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Letter From the Administrator

To the Residents of Coos County:

This report will give the reader a snapshot of the many services which Coos County Public Health employees provided in Fiscal Year 2010/11. In addition to the numbers served in our programs, we have included statistics that inform us about the people who live here. Our county has been ranked as one of the least healthy in the state. Our residents don’t live as long as the average Oregonian, because of early deaths due to cancer and heart disease, which is largely linked to smoking. Tobacco kills as many people in Coos County every two weeks as die in motor vehicle accidents in a year’s time. And, a baby born in Coos County in 2000 and subsequent years, is twice as likely to develop diabetes as to graduate from college. Our poor health ranking is largely attributed to our unhealthy behaviors. We are optimistic that we can do better, and we are working on creating environments here that will support healthier choices.

The poverty in Coos County does make it more challenging for some to lead a healthy life, especially for families with young children. We note that 41% of babies born in Coos County in 2009 were to single mothers, and of those families, 75% were below the poverty level. Some of the most important work that we do is to help children get a good start in life—through good nutrition in the WIC program, immunizations that prevent illness, and through evaluation of children’s growth and development, with guidance to the new parents. We give a helping hand to many individuals, but you, the community are also collectively our “client.” Our efforts help to assure that you can breathe clean air, drink pure water, and eat healthful food.

We would not be able to accomplish the many good things we do if it weren’t for the collaboration and participation of many people and organizations in our community. For example, there are many donors and volunteers who are helping children get preventive dental care through the school-based program, Ready to Smile. Volunteers raise funds and donate their time for Shots for Tots and Teens so that children have no barriers to getting immunizations. The Coos County Friends of Public Health and the Zonta Club of the Coos Bay Area have raised funds to help women get annual health exams. And your tax dollars—federal, state, and local—provide the public health infrastructure necessary to get the job done. It has been a privilege this past year to work with the 39 dedicated public health staff, the volunteers, and the many community partners who are striving to make this a healthier place to live, work, play, and learn.

Sincerely,

Frances Smith, Administrator
Clinical Medical Services – Treatment, Prevention & Health Promotion

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

**Staffing:** For Fiscal year 2010/11, the clinic staff who provided the services described in this section included a nurse practitioner, Challis Casebolt, WHCN, (3 days a week), a nurse supervisor, who also served as the communicable disease and immunization coordinator, one additional clinic nurse, 2 aides, and support staff who provided reception and billing services. Clinic staff were under the direction of the Nursing Services Manager, and followed practice protocols approved by the Health Officer, Hugh Tyson, M.D.

**Immunizations**

Vaccines are offered from birth through adulthood. CCPH is a provider for the federal Vaccine For Children program, which helps to assure that vaccines are available to those who are low income and/or uninsured. Special clinics and campaigns were offered to improve the rates of immunizations in the community. (See page 12.)

In FY 2010/11:

1,066 Immunizations were administered.

976 Seasonal flu shots were administered.

**Sexually Transmitted Diseases (STD) Treatment**

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

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

There continues to be a lack of government funding for STD exams. We were grateful to the *Coquille Tribal Community Fund*, which provided a $5,000 grant to help pay for STD exams for young people.
Every $1 spent in screening saves an estimated $12 in costs of future complications.

In FY 2010/11, Coos County Public Health STD Program administered:

- **570** Chlamydia tests; **39** were positive;
- **33** Herpes tests; **21** were positive;
- **570** Gonorrhea tests, **0** were positive;
- **17** Syphilis tests, **0** were positive.

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

**HIV Prevention / Testing**

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

Confidential and anonymous testing and counseling services were offered in our STD clinic by a registered nurse. CCPH did not receive any federal or state prevention funds for HIV testing or outreach in 2010/11.

In FY 2010/11:

- **22** HIV tests were performed, with no positive tests.

**Reproductive Health Services**

**Family Planning and Contraceptive Care Services**

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

Family Planning helps our clients make informed decisions that allow them to have children when they are physically, emotionally, and financially ready to parent. ( Abortions are not provided.) Women may also consult with the Nurse Practitioner for reproductive health problems (unrelated to contraceptives), and receive a Pap test and breast exam.
In FY 2010/11, the CCPH Family Planning Program served \textbf{1,038 clients}.

- \textbf{88.4\%} of clients were below 150\% of the federal poverty level.
- \textbf{76.6\%} of clients served were on Medicaid (including \textit{CCare}).
- \textbf{63\%} were uninsured for primary care.
- \textbf{9.2\%} of clients were of Hispanic ethnicity.
- \textbf{169} pregnancies were prevented (estimate based on contraceptive use).
- \textbf{63\%} of female clients age 24 or younger were tested for Chlamydia (n=380).

(Statewide goal = 100\%; statewide average=47.6\% tested for Chlamydia)

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

Many women and teenagers qualify for the \textit{Contraceptive Care Project (CCare)}, which is a special \textit{Medicaid} waiver program for those who are seeking contraception, do not have insurance, and are below 185\% of the federal poverty level. Eligibility for \textit{CCare} requires proof of citizenship (i.e., a birth certificate). \textit{CCare} is an important source of revenue for the Health Department’s family planning services, which must be provided at no charge to many of our clients, as a requirement of the Title X program. \textit{CCare} reimbursement payments per month have dropped from a high in 2004 of $29,799 per month, to $16,166 in 2010. This is due to the reduction in the total number of clients served who qualify for enrollment in \textit{CCare}, and also a lower reimbursement rate for the services provided.

\textbf{Teen pregnancy prevention}: An unintended pregnancy can carry serious consequences at all ages and life stages. It is generally understood that a teen pregnancy creates a challenge for the health of the teen mother and her baby, and can have long term consequences in education, earning potential, and cost to society.

In FY 2010/11, \textbf{125} teens were served (27\% of the total family planning clients).

\textbf{Oregon Benchmark}: By 2015, 18\% pregnancy rate in teens per 1,000 ages 15 – 17 years old.

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\textbf{Coos County Public Health} - 4 - 2010 / 11 Annual Report
Breast & Cervical Cancer Prevention Program (BCCP)

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

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

115 women were screened by the nurse practitioner at CCPH during FY 2010/11. No cervical or breast cancers were found, even though some screenings prompted biopsies.

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

The CCPH Outreach/Case Manager assists pregnant women in the Oregon MothersCare program in applying for the Oregon Health Plan, if eligible, and helps them obtain prenatal care as soon as possible, in collaboration with the local OB/GYN providers. In 2010/11, 85% of women who contacted our Oregon MothersCare program in their first trimester were able to begin prenatal care with a provider during their 1st trimester.

180 pregnant women were helped with applying for the Oregon Health Plan, obtaining prenatal care, and referrals to other prenatal services. This service reached an estimated 25% of all the pregnant women in Coos County in one year. Assistance was also provided to others.
(not pregnant) in applying for publicly funded health care. **16% of adults** in Coos County are estimated to have no health insurance.

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

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

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

Coos County Public Health (CCPH) contracts with The Waterfall Community Health Center to provide medical services at the School Based Health Center (SBHC) at Marshfield High School, which completed its 8th year of operation. As a recipient of a SBHC planning grant, a second site, located on the Powers Elementary School property, was identified. The Powers SBHC modular unit has been erected and was supplied with the necessary equipment, and began operating in September of 2011. The state general fund was the source of both SBHC grants, which were administered through the local health department. To receive state funding, a SBHC must meet certification standards, which apply to staffing, services, and the facility.

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

The 2010 SBHC statewide patient satisfaction survey reported that:

- **64%** of students said they were unlikely to receive care outside of the SBHC.
- **61%** of students reported their health was better because of SBHC.

In FY 2010/11, the Marshfield High School SBHC was open 4 days/week and provided the following services during the school year:

- **807** office visits
- **180** clients received services

In FY 2010/11, the Powers SBHC was in the process of construction and not yet open for service. During the upcoming fiscal year, services will be provided to students 3 days/week. Due to Powers rural location and distance from health care services, this SBHC met a critical need for the area and allows students to receive health services without having to miss a significant amount of class time to travel elsewhere.
Children’s Dental Health --Ready to Smile –
School Based Program

An Oregon Community Foundation Regional Action Initiative

According to the 2007 Smile Survey, Oregon has had a higher rate of untreated decay among school children than neighboring states, and it has been getting worse since the first survey was done in 2002. In Oregon, almost 2 out of 3 children in 1st, 2nd, and 3rd grade have already had a cavity, and more than half of those children have untreated decay. Lower income children suffer from poorer oral health and access to care than those in higher income brackets.

To make a difference in this long-standing need in South Coast children, the Ready to Smile program was launched in 2010 by the Oregon Community Foundation’s South Coast Leadership Council as a Regional Action Initiative, with significant financial support also from the Ford Family Foundation. The entire program is funded through donations, not tax dollars.

The Ready to Smile dental program was administered during FY 2010/11 by CCPH in all of Coos and Curry County school districts, delivering preventive dental health services and education to students in targeted grades. The Ready to Smile team consisted of a part time dental assistant, a dental hygienist (contracted for the program through Waterfall Community Health Center), and a full-time manager of the program, Cecilee Shull.

A critical factor that led to a successful first year of the program was the collaboration with the school districts and the parents’ desire for their children to participate.

Services included:

- Screening students for signs of decay.
  
  38% of enrolled students in the targeted grades participated in the dental screening.

