## Contents

From the Public Health Director .....................................................................................................................................................................5

A day with Public Health in Coos County .........................................................................................................................................................6

The health of Coos County .............................................................................................................................................................................8

CHW Public Health Division at a glance ......................................................................................................................................................... 11

2014-15 Accomplishments at a glance .......................................................................................................................................................... 12

POPULATION BASED SERVICES: PROMOTING HEALTHY ENVIRONMENTS ...................................................................................................... 13

  Epidemiology and Control of Communicable Diseases ........................................................................................................................... 14

  Diseases surveillance and monitoring ................................................................................................................................................ 15

  Immunizations .................................................................................................................................................................................. 18

Healthy Environments .......................................................................................................................................................................... 21

  Environmental Health Services ........................................................................................................................................................ 22

  Drinking Water Program ................................................................................................................................................................... 29

  Mosquito & Vector Surveillance ................................................................................................................................................ 32

Other programs .................................................................................................................................................................................... 34

  Public Health Emergency Preparedness .............................................................................................................................................35
From the Public Health Director

Dear Community Members,

The 2014-15 Annual Report from the Public Health Division of Coos Health & Wellness is organized in five main parts:

1. The first part of the report gives you an overview of what the Public Health Division has been focusing on in 2014-15. It also gives you an overview of what Public Health does for you. Finally, it provides some update on the latest health indicators for our county;

2. The second part of the report presents the work that the Public Health Division has contributed to community and population health in Coos County. The report looks at the work we have conducted to control communicable diseases in the county as well how we have contributed to ensure that the environment we live in is healthy and safe. It also looks at the role the Public Health Division plays towards improving our community health outcomes through our Tobacco Prevention and Education Program, providing relevant health promotion messages to community members and facilitating the Community Health Improvement Plan;

3. The third part of the report introduces the services the Public Health Division provides directly to some of our community members through our Public Health Clinic and our various Maternal and Child Health services;

4. The fourth part of the report presents the work the Public Health Division conducted around Public Health systems with Public Health Accreditation preparation and Modernization of the overall Public Health system in Oregon;

5. Finally, we report on our use of resources for the year.

I hope that you find this report informative and that it will give you a good understanding of what Public Health is and of the various activities our department carries out daily to prevent the spread of disease, promote healthy behaviors and habits, and protect the community from various potential health hazards.

In good community health,

Florence Pourtal-Stevens
Public Health Director
GOOD MORNING, COOS COUNTY: It is the morning and your alarm clock buzzes. You get out of bed to begin your day.

CLEAN WATER: You head for the shower and then brush your teeth with clean water. Local public health works with communities to assure you have clean and safe drinking water.

SAFE KIDS: You take your child to school knowing they will be protected from serious childhood diseases, like measles and polio, because they received their childhood vaccinations. Local public health works with pediatricians, parents, schools and childcare facilities to ensure the community is protected.

TOBACCO PREVENTION: You’re now off to work, and upon walking into your building you pass a “No Smoking” sign and are grateful that all workplaces in Oregon are smoke-free because of the Indoor Clean Air Act. Local public health works tirelessly to protect children and adults from second-hand smoke, and to create environments that support people who want to quit smoking.

SAFE FOOD: During your lunch hour you and a co-worker head to your favorite nearby restaurant, you naturally assume the food is safe to eat. Local public health inspects and licenses restaurants in Coos County.

READY FOR ANYTHING: It is the end of your workday, as you are driving home the radio news is reporting on a disease outbreak across the country, thankfully local public health is coordinating with hospitals, schools, and emergency preparedness managers to be prepared.

HEALTHY MOMS AND BABIES: You arrive home and greet your family. The phone rings, it is your sister calling. She tells you she just had a Babies First! Appointment with a public health nurse home visitor. Your niece is doing well, and the nurse made referrals so your sister could take your niece to her Well Child Care visit and her first dental appointment.
HEALTHY INSIDE AND OUT: You go for a bike ride with your family on a local trail. Public Health works with different community partners to create healthy environments for Oregonians to live, work, learn and play.

