICES..... 14

        Food-borne Illness Prevention Program ..... 14

        Safe Accommodations for Tourists..... 15

        Water Protection & Safety -- Swimming Pools and Spas..... 15

        Water Protection & Safety – Public Drinking Water..... 16

    PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE..... 17

        Collaboration with Partners..... 18

Medical Reserve Corps.....	19
<b>CHRONIC DISEASE PREVENTION SERVICES .....</b>	<b>21</b>
TOBACCO PREVENTION AND EDUCATION PROGRAM .....	21
Tobacco in Coos County .....	22
HEALTHY COMMUNITIES PROGRAM.....	23
LIVING WELL WITH CHRONIC CONDITIONS .....	24
<b>PROMOTING HEALTHY FAMILIES .....</b>	<b>25</b>
NUTRITION EDUCATION & SUPPLEMENTAL FOODS WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM .....	25
Advancing WIC with Technology .....	26
Breastfeeding Peer Counseling .....	26
Breastfeeding .....	27
MATERNAL / CHILD HEALTH HOME VISITING SERVICES: .....	27
BABIES FIRST! CACOON & HEALTHY START ~ HEALTHY FAMILIES.....	27
The CaCoon Program.....	30
Healthy Start ~ Healthy Families .....	31
Babies First!/Parents As Teachers.....	32
<b>COMMUNITY INVOLVEMENT .....</b>	<b>35</b>
REGIONAL OR STATEWIDE.....	35
LOCAL.....	35
<b>VITAL STATISTICS &amp; PUBLIC HEALTH INDICATORS .....</b>	<b>36</b>
VITAL RECORDS .....	36
KEY INDICATORS OF HEALTH.....	36
Mortality: Causes of Death.....	36
Morbidity -- Disease Burden .....	38
Maternal Health .....	39
Socio-Economic Factors Contributing to Health Outcomes.....	39

Behavioral Factors Contributing to Health .....	41
<b>ADMINISTRATIVE FUNCTIONS .....</b>	<b>44</b>
PERSONNEL BY PROGRAM.....	45
Organizational Chart – 2012 .....	47
Service Directory.....	48
FISCAL REPORT .....	49
Federal Funds .....	50
State Funds .....	50
Fees.....	50
Coos County Government Support.....	51
Contracts, Grants and Donated Funds.....	51
Supporters of Public Health .....	52
How You Can Help .....	52
Coos County Friends of Public Health (CCFoPH).....	52



# Letter From the Administrator

## To the Residents of Coos County:

This report describes the many services provided by 36 dedicated employees who worked at Coos County Public Health, July 2011 through June 2012. Our efforts not only made a profound difference for individuals in ways described in this report, but also for thousands who are likely unaware of how their local health department works behind the scenes to improve their daily lives.

Years ago, the Oregon Legislature determined that all people in the state are entitled to basic public health services—such as immunizations, protection from food and water-borne illness, prevention of contagious diseases like whooping cough and tuberculosis, and support for healthy mothers and babies. Our county has been ranked as one of the least healthy in the state—primarily due to socio-economic factors and unhealthy behaviors. In Coos County, 23% of the children under the age of 18 are living below the federal poverty level, and some families struggle to provide the basic necessities, such as housing and food. We in public health are continually challenged to make things better here. Public health is all about creating conditions where people have the opportunity to live healthier lives.

Depending on where you live in Oregon, the federal, state and local money supporting local health departments varies significantly. Those of us who live in resource-poor counties have populations with some of the highest health needs. In Coos County, where we are ranked as one of the least healthy counties in the state, the projected dollars provided for public health services from the County's general fund is \$2.38 per person per year, compared to Benton County (ranked as the healthiest county), where the annual per capita revenue from their general fund is \$22.24, which is still far below Multnomah County's general fund revenue of \$78.42 per capita. Do dollars spent on public health services equate with a healthier population? My 26 years of public health experience tells me that it does. The source of our public health funds is described within this report. I am especially grateful for the organizations such as Coos County Friends of Public Health, service clubs and foundations, and also the individuals who have contributed dollars and volunteer hours to support public health services when the government revenue has been insufficient.

This will be my last annual report, as I am retiring before another fiscal year has ended. It has been a privilege and an honor to serve the Coos County community with a wonderfully dedicated staff, and many community partners who pull together to accomplish amazing things. I look forward to seeing new leadership take up the cause for a healthier community.



Frances Smith, *Administrator*

# Clinical Medical Services – Treatment, Prevention & Health Promotion



The Coos County Public Health (CCPH) clinic contributes to the community's safety net and assures that certain medical preventive services (including those which are mandated by law for Oregonians) are available to persons without regard to income, insurance status, race, etc.

**Staffing:** For Fiscal year 2011/12, the clinic staff who provided the services described in this section included a nurse practitioner (3 days a week), a nurse supervisor, who also served as the communicable disease and immunization coordinator, one additional clinic nurse (3 days a week), 2 aides, and support staff who provided reception and billing services. Clinic staff were under the direction of the Nursing Services Manager, and followed practice protocols approved by the Health Officer, Hugh Tyson, M.D.

## Immunizations

Vaccines are offered from birth through adulthood. CCPH is a provider for the federal Vaccine For Children program, which helps to assure that vaccines are available to those who are low income and/or uninsured. Special clinics and campaigns were offered (see page 13) to improve the rates of immunizations in the community.

In FY 2011/12:

- 791** Immunizations were administered.
- 353** Seasonal flu shots were administered.

## Sexually Transmitted Diseases (STD) Treatment

Confidential STD services are provided to those who may not otherwise seek treatment for STDs because of cost, and/or concerns about confidentiality.

CCPH participates in the Chlamydia Infertility Prevention Project, which offers tests to all women 24 years of age and younger who come to the Family Planning clinic, and males and females under 30 years of age who come to the STD clinic.

There continues to be a lack of government funding for STD exams. We were grateful to the **Coquille Tribal Community Fund**, which provided a \$5,000 grant to help pay for STD exams for young people.

Every \$1 spent in screening saves an estimated \$12 in costs of future complications.

In FY 2011/12, the Coos County Public Health STD clinic administered:

- 535** Chlamydia tests; **44** were positive;
- 44** Herpes tests; **25** were positive;
- 535** Gonorrhea tests, **0** were positive;
- 8** Syphilis tests, **0** were positive.

More than **13,000** condoms were distributed for disease prevention and birth control, including non-latex condoms.

## HIV Prevention / Testing

HIV is an infectious and fatal disease if untreated. It can be spread through sexual activity, drug use, and from a mother to her baby during pregnancy, birth, or breastfeeding. Persons with HIV may be unaware they are infected because symptoms may not appear for years. Testing before symptoms occur can lead to early treatment and prevention of HIV infection in others.

Confidential and anonymous testing and counseling services were offered in our STD clinic by a registered nurse. CCPH has not received any federal or state prevention funds for HIV testing or outreach since FY 2009/10.

In FY 2011/12:

- 32** HIV tests were performed at CCPH, with **2** positive tests.
- 5** new cases of HIV were reported from all providers in Coos County.

## Reproductive Health Services: Family Planning and Contraceptive Care Services

Coos County Public Health offers a variety of birth control methods (including the pill, the patch, the ring, the shot, IUD, and abstinence counseling), women's health exams, infection checks and treatment, and also pregnancy testing and options counseling.

Family Planning helps our clients make informed decisions that allow them to have children when they are physically, emotionally, and financially ready to parent. (Abortions are not

provided.) Women may also consult with the Nurse Practitioner for reproductive health problems (unrelated to contraceptives), and receive a Pap test and breast exam.

In FY 2011/12, the CCPH Family Planning Program served **1,044 clients**.

- 88.2%** of clients were below 150% of the federal poverty level.

- 77.2%** of clients served were on Medicaid (including *CCare*).

- 61.5%** were uninsured for primary care.

  - 6%** of clients were of Hispanic ethnicity.

- 120** pregnancies were prevented (estimate based on contraceptive use).

- 63.7%** of female clients age 24 or younger were tested for Chlamydia (n=361).

  - (Statewide goal = 100%; statewide average=54.1% tested for Chlamydia)

Coos County Public Health is the only agency in the county offering the federal Title X family planning program, which is open to anyone who is seeking affordable reproductive health services, including an exam, lab tests, and birth control supplies, on a sliding scale. The program requires that women at 100% of poverty are not charged for services, but government funds are insufficient to meet the program expenses. Community grants from the Bay Area Hospital Community Foundation, Zonta Club of the Coos Bay Area, the Coquille Tribal Community Fund, and the Coos County Friends of Public Health contributed support to these women's health services, helping to pay for exams, lab tests and mammograms.

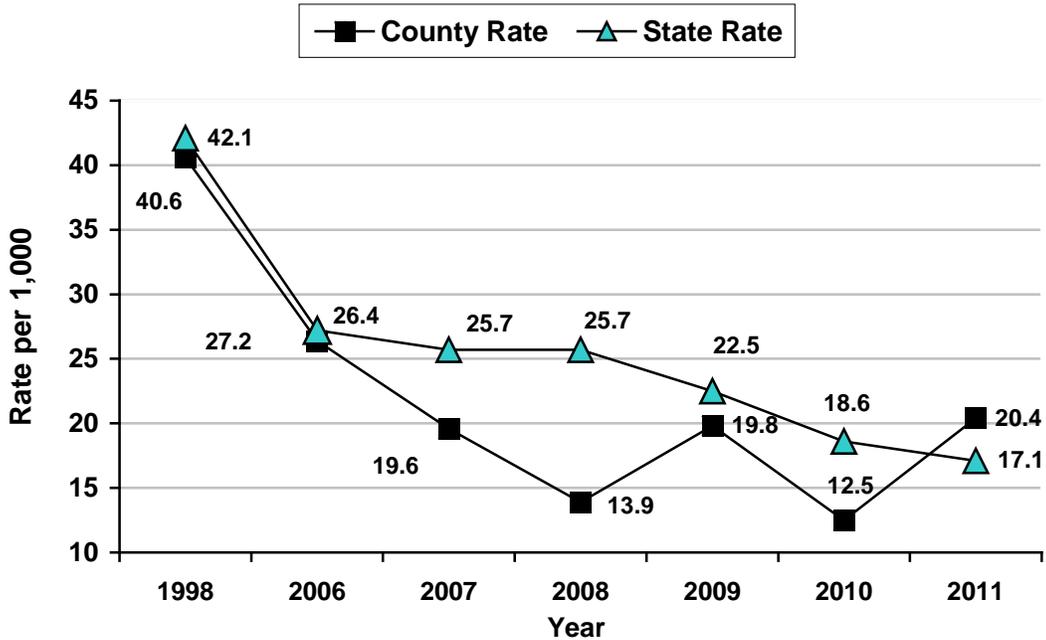
Many women and teenagers qualify for the ***Contraceptive Care Project (CCare)***, which is a special **Medicaid** waiver program for those who are seeking contraception, do not have insurance, and are below 185% of the federal poverty level. Eligibility for *CCare* requires proof of citizenship (i.e., a birth certificate). *CCare* is an important source of revenue for the Health Department's family planning services, which must be provided at no charge to many of our clients, as a requirement of the Title X program.

**Teen pregnancy prevention:** An unintended pregnancy can carry serious consequences at all ages and life stages. It is generally understood that a teen pregnancy creates a challenge for the health of the teen mother and her baby, and can have long term consequences in education, earning potential, and cost to society. The teen pregnancy rate for 15-17 year old girls in Coos increased in 2011 (n=23) to a rate higher than statewide, for the first time since 2005.

In FY 2011/12, **248** teens received family planning (FP) services (23.7% of the total FP clients).

**Oregon Benchmark:** By 2015, pregnancy rate in teens will be 18 per 1,000, ages 15 – 17 years old.

## Teen Pregnancy Rate: age 15-17 years old



### Breast & Cervical Cancer Prevention Program (BCCP)

Early detection of breast and cervical cancer, when cancer has a greater success rate for treatment and cure, is the goal of the federally funded BCCP program. Coos County Public Health (CCPH) is a contracted provider, and is allowed a limited enrollment. Services include:

- pelvic exam,
- pap test,
- clinical breast exam,
- instruction in self-breast exam, and
- referral and voucher for a mammogram.

**92 women were enrolled** into the BCC program at CCPH during FY 2011/12. If cancer is found, treatment is provided through limited enrollment in the Oregon Health Plan.