- Placing sealants on molars in students in 1st, 2nd, 6th, and 7th grades, who are at the ages when the first molars erupt. (This was coordinated with the state sealant program, which serves only 1st and 2nd graders in certain school districts).

  3545 sealants were placed.

- Applying fluoride varnish to prevent or reduce decay.

  625 students received fluoride varnish.
• Referring those with acute dental needs to a local dentist’s office and/or coordinating with the Tooth Taxi and the Medical Teams International Dental Vans to provide restorative dental care after the screenings. (The MTI Dental Van provided dental care valued at $6,000 in May, 2011.)

• Education about the affect of sugary foods, including soda pop, on teeth.

• Instruction in tooth brushing and flossing and distribution of 2721 dental kits.

A steering committee met quarterly and continued to provide guidance to the program. Many individuals and service organizations throughout Coos and Curry Counties donated time and funds to the program, and the Mildred & Harvey Mudd Foundation of the Sprague Family Foundations offered a matching challenge grant through December, 2011.

Community Disease Prevention, Protection & Emergency Preparedness

Epidemiology and Control of Preventable Diseases

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

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

• 373 confirmed cases of reportable communicable diseases in 2010/11, including sexually transmitted diseases.
<table>
<thead>
<tr>
<th>Disease</th>
<th>2010/11</th>
<th>2009/10</th>
<th>2008/09</th>
<th>2007/08</th>
<th>2006/07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campylobacter</td>
<td>22</td>
<td>12</td>
<td>13</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>Giardiasis</td>
<td>7</td>
<td>22</td>
<td>10</td>
<td>9</td>
<td>14</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Hepatitis C (chronic)</td>
<td>152</td>
<td>146</td>
<td>180</td>
<td>79</td>
<td>191</td>
</tr>
<tr>
<td>Pertussis</td>
<td>2</td>
<td>4</td>
<td>8</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Salmonella</td>
<td>2</td>
<td>8</td>
<td>5</td>
<td>8</td>
<td>7</td>
</tr>
</tbody>
</table>

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

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

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

**Sexually Transmitted Disease - Partner Notification**

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>2010/11</th>
<th>2009/10</th>
<th>2008/09</th>
<th>2007/08</th>
<th>2006/07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>161</td>
<td>178</td>
<td>96</td>
<td>88</td>
<td>77</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>4</td>
<td>4</td>
<td>9</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Syphilis</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>

Although genital herpes and genital warts are very prevalent STDs, these conditions are not reportable to the Health Department. Chlamydia is Oregon’s and Coos County’s most common reportable communicable disease.
In FY 2010/11, 4% of the female clients tested in the CCPH family planning clinic were infected with Chlamydia. All within a certain age range are tested as part of the *Chlamydia Infertility Prevention Project*, funded by the federal government. The total number of tests in CCPH family planning and STD clinics were 570, with 39 positive.

**Tuberculosis: Screening, Case Management, and Treatment**

Tuberculosis is contagious and a major cause of disease and death in many parts of the world. Coos County has had a few cases in recent years; screening and case management keeps this disease in check and protects our community. Our TB program is a mandated service; the grant from the Oregon Health Authority for TB services (which was $3,337 in FY 2010/11) was insufficient and had to be supplemented from the per capita award to the County.

In FY 2010/11:

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

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

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

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.
TB special projects in FY 2010/11: The Health Department’s Health Officer, Hugh Tyson, M.D.,

- provided outreach education and guidance on TB screening and referral to the facilities which serve homeless and at risk persons: T.H.E. House, The Mission, and the Coos County Jail;
- revised and updated the Department’s TB policy and procedure manual.

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

Hepatitis Screening and Prevention

We continued to participate in the State’s free Hepatitis C screening for high risk persons, and the targeted Hepatitis A & B vaccination program for persons with Hepatitis C, with HIV, and persons with high risk behaviors. We receive reports on Hepatitis C testing to collect data for the state; Coos County has one of the highest rates in the state for chronic Hepatitis C. The high number of Hepatitis C reports also reflect the multiple tests which are done to diagnose and monitor Hepatitis C disease.

The Hepatitis A vaccine is now required for all children preschool through 2nd grade. No cases of Hepatitis A have been reported since 2004, compared to over 100 cases in 1987, which was before the Hepatitis A vaccine was licensed in 1995-96. Now, most cases in Oregon occur in persons who travel outside the U.S. This is an example of how effectively immunizations can reduce disease in a community.

Animal Bites

All animal bites are to be reported to the Health Department’s Environmental Health Program. The staff coordinates with local community professionals, law enforcement, veterinarians and medical professionals who provide animal bite reports. We provide a stop gap to assure bite victims are directed to receive rabies prophylaxis when warranted, according to Oregon Health Authority protocol. Fortunately, no cases of rabies in animals in Coos County have been found since the year 2000.

77 animal bites reported in 2010.

Improving Immunization Rates

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

75% is the up-to-date rate for 2-year olds served by CCPH in 2010.

(73% is the statewide average for county public health departments.)

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

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.

Activities to Increase Immunization Rates

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

- Monthly reminders were mailed to parents of children who receive services at CCPH and are due for their 4th DTap.
- An annual luncheon of health care providers was held to discuss ways to improve community-wide immunization rates.
- School exclusion was coordinated by CCPH, in collaboration with the schools: any child who was not up-to-date on Exclusion Day, the third Wednesday in February, was not allowed to attend school or daycare until the needed immunizations and/or records were brought up-to-date.

During school year 2010/11, 624 letters were mailed threatening exclusion, but only 104 children were excluded, compared to 605 letters and 64 exclusions in school year 2009/10. Most children received the required shots to return to school.

Outreach with Shots for Tots & Teens: This community service project of the Bay Area Rotary Club provided vouchers for children with no insurance or children with insurance that did not cover the cost of immunizations. In fiscal year 2010/11, 186 shots were administered using the “Shots for Tots & Teens” program. Rotary volunteers also helped with special events such as “Kindergarten Round Up,” “School Exclusion Day” drop-in clinic, and the Saturday “Shots for Tots & Teens” Clinic, to reach out to families who could benefit from this program. The Bay Area Rotary Club began the “Shots for Tots” program in 2002, which has helped to improve the immunization rate for 2 year olds in Coos County and to protect many children from life-threatening diseases.
Community Flu Immunization Clinics: Flu clinics were regularly provided at the Health Department offices in North Bend & Coquille. Flu clinics were also held at senior centers, schools, and public buildings to meet the demand for the seasonal flu vaccine. Seasonal flu vaccine was purchased by CCPH for administration in the community, with a limited amount of vaccine provided at no charge (from the state) for low income persons.

976 seasonal flu shots were administered through community clinics and appointments.

Environmental Health Services

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

949 inspections were conducted in licensed facilities.

<table>
<thead>
<tr>
<th>License Type</th>
<th># Licenses Issued</th>
<th>% of Required Inspections Completed</th>
<th># of Closures</th>
<th># of Misc. Consumer Complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Pool/Spa</td>
<td>23</td>
<td>100%</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Lodging</td>
<td>112</td>
<td>100%</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>RV Park/Org Camp</td>
<td>44</td>
<td>100%</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Food Service</td>
<td>214</td>
<td>100%</td>
<td>0</td>
<td>13</td>
</tr>
</tbody>
</table>

Food-borne Illness Prevention Program

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

30 food workers were trained by the EH Manager in the ServSafe® restaurant manager certification program.
Food handler classes were offered monthly, with outreach to Bandon, Myrtle Point, Coquille, & Lakeside.

- 198 food handler cards issued in-office
- 982 food handler cards issued via internet testing

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

- 287 temporary food service licenses were issued for food booths & other special food events.

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

- 52 school kitchens inspections were completed.

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

- 28 centers were inspected.

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

- 11 alleged food-borne illness complaints
- 16 food sanitation complaints
- 4 “failed to comply” notices were posted at restaurants not meeting Oregon’s sanitation standards.

Safe Accommodations for Tourists

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

- 214 tourist facility inspections were completed in 2010, of which 7 were for complaints and re-inspections.
Water Protection & Safety -- Swimming Pools and Spas

All public swimming pools and spas, including those at athletic clubs, motels and other tourist accommodations, are licensed and inspected to assure they are free of disease causing germs. Pools were checked for control of pH, disinfection, water temperatures, and turbidity. Remedial training was offered to the persons in charge of pool safety.

52 pool inspections were completed in 2010, of which 6 were for complaints and follow-up after closure of 2 pools.

Water Protection & Safety – Public Drinking Water

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

In 2010, CCPH had oversight over 69 of the smaller public water systems in Coos County (serving 4 or more connections or < 3,000 users.) Water system operators were required to take steps to physically protect the water and regularly sample for potential contaminants. Our staff worked with the water system operators to understand the rules, and if problems were noted, provided consultation to assure that water users were notified of risks, and problems were corrected.

Public Water Systems Activities:

- On 43 occasions, consultation was provided to a water system operator on how to correct water quality concerns or violations.

- On-site surveys were conducted for 10 public water systems. (Every water system is to be surveyed no less often than every 5 years.)

