Coos County Public Health
Annual Report 2008-2009

Public Health in Our Community
Prevent. Promote. Protect.

Frances Hall Smith
Public Health Administrator

1975 MCPHERSON STREET, SUITE #1, NORTH BEND, OREGON  97459
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January 25, 2010

To the Residents of Coos County:

I am pleased to present this annual report for fiscal year 2008-2009, which describes how public health programs contributed towards good health in Coos County. One of the 10 essential functions of public health is to monitor our county’s health status and to identify public health issues. We compare our indicators to the statewide average, and also state and national benchmarks, and we find that we are continuing to make progress in some measures: a continuing decline in teen pregnancy, improvements in childhood immunization rates, high rates of breast-feeding, and a reduction in some communicable diseases, such as hepatitis A. On the down side, we continue to have some of the highest rates of smoking related cancers, and high rates of child abuse and hunger. The leading causes of preventable death in our county continue to be tobacco use, followed by diet, obesity and inactivity–individual behaviors that can be influenced by policy and system changes.

You can read in the fiscal section that funding for public health programs comes mostly from the federal government, and a large portion of that is Medicaid fees. Coos County is one of a minority of Oregon counties which does not spend local dollars for public health workers. There is no discretionary funding to address needs here in Coos County, and our budget gets tighter every year.

At times I am asked how I would prioritize which current public health services would be dropped if more budget cuts become necessary. Which is more important–immunizing a child, preventing teen pregnancy, or stopping the spread of tuberculosis? The choice of eliminating any of our current public health programs is not mine, because legislators in the past put into state law (ORS 431.416) the list of services that local public health departments must provide. What is missing in the statute is a mandated funding source, because the ability to provide mandated local public health services without an adequate funding base continues to be a challenge that has yet to be addressed by local, state, or federal governments.

As we consider if Coos County is a healthful place to live, work, and visit, we realize that many factors go into building the health of a community. As our country debates national health reform, we must be reminded that good health is dependent upon more than primary care services, and takes the efforts of individuals, and a wide variety of agencies and organizations, as well as government action. I want to thank those of you in the community, and our dedicated public health employees, who continue to contribute to making our community a healthier place to live. Public health truly touches everyone, even if it is not readily apparent.

Sincerely,

Frances Smith
Public Health Vision:

Healthy People in Healthy Communities

Public Health Mission Statement:
To prevent disease and injury, promote healthy behaviors and healthy families, and protect the health of our community.

Public Health Guiding Principles:

- Plan quality public health programs based on sound research, assessment of client and community needs, planning and evaluation.

- Provide prevention programs that reduce risk factors and enhance protective factors leading to increased responsibility.

- Provide quality services in an efficient and effective manner with accountability and fiscal responsibility.

- Promote communication strategies respectful of personal dignity, sensitive to community standards, and culminating in cooperation and collaboration.

- Facilitate partnerships responsive to identified community concerns, while mobilizing individual and community strengths.
Department Personnel

In 2008/09, Coos County Public Health incurred further staff reductions - falling from 33 individuals in the prior year to 30 individuals, including part time and temporary workers. The Board of Commissioners functioned as the County Board of Health and appointed the Department Administrator who managed the department. Other administrative staff included the Business Operations Manager and the Administrative Aide. The Health Officer, a physician, provided medical guidance and approved the medical protocols. Direct supervision of programs was provided by program managers and coordinators. Breakout of job classification and full time equivalencies are listed below.

Coos County Public Health Staff
FY 2008-09

ADMINISTRATION

<table>
<thead>
<tr>
<th>Position</th>
<th>Number of Staff</th>
<th>Total FTE/Position</th>
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<tbody>
<tr>
<td>Administrator</td>
<td>1</td>
<td>1.00</td>
</tr>
<tr>
<td>Health Officer</td>
<td>1</td>
<td>0.08</td>
</tr>
<tr>
<td>Business Operations Manager</td>
<td>1</td>
<td>1.00</td>
</tr>
<tr>
<td>Administrative Aide</td>
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<td>1.00</td>
</tr>
<tr>
<td><strong>Total Administration Staff:</strong></td>
<td><strong>4 staff</strong></td>
<td><strong>3.08 FTE</strong></td>
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PROGRAM

<table>
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<tr>
<th>Position</th>
<th>Number of Staff</th>
<th>Total FTE/Position</th>
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<tbody>
<tr>
<td>Nurse Supervisor/HV Manager</td>
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<td>1.00</td>
</tr>
<tr>
<td>WIC Coordinator/Nutritionist</td>
<td>1</td>
<td>1.00</td>
</tr>
<tr>
<td>Environmental Health Manager</td>
<td>1</td>
<td>1.00</td>
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<tr>
<td>Environmental Health Specialist</td>
<td>1</td>
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<tr>
<td>Nurse Practitioner</td>
<td>1</td>
<td>0.60</td>
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<td>Health Educator</td>
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<td>1.00</td>
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<tr>
<td>Preparedness Coordinator</td>
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<td>1.00</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>4</td>
<td>4.00</td>
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<tr>
<td>Public Health Aide</td>
<td>5</td>
<td>5.00</td>
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<tr>
<td>WIC Certifier</td>
<td>3</td>
<td>2.45</td>
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<tr>
<td>Support Services</td>
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<td>5.00</td>
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<td><strong>Total Regular Staff:</strong></td>
<td><strong>24 staff</strong></td>
<td><strong>23.05 FTE</strong></td>
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EXTRA / TEMPORARY HELP

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<th>Position</th>
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<tr>
<td>Environmental Health Specialist</td>
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<tr>
<td>Public Health Aide</td>
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<tr>
<td><strong>Total Extra Help Staff:</strong></td>
<td><strong>2 staff</strong></td>
<td><strong>0.35 FTE</strong></td>
</tr>
</tbody>
</table>

**TOTAL PH Staff:** 30 employees 26.48 FTE
Service Directory
December 2009

COOS COUNTY PUBLIC HEALTH (541) 756-2020

ADMINISTRATION
Frances Smith, BS, Administrator ext. 545 fsmith@co.coos.or.us
Cynthia Edwards, Administrative Aide ext. 525 cedwards@co.coos.or.us
Sherrill Lorenzo, BS, Business Operations Manager ext. 539 slorenzo@co.coos.or.us
Hugh Tyson, MD, Health Officer ext. 651 htyson@co.coos.or.us

CLINICAL SERVICES
Family Planning; STI Services; HIV Testing; Immunizations; Communicable Disease; Tuberculosis Testing/Case Management; Breast & Cervical Cancer Prevention Program (BCCP); Oregon Mothers Care/Oregon Health Plan outreach
Lena Hawtin, RN, Clinic Supervisor ext. 596 lhawtin@co.coos.or.us
Kathy Cooley, RN, MPH, Nursing Services Manager ext. 670 kcooley@co.coos.or.us

ENVIRONMENTAL HEALTH
Restaurant/RV Park/Motel Inspections, Drinking Water Program, Food Handler Classes, School & Day Care Inspections, Real Estate Loan Inspections, Water Testing
Rick Hallmark, EHS, MPA ext. 513 rhallmark@co.coos.or.us
Environmental Health Program Manager

FAMILY HEALTH HOME VISITING SERVICES
Healthy Start/Healthy Families, Babies First!/Parents As Teachers, CaCoon
Kathy Cooley, RN, MPH ext. 670 kcooley@co.coos.or.us
Nursing Services Manager

PREVENTION & EDUCATION SERVICES
Stephen Brown, ND, MPH ext. 546 sbrown@co.coos.or.us
Tobacco Prevention Program Coordinator
Michelle Wyatt, BS, Chronic Disease Coordinator ext. 514 mwyatt@co.coos.or.us

PUBLIC HEALTH EMERGENCY PREPAREDNESS
Public Health Preparedness; Emergency Response Plan
Michelle Wyatt, BS, Preparedness Coordinator ext. 514 mwyatt@co.coos.or.us

VITAL RECORDS
Birth Certificates, Death Certificates, Records Archives
Gloria Marone, Deputy Registrar ext. 646 gmarone@co.coos.or.us

WIC
WIC (Women, Infant & Children) Nutrition Program, Referrals, Farmer’s Market Coupons
Phyllis Olson, BA ext. 520 polson@co.coos.or.us
WIC Program Manager, Nutritionist
Community Involvement

Coos County Public Health staff participated in many local and state organizations, coalitions, and task forces this past 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

- Association of Oregon Public Health Nursing Supervisors
- Conference of Local Health Officials
- Conference of Local Environmental Health Supervisors
- Department of Human Services Transformation Initiative
- National WIC Association
- Public Health Administrators of Oregon
- Public Health Emergency Preparedness Leadership Team
- Public Information Officers - Southern Coast Region
- Hospital Preparedness Program - Regional Health Preparedness Board
- South Coast Rural Integrated Provider Team
- State Prenatal Depression Task Force

LOCAL

- Ambulance Service Area Advisory Board
- Child Fatality Review
- Community Connections
- Community Health Advisory Council
- Coos County Breastfeeding Coalition
- Coos County Commission on Children and 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
- Dental project with Dental Outreach of Oregon
- Dept. of Human Services Diversity Committee
- Drinking Water Study Group – League of Women Voters
- Early Childhood Committee
- Family Violence Council
- Good Earth Community Garden
- Health Emergency Response Task Force
- Local Alcohol & Drug Planning Committee
- Local Public Safety Coordinating Council
- Multi-Disciplinary Team
- South Coast Food Share
- Southwest Oregon Public Safety Association
- System of Care
- Women’s Health Coalition
- Zero to Three Court Team

Contract Nurse Hours

Coos County Public Health also contracted with two agencies to provide some nurse hours. One nurse provided consultation to the DHS JOBS Program case managers; the second nurse provided visits to children and their parents through DHS Child Welfare.

Nursing & Public Health Students

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
- Southwestern Oregon Community College
Fiscal Report

In fiscal Year 2008-09, Coos County Public Health operated without any county general fund support for direct personnel or supply expenses. The County did provide a loan, which was necessary to ensure cash flow in between other revenue receipts. However, the Department further reduced services and staff.

Expenditures for Public Health totaled $1,872,025, which was a 15.4% reduction from the prior year. Expenditures for the Environmental Health Licensing Program totaled $214,435 – an 11.3% increase over the prior year, which was primarily for the contractor and staff expenditures to meet the mandated inspection requirements. The Department relied heavily on savings to balance the Public Health budget, virtually exhausting all resources for the Family Planning program.