### Access to Care: Oregon MothersCare / Oregon Health Plan (OHP) Outreach

The CCPH Outreach/Case Manager assists pregnant women in the Oregon MothersCare program with applying for the Oregon Health Plan, if eligible, and helps them obtain prenatal care as soon as possible, in collaboration with the local OB/GYN providers. In 2011/12, **90%** of women who contacted our Oregon MothersCare program in their first trimester were able to begin prenatal care with a provider during their 1<sup>st</sup> trimester.

**206 pregnant women** were helped with applying for the Oregon Health Plan, obtaining prenatal care, and referrals to other prenatal services. This service reached an estimated **32%** of all the pregnant women in Coos County in one year.

Assistance was also provided to others (not pregnant) in applying for publicly funded health care. **23.9 % of adults** under age 65 in Coos County are estimated to have no health insurance.

**150** clients (non-pregnant) were assisted in applying for publicly sponsored health insurance coverage.

**Oregon Benchmark:** By 2015, 90% of babies will have mothers who received prenatal care in the 1<sup>st</sup> trimester.

## Adolescent Health -- School Based Health Center (SBHC)



*Coos County Public Health (CCPH) contracted with The Waterfall Community Health Center to provide medical services at the School Based Health Center (SBHC) at Marshfield High School for the 9<sup>th</sup> year of operation, and Powers SBHC modular unit for the 1<sup>st</sup> year of operation. The state general fund was the source of both SBHC grants, which were administered through the local health department. To receive state funding, a SBHC must meet certification standards, which apply to staffing, services, and the facility.*

School Based Health Centers help children gain increased access to health care, including health education and health promotion, which in turn helps to improve student attendance and overall positive outcomes. SBHC practitioners provide a full range of services for all students, regardless of whether or not they have health insurance coverage.

The 2011 SBHC statewide patient satisfaction survey reported that:

**81%** of students were unlikely to have received care that day if there was not a SBHC available to them.

**71%** of students reported missing no class time when they accessed care at the SBHCs.

In FY 2011/12, in Coos County:

**352** office visits were provided at Marshfield High School SBHC 4 days/week

**150** office visits were provided at Powers modular unit SBHC 3 days/week

## Children's Dental Health – *Ready to Smile* – School Based Program



### **An Oregon Community Foundation Regional Action Initiative**

The Ready to Smile school based dental program, was launched in 2010 by the Oregon Community Foundation's South Coast Leadership Council. Coos County Public Health administered the program for its second year in all of Coos and Curry County school districts, delivering preventive dental health services and education to students in targeted grades. A steering committee met quarterly and continued to provide guidance to the program. Many individuals and service organizations throughout Coos and Curry Counties donated time and funds to the program, and a list of donors can be found on the Oregon Community Foundation's website at <http://www.oregoncf.org/resources/regional-map/south-coast-rai-donors>. The second successful year of the program can also be attributed to the enthusiastic support and collaboration of all the school districts.

The *Ready to Smile* dental team consisted of a part time dental assistant, a dental hygienist (contracted for the program through Waterfall Community Health Center), and a full-time manager of the program, Cecilee Shull. Volunteers also helped with the delivery of services in the schools.

### **Services included:**

- **Screening students** for signs of decay. Student participation averaged over 75% in 6 schools, with 100% participation in some grade school classes.
  - 2115 students were screened (all grades at targeted schools K-7)
  - 66% of enrolled students in the targeted grades participated in the dental screening.
- **Placing sealants** on permanent molars and pre-molars in students in 1<sup>st</sup>, 2<sup>nd</sup>, 6<sup>th</sup>, and 7<sup>th</sup> grades, who are at the ages when the first and second molars erupt. (This was coordinated with the state sealant program, which serves only 1<sup>st</sup> and 2<sup>nd</sup> graders in certain school districts).
  - 3414 sealants were placed.
- **Applying fluoride varnish** to prevent or reduce decay.
  - 785 students received fluoride varnish.

- **Referring** those with acute dental needs to a local dentist's office and/or coordinating with the Tooth Taxi and the Medical Teams International Dental Vans to provide restorative dental care after the screenings.
- **Education** about the effect of sugary foods, including soda pop, on teeth.
- **Instruction** in tooth brushing and flossing skills.

5062 dental kits were distributed.

**\$209,968** was the estimated value of the screenings, sealants, fluoride varnish, and dental kits provided by *Ready to Smile* during the 2011/12 school year.

# Community Disease Prevention, Protection & Emergency Preparedness

## Epidemiology and Control of Preventable Diseases

Communicable (infectious) diseases can spread quickly throughout a population. Some diseases can cause severe illness, untimely death, and chronic disability, as well as costly treatment. Protecting people from communicable diseases is a basic public health service that improves health and saves money by preventing the need for costly medical care for disease and its complications. Communicable disease investigation and follow-up is funded mostly through the state general fund per capita payments to counties (aka State Support for Public Health), and supplemented by County general fund.

Physicians and labs are required by law to report to their local health department over 50 communicable diseases and conditions, such as E. coli, Tuberculosis, Salmonella, Hepatitis A and sexually transmitted diseases. Public health workers investigate the causes of disease and alert the public to prevent exposure or to seek treatment. Public health clinics provide certain medical services, such as immunizations, treatment for sexually transmitted infections, medication for meningococcal disease, and case management of Tuberculosis for those who have difficulty accessing medical care due to financial or other barriers. Also, through education, training, and regulation, disease outbreaks can be prevented.

**405 confirmed cases** of reportable communicable diseases in 2011/12, including sexually transmitted diseases.

<b>5-Year Comparison of Selected Reportable Diseases in Coos County</b>					
<b>Disease:</b>	<b>2011/12</b>	<b>2010/11</b>	<b>2009/10</b>	<b>2008/09</b>	<b>2007/08</b>
Campylobacter	<b>22</b>	22	12	13	12
Giardiasis	<b>3</b>	7	22	10	9
Hepatitis B	<b>4</b>	5	5	5	1
Hepatitis C (chronic) *	<b>142</b>	152	146	180	79
Pertussis	<b>0</b>	2	4	8	0
Salmonella	<b>8</b>	2	8	5	8

\* Not an unduplicated count: Includes multiple tests per individual.

CCPH investigated **1** confirmed case of **meningococcal disease**, (type C) for which there is a preventive vaccine. This positive case required in-depth follow-up with prophylactic antibiotic treatment to prevent serious illness for all exposed.

**Gastro-intestinal illness.** The Environmental Health Specialists work with the CCPH Communicable Disease nurses when a report comes in for enteric diseases (e.g., giardiasis, salmonella, E Coli). They investigate to determine if the cause of the illness is contaminated water or food. **Two** confirmed outbreaks of **noro-virus** (one at a restaurant and one at an assisted living facility) affected many individuals with symptoms of enteric disease (stomach upset, vomiting, and/or diarrhea).

## Sexually Transmitted Disease - Partner Notification

STDs can have adverse effects on the health and welfare of the population, especially the most sexually active age group of late adolescents and young adults. Women suffer more frequent and serious STD complications than do men. When persons test positive for Chlamydia, gonorrhea and / or syphilis they are reported to the Health Department. The Health Department attempts to contact their partners and offer confidential treatment and medication.

<b>STD Cases Reported in Coos County by All Providers, by Fiscal Year</b>					
<b>Disease:</b>	<b>2011/12</b>	<b>2010/11</b>	<b>2009/10</b>	<b>2008/09</b>	<b>2007/08</b>
Chlamydia	<b>196</b>	161	178	96	88
Gonorrhea	<b>2</b>	4	4	9	3
Syphilis	<b>0</b>	0	0	0	0

Although genital herpes and genital warts are very prevalent STDs, these conditions are not reportable to the Health Department. Chlamydia is Oregon’s and Coos County’s most common reportable communicable disease.

In FY 2011/12, **5%** of the female clients who were tested in the CCPH family planning clinic were infected with Chlamydia, compared to 6% statewide. All within a certain age range or with certain risk factors are offered a test as part of the *Chlamydia Infertility Prevention Project*, funded by the federal government. The total number of tests in CCPH family planning and STD clinics were **535**, with **44 positive**.

## Tuberculosis: Screening, Case Management, and Treatment

Tuberculosis is contagious and a major cause of disease and death in many parts of the world. Coos County has had a few cases in recent years; screening and case management keeps this disease in check and protects our community. Our TB program is a mandated service which helps to protect community from this very infectious disease.

In FY 2011/12:

- 68** skin tests were performed by CCPH Communicable Disease nurses.
- 14** possible cases of tuberculosis were investigated, with **1** active case of tuberculosis and **4** latent cases treated for tuberculosis.

Investigation and case management for a suspected or known active TB case includes the following:

- interviewing the active case and all who may have been in close contact;
- skin testing and/or chest x-rays of all who had close contact, within 7-10 days of the report of an active case, and again in 12 weeks;
- submission of all documentation to the State TB Program.

**Active TB.** During 2012, Coos County Public Health (CCPH) was required to investigate an acute case of contagious Tuberculosis. The patient was homeless and had frequented the local homeless shelters in Coos County. The investigation included providing housing and food for the patient during the contagious period. CCPH communicable disease nurses were required to directly observe the patient take the TB medication throughout the 9-month regimen. The public health nurses identified over 60 contacts at the shelters and provided them testing for TB. The grant from the Oregon Health Authority for TB services (which was \$1,723 in FY 2011/12) was insufficient for the public health response, and required additional funds from the state to provide the living expenses for the homeless person while in isolation for treatment. CCPH spent an additional \$17,613.32 for case management services for this case.

**Latent TB.** Persons found to have latent tuberculosis are not infectious to others but should be treated to assure their disease does not become active and is cured. These persons:

- have positive skin tests performed either by our department or another provider;
- are assisted by us to get chest x-rays if they can't afford to pay;
- are assessed for treatment options with medications;
- are provided the medications for 6-9 months, if they can't afford them.

**Healthy People 2010 Objective:** 85% of contacts and other high-risk persons with latent tuberculosis infection will complete a course of treatment.

## Hepatitis Screening and Prevention

We continued to participate in the State's free Hepatitis C screening for high risk persons, and the targeted Hepatitis A & B vaccination program for persons with Hepatitis C, with HIV, and persons with high risk behaviors. We receive reports on Hepatitis C testing to collect data for the state; Coos County has one of the highest rates in the state for chronic Hepatitis C. The high

number of Hepatitis C reports also reflect the multiple tests which are done to diagnose and monitor Hepatitis C disease.

The Hepatitis A vaccine is now required for all children, preschool through 3<sup>rd</sup> grade. No cases of Hepatitis A have been reported since 2004, compared to over 100 cases in 1987, which was before the Hepatitis A vaccine was licensed in 1995-96. Now, most cases in Oregon occur in persons who travel outside the U.S. This is an example of how effectively immunizations can reduce disease in a community.

## Animal Bites

All animal bites are to be reported to the Health Department's Environmental Health Program. The staff coordinates with local community professionals, law enforcement, veterinarians and medical professionals who provide animal bite reports. We provide a stop gap to assure bite victims are directed to receive rabies prophylaxis when warranted, according to Oregon Health Authority protocol. In the 2010/11 Annual Report, we reported that no cases of rabies in animals in Coos County have been found since the year 2000; however the last time an animal tested positive for rabies after being captured following a bite to a human was in 2010

**125** animal bites reported in 2011.

## Improving Immunization Rates

Infants and young children are very vulnerable to vaccine-preventable diseases. Older persons and those with suppressed immune systems (such as persons undergoing cancer therapy or those who have had an organ transplant and are taking immune suppressing drugs) are also at increased risk from contagious diseases. Having sufficient people vaccinated in a population helps to create a "herd" immunity that protects those who are vulnerable, including those who are too young, or too ill, to vaccinate.

**75%** is the up-to-date rate for 2-year olds served by CCPH in **2010** (73% was the county health department average).

**72.9%** is the county-wide up-to-date rate for 2 year olds in **2011**; statewide rate was 72.5%

2-year olds are considered up-to-date if they have received the following vaccines: 4 DTaP, 3 Polio, 1 MMR, 3 Hepatitis B, 3 Hib and 1 Varicella.

**Oregon Benchmark:** 90% of 2 year olds will be adequately immunized by 2010.

Note: Oregon Immunization Program did not provide 2011 immunization assessments for local health departments in 2012. Oregon Immunization Program is currently updating the

methodology for running these assessments, incorporating increased functionality in ALERT IIS and feedback received from local health departments. Oregon Immunization Program intends that 2011 and 2012 assessments will be available by mid-2013.