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

In comparison to the national standard, 85% of the water systems in Coos County that submitted samples were found to have no contaminant violations.
Private Water Systems:
The Health Department has no regulatory role with private water systems. There are thousands of private wells and springs used by one or two homes. No public health resources are funded to assure the safety of these home water sources. However, information is offered to empower residents using private wells or streams to obtain safe drinking water, including brochures about ensuring and developing safe drinking water sources. (This information is also available from OSU Extension and from private consultants.)

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

- 7 phone consultations (or referrals) were provided to users of private water systems regarding the safety of their water source.

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

Public Health Emergency Preparedness and Response
People living in or visiting Coos County could be at risk of physical harm and even loss of life as a result of natural and man-made disasters, including floods, wind storms, earthquake, tsunami, wild fire, chemical spill, and pandemic illness. Health Department personnel are responsible for assisting Coos County by coordinating the health response to any emergency or disaster. Funding for the local public health preparedness program comes only from the federal government—the Center for Disease Control and the Health Resources and Services Administration.

Emergency Response Plan Development
During 2010-2011, the Coos County Public Health Emergency Preparedness Program finalized the Resource Management Plan and the Direction and Control Plan, as well as updated the Communications and Natural Disaster Health Recovery plans. Managers and supervisors of identified Health Department programs started work on an initial draft of a Continuity of Operations Plan for their individual programs, which also included an overall COOP for the Health Department.
Practicing through Exercises

- The Health Department participated in a functional exercise, in response to a flood scenario, with the rest of the Coos County Incident Management Team in November. Public Health staff filled Incident Command System (ICS) roles in Planning, Operations, Finance, and Public Information. The exercise identified the need for more equipment and supplies for the County’s Emergency Operations Center, along with more ICS training for responding personnel.

- A second exercise focused on resource management. To test this capability, a tabletop exercise was used to review the necessary forms and processes, which was then followed by a drill with a mass casualty scenario. During the drill, hospitals developed and submitted resource requests to the Health Department’s Operation Center, where they were processed by Logistics personnel and submitted to the State via OpsCenter networked software. This exercise identified the continuing need to review the necessary information for a proper resource request, and for more staff to become familiar with OpsCenter and the Health Alert Network.

- Communication drills included:
  
  2 local tests of the Health Alert Network (HAN), with a 90% response rate within 1 hr;
  
  3 state initiated tests of HAN and satellite phone.

Collaboration with Partners

The Public Health Administrator continued 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.”

Medical Reserve Corps

In October of 2010, the Coos County Public Health Department received a grant of $12,956 from the Health Care Preparedness Program to start a local Medical Reserve Corps Unit (MRC). The MRC is a nationwide program that trains, credentials, and manages healthcare volunteers who are willing to provide their skills during an emergency. MRC volunteers can also play a role in local public health initiatives, such as flu vaccination campaigns.
This first year was spent developing the infrastructure to sustain a local unit. This included developing a volunteer handbook, training recommendations, recruitment materials, and an orientation session. To become an established unit, the unit had to register with the National MRC organization which falls under the Office of the Civilian Volunteer; this was completed in January of 2011.

Since then, the local MRC has had three volunteer orientation sessions and a Basic Disaster Life Support training. The MRC now has a total of 20 volunteers: 3 physicians, 2 physician assistants, 9 nurses, 1 pharmacist, 2 EMS, and 3 support staff.

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

### Chronic Disease Prevention Services

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

#### Actual Leading Preventable Causes of Death in Coos County:
Tobacco Prevention and Education Program

The Coos County Tobacco Prevention and Education Program is making significant progress toward reducing the burden of tobacco use and working toward creating an environment where children have a greater opportunity to grow up tobacco free, and to lead healthy, productive and prosperous lives unencumbered by nicotine addiction. We do, however, have much work ahead of us in Coos County.

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

The Burden of Disease from Tobacco

Tobacco use is the single greatest preventable cause of death and disease in Coos County. Over half of the preventable deaths in Coos County are tobacco related. Coos County has the highest age adjusted death rate in Oregon, primarily because of our high rates of tobacco use. Tobacco is the major contributor to the thousands of years of potential life lost each year in Coos County due to premature death. Tobacco poisons every cell in a user’s body and contributes to a myriad of diseases, including heart disease, cancer, and respiratory disease, the three major preventable causes of death. It also contributes to other major causes of death, such as diabetes, and is the number one cause of adverse pregnancy outcomes. For every one person dying from tobacco use, 20 others are suffering from a tobacco related disease. Clearly, preventing tobacco use is a major public health priority.

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

Tobacco Prevention Strategies

Years of experience and research has taught us that education alone is not effective for decreasing levels of tobacco use when tobacco use is prevalent and accepted by the community. Children will respond to what they see as community norms rather than what they are told. Best practices include raising the cost of cigarettes, sustained hard hitting media campaigns, and tobacco free environments. At the local level, the most practicable approach to reducing the burden of tobacco use in our communities is the passing of policies that create tobacco free environments where we live, work, play, and learn.
We follow the Centers for Disease Control’s best practice resources for comprehensive tobacco control programs and community interventions, and also the requirements of our Tobacco Prevention and Education grant funding from the state, which is from the tobacco tax. Our local TPEP program focuses primarily on policy, environment and systems change. To achieve sustainable improvement in community health requires the participation of all members of a community, but especially that of decision makers and opinion leaders. Often when the use of policy in the pursuit of public health is not well understood, there is reluctance on the part of policy makers, and of those in the community who can help to influence and support policy makers, to take those steps. Education of decision makers is a major part of tobacco prevention.

The Tobacco Prevention Program Coordinator works with many community groups as an advisor and consultant on tobacco issues, and is active in promoting awareness of the devastating consequences of tobacco use in Coos County and in increasing understanding of the importance of using best practice public health approaches to lowering the burden of tobacco use.

Cessation & Mental Health

Almost half of all cigarettes are consumed by people with diagnoses of mental illness. Recent research showing dose related rates of increased mental distress in non-smokers exposed to second hand smoke indicates that tobacco use may be both a cause of and a self-treatment of mental illness. Mentally ill smokers have their lives shortened an average of 25 years, primarily due to their tobacco use. Although the Tobacco Prevention and Education Program grant did not fund direct cessation activity by the Health Department, it did allow us to encourage and support cessation programs in the community, as well as to promote the Oregon Quitline. This past year the county TPEP program organized a well received training for providers by a well known expert on integrating tobacco cessation into mental illness and substance use disorder treatment programs. Participants were encouraged to take steps to include cessation opportunities in their treatment programs.

Tobacco Restrictions on the SWOCC Campus

Creating smoke free colleges is an important priority for tobacco control. Because of national success at decreasing the initiation and use of tobacco by younger adolescents, the tobacco industry in recent years has focused more heavily on college students. College has increasingly become a time of life when young people become more hardened smokers. Many colleges and universities in Oregon and nationwide adopted smoke free policies over the last year.
In March, after a long process including several surveys showing support for tobacco restrictions on campus, and testimony by community members, students, and faculty, the Southwestern Oregon College Board of Education passed a tobacco use policy. The policy, which takes effect July 1st of 2012, will restrict smoking to specific designated areas. Though not as effective as 100% smoke free policies, this was an important step to make it easier for people to not smoke.

Clean Air at the Coos County Fair

The Coos County TPEP program has been collaborating with the Family and Community Health, and 4 H programs, of the OSU Extension Service in efforts to promote a tobacco free County Fair. The Fair Board approved a survey developed to gather opinions about tobacco use at the fair, from both fair attendees and workers. The survey was administered at the 2011 fair using personal digital assistant computers. Results of the survey will be used to help create a tobacco use policy for the fair.

Tobacco Free Worksites

Another focus of tobacco prevention is the adoption and implementation of tobacco free worksites, including campuses. This has proved to be a difficult process. The County’s North Bend Annex has a designated smoking area, but because of the building’s proximity to sidewalks that are more than 10 feet in width—the tobacco free zone allowed by law—employees, clients and visitors to the programs housed in the building are still frequently exposed to smokers and second hand smoke. Employees at other County worksites have also complained of smoke coming into their offices. Eighty percent of Coos County employee respondents to a survey indicated a desire for smoke free worksite campuses.

Enforcement of the Oregon Indoor Clean Air Act

Through a contract between the County and the State of Oregon, the County Tobacco Prevention Program Coordinator acts as the primary enforcer of any complaints filed about non-compliance with the Oregon Indoor Clean Air Act. When complaints are made to the state, a copy of the complaint is automatically routed to the County TPEP Coordinator, who then sends an initial response letter to the affected business, agency or organization. Second complaints lead to a site visit and development of a remediation plan. If that does not remedy
the problem, state investigators will become involved, with fines being a possible outcome. The current State Indoor Clean Air Act requires that smoking should not occur anywhere indoors or within 10 feet of any doors, entrances, exits, windows that can be opened, or air intake vents.

Complaints can be made by filling out an online form at:

https://apps.state.or.us/wems/complaintForm.wems

or by phone: 1-866-621-6107 (toll free). Both online reporting and calls can be anonymous.

Healthy Communities Program

Many years of prevention efforts have been based on changing individuals—primarily through educating about the right choices. Yet, we have seen increased rates of obesity, continuing use of tobacco, low consumption rates of fruits and vegetables, and insufficient levels of physical activity. Efforts to make changes in these areas were funded by the federal government.