Federal Funds

Accounting for a combined 51% of funding for the Department, federal resources continued to provide the majority of revenue for public health services benefitting the citizens of Coos County. Of this amount, 50.7% was program-specific funding, 47.6% was from Medicaid fee-for-service, and 1.7% was from Medicaid Administrative Claiming (MAC). Only the MAC funds are flexible; all other funds may only be spent in the specific program that was funded or generated the income.

These federal program-specific funds support a variety of programs in Coos County: Public Health Preparedness and Disaster Planning, Safe Drinking Water programs, Women, Infants, and Children program (WIC), Maternal & Child Health programs, Immunizations, and Family Planning. The Department saw the elimination of funding for HIV Prevention, and incurred reductions in funding for Public Health Preparedness and the Breast and Cervical Cancer Prevention program.

State Funds

The State General Fund contribution for mandated public health programs provided 15.3% of the funding for Coos County Public Health. Of this amount, 25% 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. However, the $72,405 received still 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 Center at Marshfield High School and the Tobacco Prevention Program. However, these state funds provided only a small fraction of the total funding for programs mandated by state law.
Fees
Medicaid fees for billable services continued to be the largest source of revenue in this category. Fees were also collected from clients and 3rd party insurance. However, many citizens do not understand that Coos County Public Health must provide many of the clinic services without the ability to collect payment. The treatment of certain communicable diseases, immunizations for children and adolescents, and Title X family planning services must be provided, for our County’s well-being, regardless whether fees may be charged or collected. We cannot withhold treatment for these mandated services if a client is unable to pay.

Due to declines in revenue for the Title X Family Planning program, the Department had to reduce services to the level of funding received, which included reducing the clinic’s Nurse Practitioner from full time to 3 days a week. In past years, the level of funding, supplemented by the revenue from the Family Planning Expansion Project (FPEP) and county general fund, allowed the Department to see an unlimited number of family planning clients.

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

Contracts, Grants and Donated Funds
Once again, Coos County Public Health contracted with a number of local agencies. The largest contract was awarded by the Commission on Children & Families (CCF) for the local Healthy Start program. The funds received were a blend of State CCF funds and staff generated Medicaid Administrative Claiming. CCF also provided funding to support perinatal outreach. Other contracts were awarded by the Department of Human Services and the Oregon Health Science University for CaCoon services.

Public Health did receive financial support from private funds and community partners. Some private individuals made on-going donations to support Public Health programs. The Bay Area Health District provided a grant to support the home visiting program. The Coquille Tribal Community Fund provided a grant supporting clinic services. The Bay Area Rotary Club continued their financial support to provide immunizations to eligible children in the community. For a full record of donations and other financial support received by Public Health, please see Supporters of Public Health, found on page 49 of this report.

Coos County Friends of Public Health (CCFoPH), formed in January 2008, and continued its work to promote health in Coos County through enhancement of local public health services. The Coins for Coos Kids provided funds for the immunizations program and the WIC program. CCFoPH also successfully applied for several local grants, which supported clinic services and a dental project. A big thank you is extended to these businesses, organizations, and foundations for their support of public health in Coos County.
Coos County Government Support
As noted above, Public Health did not receive any County General Fund support for direct personnel or supply expenses. However, the County did provide Public Health with in-kind contributions for rent, utilities, photocopying and fax. The value of this is reflected in the in-kind portion of funding sources. The County also provided – at no cost to Public Health - 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 is not reflected in the fiscal accounting for the Department.

Staff Reductions
As referenced earlier in this section, public health staff and services were further reduced in 2008-09. The following represents the change in staffing since fiscal year 2005-06.

**Staffing Comparisons**
FY 2005/06 through 2008/09

<table>
<thead>
<tr>
<th>Staff Category</th>
<th>2005-06</th>
<th>2006-07</th>
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<th>2008-09</th>
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<tr>
<td>Administration</td>
<td>4</td>
<td>4</td>
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<td>4</td>
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<tr>
<td>Nurses</td>
<td>11</td>
<td>11</td>
<td>8</td>
<td>6</td>
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<tr>
<td>Program Staff</td>
<td>13</td>
<td>14</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Support Staff</td>
<td>7</td>
<td>6</td>
<td>6</td>
<td>5</td>
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<tr>
<td>Extra Help</td>
<td>6</td>
<td>3</td>
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<td>2</td>
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<tr>
<td>Total Employees</td>
<td>41</td>
<td>38</td>
<td>33</td>
<td>30</td>
</tr>
<tr>
<td>Total FTE</td>
<td>35.41</td>
<td>34.5</td>
<td>29.08</td>
<td>26.48</td>
</tr>
</tbody>
</table>

The individuals that work for the Public Health Department are dedicated to providing the best service possible, in the face of many challenges. Our highly trained staff provided a comprehensive variety of services to the community in 2008-09.

Administrative Functions
In addition to budget development and fiscal monitoring of revenues and expenses, the three public health management staff (including the Administrator, the Administrative Aide, and the Business Manager) were busy with many activities to assure a trained and high performing workforce of 30 individuals.

- 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;
- contract development and administration for individuals and agencies who 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.

The administrative staff also performed many functions in specific programs which are non-administrative, as well as being cross-trained to perform work when employees are out due to illness, training, community response or vacancies in positions. Additionally, The Health Officer, whose scheduled hours were reduced to 6 per month, approved all medical policies and procedures which are implemented under his authority, provided consultation and training to the nursing staff, and periodically provided consultation to community medical providers.

---

**Environmental Health Services Licensed Facilities**

*Funding Sources by Category*

*3-Year Comparison*

*Fiscal Years 2008/09; 2007/08; 2006/07*

<table>
<thead>
<tr>
<th>Category</th>
<th>FY 06-07</th>
<th>FY 07-08</th>
<th>FY 08-09</th>
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<tbody>
<tr>
<td>County In-Kind</td>
<td>8,331</td>
<td>8,487</td>
<td>8,869</td>
</tr>
<tr>
<td>County General Fund</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Fees</td>
<td>165,986</td>
<td>184,213</td>
<td>206,105</td>
</tr>
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Funding for Public Health by Percentage
FY 2008/09
(Excluding Licensing Program)

- Grants/Contract 11.29%
- Cash Donations 0.03%
- State Support for Public Health 3.59%
- State General Fund 10.66%
- Federal Grand Funds 24.07%
- Medicaid Targeted Case Management (TCM) Fees 9.39%
- Medicaid Administrative Claiming 1.27%
- Family Planning Expansion Project (Medicaid) Fees 11.29%
- Oregon Health Plan (Medicaid) Fees 1.92%
- Title XIX Savings Account (Federal) 8.19%
- Fees-for-Service 8.25%
- County In-Kind 6.69%
Public Health Funding Sources by Category
3-Year Comparison
Fiscal Years 2008/09; 2007/08; 2006/07
Public Health Indicators in Coos County

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

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

The largest population centers are the adjacent communities of Coos Bay (16,670) and North Bend (9,855), which border the largest deep-water port on the Oregon coast. The rich ocean and lush forests once supported thriving commercial fishing and timber harvesting industries whose importance to the economy has declined. Seasonal jobs dependent on tourism have replaced many family wage jobs.

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

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

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

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

According to the Oregon Labor Market Information System, as of July 2009:

- Coos County unemployment rate was 13.2% (State: 11.5%).
HEALTH INSURANCE:

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

According to the 2004-2007 Behavioral Risk Factor Surveillance System (BRFSS):

- 20.1% of Coos County adults reported to be without health insurance (State: 17.2%).
- 16% of children (1,839 total children) were without health insurance (State: 12%).

According to the 2007-2008 Oregon Healthy Teens survey, in Coos County:

- 16% of 8th graders and 22.1% of 11th graders reported physical health care needs that had not been met in the previous 12 months.

Public Health concerns in Coos County have multiple causes and are related in part to poverty, socioeconomic conditions, (which includes low education levels), our aging population, the environment, and behavioral factors. Some major issues are:

ALCOHOL AND DRUG USE: Among Coos County adults, according to the 2004-2007 BRFSS, 65.3% of males and 50.2% of females reported having at least one drink in the last 30 days. And on the 2007-2008 Oregon Healthy Teens survey (OHT):

- 33.9% of 8th graders and 51.5% of 11th graders reported having consumed beer, wine or liquor in the previous 30 days;
- 13.1% of 8th graders and 30.4% of 11th graders have reported having 5 or more drinks in a short period of time during the last 30 days;
- 14.9% of 8th graders and 25.6% of 11th graders reported use of illicit drugs including marijuana, inhalants, prescription drugs, stimulants, cocaine, heroin, ecstasy and/or LSD, during the past 30 days.

CANCER: Figures for 1997-2006 show an annual percentage change of -1.5 over the 10 year period. As of 2006, Coos County has the 2nd highest age adjusted rate of all cancer incidences (new cases) in the State at 534.7 per 100,000 individuals. (State: 481.5) Much of this is a consequence of historically high smoking rates. All the following rates are age adjusted for Coos County (ranking based on 36 counties in Oregon):

- Achieved age adjusted death rate of all cancers of 224.7 (State: 196.2), ranking 2nd highest in the State.
- Ranked highest in State for incidence of lung cancer at 91.1 per 100,000 (State: 70.3) and highest for lung cancer deaths at 76.5 per 100,000 (State: 56.4); 84 invasive cases per year.
- Ranked highest for oral and pharyngeal cancer with an average yearly rate of 14.9 per 100,000 (State: 11.1) and highest for related deaths at 4.2 (State: 2.8).
- Ranked 2nd highest in the State for bladder cancer, with an average yearly rate of 29.2 per 100,000 (State: 23.5) and the highest for bladder cancer deaths at 6.9 (State: 4.8).
- Ranked 3rd highest in the State for age adjusted rate of malignant melanoma with a rate of 28.2 per 100,000. (State: 23.2; Douglas and Deschutes were 1st and 2nd.)
- Had the 9th highest incidence rates of 178.8 (State: 158.4) for prostate cancer, with age adjusted related deaths at 26.5 (State: 29.4).
- Had the 18th highest rate of breast cancer, at 132.5, lower than the State levels of 139.8, for an annual percentage decline over 10 years of -3.7.
- Was 25th in the State for colon and rectal cancer incidence at 46.2 (State: 48.5).