## Activities to Increase Immunization Rates

To improve the immunization rate of 2 year olds, these activities were funded by the state general fund:

- An annual luncheon of health care providers was held to discuss ways to improve community-wide immunization rates.
- School exclusion was coordinated by CCPH, in collaboration with the schools: any child who was not up-to-date on Exclusion Day, the third Wednesday in February, was not allowed to attend school or daycare until the needed immunizations and/or records were brought up-to-date.

During school year 2011/12, 476 letters were mailed threatening exclusion, but only **74 children were excluded**, compared to 624 letters and 104 exclusions in school year 2010/11. Most children received the required shots to return to school.

**Outreach with *Shots for Tots & Teens*:** This community service project of the Bay Area Rotary Club provided vouchers for children with no insurance or children with insurance that did not cover the cost of immunizations. In fiscal year 2011/12, **276 shots were administered using the “Shots for Tots & Teens” program**. Rotary volunteers also helped with special events such as “Kindergarten Round Up,” “School Exclusion Day” drop-in clinic, and the Saturday “Shots for Tots & Teens” Clinic, to reach out to families who could benefit from this program. The Bay Area Rotary Club began the “Shots for Tots” program in 2002, which has helped to improve the immunization rate for 2 year olds in Coos County and to protect many children from life-threatening diseases.

**Community Flu Immunization Clinics:** Flu clinics were regularly provided at the Health Department offices in North Bend & Coquille. Flu clinics were also held at senior centers, schools, and public buildings to meet the demand for the seasonal flu vaccine. Seasonal flu vaccine was purchased by CCPH for administration in the community, with a limited amount of vaccine provided at no charge (from the state) for low income persons.

**353 seasonal flu shots** were administered through community clinics and appointments.

## Environmental Health Services



Virtually every person residing in or traveling to Coos County benefitted from the Health Department’s efforts to protect the public’s health. Staff included 2 full-time and one part-time environmental health specialists and one secretary.

**724 routine** inspections were conducted in licensed facilities during the 2011 license year.

License Type	# Licenses Issued	% of Required Inspections Completed	# of Closures	# of Misc. Consumer Complaints
Public Pool/Spa	23	100%	2	1
Lodging	113	100%	0	3
RV Park/Org Camp	44	100%	0	3
Food Service	207	100%	0	18

### Food-borne Illness Prevention Program

The Environmental Health program specialists provide education and training to food service operators, and the licensing and inspection process helps to prevent food-borne illness and outbreaks. The high turn-over rate of personnel in the food service industry creates a continuing need for food safety training. At the local level, prevention is the primary goal, through education and training.

**44** food workers were trained by the Environmental Health Manager in the **ServSafe®** restaurant manager certification program.

**Food handler classes** were offered monthly, with outreach to Bandon, Myrtle Point, Coquille, & Lakeside.

**270** food handler cards issued from live training or in-office examination

**821** food handler cards issued via internet testing

**Temporary food event licenses.** Nearly every weekend, a food focused fund-raising event was hosted by volunteers, who were often tasked with serving food safely without the benefit of a licensed kitchen and professional staff.

**298** temporary food service licenses were issued for food booths & other special food events.

**181** temporary restaurant inspections were performed.

**School kitchen inspections.** All schools which receive USDA food commodities were required to have an inspection of their prep kitchen and food service.

**55** school kitchens inspections were completed.

**Licensed and certified daycare centers** were required by the Oregon Department of Education to have an inspection to assure safe food service and a facility free of hazards to the children.

**29** centers were inspected.

**Food-borne outbreaks.** A leading risk factor for food-borne illness is food from an **unsafe source** (e.g., contamination at a farm or packing house). Other critical factors related to safe food handling are **personal health of food handlers**, and **correct temperature control** (in both refrigeration and in cooking) of potentially hazardous foods. Local public health programs work closely with Oregon Public Health to identify and trace the cause of food-borne illness. Investigations were conducted in response to complaints:

**6** alleged food-borne illness complaints

**16** food sanitation complaints

**1** confirmed outbreak of noro-virus in a restaurant

## Safe Accommodations for Tourists

Accommodations for community visitors--RV parks, motels, vacation rentals, and organization camps--are licensed and inspected to assure that facilities are free from factors leading to disease and hazards leading to injury. Most facilities were found in good repair; inspectors looked for critical factors such as broken glass, sharp protrusions that could lead to injuries (e.g., carpet tack strips and nail heads) and conditions that would propagate mold growth.

**206** tourist facility inspections were completed in 2011, of which 5 were for complaints and re-inspections.

## Water Protection & Safety -- Swimming Pools and Spas

All public swimming pools and spas, including those at athletic clubs, motels and other tourist accommodations, are licensed and inspected to assure they are free of disease causing germs.

Pools were checked for control of pH, disinfection, water temperatures, and turbidity. Remedial training was offered to the persons in charge of pool safety.

**47** pool inspections were completed in 2011, of which 1 was for complaints and follow-up after closure of 2 spas.

## Water Protection & Safety – Public Drinking Water

People who consume water from public water systems expect that the water is safe to drink. There is the potential for serious health problems if drinking water is contaminated by chemicals or bacteria, virus, and/or parasites. Water contamination may result in illness or even death. Disease outbreaks are usually linked to bacteria or viruses, probably from human or animal waste. Public water systems also can be a target for a terrorist's threat.

In 2011, CCPH had oversight over **58** of the smaller **public water systems** with ground water sources in Coos County (serving 4 or more connections and up to 3,300 customers). Water system operators were required to take steps to physically protect the water and regularly sample for potential contaminants. Our staff worked with the water system operators to understand the rules, and if problems were noted, our staff provided consultation to assure that water users were notified of risks, until problems were corrected.

### **Public Water Systems Activities:**

- On **21** occasions, consultation was provided to a water system operator on how to correct water quality concerns or violations.
- On-site surveys were conducted for **7** public water systems. (Every water system is to be surveyed no less often than every 5 years.)

The goal for public water systems is to obtain the EPA National Drinking Water Objective by 2015: **90%** of the community water systems will meet all health-based drinking water standards during the year.

In comparison to the national standard, **92%** of the water systems in Coos County that submitted water samples were found to have no contaminant violations.

### **Private Water Systems:**

The Health Department has no regulatory role with **private water systems**. There are thousands of private wells and springs used by one or two homes. No public health resources are funded to assure the safety of these home water sources. However, information is offered to empower residents using private wells or streams to obtain safe drinking water, including

brochures about ensuring and developing safe drinking water sources. (This information is also available from OSU Extension and from private consultants.)

**Private Water System Activities:**

Persons who are suspected of having water-borne illness are referred by Communicable Disease investigation staff to the Environmental Health Specialists. If water is found to be the source of illness, the Environmental Health Specialist consults with the water operators to ensure drinking water safety.

**11** cases of enteric illness were referred to Environmental Health, to determine if the water was the cause of the illness.

Funds to support the Drinking Water program come from the federal government; in addition, state general funds support the services for the non-EPA systems (those with < 15 connections).

## Public Health Emergency Preparedness and Response



The Public Health Emergency Preparedness (PHEP) program coordinates the public health response to natural or man-made disasters. Health Department personnel are responsible for assisting Coos County by coordinating the response to any emergency or disaster with public health and medical consequences. Funding for the Public Health Preparedness Program comes from the federal government--the Center for Disease Control and the Health Resources and Services Administration.

**Program Highlights:**

- The first Public Health and Medical Consequences Analysis was completed in conjunction with the County Hazard Vulnerability Assessment (HVA). The County HVA ranked hazards by history, vulnerability, maximum threat, and probability. The Consequences Analysis took the top hazards identified in the HVA and evaluated them on possible public health and medical consequences, such as: fatalities, injuries, communicable disease, chronic disease, staffing, etc. The top hazards identified were: earthquake/tsunami, public health emergency, mass casualty incident, winter storm, and distant tsunami.

- Health Department programs have continued to work on the development of a Continuity of Operations Plan, which would guide how CCPH would function in the event the building was unusable, electrical power was lost, etc. A workshop with program managers and coordinators assisted in the identification of additional planning and information needed for the plan. The Health Department also participated in a county COOP exercise to test the current draft plan in coordination with other county departments.
- The PHEP Coordinator continues to ensure that health department staff have the minimal required training, which includes Incident Command System 100 and 700 courses. Identified members of the Incident Management Team must also maintain a Health Alert Network account. The HAN system enables the identified Administrators to send automated alerts to staff via phone, email, and text. This system enables a message to be sent to a large number of recipients in a very short period of time; it also has the ability to track who has and has not received the message.
- Communication tests:
  - Two local tests of the Health Alert Network, with a 90% response rate within one hour;
  - Two state initiated tests of the Health Alert Network and Satellite Phones;
  - Local Satellite Phone call down drill with eight participating agencies.

PHEP continues to update and develop emergency response plans as needed.

## Collaboration with Partners

The Public Health Administrator continued to facilitate the Health Emergency Response Team (HERT) which has over 60 members, and has met monthly since October 2001. The mission of HERT is “to improve the capability of the health system and emergency responders in the Southwestern Oregon Region to respond to natural and manmade disasters and other emergencies, through sharing information, training, exercises, and other collaborative endeavors.” During 2011-2012, HERT had guest speakers from the American Red Cross, Oregon Emergency Management, and the Rogue Valley Council on Governments. Topics include the response capabilities and capacity of the Red Cross; public information; and vulnerable populations planning. HERT has also been designated as the coalition to plan for and distribute the Hospital Preparedness Program (HPP) Grant funds. Funds for HPP have been used to purchase 50 person trauma kits that were distributed to the local rural fire departments and Medical Reserve Corps; it has also provided funding for HAM radio equipment and Medical Reserve Corps operating costs.

## Medical Reserve Corps

The Medical Reserve Corps is a national volunteer program that trains, credentials, and manages healthcare and support staff volunteers on a local level. The Coos County Medical Reserve Corps was registered with the national office in January of 2011. Since then the Unit has registered and oriented 39 volunteers: 27 nurses, 3 physicians, 1 physician assistant, 1 pharmacist, 1 EMT, and 6 support staff.



The mission of the Coos County Medical Reserve Corps is to protect the health and safety of our communities by maintaining a pool of healthcare professionals and support staff who are trained and ready to respond during an emergency, as well as support public health initiatives throughout Coos County.

### **Program Highlights:**

- MRC volunteers had the opportunity to participate in a START Triage Training and a Radiation Response Volunteer Training.
- The MRC had its first Unit meeting, where 27 of the 35 volunteers at the time were able to participate. The Communicable Disease Nurse from the Health Department provided a Communicable Disease Investigation training; the County Emergency Manager presented on personal preparedness; and the Tsunami Outreach Coordinators provided information on how to respond to and prepare for an earthquake/tsunami event.
- The Coordinator tested the automated messaging system provided through an online volunteer management system known as the State Emergency Registry of Volunteers in Oregon. The system simultaneously contacts all volunteers via phone, text messaging and email. Thirty-seven volunteers responded to the test within one hour.
- Volunteers assisted in staffing designated assembly areas for the community-wide tsunami evacuation drill that was held on May 31st.

- Three Coos County MRC Volunteers and the Unit Coordinator participated in the Washington State Federal Medical Station (FMS) exercise on June 13th. A 25 bed training unit was used to teach MRC volunteers how to set up and take down a FMS. The FMS is a 250 bed medical care facility designated for assisting with special needs sheltering, inpatient sub-acute care, and quarantine support. MRC Volunteers could be activated to assist in staffing a FMS.



- During a full scale exercise with the Vigilant Guard, Volunteers had the opportunity to work alongside first responders and the Oregon Disaster Medical Assistance Team in triaging and assisting with patient stabilization and tracking.