Highlights of the 2010 – 2011 Healthy Communities Program:

- Expanding the referral system for the *Living Well with Chronic Conditions* classes and the Tobacco Quit Line to three additional sites: Waterfall Clinic, Bay Area Hospital, and North Bend Medical Center. The goal of this referral system was to increase use of these resources by having local physicians refer their patients.

- Developing a wellness policy for Health Department personnel, in collaboration with the Coos County Public Health Wellness Committee. The policy included information regarding the following: healthy meetings, self-management programs, Wellness Committee’s role, tobacco, and physical activity. The Wellness Committee members also promoted preventive health screening recommendations, along with information about what is covered by the County’s insurance carriers.

*A Healthier Coos County* Forums and Summit

A main focus of the Healthy Communities Program last year was conducting community forums and a one day chronic disease summit titled, *A Healthier Coos County*. The summit focused on how the environment in which we live plays a significant role in influencing our health behaviors. Over 50 community leaders attended the summit on May 12th and listened to an impressive list of speakers including, Frances Smith, the Public Health Administrator; Theresa Munday, the Medical Director of DOCS; Deb Cohen, author and Rand Research Fellow; and Mel Kohn, the Oregon Director of Public Health.
To prepare for the summit, the Coos County Public Health Department TPEP and Healthy Communities staff, in partnership with the Coos County Friends of Public Health (CCFoPH), and support from The Northwest Health Foundation, held four community forums located in Coos Bay/North Bend, Coquille, Myrtle Point, and Bandon.

The purpose of the forums was to promote discussion from community leaders about what could be done to help improve the health of Coos County citizens. Common themes expressed by participants included smoke free areas and events, more biking and walking infra-structure, and increased access to healthy foods. A synopsis of the considerable input from participants was posted on the CCFoPH website at http://www.ccfoph.org/. This was the first of what is hoped to be three summits for A Healthier Coos County.

**Living Well with Chronic Conditions**

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

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

In FY 2010/11, 4 *Living Well with Chronic Conditions* workshops were conducted, with 44 participants.

- 3 in Coos County (Bandon and Coos Bay)
- 1 in Curry County (Brookings)
Promoting Healthy Families

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

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

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

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

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

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

WIC participants are provided with vouchers for specially chosen foods to meet their health needs at this critical time of their lives. The WIC food vouchers provide food valued about $53 a month for each woman and child, and the formula allotment for infants is worth about $126 per month. New mothers are encouraged to breastfeed and are provided with additional food vouchers if they do.
In 2010, Coos County WIC Program:

- **1,288** families were served.
- **3,115** individuals were served:
  - **956** pregnant, breastfeeding, and postpartum women, and
  - **2,259** infants and children under 5 years old.

- **$1.12 M** in food vouchers were issued locally (Statewide: $64.7 million).
- **$10,720** in Farmer’s Market coupons were issued locally (Statewide: $399,072 issued).

- **44%** of all pregnant women in Coos County were served (State Average: 46.2%).
- **56.6%** of WIC clients had income at or below 100% of the federal poverty level ($1,545 per month for a family of 3).
- **58.5%** of WIC households had at least one working family member.

Advancing WIC with Technology

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

**Using technology to better serve participants:** In 2010, WIC instituted ANSWR (Automated Notification System WIC Reminder) to offer participants the option of receiving appointment reminders via voice, text, and/or e-mail messages in eight different languages. Some participants now also have the option of taking nutrition education courses online, making the courses more accessible and convenient for working families.

Breastfeeding Peer Counseling

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

In 2010, WIC expanded the BFPC program by providing funding to include 5 additional counties, including Coos, making a total of 9 counties who are involved in this expanded service.
Breastfeeding

Oregon is #1 in the nation for breastfeeding; 90% 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 64%.

Here in Coos County:

- **86.7%** of Coos County WIC clients start out breastfeeding (exceeding the national Healthy People objective).
- Four WIC staff members are currently Certified Lactation Educators.
- WIC participated with the local medical centers, Bay Area Hospital, La Leche League, and the MOMS program in the BREAST Coalition activities.
- WIC loaned hospital grade breast pumps, with an inventory of **20**.
- WIC gave away approximately **100** personal-use breast pumps to mothers returning to work or school.

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

Maternal / Child Health Home Visiting Services

There are all kinds of parents and all kinds of children. Coos County Public Health is charged with mitigation of risks and promoting healthy and nurturing home environments (Healthy People 2020). Our funding sources frequently limit the clientele we can serve to high risk children.

Brain research continues to substantiate that what we experience in our childhood home as “normal” behavior establishes what behaviors we find to be acceptable as an adult. High stress in the childhood home produces a brain normalized to expect, create, and maintain high stress environments throughout life. (Prisons are full of these children turned adults.) These children are at higher risk for: the lack of ability to form lasting relationships as an adult; developmental delays; ADHD; drug addiction; domestic violence; and abusing or neglecting their future children—the generation that follows.

Coos County continues to have a high rate of child abuse and neglect—ranking as 8th in the state, in 2010. Most of the reports in 2010 to Child Welfare are related to the categories of threat of harm and neglect.
Because risk factors for dysfunctional home environments cross all socio-economic levels, the chart below reflects all of Coos County, not just the 230 families (264 unduplicated children) served by CCPH in FY 10/11 (3,396 home visits).

The families receiving services by CCPH disclosed the following stressors:

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

**Staffing:** Public health home visitors consisted of three registered nurses and three highly trained professionals under the supervision of a Nurse Manager. All home visitors were certified Parents As Teachers educators and used this and other evidence-based, best practice curriculums when working with families. Home visiting staff helped parents: 1) learn about their child’s unique developmental needs, 2) helped parents understand how their actions affect the development of their child, 3) supported these parents in their efforts to provide a safe, stable, and nurturing environment during these critical periods of child development, and 4) monitored each child’s growth and development. Public Health home visitors worked to break dysfunctional cycles of parenting behaviors, which have been frequently passed down from one generation to another.
The stories which follow are the best description of how families’ needs were addressed, and how Public Health home visitors worked with other agencies in delivery and coordination of services.

The CaCoon Program

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

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

**Eligibility:** special needs children, up to age 21 years
- 69 children and their families were served
- 355 home visits

**CaCoon Program Success Story:**

Since 2005, when he was two months old, “Carl” has received services of the “CaCoon” (Care Coordination) Nurse Home Visiting program, under OHSU’s Oregon Center for Children and Youth with Special Health Needs, implemented by the Coos County Public Health Department.

Carl suffers the consequences of being born to a woman who used multiple drugs and alcohol during pregnancy. He has required services from the Educational Services District for Early Intervention classes, physical therapy, and speech therapy; Shriners Hospital for hip and leg malformations which required casting and braces; and the Child Development and Rehabilitation Center for assessment and diagnosis of pervasive developmental delays, fetal alcohol syndrome, and attention deficit hyperactivity disorder (ADHD).

Carl was removed from his mother at birth and is being reared by loving family members who are committed to providing the best possible care. The child has been followed long-term by two successive CaCoon nurses who have facilitated the family with receiving services for challenging physical, developmental, and behavioral issues.

As Carl has grown, the family is rightfully quick to point out Carl’s endearing qualities of sometimes being affectionate and gentle, though there are problems of also sometimes being destructive, physically aggressive, and cruel to some people and animals.

Throughout Carl’s early years, CCPH CaCoon Nurses have been instrumental in helping the family access and utilize services to address his special needs. The on-going nature of Carl’s multiple needs illustrates the great value of the CaCoon Nurse Home Visiting Program, which covers birth to age 21.
Healthy Start/Healthy Families

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

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

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

- 54 children and their families received intensive home visiting services.
- 1112 intensive home visits were provided.
- 241 were offered screening and/or served with “Welcome Baby” bags.
- 91% of Coos County’s first birth families were contacted with an offer of services, information, and/or referrals.

**Healthy Start / Healthy Families Success Story:**

Like other Healthy Start parents, “Nancy” is a first time mother. Nancy and her son, “Stephen” were referred to Healthy Start/Healthy Families because, in the hospital, Nancy refused to hold her son after he was born, did not attend to his needs, and demonstrated other questionable parenting skills. Because of these parenting behaviors, Stephen was discharged from the hospital and went directly into a foster home placement.

For the past year, as a home visitor, I have been able to serve Stephen through his mother and foster parents, meeting with them on a weekly basis. The progress has been slow, as Nancy has a learning disability and often requires concrete and simple instructions repeated multiple times.

When I first began working with Nancy, she had never fed a baby before, and we spent time talking about the feeding relationship, the importance of holding her son while giving him a bottle, why making eye contact is important, how to recognize Stephen’s cues for hunger and satiation, etc. Nancy is learning to recognize Steven’s cues and becoming more confident at reading his potent engagement and disengagement cues. We are now working on recognizing and accurately interpreting Stephen’s subtle cues to express his needs.

As Nancy became more confident in her ability to bathe Stephen, she has begun to offer him a massage as part of his bath routine. I had recommended infant massage as a great way to help build a secure attachment and reinforce the importance of recognizing and responding appropriately to her son’s cues.

Developmental screens that we have completed have revealed that Stephen has gross motor delays. Educational Services District’s Early Intervention program has become involved and the physical
therapist has developed a plan of care to address this delay. Stephen is now 12 months old and has
begun to pull to a stand (reference point: children can begin to walk as early as 9 months of age) and
will take steps with support. I continue to work with ESD, Nancy, and Stephen’s foster parents to
improve Stephen’s gross motor skills

After months of intensive work to help Nancy improve her parenting skills, Nancy is now able to
have unsupervised visits with Stephen. She is hoping to be able to take Stephen to her home for a
few hours at a time for a couple of days a week.