CHILD ABUSE: Coos County’s rate of child abuse and neglect had declined over a three-year span from 2005-2007. However the Coos rate in 2008 rose to 18.7 per 1,000 children (State:11.8). Coos was ranked 8th (highest) of the 36 counties for victims of abuse/neglect. In 2008, there were 292 incidents of child abuse and neglect (234 children, some with >1 incident) and 127 foster care entrants in Coos County, compared to 227 children and 296 foster care entrants in 2007 respectively. Most of the abuse in Coos was characterized as threat of harm and neglect, with younger children being most affected.

The high rate of child abuse and neglect is usually attributed to the high rates of several stress factors, including drug and alcohol abuse, parental involvement with law enforcement, domestic violence and unemployment. In Oregon, mothers were involved in the abuse/neglect 43.7% of the time, fathers 30.6% of the time, stepfathers 4.3% of the time, and live-in companions 5.3% of the time. The major reasons for placement in foster care were physical abuse, parent drug and alcohol abuse, neglect, the child’s behavior, inability to cope, and inadequate housing.
CHRONIC DISEASE: Asthma continues to present a health burden to residents of Coos County with a population prevalence of 9.3% as measured by a combined 2004-2007 BRFSS survey. This means over 5,901 people in Coos County suffer from asthma. The State asthma prevalence is 9.9%. According to the 2007-2008 Oregon Healthy Teens survey, 19.7% of 8th graders and 22.4% of 11th graders have been diagnosed with asthma. The asthma rate for the Medicaid population is more than double that of privately insured persons. Of Oregon counties, Coos County had the 3rd highest rate of hospitalization for asthma, at 13.5 per 10,000 residents, with a total of 438 hospitalizations for asthma from 2001-2005.

Data from the 2004-2007 BRFSS surveys show that 46.2% of adult Oregonians experienced chronic joint symptoms that were not formally diagnosed as arthritis in the last 30 days; 26.9% of adult Oregonians reported to suffer from diagnosed arthritis. Of those diagnosed, 31.7% reported limitations in usual activities and only 13.1% have ever taken a class in management of their condition. 28.7% of Coos County adults (age adjusted) have arthritis (State: 26.9%). Arthritis is the leading cause of disability in the U.S.

The age adjusted death rate from diabetes in Coos County in 2007 was 33.2 per hundred thousand compared to 27.7 for the state. Diabetes provides a significant contribution to poor health in Coos County. The age adjusted diabetes rate in Coos County is 6.8% (State rate 6.5%). It is estimated that 2.4% of the residents have undiagnosed diabetes. This means that currently well over 9%, or 5,700 of the people in Coos County, could have diabetes. This number is expected to grow markedly as a result of our high rates of smoking and obesity. Smoking a pack of cigarettes a day is associated with a 61% increased risk of diabetes.

Cardiovascular disease is the number one cause of death in Coos County. From 2004-2007, the average annual age adjusted prevalence rates were 3.5% (State: same) for heart attack, 4.5% for coronary heart disease (State: 3.6%), 2.2% for stroke (State: 2.3%), 29.8% for elevated cholesterol (State: 32.3%), and 32.7% for high blood pressure (State: 24.8%). The unadjusted death rate from heart disease in 2006 was 345 per 100,000, or a total of 219 people in Coos County.

COMMUNICABLE DISEASE: Chlamydia remains the most common reportable communicable disease in Coos County with 96 new cases in FY 2008/09. There were 9 new cases of gonorrhea, and no new cases of syphilis. Other reportable diseases included: 5 new confirmed cases of salmonella; 1 confirmed case of meningococcal disease; and 1 active case of tuberculosis.
ENVIRONMENTAL HEALTH ISSUES:

- On 14 separate occasions, alerts were issued for bacteria in public water systems used for drinking water systems.
- On 8 separate occasions, alerts were issued for chemical contaminants found in public drinking water systems.
- 5 municipal sewage treatment systems reported outflows of untreated sewage into fresh water.
- 4 health advisories (ranging from 1-20 days) discouraged recreational water contact on two ocean beaches as a result of elevated bacteria levels.
- 4 properties were maintained on the “unfit for use list” due to methamphetamine drug lab contamination.

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

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

OVERWEIGHT AND OBESITY: Obesity has become the second most important preventable cause of disease, disability and death after smoking. The latest reported figures (2004 to 2007) indicate 36.2% of Coos County adults are overweight and 27.8% are obese compared to 36.3% and 24.1% respectively for the State. The 2007-2008 Oregon Healthy Teen Survey reports that in Coos County 15.7% of 8th graders are overweight (State: 15.2%) and 10.8% obese (State: 10.7%); and 17.4% of 11th graders are overweight (State: 14.9%) and 10.9% obese (State:11.9%).

TOBACCO USE: The 2004 to 2007 aggregated data on smoking prevalence shows Coos County with an adult prevalence of 26.6% which was the 6th highest in the State. (State: 18.7 %) The 8th grade smoking rate was 13% (State: 9%) and the 11th grade rate was 19% (State: 17%). Also 8% of 8th graders and 15% of 11th graders chewed tobacco (State: 5% and 12% respectively).

In Coos County in 2007, 23.4% of pregnant women smoked, double the State rate of 11.7 %. The smoking rate in Medicaid clients in Coos County was 37%. An estimated 26% of all deaths in our county are smoking related (27% in 2005). The annual death rate from tobacco related diseases in Coos County from 2002-2005 was 243.6 per 100,000, sixth highest in the State. (State: 184.8) The incidence of tobacco related cancers at 186.6 per 100,000 was third highest in the state, with a tobacco related cancer death rate of 120.1 which was the highest in the state. The state rate was 87.5.
BIRTH:
Of the 654 total births (preliminary data) in Coos County in the 2008 calendar year:

- 86% were to women 20 years old or older (State: 91%),
- 11% were to women 18 to 19 years old (State: 6%),
- 2% were to girls 10 to 17 years old (State: 3%),
- 8% gave birth to low birthright infants (State: 6%).
- 43.9% were to unmarried mothers (State: 36.2%).

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

Updated information for 2008 prenatal care has not been released yet; however, looking back, Coos County reached the highest rate in the state of inadequate prenatal care in 2006 and 2007. Rates of inadequate prenatal care had declined to 7% in 2002 and then 6.2% in 2003. This reversed in 2004 when the rate moved up to 8.2% and continued to rise in 2005 to 12.7%. Then in 2006 and 2007, Coos County reach the highest rate of inadequate prenatal care in the state at 14.6% (State: 6.2%) and 14.9% (State 6.4%) respectively.

DEATH:
In 2007 the infant mortality rate for Coos County was 6.1 per 1,000 or a total of 4 infant deaths. Coos County ranked 22nd in the state which had a rate of 5.6.

The leading causes of death in Coos in 2006 (most recent state data), in rank order were:
1. heart disease
2. cancer
3. chronic lower respiratory disease
4. cerebrovascular disease
5. unintentional injuries
6. diabetes
7. alzheimers
8. suicide
9. alcohol induced disease, and
10. flu and pneumonia
Vital Records

Vital records are a source of health indicators. 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.

Statistics from FY 2008/09:

<table>
<thead>
<tr>
<th>Count</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>795</td>
<td>Deaths</td>
</tr>
<tr>
<td>3,175</td>
<td>Death Certificates Issued</td>
</tr>
<tr>
<td>683</td>
<td>Births</td>
</tr>
<tr>
<td>462</td>
<td>Birth Certificates Issued</td>
</tr>
</tbody>
</table>

Purchasing a Birth or Death Certificate:

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. The cost is $20.00 for the first certificate and $15.00 for any additional certificates ordered at the same time. For a Coos County resident who has died in another county, or delivers a baby in another county, the certificate would need to be purchased from the county where the event happened. After the 6 month period, the certificates are still available, but must be purchased through Oregon Vital Records in Portland.

Birth certificates are not public records until 100 years after the birth. Death certificates become public records 50 years after the date of death.

Sources for Public Health Indicators:

- American Community Survey – US Census Bureau
- Behavioral Risk Factor Surveillance System (BRFSS)
- Children First for Oregon
- Center for Health Statistics – DHS*
- Healthy People 2010 – DHS*
- Keeping Oregonians Healthy – DHS*
- National Cancer Institute
- Northwest Area Foundation
- Oregon’s Arthritis Report – DHS*
- Oregon Asthma Surveillance Report – DHS*
- Oregon Department of Education
- Oregon Food Bank
- Oregon Health Plan – DHS*
- Oregon Healthy Teens Survey – DHS*
- Oregon Hunger Relief Task Force
- Oregon Employment Division
- Oregon Labor Market Information System
- Oregon Tobacco Education and Prevention Program – DHS*
- Oregon Progress Board
- Physical Activity and Nutrition Program – DHS*
- The Status of Children in Oregon’s Child Protection System – DHS*
- US Census Bureau
- US Department of Labor, Bureau of Labor Statistics
- Youth Risk Behavior Survey

*DHS = Oregon State Department of Human Services
Community Disease Prevention & Protection

Protecting people from communicable or infectious diseases is a basic public health service. The Public Health Clinic provides certain medical services, such as immunizations and HIV tests, which would be difficult for some to access, because of financial or other barriers. By investigating causes of disease, and alerting those who have been exposed or infected, the spread of disease throughout the community can be halted. Educating and monitoring food service workers and water system operators are examples of other ways that our staff are working to assure the health of the community.