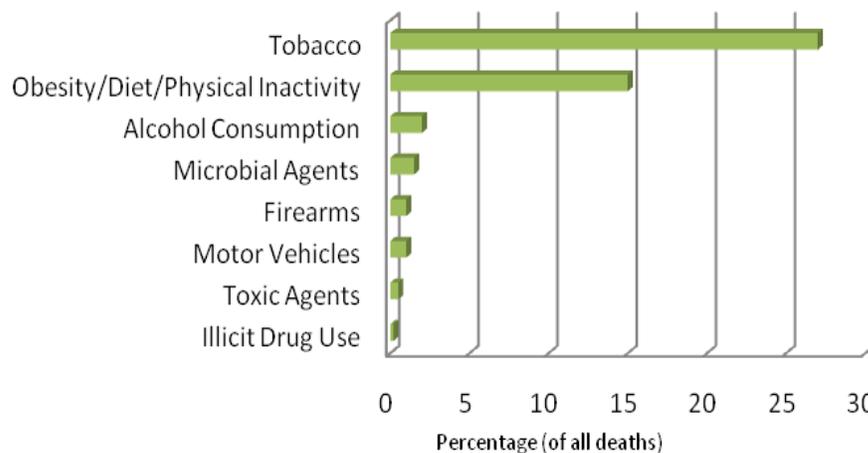
**Healthy People 2020 Objective:** Public Health personnel will report in an emergency for immediate duty within 60 minutes with no advance notice.

# Chronic Disease Prevention Services

In Coos County, chronic disease is estimated to account for **70% of all deaths** and **75% of medical care costs**. Chronic disease diminishes quality of life, shortens lives and increases human suffering, and places a large burden, economically, physically, socially, and emotionally on affected families and on the medical care system.

In Coos County, our top three leading causes of death in 2009 were **cancer, heart disease, and cerebrovascular disease**. Diabetes also ranked in the top 10 causes of death, and Coos, along with Douglas County, had the highest rate of diabetes—11% for adults (age adjusted) in Oregon. To a great extent, the *actual* causes of many chronic diseases are preventable--tobacco use, obesity, poor diet, and low levels of physical activity.

**Actual Leading Preventable Causes of Death in Coos County:**



## Tobacco Prevention and Education Program

The people of Coos County support the fostering of communities where all people are provided with equal opportunity to lead healthy, productive and fulfilled lives. Showing our children that we care about their futures by accepting the responsibility of affording them a safe and secure environment allows them to flourish to their full potential.

The single greatest preventable threat to the health of our young people is tobacco use. Most long term smokers begin smoking before they graduate from high school. Only one out of a hundred starts after age 25. Tobacco industry success depends on their ability to addict young developing brains to nicotine. People who continue to smoke throughout their lives lose an average of 10 years of life and have their lives diminished by numerous tobacco related

diseases and conditions. They also experience less pleasure, more anxiety, depression and suicide, and more drug abuse.

Decades of experience and research demonstrates that education alone is not sufficient to prevent most young people from initiating tobacco use. The adage that children are much more likely to mimic what they see adults doing, and not what we tell them to do, is true for tobacco use. Policy, systems and environment changes that alter social norms are necessary to achieve sustainable reductions in tobacco use. Tobacco-free public areas also make it easier to quit and stay quit for the great majority of smokers who wish they weren't tobacco users.

The primary responsibility of the Public Health Tobacco Prevention Program, funded by a grant from the Oregon Health Authority, is to work with other community organizations, agencies and businesses to facilitate policy systems and environment change to help prevent and reduce tobacco use. In addition, the Prevention Program is the primary enforcer of the Indoor Clean Air Act in Coos County. We also support and encourage development of cessation programs, though we are not funded to provide direct cessation activities.

## Tobacco in Coos County

Every three weeks in Coos County, as many people are killed by tobacco as die in automobile accidents in a year's time. Coos County has the highest tobacco-linked cancer incidence rate in Oregon, **179.7** compared to the State rate of 146.8, and the highest tobacco-linked cancer mortality rate, **113.8** compared to the State rate of 89.2 (rates are per 100,000 and age adjusted; 2002-2007).

The amount of money spent each year in Coos County on tobacco related medical care plus the losses in productivity due to tobacco use, would cover the entire Coos County Budget for two years.

**Oregon Benchmark, Adult Non-Smokers:** By 2010, 85% of adults age 18 and older will report that they do not smoke cigarettes.

A baby in Coos County is two times as likely to be born to a mother who was someone who used tobacco during her pregnancy as is the average baby born in Oregon or the US.

**Oregon Benchmark, Pregnant Non-Smokers:** By 2010, 98% of pregnant women will report not using tobacco.

If current conditions persist, more than a quarter of the children alive today in Coos County will die of a tobacco related disease, collectively losing the equivalent in years of nearly 400 full

lifetimes. That is 400 years' worth of being a parent, grandparent, brother, sister, friend, or loved and productive member of our community.

Children who grow up in Coos County have more than three times the risk of becoming a lifelong tobacco user as children in Hood River County, and greater than two and a half times the risk of children in Benton County. Where you live matters.

## Healthy Communities Program



Many years of prevention efforts have been based on changing individual behavior, primarily through education. Yet, we have continued to see increases in the rates of obesity, low consumption rates of fruits and vegetables, and insufficient levels of physical activity. For the last four years, the Health Department had received funding from the federal government to work on the prevention of chronic diseases. During 2011-2012, the Health Community's Program focused on worksite wellness and the expansion of the Living Well automatic referral process.

### Highlights of the 2011-2012 Healthy Communities Program:

- The Healthy Communities Program sponsored the ***2nd Annual A Healthier Coos County: Worksite Wellness Action Forum***, which had over 70 participants and representation from over 35 agencies and businesses. The Action Forum included a Gallery Guide, which was an activity for participants to learn about the current health of Coos County's workforce; a panel presentation from representative of the **Mill Casino, Sause Bros.**, and the **Bureau of Land Management**; a guest speaker presentation from Dawn Robbins about the **State of Oregon's** new **Wellness@Work** website; and time to complete an action plan that outlined goals, objectives, and next steps. In preparation for the Action Forum, **SAIF** presented ***Wellness in the Workplace: What's it Worth to You?*** This presentation focused on the financial reasons and justification for implementing a worksite wellness program. In follow-up to the Action Forum, another panel presentation was organized; panelists included representation from healthcare, government, and the private sector. Presenters discussed

their wellness programs and what has worked for them, as well as program activities and incentive ideas.

- On the County level, the Healthy Communities Coordinator presented on the benefits of worksite wellness at a Department Head meeting and to the County Safety Committee. The Safety Committee agreed to also serve as the County Wellness Committee.
- In collaboration with the *Living Well* Coordinator, the Healthy Communities Program presented the *Living Well* automated referral process to North Bend Medical Center, Coquille Valley Hospital, and the Bandon Community Health Center. The Coordinators also continued to work with clinics that had already implemented the process in increasing their referral rates.

## Living Well with Chronic Conditions

*Living Well with Chronic Conditions* (also known as the Stanford Chronic Disease Self-Management Program) is a series of 6 classes, 2 and ½ hours a week, that helps people with chronic conditions acquire skills that will lead to an increased quality of life. This evidence-based program has been proven to be helpful in reducing the negative effects of chronic conditions. Coos County Public Health continued to coordinate the *Living Well* classes in Coos and Curry Counties (with support from the federal stimulus grant administered through the Rogue Valley Council of Governments - Senior & Disability Services) until the grant ended in March 2012. (Note: The *Living Well* classes were restarted in 2013 with funds from Western Oregon Advanced Health CCO.)

An automatic referral process was introduced to the Waterfall Community Health Center, and to the Bay Area Hospital and North Bend Medical Clinic discharge planners / case managers. Health professionals could encourage their clients to take control of their disease, and recommend a resource to help support that process. Outreach was also conducted through information booths at 3 community wellness fairs (The Elder Resource Fair, The Coquille Valley Hospital Wellness Fair, and the Coquille Tribal Wellness Fair) and through the media, including a TV commercial.

During the 2 years the *Living Well* workshops were managed by Coos County,

- 13 classes were held (2 of those in Curry County)
- 73 persons attended, with 48 completing the 6 week sessions
- 11 class leaders volunteered their services

## Promoting Healthy Families



Healthy families are a foundation for a healthy community. Society also benefits when children are wanted and cared for, and ready to learn when they start school.

Public health services, including Family Planning clinical services, Family Health Home Visiting Programs, and the WIC Nutrition Program help individuals and families realize their goals in having planned pregnancies, good birth outcomes for both the mother and child, and well nourished children who have the best possible start in life.

Public health prevention programs save tax payers money, such as the cost of remedial education for pregnant teens, and the necessary remedial services for child abuse and neglect. In addition to the clinical services discussed earlier in this report, we also help families get access to medical services. Oregon MothersCare program assists pregnant women with the application process for the Oregon Health Plan, and we contract with Waterfall Clinic to provide the school based health center at Marshfield High School.

## Nutrition Education & Supplemental Foods Women, Infants and Children (WIC) Program

Nutrition is especially important during pregnancy to protect the health of the mother, when she needs extra iron, calcium, protein, and calories from food. The nutrition received by the growing baby during pregnancy and after birth in the early childhood years can affect a baby's health for the rest of his life—e.g., in brain development and intelligence.

WIC is a federal public health nutrition program that provides proper nutrition, education, and referral to needed services, which helps to prevent more serious and costly health problems. Eligible participants are women who are pregnant, postpartum, and/or breastfeeding; and infants and children from birth to age 5. Participants must also meet an income requirement and have a documented nutritional risk.

WIC participants are provided with vouchers for specially chosen foods to meet their health needs at this critical time of their lives. The WIC food vouchers provide food valued about \$53 a month for each woman and child, and the formula allotment for infants is worth about \$126 per month. New mothers are encouraged to breastfeed and are provided with additional food vouchers if they do.

In 2011, Coos County WIC Program:

- 1,252** families were served.
- 3,058** individuals were served:
  - 913** pregnant, breastfeeding, and postpartum women, and
  - 2,145** infants and children under 5 years old.
- \$1.11 M** in food vouchers were issued locally (Statewide: \$67.6 million).
- \$6,652** in Farmer's Market coupons were spent locally (Statewide: \$424,316).
- 60%** of all pregnant women in Coos County were served (State Average: 46%).
- 64.3%** of WIC clients had income at or below 100% of the federal poverty level (\$1,591 per month for a family of 3).
- 59%** of WIC households had at least one working family member.
- 82%** of WIC participants are enrolled in the Oregon Health Plan.

## Advancing WIC with Technology

**Using technology to improve operations:** Oregon WIC has taken the first steps to replace our paper voucher system with a new Electronic Benefits Transfer (EBT) system that will simplify the shopping experience for WIC participants and streamline the checkout process for stores. WIC also began using e-learning technology to deliver training online to local agencies across the state, enabling staff to be trained more efficiently and saving time and travel costs.

## Breastfeeding Peer Counseling

Breastfeeding Peer Counseling (BFPC) was offered by the CCPH WIC program and is designed to help WIC mothers breastfeed exclusively and for longer duration. This essential support is identified in the recently released Surgeon General's Call to Action. BFPC offered assistance from board certified lactation consultants and mother-to-mother support for new moms.

## Breastfeeding

Oregon is #1 in the nation for breastfeeding; 91% of Oregon WIC moms breastfeed their newborns. This is a rate that exceeds the Healthy People 2020 objective of 81.9% and is much higher than the national average of 76.9%.

Here in Coos County in FY 2011/12:

- **89.5%** of Coos County WIC clients started out breastfeeding (exceeding the national Healthy People objective).
- Four WIC staff members were Certified Lactation Educators.
- WIC participated with the local medical centers, Bay Area Hospital, La Leche League, and the MOMS program in the BREAST Coalition activities.
- WIC loaned hospital grade breast pumps, with an inventory of **20**.
- WIC gave away approximately **100** personal-use breast pumps to mothers returning to work or school.

**Healthy People 2010 Objective:** 75% of mothers will breastfeed their babies in the early postpartum period; 50% will breastfeed at 6 months.

## Maternal / Child Health Home Visiting Services: Babies First! Cacoon & Healthy Start ~ Healthy Families



Research tells us that the first three years (including the prenatal period) are critical to the way a child's brain gets "wired." These years represent a crucial period when massive neurodevelopment is occurring, and both good and bad experiences during these first years of life wire a child's brain to adapt and survive in that environment. Early childhood can be considered the period of greatest vulnerability to maladaptive experiences. Early childhood, however, can also be considered the period of greatest opportunity for positive change in brain function and subsequent development that will directly affect a child's ability to be successful in school, to form and maintain healthy relationships, to be a valued employee, and to be a responsive and loving parent.