GOODNIGHT, COOS COUNTY: You’ve had dinner with your family, some time to unwind, and now it is time to get ready for bed. These are just some examples of how Coos Health & Wellness and your local public health has touched your life. You may not always see the work we do, but you are safer and healthier because of it.
The health of Coos County

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>Coos County</th>
<th>Error Margin</th>
<th>Top U.S. Performers*</th>
<th>Oregon</th>
<th>Rank (of 34)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Outcomes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>29</td>
</tr>
<tr>
<td>Length of Life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>Premature death</td>
<td>8,258</td>
<td>7,421-9,095</td>
<td>5,200</td>
<td>5,958</td>
<td></td>
</tr>
<tr>
<td>Quality of Life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>27</td>
</tr>
<tr>
<td>Poor or fair health</td>
<td>18%</td>
<td>14-22%</td>
<td>10%</td>
<td>14%</td>
<td></td>
</tr>
<tr>
<td>Poor physical health days</td>
<td>4.2</td>
<td>3.2-5.2</td>
<td>2.5</td>
<td>3.7</td>
<td></td>
</tr>
<tr>
<td>Poor mental health days</td>
<td>3.2</td>
<td>2.2-4.2</td>
<td>2.3</td>
<td>3.3</td>
<td></td>
</tr>
<tr>
<td>Low birth weight</td>
<td>6.6%</td>
<td>5.8-7.3%</td>
<td>5.9%</td>
<td>6.1%</td>
<td></td>
</tr>
<tr>
<td>Health Factors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>32</td>
</tr>
<tr>
<td>Health Behaviors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>33</td>
</tr>
<tr>
<td>Adult smoking</td>
<td>26%</td>
<td>21-32%</td>
<td>14%</td>
<td>16%</td>
<td></td>
</tr>
<tr>
<td>Adult obesity</td>
<td>30%</td>
<td>26-35%</td>
<td>25%</td>
<td>27%</td>
<td></td>
</tr>
<tr>
<td>Food environment index</td>
<td>7.1</td>
<td></td>
<td>8.4</td>
<td>7.3</td>
<td></td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>22%</td>
<td>18-26%</td>
<td>20%</td>
<td>16%</td>
<td></td>
</tr>
<tr>
<td>Access to exercise oppo.</td>
<td>81%</td>
<td></td>
<td>92%</td>
<td>89%</td>
<td></td>
</tr>
<tr>
<td>Excessive drinking</td>
<td>18%</td>
<td>14-24%</td>
<td>10%</td>
<td>16%</td>
<td></td>
</tr>
<tr>
<td>Alcohol impaired deaths</td>
<td>33%</td>
<td></td>
<td>14%</td>
<td>31%</td>
<td></td>
</tr>
<tr>
<td>Sexually transmitted</td>
<td>270</td>
<td></td>
<td>138</td>
<td>345</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Teen births</th>
<th>37</th>
<th>34-41</th>
<th>20</th>
<th>31</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uninsured</td>
<td>19%</td>
<td>17-21%</td>
<td>11%</td>
<td>17%</td>
</tr>
<tr>
<td>Primary care physicians</td>
<td>1,117:1</td>
<td>1,045:1</td>
<td>1,105:1</td>
<td></td>
</tr>
<tr>
<td>Dentists</td>
<td>1,483:1</td>
<td>1,377:1</td>
<td>1,363:1</td>
<td></td>
</tr>
<tr>
<td>Mental health providers</td>
<td>537:1</td>
<td>386:1</td>
<td>299:1</td>
<td></td>
</tr>
<tr>
<td>Preventable hospital stays</td>
<td>54</td>
<td>50-59</td>
<td>41</td>
<td>38</td>
</tr>
<tr>
<td>Diabetic monitoring</td>
<td>85%</td>
<td>81-90%</td>
<td>90%</td>
<td>85%</td>
</tr>
<tr>
<td>Mammography screening</td>
<td>67.4%</td>
<td>62.4-72.5%</td>
<td>70.7%</td>
<td>62.0%</td>
</tr>
<tr>
<td><strong>Social &amp; Economic Factors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school graduation</td>
<td>61%</td>
<td></td>
<td></td>
<td>69%</td>
</tr>
<tr>
<td>Some college</td>
<td>55.9%</td>
<td>51.0-60.8%</td>
<td>71.0%</td>
<td>66.7%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>9.9%</td>
<td></td>
<td></td>
<td>7.7%</td>
</tr>
<tr>
<td>Children in poverty</td>
<td>30%</td>
<td>22-38%</td>
<td>13%</td>
<td>22%</td>
</tr>
<tr>
<td>Income inequality</td>
<td>4.5</td>
<td>4.1-4.9</td>
<td>3.7</td>
<td>4.6</td>
</tr>
<tr>
<td>Children in single parent households</td>
<td>34%</td>
<td>28-41%</td>
<td>20%</td>
<td>31%</td>
</tr>
<tr>
<td>Social associations</td>
<td>13.8</td>
<td></td>
<td></td>
<td>10.5</td>
</tr>
<tr>
<td>Violent crime</td>
<td>244</td>
<td></td>
<td></td>
<td>249</td>
</tr>
<tr>
<td>Injury deaths</td>
<td>99</td>
<td>88-110</td>
<td>50</td>
<td>66</td>
</tr>
<tr>
<td><strong>Physical Environment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Air pollution - particulate matter</td>
<td>7.7</td>
<td></td>
<td></td>
<td>8.9</td>
</tr>
<tr>
<td>Drinking water violations</td>
<td>0%</td>
<td></td>
<td></td>
<td>19%</td>
</tr>
<tr>
<td>Severe housing problems</td>
<td>16%</td>
<td>14-18%</td>
<td>9%</td>
<td>20%</td>
</tr>
<tr>
<td>Driving alone to work</td>
<td>74%</td>
<td>71-77%</td>
<td>71%</td>
<td>72%</td>
</tr>
<tr>
<td>Long commute - driving alone</td>
<td>20%</td>
<td>17-23%</td>
<td>15%</td>
<td>26%</td>
</tr>
</tbody>
</table>
The County Health Rankings provide a snapshot of the health of Coos County and provides a comparison with the other 33 counties in Oregon and some national benchmarks.