Immunization Program

The goal of Coos County Public Health’s immunization program is to improve the immunization rate coverage of children and adults in Coos County. Timely immunization is particularly important to the infant and young children population because these groups are most vulnerable to illness and disability from vaccine preventable diseases. This past year, the total number of immunizations given by our department was 1,581, not counting flu shots. The following immunizations were offered:

- Chickenpox (Varicella)
- DTaP (Diphtheria, Tetanus, Pertussis)
  - 6wks old to 6 years old
- Gardasil (Human Papilloma Virus)
- Hepatitis A
- Hepatitis B
- Hib (Haemophilus Influenza, type B)
- Influenza
- Kinrix (DTAP & Polio)
- Menactra (Meningococcal)
- MMR (Mumps, Measles, Rubella)
- Pediatrix (DTaP, Polio, Hep B)
- Pnuemonia
- Polio
- Prevnar (Pneumococcal)
- Rotavirus
- Td (adult Tetanus & Diptheria)
- Tap (Tetanus, Diptheria, Pertussis)
  - 7 years old to 64 years old
- Zostavax (Shingles)

IMMUNIZATION RATES:

In 2008, the up-to-date rate for 2-year olds seen at Coos County Public Health Department was 71%. The rate for 2 year olds immunized county-wide (by all providers) was 75.1% (State: 73.8%). Public Health will continue to strive to improve the up-to-date rate for 2-year olds in the community. For this goal, 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.
Up-to-Date Rate of Immunized 2 yr. olds seen at Coos County Public Health

SCHOOL EXCLUSION:
According to Oregon State law, every child’s immunization records must be reviewed each school year. Any child who is not up-to-date on Exclusion Day, the third Wednesday in February, will not be allowed to attend school or daycare until the needed immunizations and/or records are brought up-to-date. During school year 2008/09, 489 letters were mailed threatening exclusion, but only 80 children were excluded, compared to 36 the previous year. This increase was partially due to the addition of the Hepatitis A vaccine as a required vaccine for entry to preschool and kindergarten, and the addition of Tdap vaccine requirement for 7th graders.

SHOTS FOR TOTS:
In fiscal year 2008-2009, “Shots for Tots” paid $10 of the administration fee for 600 shots. The shots were for children ages birth to 4 years and for special events such as “Kindergarten Round Up” and “School Exclusion Day.” “Shots for Tots” is available at the Public Health Department for children with no insurance or children with insurance that does not cover the cost of immunizations. The “Shots for Tots” program is a community service project of the Bay Area Rotary Club. Bay Area Rotary Club holds several funding events each year (including the Festival of Trees and Bay Area Rotary Golf Tournament) in order to raise money to provide this beneficial program. The Bay Area Rotary Club began the “Shots for Tots” program in 2002 and has helped to improve the immunization rate for 2 year olds in Coos County and to protect many children from life-threatening diseases.

FLU CLINICS:
In the 2008/09 flu season, flu vaccine was delivered in a timely manner and was plentiful. This allowed multiple agencies in the County to provide flu vaccine, including local pharmacies and clinics. In previous years, there have been shortages for vaccine and delays in shipment causing some flu shot clinics to be held in November. Our department administered a total of 614 flu shots through community clinics and appointments. Also, 700 doses of flu vaccine were provided by public health to Southern Coos Hospital for the free flu clinic exercise, November 4, 2008.
Communicable Disease Control

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. Our Communicable Disease program is responsible for the investigation of all these reported diseases, both confirmed and suspected.

Follow-up investigations can be as simple as one to two phone calls, or involve hours to days of work and multiple staff, depending on the disease and number of people who have come in contact with the infected person. In our investigation process, we may be seeking the source of the infection, (e.g., food, water, or another person), finding all those who have been exposed, and assuring that those who are exposed get appropriate health care and advice to prevent further spread of the disease.

We continued to have a nurse on call 24/7 to answer calls for communicable disease and to meet the State requirements for the Public Health Emergency Preparedness grant. The State tested our 24/7 response numerous times throughout the year, and we were able to respond within the 15 minute required time period.

HIGHLIGHTS:

- Investigated 790 reports of communicable diseases in FY 2008/09; 213 confirmed cases.
- Investigated 3 reports of meningococcal disease; 1 confirmed case. Each positive case requires in-depth follow-up with prophylactic antibiotic treatment to prevent serious illness.

THREE YEAR COMPARISON:

3-Yr Comparison of Selected Reportable Diseases in Coos County

<table>
<thead>
<tr>
<th>Disease:</th>
<th>2008/09</th>
<th>2007/08</th>
<th>2006/07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campylobacter</td>
<td>13</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>96</td>
<td>86</td>
<td>77</td>
</tr>
<tr>
<td>Giardiasis</td>
<td>10</td>
<td>9</td>
<td>14</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>9</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>5</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Hepatitis C (chronic)</td>
<td>180</td>
<td>79</td>
<td>191</td>
</tr>
<tr>
<td>Pertussis</td>
<td>8</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Salmonella</td>
<td>5</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Syphilis</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>

Gastro-intestinal (GI) illnesses (stomach upset, vomiting, and/or diarrhea) are often the result of a noro-virus and afflict many of us throughout the year with short-term illness, usually 24 hours. In 2008/09 we investigated 4 outbreaks of GI illness, involving many people at 4 facilities; 2 outbreaks were confirmed as caused by noro-virus. Gastro-intestinal illness was also the affliction in the cases of campylobacter (13), giardia (10), and salmonella (5).
Hepatitis. 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 and HIV and persons with high risk behaviors. The Hepatitis A vaccine is now required for all children upon entry to school and daycare; no cases of Hepatitis A were reported in the past 2 years.

Tuberculosis Testing & Case Management

Tuberculosis is an infectious disease that is a major cause of disease and death in many parts of the world. In the USA, the incidence of TB has declined since 1994. However, Oregon has been experiencing a recent upsurge of TB cases. Prior to 2002, Coos County had no cases for 9 years. In this past fiscal year, our Communicable Disease nurses performed 75 TB skin tests on 74 individuals, not including staff members or close contact testing of potential active cases. We also did extensive investigation and testing of contacts for any probable, presumptive or known cases of active tuberculosis or latent tuberculosis. In 2008/09, our CD staff investigated 5 possible cases of tuberculosis, of which one was determined to be active tuberculosis with 10 contacts.

Investigation for a possible or known active TB case includes the following:

- Interview with the active case
- Interviews with 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.

Treatment for persons who have active TB includes:

- Medical record review
- Provision of medication for persons unable to purchase TB medication
- Direct Observed Therapy = Observation by a designated person in the home or clinic, taking his or her medication on a daily basis, Monday through Friday
- Evaluation of the client for any side effects from the medication.

During FY 2008/09, 6 individuals were diagnosed with latent tuberculosis; 1 refused treatment, and 5 individuals accepted treatment. However, since one individual moved out of the country, only 4 persons received ongoing antibiotic treatment and monthly evaluations. 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.
Community Disease Prevention & Protection

Sexually Transmitted Infections (STI) Prevention

STI testing, treatment, and case follow up are mandatory services offered by all public health departments. STIs 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. A CDC study released in March 2008 estimated that 1 in 4 (26%) of teenage girls between the ages of 14 and 19 in the U.S. is infected with at least one of the most common sexually transmitted diseases (human papillomaviruses, chlamydia, herpes, and trichomoniasis). Women suffer more frequent and serious STI complications than do men. Every $1 spent in screening saves an estimated $12 in costs of future complications. Chlamydia and gonorrhea can cause pelvic inflammatory disease, with loss of fertility, and can also result in ectopic pregnancy and chronic pelvic pain. Syphilis can cause brain and other organ problems if not treated. The viral STIs can cause loss of productivity, cancer, and even death.

Chlamydia is Oregon’s and Coos County’s most common treatable STI. In FY 2008/09, 5.4% of teens and young adults that visited the Coos County Public Health family planning and STI clinics were infected with Chlamydia. Our practitioners identified 96 cases of Chlamydia, 0 cases of Syphilis, and 9 cases of Gonorrhea. Neither genital herpes nor genital warts are reportable, and therefore, statistics are not kept on these very prevalent STIs. Funding provided by the State for STI exams and treatment has been eliminated, shifting cost to clients. We were grateful to the Coquille Tribal Community Fund, which provided a $5,000 grant to pay for exams for young people who otherwise would have not have received services.

STI PREVENTION HIGHLIGHTS:

In FY 2008/09 the STI clinic provided:
- 540 Chlamydia tests,
- 40 Herpes tests,
- 10 Gonorrhea tests,
- 6 Syphilis tests, and
- 4,000 condoms for disease prevention, including the non-latex variety.

HIV Prevention

Testing and counseling help prevent the spread of HIV and facilitate early medical intervention in persons testing positive. In FY 2008/09, funding provided by the State for HIV testing and counseling was eliminated, shifting cost to clients. These services were instead offered in our STI clinic by a registered nurse, where 29 HIV tests were performed, compared to 486 done the previous year with state funding. In 2008, Coos County had 0 new positive cases of HIV (State: 268).

Oregon Benchmark, HIV Diagnosis:
By 2010, new HIV infections among Oregonians, ages 13 and older, will not exceed 264.

Healthy People 2010 Objective:
Reduce the proportion of teens and young adults (ages 15-24) attending family planning and STI clinics infected with Chlamydia to 3%.
Environmental Health Services

Prevention of illness and safety are the goals of the Environmental Health Program. Virtually every person residing in or traveling through Coos County benefits from the efforts of this program (an estimated 2.5 million encounters annually). Environmental Health Specialists provide education, consultation and inspection services to assure:

- Community visitors have clean and safe travelers’ accommodations.
- Public pools and spas are free of disease causing germs.
- Food workers know how to keep food safe.
- Restaurants, schools and day care facilities serve safe food.
- Day care facilities are free of environmental injury risks.

ACTIVITIES FOR LICENSED FACILITIES PROGRAM:

- Licensed and inspected food service facilities as required by OAR 333 Division 12
- Provided Food Manager Certification Training
- Provided in-office Food Handler Training at once monthly
- Provided Food Handler Training outreach in Bandon, Myrtle Point, Coquille and Lakeside.
- Follow-up on all allegations of food borne illness
- Performed timely epidemiological investigations of confirmed food borne illness outbreaks together with communicable disease nurses.
- Licensed and inspected temporary food vendors operating at special events and festivals
- Licensed and inspected tourist accommodations for health and safety risks as required by OAR 333 Division 12
- Licensed and inspected public pools for health and safety risks as required by OAR 333 Division 12
- Investigated complaints regarding legitimate environmental concerns at public pools relating to public safety and health
- Investigated complaints regarding legitimate environmental concerns relating to public safety and health at tourist accommodations
Community Disease Prevention & Protection

EVALUATION:

The *Licensed Facility Statistics Report* provides a statistical evaluation for work done over the year. A total of 354 facilities in Coos County received 926 inspections in 2008. Prominent points from 2008 include:

- 6 food complaints were submitted;
- 1 food borne outbreak at a restaurant was confirmed with 15 documented illnesses;
- 201 Temporary Food Licenses were issued;
- 659 Food Handler Training Cards were issued; and
- 61 Food Service Managers were certified.