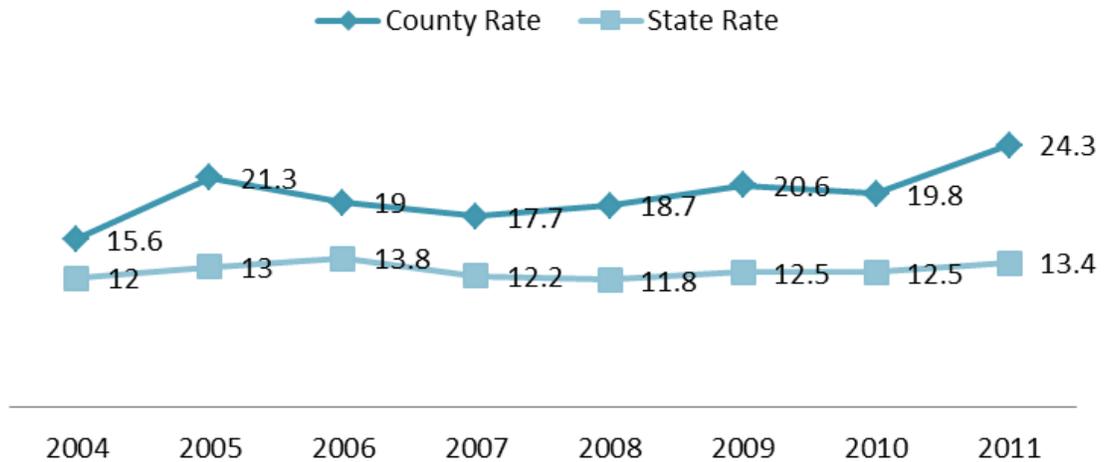
Parents are their children's first and best teachers. Parents who are attentive and attuned caregivers provide a wealth of experiences that help a child's brain develop well. Whereas parents who are preoccupied with surviving (finding safe housing, money to pay for gas, adequate food, coping with depression, experiencing postpartum depression, etc.) have little time or energy to provide the stimulating experiences that foster optimal brain development in their children.

The importance of intervening early with families of disadvantaged children cannot be overemphasized. The Adverse Childhood Experiences study (ACEs) gives weight to the importance of tending to the needs of our most vulnerable citizens, our infants and children. Adverse childhood experiences create toxic environments where a child's developing brain is bathed in stress-related chemicals which literally change the structure and function of the young child's brain. Depending on the child's stage of neurodevelopment, these negative experiences can lead to a wide range of health and social consequences in later life. The presence of ACEs increases the risk of early death, cardiovascular diseases, lung disease, liver disease, autoimmune disease, suicide, injuries, HIV, and sexually transmitted infections. ACEs have also been demonstrated to have a strong influence on adolescent and reproductive health, smoking status, alcohol and illicit drug use, other mental health disorders, relationship stability, school success and work performance.

The cost to repair and remediate these children is a far greater cost than the cost to prevent these problems from occurring in the first place. The increasing demands on our social service providers, schools, health care providers, mental health providers, and correctional system is overwhelming our capacity to provide services.

Coos County's rate for victims of child abuse and neglect remains high, and was ranked 5th highest in the State of Oregon in 2011, with a rate of 24.3 per 1000 (state rate of 13.4 per 1,000). *Threat of harm* and *neglect* were the most common forms of abuse.

## Child Abuse and Neglect Victim Rate per 1000



Our County's families continue to live with major family stressors, which research shows contribute to increased incidents of child abuse and neglect. Twenty-four percent (24%) of children who were referred into our home visiting services had suspected child abuse as a risk factor prior to enrollment.

**Parents** of the **264 children** receiving home visiting services from Coos County Public Health in FY 2011/12 disclosed the following stressors:

- 98%** were low income.
- 45%** were living in unstable housing conditions or frequently moved.
- 37%** were single-parent households.
- 35%** of children had on-going health problems serious enough to limit life activities.
- 31%** had less than a high school education.
- 25%** of caregivers had a current or past history of mental health issues.
- 24%** of children experienced child abuse.
- 23%** experienced some form of domestic violence.
- 22%** admitted to having a chemical dependency.
- 8%** were teens.
- 3%** spoke something other than English as their primary language.

Parenting practices tend to be transmitted from one generation to the next unless there is intentional intervention. Evidenced-based home visiting programs such as *Parents as Teachers* and *Healthy Start ~ Healthy Families* help break these cycles as well as prevent these problems from occurring in the first place.

**Staffing:** Public health home visitors consisted of three registered nurses and three highly trained professionals under the supervision of a Nurse Manager. All home visitors were certified *Parents As Teachers* educators, and used this and other evidence-based, best practice curriculums when working with families.

Home visiting staff: 1) helped parents learn about their child’s unique developmental needs, 2) helped parents understand how their actions affect the development of their child, 3) supported these parents in their efforts to provide a safe, stable, and nurturing environment during these critical periods of child development, and 4) monitored each child’s growth and development. Public Health home visitors worked to break dysfunctional cycles of parenting behaviors.

The stories which follow are the best description of how families’ needs were addressed, and how Public Health home visitors worked with other agencies in delivery and coordination of services.

## The CaCoon Program

**Funding:** CaCoon was funded by a small grant through Oregon Health Sciences University (OHSU) federal Title V MCH Block Grant, and Medicaid *Targeted Case Management (TCM)* payments.

**Purpose:** To help families become as independent as possible in caring for their child and access appropriate resources and services.

**Eligibility:** special needs children, up to age 21 years

- **82** children and their families were served
- **533** home visits

### **CaCoon Program Success Story:**

A youth called “DJ” was enrolled in the CaCoon program from age 13 until recently “aging out” at 21 years of age. Fortunately, CaCoon helped align multiple supportive services that DJ needed for a smooth transition into adulthood.

Going into adulthood, a number of benefits and services depend on having a qualifying diagnosis. Obtaining an accurate diagnosis had been a long frustrating process for DJ's adoptive family. DJ's mom always said DJ was "brain damaged" from an early childhood accident, but there was never an official diagnosis of "traumatic brain injury" (TBI) until CaCoon collaborated with DJ's doctor for a second CDRC (Child Development and Rehabilitation Center) evaluation when DJ was turning 20.

The CaCoon nurse facilitated an initial CDRC evaluation at age 15 which showed some behaviors on the autism spectrum and some OCD-type behaviors, but no definitive diagnosis. DJ combined home-schooling with "Life Skills" class in school. CaCoon attended school IEP (Individualized Education Plan) meetings to advocate for DJ and "interpret" jargon for mom, and to collaborate with the school, the school nurse, the school psychologist, and other partners in DJ's care.

CaCoon helped DJ establish with counseling and with a Coos County Mental Health case manager. DJ attempted sheltered work with CCMH's "Working Wonders" program but DJ's very poor memory and high anxiety with being around people made this impossible. DJ was unable to tell time and could not remember if a meal had been eaten. CaCoon assisted DJ in applying for a Zetosch Grant which provided an iPod with memory applications for telling time, keeping appointments, and keeping a schedule for medications, meals, etc.

The CaCoon nurse assisted DJ in applying for developmentally disabled services by Community Living Case Management (CLCM), and for Supplemental Security Income (SSI) as DJ turned 18. CaCoon assisted through denials and reapplications until the TBI diagnosis from CDRC led to acceptance by SSI and CLCM. DJ was then accepted by "SORB" (Southern Oregon Regional Brokerage) for assisting adults with developmental disabilities, and DJ's mom became the paid caregiver.

DJ's story shows how CaCoon can help disabled youth every step of the way, to obtain essential life-changing services for the transition into adulthood. It is known that needs increase as children with special health conditions grow up. So, the importance of CaCoon serving youth up to age 21 cannot be overstated.

## Healthy Start ~ Healthy Families

**Funding:** Healthy Start ~ Healthy Families was funded by the Coos County Commission on Children & Families through state general funds, with additional support from Coos County, and a small grant from Bay Area Hospital Community Foundation.

**Purpose:**

- 1) Enhance family functioning
- 2) Promote positive parent-child relationships
- 3) Promote healthy childhood growth and development

**Eligibility:** First time parents with children up to the age of 3 years old.

**45** children and their families received intensive home visiting services.

**745** intensive home visits were provided.

**265** families were offered screening and/or served with “Welcome Baby” bags.

**Nearly 100%** of Coos County’s first birth families were contacted with an offer of services, information, and/or referrals.

**Healthy Start ~ Healthy Families Program Success Story:**

The “Green” family, Mike, Kelly and Susie enrolled into Healthy Start ~ Healthy Families when Susie was three months old. This family came with many challenges. They had a history of drug and alcohol use, domestic violence and were both unemployed. This family needed intensive services which included weekly visits until Susie was two years old, then bi-monthly and monthly until Susie graduated at three years old. Through the process of establishing a trusting relationship, I, as the Healthy Start home visitor, was able to help these parents recognize how their unstable and tumultuous relationship was affecting their daughter. Despite my efforts to link them to marital counseling, their relationship ended. Kelly wanted to continue with our Healthy Start visits, and we focused our attention on identifying barriers that were keeping Kelly from moving forward: very low self-esteem due to the constant “put-downs,” need to get a job, need to pay off her fines so she could get her driver’s license reinstated, filing for custody of her daughter, and locating affordable housing. After the three years we were together, and Susie graduated from Healthy Start, we reflected on the barriers she had surmounted. Kelly had a full time job. Her fines were paid off. She got her driver’s license reinstated. She located safe and affordable housing. She stated she rarely feels like she is a failure in life and recognized her ability to be a nurturing mother. While Mike would like to get back with Kelly, Kelly has matured significantly and has been able to set boundaries on their relationship and has told him, that, due to their history, they would need to seek counseling and do a lot of work before considering renewing an intimate relationship.

**Babies First!/Parents As Teachers**

**Funding:** Babies First!/Parents As Teachers is funded through federal and state Title V MCH grants, but mostly through Medicaid payments for targeted case management fee for service (billable visits) for children enrolled in the Oregon Health Plan.

**Purpose:**

1. To improve the physical, developmental, and emotional health of high risk infants by early identification of the young children at risk for medical, developmental, or emotional problems
2. To assist families to find and access community resources to meet their child's needs
3. To perform standardized growth and developmental screens, with follow-up referrals to appropriate community partners

**Eligibility:** Families with children up to age 5 years. Child must have a current OHP card to be TCM billable, our primary funding source for the program.

**139** children and their parents were served.

**1,357** home visits provided.

**The limitation of funding** restricts the number of families who can be served with home visits. Our Healthy Start/Healthy Families funding limitations from the state general fund require that families who are screened for higher risks are placed ahead of other eligible families for services. Also, our Babies First! and CaCoon home visits are possible primarily because of the Medicaid (TCM) funding we get through Oregon Health Plan (OHP). Lack of funding is a barrier to serving those who are not enrolled in OHP. No other insurance covers Public Health home visits. Until the gap in funding is closed, there will be children at risk without preventive services available.

In the face of funding shortages, high risk populations, and staff reductions, CCPH home visiting programs have continued to fill a Public Health niche that makes incredibly positive differences in peoples' lives and benefit our society. If we are continuing to use the slogan, "It takes a village to raise a child," then the funding has to follow for services to all socio-economic levels. ACEs are universal, not just a problem that poor people experience. Poverty does place a child and family at risk for negative consequences, but the presence or absence of ACEs is more influential in predicting a child's future functioning than the absence of adequate financial resources.

**Other Program Highlights**

- A **supplemental grant** was submitted to the Coos County Commission on Children and Families, and our Healthy Start / Healthy Families program received \$10,000 to address unmet program and client needs. Family feedback indicated a high number of families experiencing social isolation and parental stress. This grant provided funds to enable families to meet on a monthly basis and provide peer support to one another in a child-friendly environment at the Outdoor-In facility. Lunch and transportation vouchers were

provided. Additional funding was used to augment and update the parenting resource bags which are given to every first-time parent in Coos County.

- Coos County Healthy Start/Healthy Families and Public Health home visiting staff have continued to participate in the **“Babies Can’t Wait,”** Coos County’s **Zero to Three Court Program, serving up to 5 families** at a time with intensive case management and interventions. The primary goal is to obtain permanency sooner for infants and toddlers who are in the foster care system and prevent recidivism.
- Coos County Public Health was also provided with an opportunity to participate in the **Airport Height’s Successful Children Program**. This pilot program is a community-wide collaboration to provide parents with additional parenting skills and resources utilizing a *Nurturing Parenting* curriculum.