I will continue to serve Stephen, Nancy, and his foster parents in the upcoming year. As Stephen
grows and develops, I will need to discuss his changing needs with his caregivers and how they will
need to adapt their parenting strategies to support his development. I will continue to work with
Nancy to recognize and respond to Stephen’s subtle cues, monitor Stephen’s growth and
development for resolution of his gross motor delay, and identify any additional delays that may
develop. I also plan to encourage Nancy to continue to strengthen her parenting skills, establish a
stable lifestyle, and create a healthy support network so that Stephen will have a healthy,
supportive, and nurturing home to return to.

Babies First!/Parents As Teachers

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

Purpose:

1) To improve the physical, developmental, and emotional health of high risk infants by early
   identification of the young children at risk for medical, developmental, or emotional
   problems

2) To assist families to find and access community resources to meet their child’s needs

3) To perform standardized growth and developmental screens, with follow up referrals to
   appropriate community partners

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

   154  children and their parents were served.

   1,850  home visits provided.

Babies First! Success Story:

“Jordan” is a four year old child who is currently enrolled in both Coos County Public Health and
Coos County Mental Health services. Our two agencies are working in coordination to deliver
services to Jordan and his family. Their journey has not been an easy one...
Jordan was first enrolled in Babies First! about two years ago at 1 ½ years of age. Jordan’s mom, “Sarah” was concerned about his behavior, stating he was aggressive and difficult to discipline. Jordan was hitting guests in the home, and his new sibling was at risk from his aggression as well. Sarah reported a history of domestic violence with her last two significant others.

After educating Sarah on setting rules and the need to consistently enforce them, Jordan continued to display behavioral problems. Sarah was unable to consistently enforce the rules she had decided upon. Jordan knew this and took advantage of the situation. I made a referral to Coos County Mental Health for additional help. Unfortunately Mental Health was unable to provide services, as Medicaid would not reimburse for mental health services provided to such a young child, and few therapists were trained to work with this population.

I kept working with Jordan and his mom. Initially, Jordan had OHP coverage, then it lapsed and Sarah had to go through the paperwork to get Jordan’s OHP reinstated. Then Sarah got a job, which made home visits nearly impossible to schedule. Then she lost her job and the family moved out of the county. About 1 ½ years later, Jordan and his family returned to Coos County, and a new referral was made to Public Health for home visiting services; Jordan was now trying to smother his younger sibling. I encouraged Sarah to contact Mental Health. This time, she was able to schedule an appointment and engage with a mental health therapist who was able to enroll the child in therapeutic services.

After habitually missed appointments, OHP lapsing on several occasions, multiple moves, and different “dads” living in the home, there is progress being made. Sarah is cooperating and following up on the recommendations she is getting from the professionals working with her. She has a job and Jordan is enrolled in Head Start. There is collaboration between Head Start, Public Health, and Mental Health to provide continuity of services without duplication of care. Their team of community partners is helping reach the mutual goal of fostering a secure child living in a loving and nurturing home environment. Due to the intervention of Public Health and the resulting coordination of services, Jordan and his family can anticipate positive outcomes in the future.

**The limitation of funding** restricts the number of families who can be served with home visits. Our Healthy Start/Healthy Families funding limitations from the state general fund require that families who are screened for higher risks are placed ahead of other eligible families for services. Also, our Babies First! and CaCoon home visits are possible primarily because of the Medicaid (TCM) funding we get through Oregon Health Plan (OHP). Lack of funding is a barrier to serving those who are not enrolled in OHP. No other insurance covers Public Health home visits. No insurance (OHP included) funds a home visit for lactation consultation for breastfeeding mothers and babies (reference the Surgeon General’s Call to Action to Support Breastfeeding as a public health priority; January, 2011). Until the gap in funding is closed, there will be children at risk without preventive services available.

In the face of funding shortages, high risk populations, and staff reductions, CCPH home visiting programs continue to fill a Public Health niche that makes incredibly positive differences in peoples’ lives and benefit our society. If we are continuing to use the slogan, “It takes a village to raise a child,” then the funding has to follow for services to all socio-economic levels.
Other Program Highlights

- 27 children and their families, who otherwise would not have been eligible to enroll in Babies First!/Parents As Teachers and CaCoon programs, were able to receive home visiting services through community grants from Bay Area Hospital and Coquille Tribal Community Fund.

- Coos County Healthy Start/Healthy Families and Public Health home visiting staff have continued to participate in the “Babies Can’t Wait,” Coos County’s Zero to Three Court Program, serving up to 5 families at a time with intensive case management and interventions. The primary goal is to obtain permanency sooner for infants and toddlers who are in the foster care system and prevent recidivism.

- Home visitors were trained in Infant Massage techniques, and were able to share with parents how infant massage creates strong and loving bonds between parents and children.

- A nurse, Josie Morrison, who is certified as a lactation consultant (IBCLC) assisted with breast-feeding problems during home visits; a breastfeeding support group was offered monthly in coordination with the WIC program.

21% of children were referred into our home visiting services because of suspected child abuse.

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

100% of families’ needs were identified.

87% of children had health care providers.

75% of children were up to date on their immunizations (ages from birth – 21 yrs).

96% of enrolled two year olds were up to date on their immunizations.

48% of children screened (health, vision, dental, hearing, and developmental) were referred for further evaluation. Of these, 59% received follow-up services.

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

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

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

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

Regional or Statewide

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

Local

- Ambulance Service Area Advisory Board
- CERT (Community Emergency Response Team)
- Child Fatality Review
- Citizen Corps
- Community Connections
- Coos County Breastfeeding Coalition
- Coos County Casey Foster Care Project
- Coos County Commission on Children & Families
- Coos County Children’s Mental Health Council
- Coos County Chronic Disease Coalition
- Coos County Early Childhood Committee
- Coos County Friends of Public Health
- Coos County Perinatal Task Force
- Family Violence Council
- Good Earth Community Garden
- Health Emergency Response Team
- Local Alcohol & Drug Planning Committee
- Local Emergency Planning Committee
- Local Public Safety Coordinating Council
- Medical Reserve Corps
- Multi-Disciplinary Team
- SW Oregon Public Safety Association
- Women’s Health Coalition
- Women’s Safety & Resource Center
- Zero to Three Court Team
Contract Nurse Hours
One CCPH nurse provided consultation to the Oregon Health Authority JOBS Program and to Newmark Center case managers.

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
- Portland State University
- Southwestern Oregon Community College

Vital Statistics & Public Health Indicators

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

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

Statistics from FY 2010/11:

- **752** Deaths
- **3,114** Death Certificates Issued
- **659** Births
- **477** Birth Certificates Issued
Key Indicators of Health - Mortality and Morbidity
The data selected for inclusion in this section help to guide us in the work that we do.

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

The state-wide top 3 causes of potential life lost before age 65 in 2009:
1) Unintentional Injuries, 23,856 years lost
2) Cancer, 21,673 years lost
3) Suicide, 11,566 years lost

In 2009, there were 841 total deaths in Coos County. The top 3 causes of years of potential life lost before age 65 were:
1) Cancer, 469 years lost
2) Heart disease, 268 years lost
3) Unintentional injuries, 251 years lost

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

Median age of death (male and female combined):
77 years in Coos County
79 years in Oregon

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

<table>
<thead>
<tr>
<th># of Deaths</th>
<th>Causes of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>254</td>
<td>Diseases of the Circulatory System (includes heart disease and stroke)</td>
</tr>
<tr>
<td>209</td>
<td>Malignant Neoplasms</td>
</tr>
<tr>
<td>44</td>
<td>Chronic Lower Respiratory Diseases</td>
</tr>
<tr>
<td>44</td>
<td>Disease of the Digestive System</td>
</tr>
<tr>
<td>43</td>
<td>Alzheimer’s</td>
</tr>
<tr>
<td>28</td>
<td>Organic Dementia</td>
</tr>
<tr>
<td>24</td>
<td>Disease of the Genitourinary System (includes kidney disease)</td>
</tr>
<tr>
<td>23</td>
<td>Diabetes</td>
</tr>
<tr>
<td>23</td>
<td>Alcohol-Induced</td>
</tr>
<tr>
<td>21</td>
<td>Unintentional Injuries</td>
</tr>
<tr>
<td>20</td>
<td>Infections and Parasitic Disease</td>
</tr>
<tr>
<td>19</td>
<td>Suicide</td>
</tr>
<tr>
<td>14</td>
<td>Influenza &amp; Pneumonia</td>
</tr>
</tbody>
</table>
Morbidity -- Disease Burden

Coos had a lower ranking than in the past for new cancer diagnoses (incidence), although Coos had the 2nd highest death rate for cancer in all of Oregon. Coos had a high incidence and death rate for those cancers which are linked with tobacco use. Coos also had higher rates of some chronic diseases than found state-wide. Our rates of obesity were similar to the rest of the state and are increasing in adults and children. (Note: Arrows show trend for Coos compared to previous data.)