<table>
<thead>
<tr>
<th>License Type</th>
<th># Licenses Issued</th>
<th>Percentage of Required Inspections Completed</th>
<th>Number of Closures</th>
<th>Number of Misc. Consumer Complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Pool/Spa</td>
<td>24</td>
<td>100%</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Lodging</td>
<td>92</td>
<td>100%</td>
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<tr>
<td>RV Park/Org Camp</td>
<td>42</td>
<td>99%</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Food Service</td>
<td>228</td>
<td>100%</td>
<td>0</td>
<td>20</td>
</tr>
</tbody>
</table>

TOUCHING OUR COMMUNITY:

During the summer tourist months, it is not uncommon for an Environmental Health Inspector to find a roadside food vendor on a busy thoroughfare. It is routine for the inspector to stop to determine if the vendor is licensed and is operating in a safe way.

Recently an inspector came across a roadside vendor serving specialty sandwiches. While going through the inspection process, the inspector heard a food worker, who was overwhelmed with customers, criticizing Ms. BJ, the owner of the stand, for being particularly out of sorts that day.

When Mrs. BJ returned to the food booth, she moved to wash her hands in order to begin to work. The inspector asked her about not feeling well. Ms. BJ stated that she had symptoms of diarrhea and did have a mild fever. As a result of this disclosure, the inspector explained that Ms. BJ was absolutely forbidden to do any food related work and also explained how many days she would need to be symptom free before helping with the preparation of food again. At first Ms. BJ was insistent that she must work to pay for her day’s costs. The inspector explained to her that serving food while ill would be a disservice to the customers because of the tremendous likelihood the illness would be shared, and also the liability could be costly to her. Ms. BJ agreed to go home.

The number of annual food service inspections performed by each inspector can be counted. The value of these inspections and the prevention of illness are not so easily calculated. This inspection allowed the inspector to educate this food vendor, who ultimately committed to serve a safer food product.
Drinking Water Program

Everyone takes for granted the quality of Oregon’s drinking water. But nationally, several water borne disease outbreaks have provided a reminder that if people drink contaminated water, they can get sick and even die. A keen interest in protecting drinking water has been renewed by the recognition that public water systems provide an easy conduit for a terrorist’s threat into many homes. Our services provided in the Drinking Water Program are intended to assure good quality water.

Approximately 50,000 Coos County residents live where they are served by one of the 81 public water systems. Most of the remaining 12,000 county residents (20%) live where they rely on a private water supply. A well or spring providing water to a single home is considered a private water supply. The Health Department has no regulatory role with private systems.

State and federal dollars fund the services we provided to the public water systems. There are 50 water systems in Coos County that have been designated by federal law as public water systems. The US Environmental Protection Agency (EPA) generates the water quality rules relating to the safety, water quality and oversight for these public water systems.

In Oregon, the state legislature expanded the “public water system” designation to systems as small as 4 service connections or serving as few as 10 people on a routine basis. Traditionally the smaller public water systems (or non-EPA public water systems) had received little attention up until the 2007 legislative session, when funding was allotted to benefit the water users of these systems. County outreach for these systems has increased since that time. There are 31 non-EPA public water systems recognized in Coos County. Operators of these water systems can take advantage of the opportunity to consult with our county’s Environmental Health staff.

Services in the drinking water program primarily help public water system operators sort through the maze of rules which help to assure the quality of the drinking water. Water system operators are required to take steps to physically protect the water and regularly sample for potential contaminants. Dozens of potential contaminants may need to be sampled, but the following table notes some important contaminants of concern.

<table>
<thead>
<tr>
<th>Contaminant</th>
<th>Examples</th>
<th>Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemical</td>
<td>Nitrate</td>
<td>Blue Baby Syndrome</td>
</tr>
<tr>
<td></td>
<td>Trichloroethylene</td>
<td>Solvent linked to cancer, birth defects, reproductive problems</td>
</tr>
<tr>
<td></td>
<td>Lead</td>
<td>Effects central nervous system and child development</td>
</tr>
<tr>
<td>Microbial</td>
<td>Bacteria</td>
<td>Escherichia coli O157:H7 Acute bloody diarrhea, abdominal cramps - occasionally leads to kidney failure</td>
</tr>
<tr>
<td></td>
<td>Viruses</td>
<td>Hepatitis A Fever, abdominal pain, fatigue, jaundice, loss of appetite, intermittent nausea, dark urine</td>
</tr>
<tr>
<td></td>
<td>Parasites</td>
<td>Cryptosporidium Symptoms include diarrhea, abdominal cramps, nausea, occasionally vomiting, low-grade fever</td>
</tr>
</tbody>
</table>
The potential for health problems from drinking water is illustrated by localized outbreaks of water borne disease. For example, in Oregon in 1993 and 1994, there were 30 renowned disease outbreaks associated with drinking water - 23 were associated with public water systems and 7 with private systems. Many of these outbreaks have been linked to contamination by bacteria or viruses, probably from human or animal waste.

**GOALS FOR THE DRINKING WATER PROGRAM:**

- To assure 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.”

**Public Water Systems:**

- The goal for public water systems is to obtain the 2010 Oregon Benchmark for drinking water.
- In comparison to the Oregon benchmark of 90% compliance with water quality standards, **95% of the water systems in Coos County** that submitted samples were found to have no contaminant violations.

**Public Water Systems Activities:**

- On 13 occasions, consultation was provided to a water system operator on how to correct water quality violations.
- In 11 instances, water system operators received guidance to achieve compliance due to sampling or monitoring errors.
- On-site surveys were conducted for 12 public water systems. Every water system is to be surveyed no less often than every 5 years.

**Private Water Systems Goals:**

- Make available information available to residents to empower them 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.)
- Consult with suspected victims of water borne illness when they are referred by Communicable Disease investigation staff. If water is found to be the source of illness, consult with operators to ensure drinking water safety.

**Private Water System Activities:**

- 8 phone consultations (or referrals) were provided to users of private water systems regarding the safety of their water source.
Public Health Emergency Preparedness and Response

The Public Health Emergency Preparedness and Response program coordinates the public health response to a natural or man-made disaster or emergency. In 2008/09, Pandemic Influenza, Community Mitigation, Mass Prophylaxis, and Natural Disaster planning were the primary focuses for preparedness activities.

During this past year the Community Mitigation Plan for the local public health response was drafted and the Strategic National Stockpile Plan was updated. The Natural Disaster Plan, which was finalized last year, was tested in the state-wide exercise, Cascadia Peril. This was a Full-Scale exercise with an earthquake / tsunami scenario in which multiple Coos County cities and county departments participated.

During this exercise the County’s Emergency Operation Center and Joint Information Center were activated. Public Health staff participated in the Emergency Operation Center by filling Incident Command roles. The Public Health Department’s Public Information Officer was assigned to participate in the County’s Joint Information Center, where she was tasked with developing messages for the media regarding the earthquake/tsunami event.

PROGRAM HIGHLIGHTS:

- In April of 2009, a novel influenza virus (H1N1) was detected in the U.S. In light of the potential pandemic, the Coos County Public Health Department Operation Center (DOC) was partially activated. The Incident Command System was implemented, and roles were assigned to health department staff. The primary objective of the DOC was to establish communication lines with the media and responding partners, to ensure access to personal protective equipment and antiviral medication.

- Cascadia Peril was the first exercise developed and evaluated using HSEEP (Homeland Security Exercise and Evaluation Program). The Health Department Administrator and Preparedness Coordinator attended training for this program.

- Multiple tabletop discussions were held to prepare for the Cascadia Peril full-scale exercise. The tabletop exercises included participants such as: power and sewer companies, morticians, and the health and medical community.

- Coos County Public Health staff completed all of the Incident Command System training required of them in their current emergency response positions; the Health Department is compliant with the National Incident Management System training requirements.
Public Health staff became more familiar with using the web-based Health Alert Network (HAN), which allows them to receive local and state emergency alerts via email, phone, and fax. Staff with administrative privileges can also use HAN to send local alerts to response partners.

Satellite phones were purchased to help enhance communication capabilities during an emergency with response partners. The satellite phones are tested quarterly and used during preparedness activities such as Cascadia Peril.

The Public Health Administrator continues to facilitate the Health Emergency Response Task Force (HERT) which has over 60 members, and has met monthly since October, 2001. The mission of the task force 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.”
Chronic Disease Prevention Services

Coos County, as elsewhere in Oregon and the United States, is facing an epidemic of chronic disease that threatens to overwhelm our resources. Chronic disease accounts 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 are heart disease, cancer and cerebrovascular disease; To a great extent, the actual causes of these diseases are preventable, especially tobacco use, poor diet, and low levels of physical activity.

Healthy Communities Program

In spite of many years of prevention efforts based on health education and the individual behavior change model, we are still faced with ever advancing rates of obesity, continuing use of tobacco, low rates of fruit and vegetable consumption, and insufficient levels of physical activity. There is a great need for new, effective, and evidence-based approaches to lowering the burden of chronic disease.

Learning from examples set forth by the Tobacco Prevention Program, the Chronic Disease Prevention Project, which was launched by 12 counties, including Coos County, decided to take a new approach in combating the burden of chronic disease. The aims and objectives of the “Healthy Communities Program” is to develop policy and system changes that result in enhanced prevention, early detection, and management of chronic disease. The goal is to make the healthy choice the easy choice for people living in our communities.

COOS COUNTY COMMUNITY HEALTH ASSESSMENT:

During the 2008/09 fiscal year, Coos County Public Health worked with a wide variety of community organizations, such as OSU Extension Office, North Bend Medical Center, Southern Coos Hospital, and Bay Area Hospital to complete a Community Health Assessment. We found that like in the US and Oregon, heart disease is the leading cause of death, followed by cancer and cerebrovascular disease.