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

**100%** of families’ needs were identified.

**95%** of enrolled two year olds were up to date on their immunizations.

**94%** of children had health care providers.

All children receive some screening, based on age-appropriate protocols. Of the 179 children who were enrolled for > 4 months, **111** were fully screened (vision, dental, developmental, health, hearing, and social-emotional wellbeing).

Of the 111 children who were fully screened, **81** were referred for further assessment (73%)

Of the 81 children referred for further assessment, **67** received follow-up services (83%)

Our home visiting programs contribute to the achievement of the following **Oregon Benchmarks:**

- Ready to learn (includes measures of developmental dimensions, such as social and personal development; physical health, well-being and motor development.)
- Prevention of child abuse & neglect
- Increasing immunization rates

**Oregon Benchmark, Ready to Learn:** The percent of children entering school who are ready to learn; 46% in 2008.

# Community Involvement

Coos County Public Health staff participated in many local and state organizations, coalitions, and task forces this past fiscal year. Our staff represented the public health perspective, lent their expertise, and joined with others in our communities to work on significant issues that help to make our community a better place to live.

## Regional or Statewide

- ARES/RACES Amateur Radio Emergency Services
- Assoc. of OR PH Nursing Supervisors
- Coos-Curry Early Childhood Transition Planning Team
- Coos-Curry Early Learning
- Conference of Local Health Officials & Joint Leadership Team
- Conf. of Local EH Supervisors
- National WIC Association
- Neurosequential Model of Therapeutics – Coos County Team
- Oregon Community Foundation Ready to Smile Steering Committee
- Oregon Environmental Health Association
- Oregon Healthy Start
- Public Health Administrators of Oregon
- Public Health Emergency Preparedness Leadership Team
- Public Information Officers – So. Coast Region
- South Coast Head Start – Training Coordination
- SOCC Nursing Advisory Committee

### **Nursing & Public Health Interns**

Coos County Public Health was a preceptor site for nursing students and public health interns from the following colleges and universities:

- Oregon Health Sciences University
- Portland State University
- Southwestern Oregon Community College

## Local

- Ambulance Service Area Advisory Board
- CERT (Community Emergency Response Team)
- Child Fatality Review
- Citizen Corps
- Community Connections
- Coos County Breastfeeding Coalition
- Coos County Casey Foster Care Project
- Coos County Emergency Management Advisory Committee (CEMAC)
- Coos County Commission on Children & Families
- Coos County Children’s Mental Health Council
- Coos County Chronic Disease Coalition
- Coos County Early Childhood Committee
- Coos County Friends of Public Health
- Coos County Perinatal Task Force
- Family Violence Council
- Good Earth Community Garden
- Health Emergency Response Team
- Health Care Preparedness Program
- Local Alcohol & Drug Planning Committee
- Local Emergency Planning Committee
- Local Public Safety Coordinating Council
- Medical Reserve Corps
- Multi-Disciplinary Team
- SW Oregon Public Safety Association
- System of Care
- Women’s Health Coalition
- Women’s Safety & Resource Center
- Zero to Three Court Team

# Vital Statistics & Public Health Indicators

## Vital Records

One of the 10 essential functions of public health is to collect and analyze health data. Vital records of birth and death information are a source of health information. Many details related to health are noted at the time of birth and death by the attending medical providers. Examples on a death certificate are *the immediate cause of death* and *other significant conditions contributing to death*. Data from the birth certificate includes information such as *when prenatal care began, medical risk factors for the mother, and weight gain during her pregnancy*. These confidential health facts or data are collected on-line through a secure web-based system and compiled by the State to give us a picture of the health of our county and the state as a whole.

Birth and death certificates of people who were born or passed away in Coos County are available for purchase from our county for a period of six months after the event. Information for ordering certificates is available from the Coos County website: [www.co.coos.or.us/ph](http://www.co.coos.or.us/ph). The fees charged for certificates support the local registration processes.

Statistics from **FY 2011/12:**

- 835** Deaths
- 3,453** Death Certificates Issued
- 653** Births
- 462** Birth Certificates Issued



## Key Indicators of Health

The data selected for inclusion in this section help to guide us in the work that we do. (Note: Arrows show trend for Coos County compared to previous data.)

### Mortality: Causes of Death

In 2010, the primary cause of **early death**, and the resulting potential years of life lost before age 75 was due to **cancer**. Causes of **years of potential life lost** (before age 75) include:

#### Coos County

1. Cancer
2. Unintended Injury
3. Suicide
4. Heart Disease
5. Alcohol Induced

#### Statewide

1. Cancer
2. Unintended Injury
3. Heart Disease
4. Suicide
5. Alcohol Induced

In 2010, Coos County ranked **2nd highest** for potential years of life lost (PYLL) in Oregon.  
*Note:* In 2009, PYLL was based on death before age 65.

**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 2010, in rank order were:

# of Deaths	Coos Trend	Causes of Death
221	↓	Diseases of the Circulatory System <i>(includes heart disease and stroke)</i>
196	↓	Malignant Neoplasms
56	↑	Chronic Lower Respiratory Diseases
47	↑	Alzheimer's
45	↑	Disease of the Digestive System
45	↑	Unintentional Injuries
32	↑	Organic Dementia
29	↑	Diabetes
24	↑	Suicide
21	↓	Alcohol-Induced
18	↓	Disease of the Genitourinary System <i>(includes kidney disease)</i>
17	↓	Drug-Induced
15	↓	Infections and Parasitic Disease
12	↓	Influenza & Pneumonia

Cancer: Death Rate (per 100,000)	Rank in OR	Coos Trend	Coos County	Statewide
All Cancer	3 <sup>rd</sup>	↓	210.5	185.8
Breast Cancer	20 <sup>th</sup>	↓	19.4	21.5
Colon & Rectum Cancer	9 <sup>th</sup>	↓	18.5	16.0
Esophagus Cancer	3 <sup>rd</sup>	↑	7.7	4.8
Kidney & Renal Cancer	1 <sup>st</sup>	↑	7.1	3.8
Lung & Bronchus Cancer	2 <sup>nd</sup>	↓	67.2	51.1
Malignant Melanoma	2 <sup>nd</sup>	↑	4.1	3.1
Oral & Pharyngeal Cancer	1 <sup>st</sup>	↑	4.7	2.4
Prostate Cancer	23 <sup>rd</sup>	↑	19.8	25.7

## 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 **3rd 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: Incidence Rate (per 100,000)	Rank in OR	Coos Trend	Coos County	Statewide
All Cancer	19 <sup>th</sup>	↓	470.9	464.6
Breast Cancer	25 <sup>th</sup>	↓	116.5	130.7
Colon & Rectum Cancer	21 <sup>st</sup>	↑	41.0	42.7
Esophagus Cancer	2 <sup>nd</sup>	same	9.6	5.7
Kidney & Renal Cancer	6 <sup>th</sup>	↓	18.1	14.6
Lung & Bronchus Cancer	3 <sup>rd</sup>	↓	79.6	65.6
Malignant Melanoma	24 <sup>th</sup>	↓	17.5	26.0
Oral & Pharyngeal Cancer	3 <sup>rd</sup>	↑	15.1	10.5
Prostate Cancer	9 <sup>th</sup>	↓	163.9	145.1

Other Chronic Conditions	Coos Trend	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 Trend		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%	-	-

Depression & Wellbeing	Coos County	Statewide
New mothers reporting depression during or after pregnancy (2004-2008)	17.8%	24%
Adults (≥ 18 years of age) self-reporting poor or fair health (age-adjusted).	15.1%	13.1%
8 <sup>th</sup> Graders self-reporting seriously considering attempting suicide in the past 12 months (2007-2008)	15.7%	15.6%
11 <sup>th</sup> Graders self-reporting seriously considering attempting suicide in the past 12 months (2007-2008)	15.8%	12.9%

## Maternal Health

**Infant Mortality:** In 2011, there were 3 infant deaths. **Rate:** 5.2 per 1000 live births (state 4.7)

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	Number	Coos Trend	Coos County	Statewide
Total Births 2011	577	↓	577	45,136
Births to women >20 year old or older	522	↑	90.5%	91.3%
Births to women 18 to 19 years old	39	↓	7.7%	6.2%
Births to girls 10 to 17 years old	16	↑	3.1%	2.6%
Low Birth-weight Infants	39	-	6.8%	6.1%
Births to Unmarried Mothers	263	↑	45.6%	35.5%
Inadequate Prenatal Care	44	↑	7.7%	5.4%
First Trimester Care	419	↑	72.9	75.1

## Socio-Economic Factors Contributing to Health Outcomes

The Coos County population has decreased slightly, according to the *Census: American Community Survey, 2009-2011* estimate, 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 for those without health insurance.

Demographics / Race / Ethnicity	Coos Trend	Coos County	Statewide
Total Population	↓	62,791	3,871,859
Population < 18 years of age	-	18.8%	22.3%
Population ≥ 65 years of age	-	21.8%	14.3%
Median Age	↑	47.4 years	38.5 years
White	↑	91.4%	88.6%
Hispanic or Latino	↑	5.6%	12.0%
Persons Reporting two or more races	↓	4.1%	3.4%
Native American	↑	2.7%	1.8%
Asian	↑	1.1%	3.9%
Black or African American	↑	0.5%	2.0%
Hawaiian or Pacific Islander	same	0.2%	0.4%

Education	Coos Trend	Coos County	Statewide
High School Graduate or Higher	↑	87.1%	87.9%
Some College, no degree	↑	31.0%	27.2%
Associate's Degree	↑	8.6%	8.1%
Bachelor's Degree or Higher	↓	17.2%	29.1%

Income	Coos Trend	Coos County	Statewide
Median Household Income	↑	\$37,258	\$48,377
All People Below Poverty Level	↓	17.6%	15.8%
Below Poverty Level < 18 years of age	-	22.9%	21.3%
Below Poverty Level ≥ 65 years of age	-	7.9%	7.9%
Unemployed (3 year estimate)	↑	13.5%	12.2%

Medical Care	Coos Trend	Coos County	Statewide
OHP (Medicaid) Eligible	↑	20.4%	16.0%
OHP (Medicaid) Eligible & Enrolled	↑	92.8%	92.3%
Adults without Health Insurance 18-64 yo	↑	23.9%	22.8%
Children without Health Insurance < 18 yo	↓	11.1%	9.0%
Seniors without Health Insurance ≥ 65 yo	-	0.5%	0.7%

Food Insecurity/Hunger	Coos Trend	Coos County	Statewide
Food Boxes Distributed	↑	21,311	1,024,000
Food Stamps/SNAP Benefit in past 12 months	↑	20.3%	17.1%
Eligible for Free or Reduced School Meals	↑	54.5%	50.6%
Summer Food Program Eligible & Participate, 2011	↓	28%	22%

## 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.

Alcohol & Drug Use - Adults	Coos County	Statewide
Adult <b>Males</b> who have had 5 or more drinks of alcohol on one occasion	31.7%	18.7%
Adult <b>Females</b> who have had 4 or more drinks of alcohol on one occasion	7.4%	10.8%

Alcohol & Drug Use – 8 <sup>th</sup> & 11 <sup>th</sup> Graders	Coos Trend		8 <sup>th</sup> grade	11 <sup>th</sup> grade	8 <sup>th</sup> grade	11 <sup>th</sup> grade
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 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 Trend</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 - 8th &amp; 11th Graders</b>	<b>Coos Trend</b>		<b>8th grade</b>	<b>11th grade</b>	<b>8th grade</b>	<b>11th 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 Trend</b>	<b>Coos County</b>	<b>Statewide</b>
Teen Pregnancy Rate, 2011, ages 15-17 yo (N=23)	↑	20.4 / 1,000	17.1 / 1,000
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 (Rate of cases per 100,000)	↓	284.4	356.1

<b>Child Abuse</b>	<b>Coos Trend</b>	<b>Coos County</b>	<b>Statewide</b>
Victim Count	↑	292	11,599
Victim Rate per 1,000 (5th highest in the State, 2011)	↑	24.3	13.4
Incidents of Abuse / Neglect	↑	376	14,284
# of Incidents of Mental Injury	↓	0	184
# of Incidents of Neglect	↑	154	4,929
# of Incidents of Physical Abuse	↓	18	977
# of Incidents of Sexual Abuse	↓	14	906
# of Incidents of Threat of Harm	↑	190	7,288
Number in Foster Care	↑	255	8,882
Foster Care Rate per 1,000	↑	21.2	10.3