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Incidence Rate</th>
<th>Death Rate (age-adjusted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(rate per 100,000)</td>
<td>Rank in OR</td>
<td>Coos County</td>
</tr>
<tr>
<td>All Cancer</td>
<td>8th</td>
<td>494.5</td>
</tr>
<tr>
<td>Bladder Cancer</td>
<td>12th</td>
<td>24.1</td>
</tr>
<tr>
<td>Breast Cancer</td>
<td>25th</td>
<td>120.5</td>
</tr>
<tr>
<td>Colon &amp; Rectum Cancer</td>
<td>28th</td>
<td>39.3</td>
</tr>
<tr>
<td>Esophagus Cancer</td>
<td>2nd</td>
<td>9.6</td>
</tr>
<tr>
<td>Kidney &amp; Renal Cancer</td>
<td>5th</td>
<td>18.6</td>
</tr>
<tr>
<td>Leukemia</td>
<td>20th</td>
<td>9.0</td>
</tr>
<tr>
<td>Liver &amp; Bile Duct Cancer</td>
<td>3rd</td>
<td>8.0</td>
</tr>
<tr>
<td>Lung &amp; Bronchus Cancer</td>
<td>2nd</td>
<td>86.3</td>
</tr>
<tr>
<td>Malignant Melanoma</td>
<td>21st</td>
<td>20.4</td>
</tr>
<tr>
<td>Non-Hodgkin Lymphoma</td>
<td>23rd</td>
<td>17.2</td>
</tr>
<tr>
<td>Oral &amp; Pharyngeal Cancer</td>
<td>4th</td>
<td>13.7</td>
</tr>
<tr>
<td>Ovarian Cancer</td>
<td>14th</td>
<td>13.3</td>
</tr>
<tr>
<td>Pancreatic Cancer</td>
<td>14th</td>
<td>11.1</td>
</tr>
<tr>
<td>Prostate Cancer</td>
<td>4th</td>
<td>180.6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Chronic Conditions</th>
<th>Coos ↑ or ↓</th>
<th>Coos County</th>
<th>Statewide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis</td>
<td>↓</td>
<td>28.4%</td>
<td>25.8%</td>
</tr>
<tr>
<td>Asthma</td>
<td>↑</td>
<td>13.1%</td>
<td>9.7%</td>
</tr>
<tr>
<td>Heart Attack</td>
<td>↑</td>
<td>7.3%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Angina</td>
<td>↑</td>
<td>7.7%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Stroke</td>
<td>↑</td>
<td>5.7%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>↑</td>
<td>11.0%</td>
<td>6.8%</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>↓</td>
<td>28.5%</td>
<td>25.8%</td>
</tr>
<tr>
<td>High Blood Cholesterol</td>
<td>↑</td>
<td>41.8%</td>
<td>33.0%</td>
</tr>
<tr>
<td>Adults Overweight</td>
<td>↑</td>
<td>36.8%</td>
<td>36.1%</td>
</tr>
</tbody>
</table>
Other Chronic Conditions

<table>
<thead>
<tr>
<th>Body Weight – 8th &amp; 11th Graders</th>
<th>Coos ↑ or ↓</th>
<th>Coos County</th>
<th>Statewide</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>↑</td>
<td>15.7%</td>
<td>17.4%</td>
</tr>
<tr>
<td>Overweight (85th-95th percentile)</td>
<td>↑</td>
<td>10.7%</td>
<td>11.9%</td>
</tr>
<tr>
<td>Obese (&gt;95th percentile)</td>
<td>-</td>
<td>10.8%</td>
<td>10.9%</td>
</tr>
</tbody>
</table>

Maternal Health

**Infant Mortality:** In 2009, there were 2 infant deaths.

**Rate:** 3.3 per 1000 live births (state 4.8)

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

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

Socio-economic Factors Contributing to Health Outcomes

The Coos County population has decreased slightly, according to the 2010 census, and continues to be mostly white, with a slight increase in persons identifying as Hispanic. A primary factor causing the health disparities in Coos is poverty, as is shown by the median household income and percent of children below the poverty level. Because of poverty, many families are hungry, and are using food stamps and free school meals at a higher percentage than statewide. Access to health care is also a contributing factor to health outcomes.
<table>
<thead>
<tr>
<th>Demographics / Race / Ethnicity</th>
<th>Coos</th>
<th>Coos County</th>
<th>Statewide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>↓</td>
<td>63,043</td>
<td>3,831,074</td>
</tr>
<tr>
<td>Median Age</td>
<td>↑</td>
<td>47.3 years</td>
<td>38.4 years</td>
</tr>
<tr>
<td>Average Household Size</td>
<td>same</td>
<td>2.29</td>
<td>2.47</td>
</tr>
<tr>
<td>Average Family Size</td>
<td>↓</td>
<td>2.78</td>
<td>3.00</td>
</tr>
<tr>
<td>White</td>
<td>↓</td>
<td>89.8%</td>
<td>83.6%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>↑</td>
<td>5.4%</td>
<td>11.7%</td>
</tr>
<tr>
<td>Persons Reporting two or more races</td>
<td>↑</td>
<td>4.3%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Native American</td>
<td>↓</td>
<td>2.5%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Asian</td>
<td>↓</td>
<td>1.0%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>↓</td>
<td>0.4%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Hawaiian or Pacific Islander</td>
<td>same</td>
<td>0.2%</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education</th>
<th>Coos</th>
<th>Coos County</th>
<th>Statewide</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School Graduate or Higher</td>
<td>↑</td>
<td>85.8%</td>
<td>88.6%</td>
</tr>
<tr>
<td>Some College, no degree</td>
<td>↑</td>
<td>28.9%</td>
<td>26.3%</td>
</tr>
<tr>
<td>Associate’s Degree</td>
<td>↑</td>
<td>7.6%</td>
<td>8.1%</td>
</tr>
<tr>
<td>Bachelor’s Degree or Higher</td>
<td>↑</td>
<td>18.3%</td>
<td>28.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Income</th>
<th>Coos</th>
<th>Coos County</th>
<th>Statewide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median Household Income</td>
<td>↓</td>
<td>$36,285</td>
<td>$48,446</td>
</tr>
<tr>
<td>Below Poverty Level</td>
<td>↑</td>
<td>18.1%</td>
<td>14.6%</td>
</tr>
<tr>
<td>Families, with children &lt;18, Below Poverty Level</td>
<td>-</td>
<td>23.7%</td>
<td>16.6%</td>
</tr>
<tr>
<td>Families, with children &lt; 5, Below poverty Level</td>
<td>-</td>
<td>30.1%</td>
<td>19.2%</td>
</tr>
<tr>
<td>Female household, no husband, child &lt; 5 years, Below poverty level</td>
<td>-</td>
<td>75.7%</td>
<td>52.1%</td>
</tr>
<tr>
<td>Unemployed (3 year estimate)</td>
<td>-</td>
<td>11.6%</td>
<td>10.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Care</th>
<th>Coos</th>
<th>Coos County</th>
<th>Statewide</th>
</tr>
</thead>
<tbody>
<tr>
<td>OHP (Medicaid) Eligible</td>
<td>↑</td>
<td>19.6%</td>
<td>15.5%</td>
</tr>
<tr>
<td>OHP (Medicaid) Eligible &amp; Enrolled</td>
<td>↓</td>
<td>87.3%</td>
<td>84.2%</td>
</tr>
<tr>
<td>Adults without Health Insurance</td>
<td>↓</td>
<td>11.9%</td>
<td>10.6%</td>
</tr>
<tr>
<td>Children without Health Insurance &lt;18 yo</td>
<td>↑</td>
<td>18.0%</td>
<td>16.6%</td>
</tr>
</tbody>
</table>
### Food Insecurity/Hunger

<table>
<thead>
<tr>
<th></th>
<th>Coos↑ or ↓</th>
<th>Coos County</th>
<th>Statewide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Boxes Distributed</td>
<td>↑</td>
<td>21,311</td>
<td>1,024,000</td>
</tr>
<tr>
<td>Food Stamps/SNAP Benefit in past 12 months</td>
<td>↑</td>
<td>19.2%</td>
<td>14.8%</td>
</tr>
<tr>
<td>Eligible for Free or Reduced School Meals</td>
<td>↓</td>
<td>52.6%</td>
<td>46.7%</td>
</tr>
<tr>
<td>Summer Food Program Eligible &amp; Participate</td>
<td>↑</td>
<td>35%</td>
<td>20%</td>
</tr>
</tbody>
</table>

### Behavioral Factors Contributing to Health

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

### Alcohol & Drug Use - Adults

<table>
<thead>
<tr>
<th></th>
<th>Coos↑ or ↓</th>
<th>Coos County</th>
<th>Statewide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Males who have had at least one drink of alcohol in the past 30 days</td>
<td>↑</td>
<td>67%</td>
<td>64%</td>
</tr>
<tr>
<td>Adult Females who have had at least one drink of alcohol in the past 30 days</td>
<td>↓</td>
<td>46.9%</td>
<td>54.4%</td>
</tr>
</tbody>
</table>