Top 10 Causes of Death in Coos County

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percentage of all deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease</td>
<td>25</td>
</tr>
<tr>
<td>Cancer</td>
<td>20</td>
</tr>
<tr>
<td>Cerebrovascular Disease</td>
<td>17</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease</td>
<td>10</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>8</td>
</tr>
<tr>
<td>Unintentional Injuries</td>
<td>6</td>
</tr>
<tr>
<td>Diabetes</td>
<td>5</td>
</tr>
<tr>
<td>Alcohol</td>
<td>3</td>
</tr>
<tr>
<td>Atherosclerosis</td>
<td>2</td>
</tr>
<tr>
<td>Suicide</td>
<td>1</td>
</tr>
</tbody>
</table>
The majority of chronic disease results from preventable causes. Actual preventable causes of death are defined as lifestyle and behavioral factors that contribute to Coos County’s leading killers. It is not unexpected that tobacco use is the number one preventable cause of death in Coos County, with physical inactivity and poor diet coming in second.

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

<table>
<thead>
<tr>
<th>Preventable Cause</th>
<th>Percentage of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>30%</td>
</tr>
<tr>
<td>Obesity/Diet/Physical Inactivity</td>
<td>15%</td>
</tr>
<tr>
<td>Alcohol Consumption</td>
<td>5%</td>
</tr>
<tr>
<td>Microbial Agents</td>
<td>1%</td>
</tr>
<tr>
<td>Firearms</td>
<td>1%</td>
</tr>
<tr>
<td>Motor Vehicles</td>
<td>1%</td>
</tr>
<tr>
<td>Toxic Agents</td>
<td>1%</td>
</tr>
<tr>
<td>Illicit Drug Use</td>
<td>1%</td>
</tr>
</tbody>
</table>

We have started the journey toward healthier communities with some important assets, with numerous and varied community organizations working toward the betterment of our county. There is a high level of participation in volunteer groups and in civic affairs. We have already made important progress towards establishing policies that facilitate healthy options and restrain risky behaviors that contribute to the high prevalence of chronic disease. Examples include:

- All six school districts have comprehensive tobacco prevention policies;
- All three hospitals adopted tobacco free campus policies;
- City of Bandon adopted a policy for tobacco free facilities, including parks;
- 92% percent of 8th graders participated in daily physical education; and
- Community gardens for use in Lakeside, Coos Bay, Bandon, Coquille and Powers, and some schools.

The Healthy Communities Program will work on implementing some best practice activities that can help improve the health of our community, including: establishing tobacco free areas/venues and events, more walking and biking trails, worksite wellness programs, access to fresh produce, and chronic disease self-management programs, such as *Living Well with Chronic Diseases*.

We must keep in mind the goal is to develop an environment where the healthy choice is the easy choice. By designing an environment that supports healthy lifestyle choices, we are establishing protective factors against chronic disease here in Coos County.

**Oregon Benchmark, Preventable Death:**

By 2010, the rate of years of life lost before age 70 will be 49.3 per 1,000.

Coos County rate: **75.3 per 1,000.**
Tobacco Prevention and Education Program

The Coos County Tobacco Prevention and Education Program (TPEP) is funded through the Oregon DHS Tobacco Prevention and Education Program and has as a goal - the reduction of tobacco related disease and death. The Coos County TPEP works in close conjunction with the Healthy Communities chronic disease prevention program.

Despite progress made in reducing smoking prevalence, tobacco use remains the single greatest preventable cause of disease and death in Coos County, in Oregon, in the U.S., and worldwide. The toll from tobacco in Coos County in a recent average year’s time:

- 13,562 adults or 26.6% regularly smoke cigarettes (State: 18.7%).
- 4,417 people suffer from a serious illness caused by tobacco use.
- 226 people die from tobacco use (26% of all deaths in the County).
- $35.7 million is spent on medical care for tobacco-related illness.
- $37.9 million in productivity is lost to tobacco related deaths.
- 23.4% of pregnant women smoke during their pregnancy (double the State: 11.7%).

Policy changes that create environments that make the healthy choice the easy choice are more effective at changing smoking behavior and more apt to lead to sustainable improvements in public health, than are individual behavior change approaches. Coos County’s state funded TPEP program works to encourage, educate, assist and collaborate with organizations, government entities and in Coos County citizens groups in the development and implementation of policy changes to create smoke free environments that help reduce the number of young people taking up smoking, and facilitate the desire of the great majority of smokers who want to quit smoking.

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

Oregon Benchmark: Tobacco Abstinence During Pregnancy
By 2010, 98% of pregnant women will abstain from using tobacco (by self-report). In 2007, 88.3% in Oregon reported tobacco abstinence during pregnancy.

Oregon Benchmark: 8th Grade Substance Abuse (Cigarettes)
By 2010, the percent of 8th grade students who report using cigarettes in the previous month will be 13% or less.

According to the 2008 Oregon Healthy Teen Survey, 13% of 8th graders and 19% of 11th graders in Coos County reported using cigarettes in the last 30 days, compared to 9% of 8th graders and 17% of 11th graders statewide.

8% of 8th grade males and 15% of 11th grade males in Coos County use smokeless tobacco.
Smoke-free environments are especially important to tobacco control. Eight out of 10 smokers would not be smokers if they could start over, or if they could quit. Smoke free environments help to de-normalize tobacco use in the community, which helps prevent tobacco initiation by teens. Currently, a majority of young teens in Coos County believe that 2 to 3 times more adults smoke than actually do. Smoke free environments also protect non-smokers from the unhealthful effects of second-hand smoke. Smoke-free area policies are most successful when sufficient time is taken to educate and prepare people affected by the changes, and when sufficient cessation resources are provided to help those who wish to stop smoking.

During the 2008/09 fiscal year, Coos County made great strides toward reducing the burden of tobacco use through our progress in the work of creating a tobacco free county. Some examples:

- Interested and supportive students, faculty and the board of education at Southwestern Oregon Community College continued discussion of and worked towards the important goal of creating a smoke free campus policy.
- After a year and a half of careful and thorough preparation by the Tobacco Free Team, Bay Area Hospital implemented their smoke free campus policy on June 1, 2009.
- Coquille Valley Hospital decided to go smoke free in July of 2008. After a year of working on the process, the hospital was well prepared for the implementation of their smoke free campus policy on July 1, 2009.
- Southern Coos Hospital implemented their tobacco free policy on July 1, 2008. They have been successfully smoke free for over a year, and their experience continues to be a source of inspiration and insight to others working through the process.
- A group of Bandon city employees, inspired by the example of the hospital, proposed new rules for the city to help reduce second hand smoke exposure. The City Council more than met their expectations by declaring all city facility properties smoke free, including the city hall campus and the city park.
- Several of the largest property managers in the county have made all their properties smoke free. Surveys conducted this year indicate that close to ¾ of multi-unit rental housing properties in Coos County now have smoke free apartment policies.

In several other situations, policies are under consideration or being promoted by interested leaders, workers, and citizens groups. Any one interested in establishing smoke free policies for the environments in which they live, work, or play is encouraged to contact the Tobacco Prevention Program Coordinator at Coos County Public Health: Stephen Brown at 541-756-2020 ext. 546.
Effective January 1, 2009, almost all indoor workplaces in Oregon became smoke-free. The County TPEP program locally responds to complaints and acts as the initial enforcer of the Oregon Smokefree Workplace Law. Cases of continued non-compliance with the requirements of the law are referred to the state for possible assessment of fines. Complaints can be filed online at: [https://apps.state.or.us/wems/complaintForm.wems or by calling 1-866-621-6107](https://apps.state.or.us/wems/complaintForm.wems).

Though the funding to the County for the Tobacco Prevention and Education Program does not specifically cover the provision of cessation services by the County, it does include support for promotion of the Oregon Tobacco Quitline and other existing cessation services. It also supports encouragement of the development of additional community tobacco cessation resources.

Those who suffer from mental illness and substance use disorder smoke at a disproportionately high rate. Though they make up less than 20% of the population, they consume over 45% of the tobacco smoked. To help this population, both the Mental Health Department and the Adapt treatment program have started offering smoking cessation groups, and tobacco cessation is incorporated into the Coos County Correctional Treatment Center programs. Tobacco cessation during substance use disorder treatment has been shown to increase abstinence from alcohol and other drugs.

The following numbers provide access to the Oregon Tobacco Quitline:
- 1-800-QUIT-NOW (1-800-784-8669)
- Español: 1-877-2NO-FUME (1-877-266-3863)
- TTY: 1-877-777-6534
- Or register online at: [www.quitnow.net/oregon/](http://www.quitnow.net/oregon/)

Breast & Cervical Cancer Prevention Program

The goal of the Breast and Cervical Cancer (BCC) is early detection when cancer has a greater success rate for treatment and cure. This program screens women ages 40-64 for breast and cervical cancer. To be eligible for BCC, women must meet an income eligibility requirement of less than 250% of the federal poverty level, and have no health insurance, or have limited health insurance coverage.

The BCC program includes a provider visit in which the woman receives a pelvic exam, Pap smear, clinical breast exam, instruction in self-breast exam and a referral for a mammogram. If follow-up procedures are needed, such as a fine needle aspiration or surgical consult, these are covered also. Men are also eligible for mammogram vouchers, and there are no age restrictions for men. If breast or cervical cancer is diagnosed through this program, the participant will be enrolled into the breast and cervical cancer Medicaid program, which pays for treatment.

Coos County Public Health (CCPH) is a contracted provider with the State for the BCC program, and a total of 109 women were screened by the nurse practitioner at CCPH during 2008/09. Even though some screenings prompted biopsies, no cervical or breast cancers were found.
Promoting Healthy Families

Healthy families are a foundation for a healthy community. Public health services, including Family Planning, 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. Society also benefits when children are wanted and cared for. 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. We also help families get access to medical services: Oregon Mothers Care 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.

Family Planning / Contraceptive Services

Our mission in Family Planning is to help our clients make informed decisions for their lives that allow them to have children when they are physically, emotionally, and financially ready to parent, and when children are wanted and planned. An unintended pregnancy can carry serious consequences at all ages and life stages.

With an unintended pregnancy, the mother is
- Less likely to seek prenatal care in the first trimester
- Less likely to breastfeed
- More likely to expose the fetus to harmful substances, such as tobacco or alcohol
- Less likely to be married, which has financial and social consequences
- More likely to have an induced abortion.

With an unintended pregnancy, the child has a greater risk of
- low birth weight
- dying in its first year
- being abused, and
- not receiving sufficient resources for healthy development.