The Rankings are compiled using county-level measures from a variety of national and state data sources and they are based on a model of population health that emphasizes the many factors that impact our health outcomes as individuals and populations. These factors are organized under three main categories:

1. **Health outcomes**
   Health outcomes tell us how healthy we are as a county. They provide data on how long people live and on how healthy people are while they are alive (quality of life).

2. **Health factors**
   These factors are what influence the health of a county from health behaviors (tobacco use, diet and exercise, unprotected sexual activity etc.) to access to quality clinical care, social and economic factors (education, employment, income, family and social support, etc.), and physical environment (air quality, housing and transit).

3. **Policies and programs**
   Policies and programs implemented at the local, state and federal levels can affect the health of populations. A few examples are the policy that ensures that children are immunized at appropriate times or the smoke free policy in the city parks or on county property.

In a nutshell, our **length of life** in Coos County is shorter than other places in Oregon. Almost one in five county residents experiences a poor **quality of life** and lives in poor health while alive.

Coos County ranks poorly when it comes to our **health behaviors**: more than a quarter of our population uses tobacco products; a third of our population is considered **obese** and another third is **overweight**. Even though our environment provides great opportunities for outdoors physical activities, only a fifth of us are taking advantage of it. Our **unprotected sexual practices** lead us to have high rates sexually transmitted diseases, such as gonorrhea and chlamydia, and to be among the counties with the highest rates of teen pregnancies.

Although our **access to care** has increased with more of us having access to health insurance and to a primary care provider through Obamacare, some of us still face barriers to accessing health care and preventative services.

The county’s **social and economic factors** are still pretty poor, with 30% of our children living in poverty and 34% of our children living in a single-parent household. Our unemployment rate is higher than the state and national average.

Finally, even though our **physical environment** offers us good air quality, there are 16% of us whose living conditions are considered severe such as overcrowding in the home, high housing costs, and/or lacking kitchen or plumbing facilities.
CHW Public Health Division at a glance

- 25 dedicated staff
- More than 15 services to our communities, families and individuals
- Annual budget of $2,694,282 and $165,750 from the county general fund
- Located at the North Bend Annex
- Satellite clinics in Coquille, Bandon, Lakeside, Powers, Headstart in Coos Bay and at the Coquille Indian Tribe health center
## 2014-15 Accomplishments at a glance

### Annual Report 2014-2015

<table>
<thead>
<tr>
<th>Accomplishment</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Drinking Water Surveys completed</td>
<td>217 Pregnant Women assisted through Oregon Mothers Care</td>
</tr>
<tr>
<td>444 Restaurants Inspections done</td>
<td>1,125 Immunizations Administered</td>
</tr>
<tr>
<td>41 Pools Inspections done</td>
<td>1,169 Family Planning Visits for 609 patients</td>
</tr>
<tr>
<td>84 RV Parks Inspections done</td>
<td>538 people helped with their OHP applications</td>
</tr>
<tr>
<td>177 Tourist accommodation inspections done</td>
<td>1,535 WIC participants served and 87 WIC Satellite Clinics held</td>
</tr>
<tr>
<td>1,025 Communicable Disease Investigations conducted</td>
<td>1,961 Nurse Home Visits completed</td>
</tr>
<tr>
<td>676 STD tests performed</td>
<td>26 Breastfeeding Classes Held</td>
</tr>
<tr>
<td>256 Pregnancy Tests done</td>
<td></td>
</tr>
</tbody>
</table>
POPULATION BASED SERVICES:
PROMOTING HEALTHY ENVIRONMENTS
Epidemiology and Control of Communicable Diseases

Diseases surveillance and monitoring

Immunizations
What we do
Our team ensures the surveillance and investigation of more than 60 communicable diseases and conditions during the year.