### Alcohol & Drug Use – 8th & 11th Graders

<table>
<thead>
<tr>
<th></th>
<th>Coos↑ or ↓</th>
<th>8th grade</th>
<th>11th grade</th>
<th>8th grade</th>
<th>11th grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported having consumed beer, wine, or liquor in the previous 30 days</td>
<td>↑ ↑</td>
<td>33.9%</td>
<td>51.4%</td>
<td>28.9%</td>
<td>46.1%</td>
</tr>
<tr>
<td>Reported having 5 or more drinks in a short period of time during the past 30 days</td>
<td>↓ ↑</td>
<td>13.1%</td>
<td>29.8%</td>
<td>11.7%</td>
<td>25.4%</td>
</tr>
<tr>
<td>Reported use of marijuana one or more times in past 30 days</td>
<td>↓ ↓</td>
<td>8.9%</td>
<td>21.4%</td>
<td>9%</td>
<td>18.9%</td>
</tr>
<tr>
<td>Reported use of illicit drugs other than marijuana, prescription drugs, &amp; inhalants in the past 30 days</td>
<td>↑ ↑</td>
<td>4.6%</td>
<td>6.4%</td>
<td>2.9%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Reported use of prescription drugs (without a doctor’s orders) to get high in the past 30 days</td>
<td>↑ ↑</td>
<td>3.9%</td>
<td>7.9%</td>
<td>3.8%</td>
<td>6.4%</td>
</tr>
<tr>
<td>Reported use of inhalants during the past 30 days</td>
<td>↑ ↓</td>
<td>6.3%</td>
<td>2.2%</td>
<td>4.4%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Tobacco Use – Adults</td>
<td>Coos ↑ or ↓</td>
<td>Coos County</td>
<td>Statewide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------------------</td>
<td>-------------</td>
<td>-------------</td>
<td>-----------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults Cigarette Smoking</td>
<td>↑</td>
<td>28.1%</td>
<td>17.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male Adult Smokeless Tobacco Use</td>
<td>same</td>
<td>15.4%</td>
<td>6.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mothers who Smoke while Pregnant</td>
<td>same</td>
<td>23.4%</td>
<td>12.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco-linked Death Rates (age-adjusted) per 100,000 (2nd highest rate in the State)</td>
<td>same</td>
<td>238.9</td>
<td>178.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco-linked Cancer Incidence per 100,000 (highest rate in the State)</td>
<td>same</td>
<td>179.7</td>
<td>146.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco-linked Cancer Mortality per 100,000</td>
<td>same</td>
<td>113.8</td>
<td>89.2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tobacco Use - 8th &amp; 11th Graders</th>
<th>Coos ↑ or ↓</th>
<th>8th grade</th>
<th>11th grade</th>
<th>8th grade</th>
<th>11th grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth Cigarette Smoking</td>
<td>↓</td>
<td>↑</td>
<td>10.0%</td>
<td>24.4%</td>
<td>8.8%</td>
</tr>
<tr>
<td>Male Youth Smokeless Tobacco Use</td>
<td>↓</td>
<td>↓</td>
<td>4.8%</td>
<td>5.3%</td>
<td>17.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Teen Pregnancy &amp; Sexual Activity</th>
<th>Coos ↑ or ↓</th>
<th>Coos County</th>
<th>Statewide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teen Pregnancy Rate ages 15-17 years old (2010 preliminary data)</td>
<td>↓</td>
<td>12.5</td>
<td>18.6</td>
</tr>
<tr>
<td>11th graders who reported they “had sexual intercourse”</td>
<td>↑</td>
<td>61.5%</td>
<td>50.1%</td>
</tr>
<tr>
<td>11th graders who reported having sexual intercourse with three or more individuals in their lifetime</td>
<td>↑</td>
<td>23.4%</td>
<td>16.6%</td>
</tr>
<tr>
<td>11th grade females who used a method to prevent pregnancy during intercourse</td>
<td>↓</td>
<td>82.8%</td>
<td>83.4%</td>
</tr>
<tr>
<td>11th grade males who used a method to prevent pregnancy during intercourse</td>
<td>↑</td>
<td>89.0%</td>
<td>83.1%</td>
</tr>
<tr>
<td>Chlamydia, number of cases reported (Rate per 100,000)</td>
<td>↑</td>
<td>298.7</td>
<td>320.6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child Abuse</th>
<th>Coos ↑ or ↓</th>
<th>Coos County</th>
<th>Statewide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim Count</td>
<td>↓</td>
<td>241</td>
<td>11,188</td>
</tr>
<tr>
<td>Victim Rate per 1,000 (8th highest in the State)</td>
<td>↓</td>
<td>19.8</td>
<td>12.7</td>
</tr>
<tr>
<td>Incidents of Abuse / Neglect</td>
<td>same</td>
<td>316</td>
<td>14,803</td>
</tr>
<tr>
<td>Child Abuse, cont.</td>
<td>Coos ↑ or ↓</td>
<td>Coos County</td>
<td>Statewide</td>
</tr>
<tr>
<td>--------------------</td>
<td>------------</td>
<td>-------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Mental Injury % of Incidents</td>
<td>↓</td>
<td>1.9%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Neglect % of Incidents</td>
<td>↓</td>
<td>39.6%</td>
<td>31.4%</td>
</tr>
<tr>
<td>Physical % of Incidents</td>
<td>↓</td>
<td>6.6%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Sexual Abuse &amp; Sexual Exploitation % of Incidents</td>
<td>↓</td>
<td>5.7%</td>
<td>8.7%</td>
</tr>
<tr>
<td>Threat of Harm % of Incidents</td>
<td>↓</td>
<td>46.2%</td>
<td>49.6%</td>
</tr>
<tr>
<td>Number in Foster Care</td>
<td>↑</td>
<td>242</td>
<td>8,916</td>
</tr>
<tr>
<td>Foster Care Rate per 1,000</td>
<td>↑</td>
<td>19.9</td>
<td>10.1</td>
</tr>
</tbody>
</table>

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- 2010 Student Wellness Survey Reports by County - Coos
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- Oregon Healthy Teens (OHT) Combined 2007-2008 8th Grade Data Summary – Coos County
- Oregon Healthy Teens (OHT) Combined 2008 8th Grade Data Summary – Oregon
- Oregon Healthy Teens (OHT) Combined 2008 11th Grade Data Summary – Oregon
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- U.S. Census Bureau, 2010 Census Interactive Population Search
Administrative Functions

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

The three public health management staff (including the Administrator, the Administrative Aide, and the Business Manager) juggled a workload in 3 basic areas: assuring compliance to public health program standards, managing 39 employees and providing the support they need to do their jobs, and managing the finances of the Department. Significant time was spent in budget development and fiscal monitoring of revenues and expenses according to county and federal requirements. (More details regarding the budget follow in the fiscal report.)

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

The administrative management duties included the following activities:

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

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

<table>
<thead>
<tr>
<th>Administration Positions</th>
<th>No. of Regular Staff</th>
<th>FTE of Regular Staff</th>
<th>No. of Extra Help* Staff</th>
<th>FTE of Extra Help*</th>
<th>Total No. Staff</th>
<th>Total FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator</td>
<td>1</td>
<td>1.00</td>
<td>1</td>
<td>0.04</td>
<td>1</td>
<td>1.00</td>
</tr>
<tr>
<td>Health Officer</td>
<td>1</td>
<td>1.00</td>
<td></td>
<td></td>
<td>1</td>
<td>1.00</td>
</tr>
<tr>
<td>Business Operations Manager</td>
<td>1</td>
<td>1.00</td>
<td></td>
<td></td>
<td>1</td>
<td>1.00</td>
</tr>
<tr>
<td>Administrative Aide</td>
<td>1</td>
<td>1.00</td>
<td></td>
<td></td>
<td>1</td>
<td>1.00</td>
</tr>
</tbody>
</table>

**Total Administration Staff:** 4  **Total Administration FTE:** 3.04

**Personnel By Program**

In 2010/11, Coos County Public Health added staff for a new dental project. This resulted in hiring a Dental Program Manager and a dental assistant. A federally funded project, *Living Well with Chronic Conditions*, was funded for two years, which was staffed with an extra-help position. In addition, the Women, Infants and Children (WIC) program added a new project to support breast feeding, which resulted in hiring two part time employees. Direct supervision of programs was provided by program managers and coordinators. Other staffing levels were maintained from the previous year. Breakout of job classification and full time equivalencies (FTE) are listed below.
<table>
<thead>
<tr>
<th>Program Positions</th>
<th>No. of Regular Staff</th>
<th>FTE of Regular Staff</th>
<th>No. of Extra Help* Staff</th>
<th>FTE of Extra Help*</th>
<th>Total No. Staff</th>
<th>Total FTE</th>
</tr>
</thead>
</table>
| Nursing Services Manager  
*(includes supervision of Clinic and Home Visiting program nurses)* | 1 | 1.00 | | | 1 | 1.00 |
| **Clinic Services** | | | | | | |
| Nurse Practitioner | 1 | 0.60 | | | 1 | 0.60 |
| Registered Nurse | 2 | 2.00 | | | 2 | 2.00 |
| Public Health Aide  
*(Clinic Services, OHP Outreach, Case Management, interpreting)* | 2 | 2.00 | 1 | 0.20 | 3 | 2.20 |
| **Home Visiting Services** | | | | | | |
| Registered Nurse | 3 | 3.00 | | | 3 | 3.00 |
| Public Health Aide | 3 | 3.00 | | | 3 | 3.00 |
| **WIC Services** | | | | | | |
| WIC Program Mgr / Nutritionist | 1 | 1.00 | | | 1 | 1.00 |
| WIC Certifier | 3 | 2.40 | 1 | 0.20 | 4 | 2.60 |
| WIC Support Services | 1 | 1.00 | 2 | 0.20 | 2 | 1.20 |
| WIC Peer Counselors | | 2 | 0.40 | 2 | 0.40 |
| **Environmental Health Services** | | | | | | |
| EH Program Manager | 1 | 1.00 | | | 1 | 1.00 |
| EH Specialist | 2 | 1.40 | | | 2 | 1.40 |
| EH Support Services | 1 | 1.00 | | | 1 | 1.00 |
| **Prevention Services** | | | | | | |
| Dental Services Program Mgr | 1 | 1.00 | | | 1 | 1.00 |
| Dental Services Assistant  
*Preparedness Coordinator*  
& Healthy Communities) | | 1 | 0.40 | 1 | 0.40 |
| Health Educator  
*(Tobacco Prevention & Education, Healthy Communities, Living Well)* | 2 | 1.40 | 1 | 0.30 | 3 | 1.70 |
| Support Services  
*(Billing, Switchboard, Clinic & WIC Reception, Vital Records, Administrative Assistance)* | 3 | 3.00 | | | 3 | 3.00 |