An unintended pregnancy is expensive not only for the family, but also the tax payers. In the Oregon Family Planning Program, for every $1 spent, $5 is saved by the taxpayer in prenatal, labor and delivery, and infant health care costs for every unintended birth (an impressive 500 percent return on investment). In Oregon in 2007, 19,186 unintended pregnancies and 8,407 abortions were averted through family planning services. This saves Oregon taxpayers more than $5 million annually from the reduction in unintended pregnancies alone.
FAMILY PLANNING SERVICES:
At Coos County Public Health, we offer the Federal Title X Family Planning program, which provides services on a sliding scale, based on income and ability to pay. Many women and teenagers qualify for the Family Planning Expansion Project (FPEP), which is a special Medicaid program for those seeking contraception who do not have insurance and are below 185% of the poverty level. Proof of citizenship (i.e., a birth certificate) is required for FPEP, but not for the Title X program.

SERVICE STATISTICS:
Coos County Public Health offers a variety of birth control methods, women’s health exams, and also pregnancy testing and options counseling. Abortions are not provided. For FY 2008/09:

- 1,191 clients were served
- 2,076 office visits were provided
- 91% of clients were below 150% of the federal poverty level
- 70% were uninsured for primary care
- 362 teens were served (30% of the total clients)

Coos County Public Health served 13% fewer clients this past fiscal year, compared to the previous year. This continues the downward trend in the number of clients served over the past 5 years.

This downward trend in the number of family planning clients served by the Health Department also corresponds to the availability of the Family Planning Expansion Project services through the Waterfall Clinic and the School Based Health Center on the Marshfield High School Campus since FY 2005/06.
There were 26 pregnancies in Coos County teens aged 15-17 in 2007, a rate of 19.6 (state 25.7). The preliminary rate for 2008 at 13.9 per 1,000 shows Coos County surpassing the 2010 benchmark. The preliminary rate for 2008 for the State is 25.0. (The teen pregnancy rate includes both births and abortions; the number of miscarriages is unknown.)

The drop in teen pregnancy cannot be attributed to an increase in abstinence, as 61.5% of Coos County 11th grade females report that they have “had sexual intercourse” (50.1% statewide). Of those 11th grade females in Coos County who had sex, 82.8% of the females and 89% of the males reported using a method to prevent pregnancy. (The Oregon Healthy Teen Survey, 2007/08.)

Access to Family Planning services has helped to decrease unwanted pregnancy and prevent abortions. Over 25,000 condoms were distributed through the Family Planning Clinic. This includes condoms given to clients, packets of (25) condoms sold for $1.00 to walk-ins upon request, and the 4,000 condoms funded by the North Bend High School’s Community 101 Are You Covered? project.

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

In the 2008/09 school year, the School Based Health Center (SBHC) at Marshfield High School, operated by Waterfall Clinic, began its fifth year of service to students in Coos Bay. As a state certified SBHC, the clinic was eligible for state general funds through Coos County Public Health, and received $61,261 during FY 2008/09. The SBHC helps 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. The center became certified in 2005 after meeting the state requirements for its facility, operations and staffing, laboratory and clinical services, data collection and reporting, and administrative procedures.

HIGHLIGHTS:

- Offered services 3 days a week.
- Added mental health counseling services.
- Provided 866 office visits during the 2008/09 school year.
- Provided services to 300 clients.
- Administered 425 immunizations, including the new HPV vaccine.
- The Marshfield SBHC was one of 54 certified centers in 20 counties in Oregon in 2009.
- Coordinator, Shannon Weybright, RN, is an Oregon representative serving on the National Assembly on School Based Health Care’s (NASBHC) Government Affairs Committee.

Oregon MothersCare / Oregon Health Plan Outreach

In 2008/09, the CCPH Oregon MothersCare program helped fund an employee 1.5 days a week; this level of staffing was also supported by Medicaid Administrative Claiming. This program assisted pregnant women in applying for the Oregon Health Plan, if eligible, and helped them obtain prenatal care as soon as possible. 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. Assistance was also provided to others (not pregnant) in applying for publicly funded health care.

In Coos County, over 90% of women who contacted our Oregon Mothers Care program in their first trimester were able to begin prenatal care with a provider during their 1st trimester, which exceeded the Oregon benchmark for 2010. This is noteworthy that women served by the Health Department achieved this early prenatal care benchmark, because overall in Coos County for the last 3 years, an average of only 74% of pregnant women started their prenatal care in the first trimester, ranking Coos 29th in the state.
In 2006 and 2007, Coos County had the unfavorable designation of the highest rate of inadequate prenatal care in the state (fewer than 5 prenatal visits or care beginning in the last trimester.) The prenatal care providers at North Bend Medical Center and Bay Clinic have worked collaboratively with the public health case manager, Renee Johnson, to make the Oregon MothersCare program a success.

HIGHLIGHTS:

- 205 clients (non-pregnant) were assisted in applying for publicly sponsored health insurance coverage, which is up from 185 last fiscal year
- 243 pregnant women were helped with applying for the Oregon Health Plan, obtaining prenatal care, and referrals to other prenatal services.

TOUCHING OUR COMMUNITY:

A female client, who recently lost her full-time employment with insurance benefits, came in for a pregnancy test in our Family Planning clinic. It was determined she was pregnant and she was referred to our Oregon MothersCare program.

Upon arriving to her Oregon MothersCare appointment, the client said she was worried that she would be losing her private insurance soon and didn’t know what to do. I explained to her that she could have Oregon Health Plan (OHP) as her secondary insurance until her primary/private insurance expired, at which time OHP would become primary. She was assisted in signing up for OHP, informed of the importance of dental care and the use of prenatal vitamins during pregnancy. She was referred to our WIC program, which provided her vouchers for nutritious foods, and also to the Healthy Start program home visiting services. An initial pre-natal appointment was scheduled with a local provider.

Women, Infants and Children (WIC)

WIC is a federal public health nutrition program. Eligible participants are women who are pregnant, postpartum, and/or breastfeeding; 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 proper nutrition, education, and referral to needed services, which helps to prevent more serious and costly health problems.
For 2006-2008, Oregon placed as the second most food insecure with hunger state in the nation at 13.1% of Oregon households. This is a 1.2% increase since the 2003-2005 time period. The WIC food vouchers provide food worth about $45 a month for each woman and child, and the formula allotment for infants is worth about $126 per month.

**Oregon Benchmark, Hunger:**
Oregon’s national rank for the percent of households that are food insecure with hunger (at least one member must go hungry).

**FRESH CHOICES:**

**WIC experienced the biggest transformation the program has seen in over 30 years!**

Beginning in August 2009, unprecedented changes were made to the WIC food package to encourage clients to:

- Eat more fruits and vegetables.
- Increase whole grain and fiber consumption.
- Lower saturated fat in diet.
- Drink less sweetened beverages and juice.
- Exclusively breastfeed their babies.

In Oregon this project is called Fresh Choices. These changes will make the foods offered more consistent with current dietary guidelines, and will further solidify WIC’s status as the premier public health nutrition program.

**OREGON WIC LISTENS:**

The Oregon WIC program also joined a national initiative to strengthen WIC services. A program was launched to encourage participant centered counseling. This was called Oregon WIC Listens and puts WIC families in the driver’s seat as they initiate behavior change.

Oregon WIC Listens emphasizes:

- Empowering WIC participants to build on their existing skills and knowledge as they develop healthy habits.
- Understanding each family’s unique strengths and concerns.
- Providing individualized education based on needs identified by the participant.
HIGHLIGHTS:

In FY 2008/09, Coos County WIC Program:

- Average monthly caseload: **1,911**
- Total served in 12 months: **3,192**
  - 995 Women
  - 944 Infants
  - 1,253 Children, ages 1-5 years old
- **$1.2 million** in food vouchers issued locally, $70 million was spent in grocery stores statewide.
- **$8,540** in Farmer’s Market coupons issued locally and over $421 million issued statewide.
- Served **55%** of all pregnant women, compared to 40% statewide average.
- **63.7%** of families of WIC clients have income at or below the federal poverty level ($1,431 per month for a family of 3). **63.1%** of WIC households have at least one working family member.

BREASTFEEDING:

Oregon is the top 3rd in the nation for breastfeeding. 98% of Oregon WIC moms breastfeed their newborns. This is a rate that exceeds the Healthy People 2010 objective of 75% and is much higher than the national average of 74%. Here is Coos County:

- **90.3%** of Coos County WIC clients start out breastfeeding, (exceeding the national Healthy People objective).
- WIC participated with the local medical centers, Bay Area Hospital, La Leche League, Healthy Beginnings 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.
- Three WIC staff members are currently Certified Lactation Educators.

Healthy People 2010 Objective:

75% of mothers will breastfeed their babies in the early postpartum period; 50% will breastfeed at 6 months.
Family Health Home Visiting Services

Parent education through home visitation continues to be a successful strategy to help families with young children improve their health status and parenting skills. All our home visiting programs help parents prepare for and navigate successfully through the normal developmental changes in their infant or toddler, and all focus on maximizing the health and well-being of their children. Our programs also reduce child maltreatment and juvenile delinquency. The parent educators, who are registered nurses or highly trained professionals under the supervision of a nurse, must possess a wide range of communication skills and a broad knowledge base to make accurate assessments and provide appropriate interventions.

The services provided are based on the family’s individual needs and include the following:

- Parent education, anticipatory guidance, problem-solving, skill development, and goal setting;
- Practical tips on ways to encourage learning, manage challenging behavior, and promote strong parent–child relationships;
- Immunization assessment;
- Developmental screenings;
- Family and child health assessment, including hearing, vision, dental, and growth;
- Support and advice on health issues;
- Assessment of parent-child interactions, bonding and attachment;
- Assessment of learning opportunities and safety in the home;
- Referrals to and linking families to routine medical, or specialty health care, and community resources as needed;
- Consultation with other service providers.

Our Family Health Home Visiting programs provide a variety of services including: Healthy Start, targeting first time parents with children up to the age of 3; Babies First!/Parents As Teachers working with families with children up to age 5 years; and CaCoon, for families with children up to age 21 years who have special health or developmental needs. The goal of CaCoon is to help families become as independent as possible in caring for special needs children, and also to help families access appropriate resources and services.

All of our home visiting services are voluntary and are provided at no cost to the families.