## References

- 2010 Addressing Hunger – Federal Nutrition Programs, Coos County Oregon
- 2010 Student Wellness Survey Reports by County – Coos
- National Cancer Institute 2005-2009 Death Rates
- National Cancer Institute 2005-2009 Incidence Rates
- National Center for Education Statistics 2010-2011 Free & Reduced Lunches
- OHA Public Health Division TPEP, Adult male use of smokeless tobacco by county, 2006-2009
- OHA Public Health Division TPEP, Adult smoking by county, 2006-2009
- OHA Public Health Division TPEP, Coos County Tobacco Fact Sheet 2011
- OHA Public Health Division TPEP, Male youth smokeless tobacco use by grade and county, 2007-2008
- OHA Public Health Division TPEP, Prenatal tobacco use by county, 2003-2007
- OHA Public Health Division TPEP, Tobacco-linked cancer incidence by county, 1999-2001 and 2002-2007
- OHA Public Health Division TPEP, Tobacco-linked death rates for Oregon residents, 2004-2007
- OHA Public Health Division TPEP, Tobacco-linked mortality by county, 1999-2001 and 2002-2007
- OHA Public Health Division TPEP, Youth cigarette smoking by county and grade, 2007-2009
- OHA Public Health Division STD Prevention, 2011 Oregon Cases & Incidence of Early Syphilis, Gonorrhea and Chlamydia by County
- Oregon Behavioral Risk Factor Surveillance System (BRFSS), Age-Adjusted and Unadjusted Prevalence of Selected Chronic Conditions among Adults, by County, Oregon 2006-2009
- Oregon Behavioral Risk Factor Surveillance System (BRFSS), 2006-2009 Alcohol Consumption – Females
- Oregon Behavioral Risk Factor Surveillance System (BRFSS), 2006-2009 Alcohol Consumption – Males
- Oregon Behavioral Risk Factor Surveillance System (BRFSS) - Oregon Adults in Good General Health, Oregon, 2006-2009 (Age-adjusted)
- Oregon DHS: Children, Adults, and Families Division, 2011 Child Welfare Data Book
- Oregon DHS: Teen Pregnancy Rate for Teens 15-17, by County of Residence, 2008-2011
- Oregon Department of Education: 2011 Oregon Summer Food Participation Report
- Oregon Healthy Teens (OHT) 2011 - 8<sup>th</sup> Grade Results
- Oregon Healthy Teens (OHT) 2011 - 11<sup>th</sup> Grade Results
- State of Oregon: Oregon Health Plan, Medicaid, and CHIP Population by County and Mental Health Organizations/Coordinated care Organizations: 15 November 2012
- The Oregon Food Bank and the Oregon Food Bank Network, 2010-2011 Annual Statistics
- U.S. Census Bureau, 2009-2011 American Community Survey, Age and Sex
- U.S. Census Bureau, 2009-2011 American Community Survey, Age by Disability Status by Health Insurance Coverage Status
- U.S. Census Bureau, 2009-2011 American Community Survey, Educational Attainment
- U.S. Census Bureau, 2009-2011 American Community Survey, Selected Economic Characteristics
- U.S. Census Bureau, 2009-2011 American Community Survey, Selected Social Characteristics in the United States
- U.S. Census Bureau, State & County QuickFacts

## Administrative Functions

The Board of Commissioners functioned as the County Board of Health, with one Commissioner functioning as the liaison to the Department. This past year was challenging with the deaths of two Commissioners within a short time period in 2011.

The three public health management staff (including the Administrator, the Administrative Aide, and the Business Manager) juggled a workload in 3 basic areas: assuring compliance to public health program standards, managing 36 employees and providing the support they need to do their jobs, and managing the finances of the Department. Significant time was spent in budget development and fiscal monitoring of revenues and expenses according to county and federal requirements. (More details regarding the budget follow in the fiscal report.)

The Health Officer, an essential position for public health practices, signed off on all policies and protocols which were implemented under his authority. He provided consultation to the nursing staff, to medical providers, and to other community partners on public health issues. He was regularly scheduled only 6 hours a month, but was available as needed for emergencies.

The administrative management duties included the following activities:

- Personnel management, including scheduling, record keeping for payroll, and adherence to union contracts and state labor laws;
- employee recruitment, hiring, training and performance evaluations;
- materials management, including tracking inventory and troubleshooting IT problems;
- assuring compliance to contractual requirements for over 20 public health programs, as well as adherence to local, state, and federal laws, and assuring that employees who are in regulatory functions are administering laws appropriately; and
- contract development and administration for individuals and agencies that assist in the implementation of public health programs.

Public health management also interacted with the community on many levels:

- developing informational and promotional materials, including web-based media;
- responding to requests for information from the public and the news media on public health topics and programs;
- advocating for action to improve the health of the community;

- serving on state committees which make decisions on the distribution of millions of federal dollars throughout the state;
- grant writing to bring in additional program dollars;
- collaborating with community partners on applications and implementation of grant funded projects;
- facilitating task forces and participating on local planning committees; and
- presentations and meetings with county officials, as required by the county government system.

In addition to the direct supervision of program staff, the administrative staff also performed many functions in specific programs which were non-administrative, as well as being cross-trained to perform work when employees were out due to illness, training, community response or vacancies in positions.

Administration Positions	No. of Regular Staff	FTE of Regular Staff	No. of Extra Help* Staff	FTE of Extra Help*	Total No. Staff	Total FTE
Administrator	1	1.00			1	1.00
Health Officer			1	0.04	1	0.04
Business Operations Manager	1	1.00			1	1.00
Administrative Aide	1	1.00			1	1.00
<b>Total Administration Staff:</b>					<b>4</b>	
<b>Total Administration FTE:</b>						<b>3.04</b>

## Personnel By Program

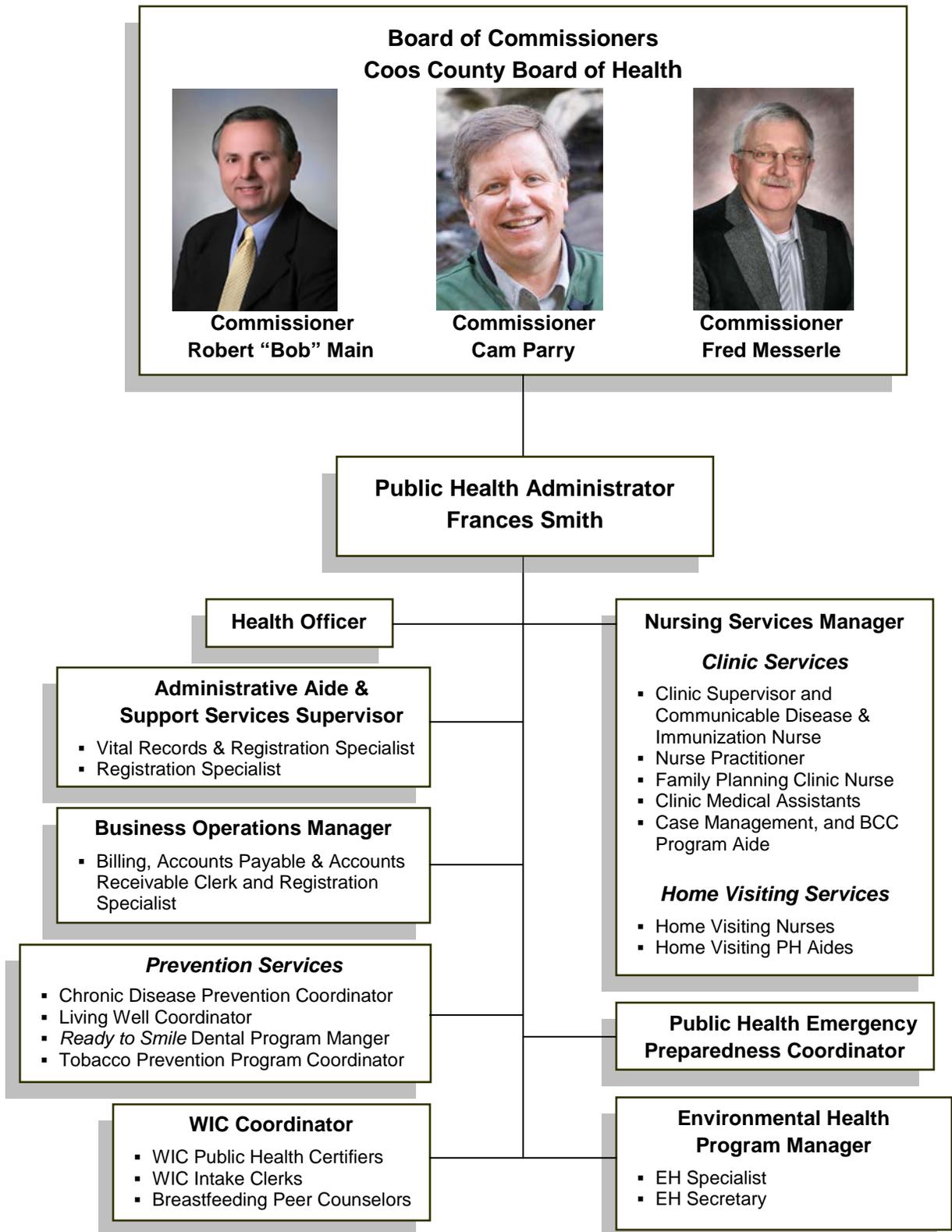
In 2011/12, Coos County Public Health staffing remained relatively stable. However, to address fiscal challenges in clinical services, the Department reassigned 0.40 FTE of limited public health nurse staff and 0.50 FTE of billing/support staff to the Coos County Mental Health Department. This helped offset some expenses, but placed a greater burden on the Department and staff in general. Direct supervision of programs was provided by program managers and coordinators. Breakout of job classification and full time equivalents (FTE) are listed below.

Program Positions	No. of Regular Staff	FTE of Regular Staff	No. of Extra Help* Staff	FTE of Extra Help*	Total No. Staff	Total FTE
<b><i>Nursing Services Manager</i></b> <i>(Nurse supervision of Clinic and Home Visiting)</i>	1	1.00			1	1.00

<b>Clinic Services</b>						
Nurse Practitioner	1	0.60			1	0.60
Registered Nurse	2	1.60			2	1.60
Public Health Aide <i>(Clinic Services, OHP Outreach, Case Management)</i>	2	2.00			2	2.0
<b>Home Visiting Services</b>						
Registered Nurse	3	3.00			3	3.00
Public Health Aide	3	3.00			3	3.00
<b>WIC Services</b>						
WIC Program Mgr / Nutritionist	1	1.00			1	1.00
WIC Certifier	3	2.40	1	0.20	4	2.60
WIC Support Services	1	1.00			1	1.00
<b>Environmental Health Services</b>						
EH Program Manager	1	1.00			1	1.00
EH Specialist	2	1.40			2	1.40
EH Support Services	1	1.00			1	1.00
<b>Prevention Services</b>						
Dental Services Program Mgr	1	1.00			1	1.00
Dental Services Assistant			1	0.40	1	0.40
PH Preparedness & Healthy Communities Coordinator	1	1.00			1	1.00
Health Educator <i>(Tobacco Prevention &amp; Education, Healthy Communities, Living Well)</i>	2	1.40	1	0.40	3	1.80
<b>Support Services</b> <i>(Billing, Switchboard, Clinic &amp; WIC Reception, Vital Records, Administrative Assistance)</i>						
	4	3.50			4	3.50
<b>Total Program Staff:</b>					<b>32</b>	
<b>Total Program FTE:</b>						<b>26.90</b>
<b>TOTAL PUBLIC HEALTH STAFF:</b>					<b>36</b>	<b>29.94</b>

\* Extra help positions are for a specific, short term project or work fewer than 10 hours per week. These positions do not receive benefits (insurance, vacation/sick leave, retirement).