Total Program Staff: 35  
Total Program FTE: 27.50

TOTAL Public Health Staff: 39  
TOTAL Public Health FTE: 30.54

* Extra help positions are for a specific, short term project or work fewer than 10 hours per week. These positions do not receive benefits (insurance, vacation/sick leave, retirement).
Organizational Chart - 2011

Board of Commissioners / Coos County Board of Health
FY 2010/11

Commissioner
Kevin Stufflebean, Chair 2010 July 2010 – Dec 2010
Nikki Whitty July 2010 – April 14, 2011
Andy Jackson Jan 2011
Bob Main, Chair 2011 July 2010 – June 2011
Cam Parry Feb 22, 2011 – June 2011
Fred Messerle May 17, 2011 – June 2011

Public Health Administrator
Frances Smith, BS

Health Officer

Administrative Aide & Support Services Supervisor
- Vital Records & Registration Specialist
- Registration Specialist

Business Operations Manager
- Billing, Accounts Payable & Accounts Receivable Clerk and Registration Specialist

Prevention Services
- Chronic Disease Prevention Coordinator
- Living Well Coordinator
- Healthy Communities
- Ready to Smile Dental Program Manager
- Tobacco Prevention Program Coordinator

WIC Coordinator
- WIC Public Health Certifiers
- WIC Intake Clerks
- Breastfeeding Peer Counselors

Nursing Services Manager
Clinic Services
- Clinic Supervisor and Communicable Disease & Immunization Nurse
- Nurse Practitioner
- Family Planning Clinic Nurse
- Clinic Medical Assistants
- Case Management, and BCC Program Aide

Home Visiting Services
- Home Visiting Nurses
- Home Visiting PH Aides

Public Health Emergency Preparedness Coordinator

Environmental Health Program Manager
- EH Specialist
- EH Secretary
COOS COUNTY PUBLIC HEALTH

Phone: (541) 756-2020
Fax: (541) 756-5466

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
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
Rick Hallmark, EHS, MPA, EH Program Manager ext. 513 rhallmark@co.coos.or.us

FAMILY HEALTH HOME VISITING SERVICES
Kathy Cooley, RN, MPH, Nursing Services Manager ext. 670 kcooley@co.coos.or.us

PREVENTION & EDUCATION SERVICES
Cecilee Shull, Ready to Smile Dental Program Mgr. ext. 518 cshull@co.coos.or.us
Debbie Webb, Living Well Coordinator ext. 568 dwebb@co.coos.or.us
Jennifer Stephens, BS, Healthy Communities ext. 543 jstephens@co.coos.or.us
Michelle Wyatt, BS, Chronic Disease Coordinator ext. 514 mwyatt@co.coos.or.us
Stephen Brown, ND, MPH, Tobacco Prevention Coord. ext. 546 sbrown@co.coos.or.us

PUBLIC HEALTH EMERGENCY PREPAREDNESS
Michelle Wyatt, BS, Preparedness Coordinator ext. 514 mwyatt@co.coos.or.us

VITAL RECORDS
Gloria Marone, Deputy Registrar ext. 646 gmarone@co.coos.or.us

WIC
Phyllis Olson, BA, WIC Program Manager, Nutritionist ext. 520 polson@co.coos.or.us
Fiscal Report
Expenditures for Public Health totaled $2,386,480, which was an 18% increase from the prior year. This increase was primarily due to new grant funds, both federal and private, for new health programs. Expenditures for the Environmental Health Licensing Program totaled $204,287, an increase of 5% over the prior year.

<table>
<thead>
<tr>
<th>Funding for Public Health by Percentage (Excluding Licensing Program) Fiscal Year 2010/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Medicaid</td>
</tr>
<tr>
<td>Federal Grants</td>
</tr>
<tr>
<td>State General Fund</td>
</tr>
<tr>
<td>County General Fund</td>
</tr>
<tr>
<td>Client Fees</td>
</tr>
<tr>
<td>Other (Foundations, Donations)</td>
</tr>
<tr>
<td>County In Kind</td>
</tr>
</tbody>
</table>

Federal Medicaid
- 24.2% Medicaid Targeted Case Management (TCM) Fees
- 6.8% CCare (Family Planning) Medicaid Fees
- 0.4% Title XIX Savings Account (Federal)
- 1.8% Medicaid Administrative Claiming (MAC)
- 2.1% Oregon Health Plan (Medicaid) Fees

Federal Grants
- 26.9% Federal Grant Funds (e.g., WIC; Preparedness)

State General Fund
- 6.4% State General Fund for Dedicated Programs
- 3.0% State Support for Public Health (per capita)
- 3.5% Tobacco “other” funds

Client Fees
- 6.4% Fees for Service (Client and Private Insurance)

Other (Foundations, Donations)
- 0.6% Management Donated Hours (i.e., worked > 1.0 FTE)
- 9.4% Contracts / Grants
- <0.25% Supply Donations

County In-Kind
- 0.3% County In-Kind

Federal Funds
The federal government provided over one-half of the revenue used to provide public health services to the citizens of Coos County, accounting for a combined 62% of funding for the Department (a 6% increase over the prior year). Of the federal funds, 43.50% was program-specific funding, 52.7% was from Medicaid fee-for-service, and 2.9% was from Medicaid Administrative Claiming (MAC).
These federal program-specific funds supported a variety of programs in Coos County, including: Healthy Communities, Public Health Preparedness and Disaster Planning, Safe Drinking Water programs, Women, Infants, and Children nutrition program (WIC), Maternal & Child Health programs, Immunizations, and Family Planning. Coos County also received a special grant of $3,700 to assist in removing barriers for Coos County Public Health’s successful accreditation in the future.

State Funds

The State General Fund contribution for mandated public health programs provided 13% of the funding for Coos County Public Health. Of this amount, 24% was State Support for Public Health (SSPH) funds. SSPH funds were used to help support communicable disease investigation and response, tuberculosis (TB) case management, treatment of sexually transmitted infections, and immunization activities, but did not cover the salary and benefits of one full time public health nurse.

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

Fees

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

The Title X Family Planning program continued with a reduced level of funding, and the Nurse Practitioner was only available 3 days a week to see clients. In past years, the level of funding, supplemented by the revenue from the Family Planning Expansion Project (FPEP or CCare) 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.
Coos County Government Support

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

Contracts, Grants and Donated Funds

Coos County Public Health was a contractor 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 through the CCF system for Healthy Start were a blend of State general funds and staff generated Medicaid Administrative Claiming. A new dental project, Ready to Smile, was funded by individual donors through the Oregon Community Foundation. This project served students in both Coos and Curry County schools.

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

Coos County Friends of Public Health (CCFoPH), which formed in January 2008, continued its work to promote health in Coos County. The Coins for Coos Kids provided funds for immunizations and the WIC program. In addition to the grants mentioned above, the Purses for Nurses fundraiser held in October also brought in funds to support women’s health services at CCPH, and a grant from Northwest Health Foundation helped to support community forums and a summit for A Healthier Coos County.
A big thank you is extended to these businesses, organizations, and foundations for their support of public health in Coos County.

Supporters of Public Health

Generous supporters who granted awards from 7/1/10 thru 6/30/11:

- Bay Area Health Foundation $10,500
- Bay Area Rotary, for Shots for Tots $ 5,333
- Coquille Tribal Fund (for home visiting) $ 4,000
- Coos County Friends of Public Health* $14,000
- Education Northwest, for PAT and Healthy Start $ 3,000
- Oregon Community Foundation (Ready to Smile) $80,000
- Women’s Safety & Resource Center $ 295

(*Funds from Zonta of Coos Bay $1,500; Coquille Tribal Community Fund $5,000 paid quarterly)

How You Can Help

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

Coos County Friends of Public Health (CCFoPH)

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

Mission Statement:

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

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

From left to right: CCFoPH President Angie Webster and Vice President Chris Flammang.
Report Information

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

Non-Discrimination Policy:

Coos County Public Health does not discriminate against any person on the basis of race, color, national origin, age, gender, religion, marital status, sexual orientation or disability in the admission to or participation in its programs, services or activities, or in employment. For further information regarding this non-discrimination policy, contact Michael Lehman, Coos County Human Resources, at: (541) 396-3121 ext. 249; TTY Relay (800) 735-2900.