Home visiting has been identified as a best practice model. It enables the public health nurses and parent educators to provide individualized education and support in the home environment. In addition, all our home visiting staff are certified Parents As Teachers (PAT) educators and draw upon this evidenced-based, best practice curriculum. The PAT curriculum provides excellent, well researched parent education, based on sound child development principles and current neuroscience information, and is supported by well-written parent handouts and audio/visual resources.
With the variety of home visiting programs that we provide, we are able to customize the frequency of our visits to best meet the needs and desires of the participating families. Throughout all our home visiting programs, we have three basic beliefs:

1. The early years of a child’s life are the most important for brain development and provide the foundation for success in school and life.

2. Parents are their children’s first and most influential teachers.

3. All young children and their families deserve the same opportunities to succeed, regardless of any demographic, geographic, or economic considerations.

In addition to working directly with families, our Public Health Nurses and Parent Educators collaborate with a wide variety of community partners who provide services to young children and their families, including: Child Advocacy Center’s Multidisciplinary Team, Early Childhood Committee, Family Violence Council, Zero To Three, Perinatal Task Force, System of Care, and many others.

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.

**PROGRAM HIGHLIGHTS:**

- Due to the insufficient payments from Medicaid for maternity case management services, and our inability to find additional funding, our Healthy Beginnings program closed during the early months of this fiscal year, providing 38 home visits to 5 pregnant and postpartum women. Services to pregnant women continued through our Oregon MothersCare and referrals to community partners.

- Coos County Public Health continued to provide home visiting services through the Coos County Healthy Start/Healthy Families, a program funded by the Commission on Children & Families. During FY 2008/09, we provided a total of 1,422 intensive home visits to 73 enrolled families and were able to contact approximately 85% of Coos County’s first birth families to offer services, information, and/or referrals.
Promoting Healthy Families

- Our Babies First!/Parents As Teachers program continued to operate at full capacity, serving **124 children** and providing **701 home visits**. In addition, with a community grant from Bay Area Hospital, we were able to expand our Babies First!/Parents As Teachers program to provide home visiting services to an additional 32 children and their families.

- Home visiting staff also provided parenting education and intervention services to **19 families** involved in the Child Welfare System for a total of **127 visits**.

- Our CaCoon Public Health Nurses participated in Community Connections Network (CNN), which is a statewide system of community based multidisciplinary teams that provide coordinated care for children with special health needs. CNN provides monthly multidisciplinary team clinics to evaluate the child, assess available services and linkage to those services, and provide recommendations resulting from staffings with parents and professionals. The focus of the CCN is to find ways to maximize a child’s potential at home, at school, and as part of the community. Recently, Coos County’s CCN was recognized as a “Star Community” by Champions for Inclusive Communities, a national center designed to support communities in organizing services for families of children and youth with special health care needs. **35 families served; 286 home visits.**

- Our home visiting programs continued to work closely with local dental care providers, Dental Outreach of Oregon, and Perinatal Task Force members to implement a series of **Early Childhood Cavities** prevention projects designed to provide education and materials to pregnant women, children aged birth – 4 years, and parents in an effort to reduce both preterm labor and prevent early childhood cavities. Funding was provided, in part by the Dental Outreach of Oregon and the Zonta Club of Coos Bay Area. Since the transmission of bacteria that cause cavities is the number one communicable disease in childhood, Public Health plans to continue focusing attention on this preventable disease.

- Coos County Healthy Start and Public Health home visiting staff have also participated in the “**Babies Can’t Wait,**” Coos County’s Zero to Three Court Program. The goals of this pilot project are to improve outcomes for infants and toddlers in the foster care system, decrease the inter-generational recurrence of abuse and/or neglect, enhance and better coordinate services for these children and their families, and reduce the number of placements and obtain permanency sooner for infants and toddlers. Public Health Nurses have provided Babies First!/Parents As Teachers, and CaCoon services to families participating in this program.
SUMMARY OF FAMILY CHARACTERISTICS:

Of all families served across all our home visiting programs during the 2008/09 fiscal year:

- 14.6% of enrolled parents admitted to having a chemical dependency
- 9.6% of enrolled families spoke something other than English as their primary language
- 33.3% of parents had less than a high school education
- 13.8% of families receiving services were teens
- 21.8% of families were single-parent households
- 64% of enrolled families were low income
- 18% of families experienced some form of domestic violence
- 11.8% of children and 22.2% of parents were disabled
- 31.4% of children had on-going health problems serious enough to limit life activities
- 20.7% of moms had a current or past history of mental health issues

FAMILY OUTCOMES:

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

- 100% of families’ needs were identified.
- 98.5% of children had health care providers.
- 92% of children served by our programs were free of child abuse and neglect after enrollment.
- 83% of children were up to date on their immunizations.
- 38% of children screened for health or behavioral problems were referred for further evaluation.

  - Of these, 82% received follow-up services.
  - 11.5% of families were referred into our home visiting services because of suspected child abuse.

Oregon Benchmark, Child Abuse or Neglect (Substantiated):

By 2010, the substantiated number of child abuse victims per 1,000 children ages 0-17 will only be 5.6%.

In 2008, Coos County had a rate of 18.7% of child abuse and neglect; the 8th highest, i.e., worst in Oregon.

TOTALS FOR HOME VISITING PROGRAMS:

<table>
<thead>
<tr>
<th></th>
<th>FY 2008/09</th>
<th>FY 2007/08</th>
<th>FY 2006/07</th>
<th>FY 2005/06</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Visits</td>
<td>2,696</td>
<td>3,336</td>
<td>2,663</td>
<td>2,577</td>
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<tr>
<td>Families Served</td>
<td>*233</td>
<td>*501</td>
<td>549</td>
<td>560</td>
</tr>
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</table>

* Total served if include Healthy Start basic services (screen, welcome baby bag, etc.)
TOUCHING OUR COMMUNITY:

I have had the pleasure of working with Anne* for the past 3 months. Anne has had a difficult life with little support, up until this point. As a child, she was placed in foster care because her mother was not able to meet her basic needs. As a young adult, she found herself in an abusive relationship. When she discovered that she was pregnant, her boyfriend physically and emotionally abused her, telling her she wasn’t capable of being a mother.

Eventually, Anne was able to leave this abusive situation, filed a restraining order against the father, and delivered a healthy baby boy. Initially, I had some difficulty contacting her because Anne didn’t have a phone and used the nearby payphone to leave me messages. Eventually, we were able to meet face to face and I enrolled her in Healthy Start. I was able to refer her to several community agencies to address her needs for food, utilities, and other basic needs. I am in the process of problem solving with her ways to resolve her transportation difficulties and my hope is that she will choose to use her new found transportation freedom as a way to receive counseling and domestic violence assistance. At this point in time, however, she is reluctant to discuss her history of abuse and neglect.

Anne wants what is best for her son and works hard to improve her parenting skills. Having had few positive experiences as a child, however, she has few positive parenting role models to emulate now that it is her job to mother this boy. She enjoys learning about her son’s growth and development and has learned to recognize and respond appropriately to his cues. She has made sure that her son attends his well-baby appointments and is up-to-date with his childhood immunizations. I will continue to provide her with parenting suggestions, child development information, anticipatory guidance, and role model as appropriate. I am proud of the steps she has taken so far and look forward to the progress that she can make with my assistance and with additional referrals to appropriate providers.

*Names have been changed to protect confidentiality*
Supporters of Public Health

Generous supporters of Coos County Public Health from 7/1/08 thru 6/30/09:

- Bay Area Health District, for PAT Program $9,900
- Bay Area Rotary, for Shots for Tots $6,000
- Bree’s Upscale Resale $110
- Community Health Partnership $1,031
- Coos County Friends of Public Health* $2,500
- Coquille Tribal Community Fund $5,000
- Michael & Lindi Quinn $400

*Funds from Coins for Coos Kids $500; Coos Bay Zonta $1,500; North Bend High School Community 101 Project $500

How You Can Help

✓ Volunteer,
✓ Make a tax deductible donation to a public health program, or
✓ Be a Friend, join the Coos County Friends of Public Health

Coos County Friends of Public Health

The Coos County Friends of Public Health is a private non-profit 501c3 tax exempt organization.

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

PURPOSE:

- to promote an understanding of the public health needs in Coos County and the availability of services to address those needs
- to increase community collaboration to achieve public health goals and to provide public health services
- to encourage volunteer involvement for local public health programs
- to educate about the important relationship between resources and essential public health services
- to generate resources in fulfillment of our mission

Members of the Friends can help with community education, advocating for public health issues, fund-raising, and volunteering for public health programs. For more information about membership in the Friends, contact Molly Ford at 541-888-6871, or Connie Bunnell at 541-267-3216. Or write to ccfoph@gmail.com or PO Box 203, Coos Bay, OR 97420.
Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<tr>
<td>BCC</td>
<td>Breast and Cervical Cancer Program</td>
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<tr>
<td>BRFSS</td>
<td>Behavioral Risk Factor Surveillance System</td>
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<tr>
<td>CaCoon</td>
<td>Care Coordination Program</td>
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<td>CCN</td>
<td>Community Connection Network</td>
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<td>CCPH</td>
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<td>CDC</td>
<td>Center for Disease Control</td>
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<td>CGF</td>
<td>County General Fund</td>
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<td>DHS</td>
<td>Department of Human Services</td>
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<td>DOCS</td>
<td>Doctors of the Oregon Coast South</td>
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<tr>
<td>EPA</td>
<td>Environmental Protection Agency</td>
</tr>
<tr>
<td>FTE</td>
<td>Full Time Employee</td>
</tr>
<tr>
<td>FY</td>
<td>Fiscal Year</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>HPV</td>
<td>Human Papilloma Virus</td>
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<td>MCH</td>
<td>Maternal Child Health</td>
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<td>PAT</td>
<td>Parents As Teachers</td>
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<td>PHP</td>
<td>Public Health Preparedness</td>
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<td>SBHC</td>
<td>School Based Health Center</td>
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<td>SCRIPT</td>
<td>South Coast Rural Integrated Provider Team</td>
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<td>SOCC</td>
<td>Southwestern Oregon Community College</td>
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<td>STIs</td>
<td>Sexually Transmitted Infections / Diseases</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<tr>
<td>WIC</td>
<td>Women, Infants, and Children Nutrition Program</td>
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Information

For questions or information regarding this report, please contact Frances Smith, Public Health Administrator, at: (541) 756-2020, ext. 545.

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 Steve Allen, Coos County Human Resources, at: (541) 396-3121 ext. 249; TTY Relay (800) 735-2900.