## Organizational Chart – 2012



## Service Directory

### COOS COUNTY PUBLIC HEALTH

Phone: (541) 756-2020

Fax: (541)756-5466

#### ADMINISTRATION

Frances Smith, BS, *Administrator*

541-751-2425 [fsmith@co.coos.or.us](mailto:fsmith@co.coos.or.us)

Cynthia Edwards, BS, *Administrative Aide*

541-751-2420 [cedwards@co.coos.or.us](mailto:cedwards@co.coos.or.us)

Sherrill Lorenzo, BS, *Business Operations Manager*

541-751-2412 [slorenzo@co.coos.or.us](mailto:slorenzo@co.coos.or.us)

Hugh Tyson, MD, *Health Officer*

541-751-2437 [htyson@co.coos.or.us](mailto:htyson@co.coos.or.us)

#### CLINICAL SERVICES

Lena Hawtin, RN, *Clinic Supervisor*

541-751-2424 [lhawtin@co.coos.or.us](mailto:lhawtin@co.coos.or.us)

Kathy Cooley, RN, MPH, *Nursing Services Manager*

541-751-2439 [kcooley@co.coos.or.us](mailto:kcooley@co.coos.or.us)

#### ENVIRONMENTAL HEALTH

Rick Hallmark, EHS, MPA, *EH Program Manager*

541-751-2403 [rhallmark@co.coos.or.us](mailto:rhallmark@co.coos.or.us)

#### FAMILY HEALTH HOME VISITING SERVICES

Kathy Cooley, RN, MPH, *Nursing Services Manager*

541-751-2439 [kcooley@co.coos.or.us](mailto:kcooley@co.coos.or.us)

#### PREVENTION & EDUCATION SERVICES

Cecilee Shull, *Ready to Smile Dental Program Mgr.*

541-751-2426 [cshull@co.coos.or.us](mailto:cshull@co.coos.or.us)

Debbie Webb, *Living Well Coordinator*

541-751-2417 [dwebb@co.coos.or.us](mailto:dwebb@co.coos.or.us)

Michelle McClure, BS, *Chronic Disease Coordinator*

541-751-2404 [mwyatt@co.coos.or.us](mailto:mwyatt@co.coos.or.us)

Stephen Brown, ND, MPH,

541-751-2413 [sbrown@co.coos.or.us](mailto:sbrown@co.coos.or.us)

*Tobacco Prevention Coordinator*

#### PUBLIC HEALTH EMERGENCY PREPAREDNESS

Michelle Wyatt, BS, *Preparedness Coordinator*

541-751-2404 [mwyatt@co.coos.or.us](mailto:mwyatt@co.coos.or.us)

#### VITAL RECORDS

Gloria Marone, *Deputy Registrar*

541-751-2434 [gmarone@co.coos.or.us](mailto:gmarone@co.coos.or.us)

#### WIC

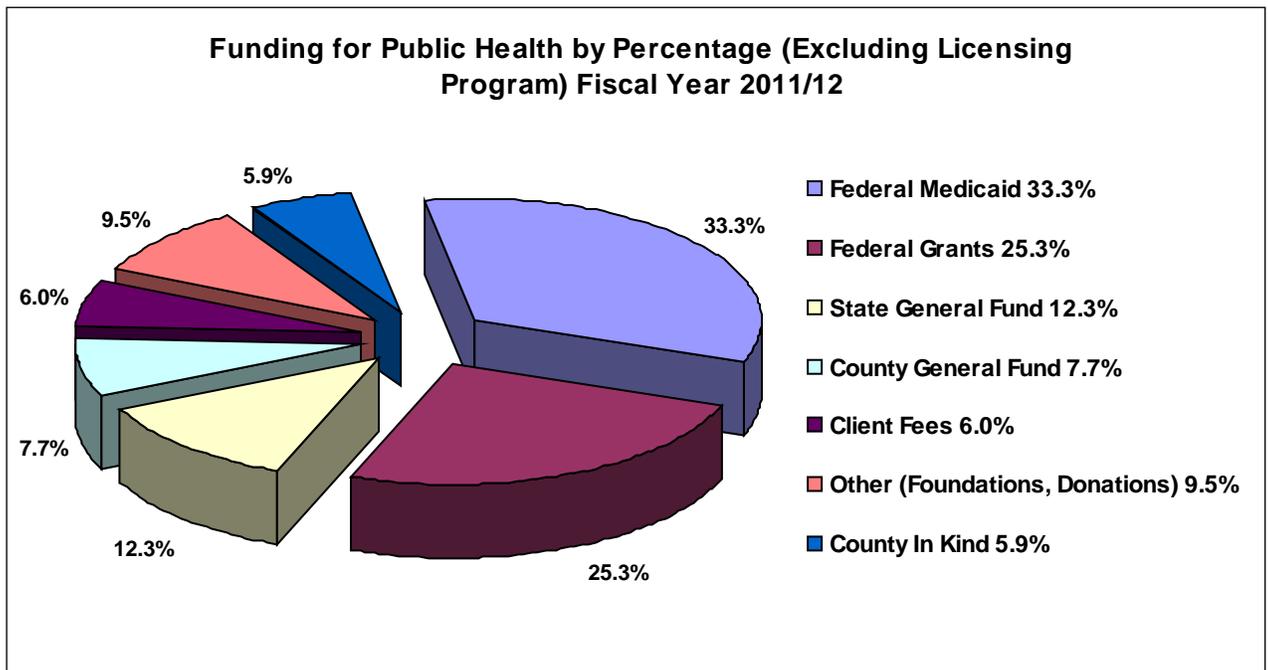
Phyllis Olson, BA,

541-751-2408 [polson@co.coos.or.us](mailto:polson@co.coos.or.us)

*WIC Program Manager, Nutritionist*

## Fiscal Report

Expenditures for Public Health totaled \$2,527,730, which was a 5.9% increase from the prior year. In addition, staff exempt from overtime exceeded full time hours working in their programs to meet all the demands of public health, resulting in a donated value of \$23,080. Expenditures for the Environmental Health Licensing Program totaled \$254,243, an increase of 23% over the prior year. This increase reflects the program being fully staffed for the first time in several years. Exempt staff in the licensing program donated time valued at \$6,339 to meet the demands of the program.



### Federal Medicaid

23.0%	Medicaid Targeted Case Management (TCM) Fees
6.5%	CCare (Family Planning) Medicaid Fees
1.7%	Medicaid Administrative Claiming (MAC)
2.1%	Oregon Health Plan (Medicaid) Fees

### Federal Grants

25.3%	Federal Grant Funds (e.g., WIC; Preparedness)
-------	--

### State General Fund

6.0%	State General Fund for Dedicated Programs
3.0%	State Support for Public Health (per capita)
3.3%	Tobacco "other" funds

### Client Fees

6.0%	Fees for Service (Client and Private Insurance)
------	--

### Other (Foundations, Donations)

0.6%	Management Donated Hours (i.e., worked > 1.0 FTE)
7.3%	Contracts
1.3%	Grants
0.3%	Mental Health

### County In-Kind

5.9%	County In-Kind
------	----------------

## Federal Funds

The federal government provided over one-half of the revenue used to provide public health services to the citizens of Coos County, accounting for a combined 58.6% of funding for the Department (a 5.5% decrease over the prior year). Of the federal funds, 43% was program-specific funding, 54% was from Medicaid fee-for-service, and 3% was from Medicaid Administrative Claiming (MAC).

These federal program-specific funds supported a variety of programs in Coos County, including: Healthy Communities, Public Health Preparedness and Disaster Planning, Safe Drinking Water programs, Women, Infants, and Children nutrition program (WIC), Maternal & Child Health programs, Immunizations, and Family Planning.

## State Funds

The State General Fund contribution for mandated public health programs provided 12.3% of the funding for Coos County Public Health. Only one quarter (1/4) of this was State Support for Public Health (SSPH) funds. SSPH funds were used to help support communicable disease investigation and response, tuberculosis (TB) case management, treatment of sexually transmitted infections, and immunization activities, but did not cover the salary and benefits of one full time public health nurse.

The program-specific State General Funds continued to support public health programs in Coos County, including the School Based Health Centers at Marshfield High School and Powers, Immunizations, and Maternal & Child Health programs. The tax on tobacco supported the Tobacco Prevention and Education Program.

## Fees

Medicaid fees for billable services continued to be the largest source of revenue in this category. Fees were also collected from clients and 3<sup>rd</sup> party insurance. However, many in the community are unaware that Coos County Public Health must provide most of the clinic services without the ability to collect payment. Federal and state regulations require the treatment of certain communicable diseases, immunizations for children and adolescents, and Title X family planning services. However, CCPH is restricted by federal and state regulations from charging or collecting fees from clients for these services, based upon their income and/or insurance status. Treatment must be provided for these mandated services regardless of ability to pay.

The Title X Family Planning program continued with a reduced level of funding, and the Nurse Practitioner was only available 3 days a week to see clients.

The Environmental Health Licensing program was funded by fees from facility owners.

## Coos County Government Support

In FY 2011/12, Public Health received County General Fund support which paid for the salary/benefits of the Administrator, some administrative expenses for the Department, and to support the funding gap for the Title X Family Planning clinic. Further, the County provided Public Health with in-kind contributions for rent, utilities, photocopying and fax. The value of this was reflected in the in-kind portion of funding sources. The County also provided – at no cost to Public Health grants -- building maintenance, legal counsel services, human resources services, accounting services, information technology services and other Board administrative services. The value of these services to the Department, although significant, has not been identified by cost center; therefore this was not reflected in the fiscal accounting for the Department.

## Contracts, Grants and Donated Funds

The largest contract was awarded by the Oregon Community Foundation for the *Ready to Smile* dental program. Funds for this project came from a variety of foundations, civic groups, and individual donors. In its second year, the program continued to serve students in both Coos and Curry County schools.

Public Health received financial support from private funds and community partners. Some private individuals made on-going donations to support Public Health programs. The Bay Area Rotary Club continued their financial support to provide immunizations to eligible children in the community, including volunteering in support of two special Saturday clinics. Clinic programs were supported by donations and fundraising through the Coos County Friends of Public Health, including grants awarded by the Coquille Tribal Community Fund and the Zonta Club of the Coos Bay Area. Education Northwest provided grant funds for staff training and educational materials for the home visiting programs. A list of grants received by Coos County Public Health is listed below.

Coos County Friends of Public Health (CCFoPH), which formed in January 2008, continued its work to promote health in Coos County. The *Coins for Coos Kids* provided funds for immunizations and the WIC program. In addition to the grants mentioned above, the Friends held the *Purses for Nurses* fundraiser to support women's health services at CCPH.

A big thank you is extended to these businesses, organizations, and foundations for their support of public health in Coos County.

## Supporters of Public Health

Generous supporters who granted awards from 7/1/11 thru 6/30/12:

<b>Bay Area Hospital Community Foundation – Women’s Health</b>	\$ 7,500
<b>Bay Area Rotary, for Shots for Tots</b>	\$ 4,192
<b>Coos County Friends of Public Health*</b> <i>*(Includes funds from individual donations, Lee Enterprises Wine Walk, Zonta of Coos Bay \$2,500; Coquille Tribal Community Fund \$5,000 (paid quarterly), and Purses for Nurses fundraiser \$8,148)</i>	\$ 15,648
<b>National Association of City County Health Officials (NACCHO)</b>	\$ 5,000
<b>Oregon Community Foundation (Ready to Smile)</b> See <a href="http://www.oregoncf.org/resources/regional-map/south-coast-rai-donors">http://www.oregoncf.org/resources/regional-map/south-coast-rai-donors</a> for the current donor list for <i>Ready to Smile</i> .	\$115,000

## How You Can Help

- Volunteer,
- Make a tax deductible donation to a public health program, or
- Be a “Friend”, and join the Coos County Friends of Public Health.



### Coos County Friends of Public Health (CCFoPH)

The *Coos County Friends of Public Health* is a private non-profit 501c3 tax exempt organization. Members of the Friends can help with community education, advocating for public health issues, fund-raising, and volunteering for public health programs.

### Mission Statement:

“To promote health in Coos County through enhancement of local public health programs.”

For more information about membership in the Friends, write to [ccfoph@gmail.com](mailto:ccfoph@gmail.com) or PO Box 203, Coos Bay, OR 97420. You may also visit us at <http://www.ccfoph.org>.



## **Report Information**

For questions or information regarding this report, please contact the Public Health Administrator at: (541) 751-2425. Design and layout, Cynthia Edwards.

## **Non-Discrimination Policy:**

Coos County Public Health does not discriminate against any person on the basis of **race, color, national origin, age, gender, religion, marital status, sexual orientation** or **disability** in the admission to or participation in its programs, services or activities, or in employment. For further information regarding this non-discrimination policy, contact Michael Lehman, Coos County Human Resources, at: (541) 396-7582; TTY Relay (800) 735-2900.