Why we do it
This program is geared to prevent the spread of communicable diseases in Coos County such as salmonella, influenza, hepatitis, HIV, and tuberculosis. The main goal is the protection of the population against communicable diseases and disease outbreaks. Communicable diseases are a danger to everyone. Some have been controlled with vaccinations, while others are resistant to drug treatment. Disease prevention and control is a cooperative effort involving health care providers, local and state health department personnel and members of the community. This includes collecting and investigating disease reports and providing treatment to exposed individuals and families.

Who we serve
This program ensures surveillance of communicable diseases for all individuals living in Coos County.

Our outcomes
Confirmed and presumptive disease cases decreased 2% from FY 13-14 and FY 14-15 (368 cases to 360 cases)
Our biggest accomplishment
This year, our team successfully dealt with the surveillance and monitoring of citizens returning to Coos County from countries affected by an Ebola outbreak. We ensured daily monitoring of these individuals for three weeks according the CDC guidelines.

Our biggest challenge
Funding remains a challenge. The State of Oregon provides limited funding to support communicable disease staff to provide surveillance of disease, investigation, and prophylaxis. In 2014-15, Coos County provided county general funds to ensure the service was fully funded.
Key data for Communicable diseases surveillance and monitoring

Table 1: Cases Reported to Coos Health & Wellness vs. Confirmed Cases

<table>
<thead>
<tr>
<th></th>
<th>FY 2012/13</th>
<th>FY 2013/14</th>
<th>FY 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases Reported to Coos Health and Wellness</td>
<td>778</td>
<td>776</td>
<td>1,025</td>
</tr>
<tr>
<td>*Confirmed Communicable Disease Cases</td>
<td>335</td>
<td>292</td>
<td>361</td>
</tr>
</tbody>
</table>

*Not all cases reported and investigated by Coos Health and Wellness become a confirmed case.

Table 2: Number of Cases for Specific Diseases

<table>
<thead>
<tr>
<th></th>
<th>FY 2012/13</th>
<th>FY 2013/14</th>
<th>FY 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campylobacter</td>
<td>9</td>
<td>12</td>
<td>14</td>
</tr>
<tr>
<td>Giardia</td>
<td>5</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>3</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>83</td>
<td>88</td>
<td>104</td>
</tr>
<tr>
<td>Pertussis</td>
<td>29</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Salmonella</td>
<td>7</td>
<td>4</td>
<td>11</td>
</tr>
</tbody>
</table>

Table 3: Gastro-intestinal Illness Outbreaks Investigated

<table>
<thead>
<tr>
<th></th>
<th>FY 2012/13</th>
<th>FY 2013/14</th>
<th>FY 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pertussis</td>
<td>3</td>
<td>2 Noro Virus</td>
<td>NA</td>
</tr>
<tr>
<td>Noro Virus</td>
<td>3</td>
<td>1 Salmonella</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Immunizations

What we do
We provide vaccinations and we ensure that all children who attend school are up-to-date in their immunization status before school exclusion day.

Why we do it
Up to date vaccinations contribute to prevent communicable diseases and communicable disease outbreaks.

Who we serve
Our clinic is open Monday to Friday from 8 am to 5 pm and serves adults and children of all ages. The clinic is able to serve anyone, e.g. uninsured, individuals and families with the Oregon Health Plan, Medicare and various commercial insurance plans. Serving people who are covered by insurance plans helps us generate the funds necessary to ensure services for people and families who could not afford them otherwise.

Our outcomes
The main goal of this program is to ensure protection of community members against vaccine-preventable diseases. Immunization is the safest and most effective public health tool available for preventing disease and death. Thanks to vaccinations, many of the infectious diseases that gripped past generations such as polio, measles, rubella, diphtheria and tetanus are rarely seen anymore, but outbreaks can still occur.

Below is the Center for Disease Control and Prevention (CDC) recommended immunization schedules for children 0 to 6 year-old.
# 2015 Recommended Immunizations for Children from Birth Through 6 Years Old

<table>
<thead>
<tr>
<th>Age Range</th>
<th>0 Months</th>
<th>1 Month</th>
<th>2 Months</th>
<th>4 Months</th>
<th>6 Months</th>
<th>12 Months</th>
<th>15 Months</th>
<th>18 Months</th>
<th>19-23 Months</th>
<th>2-3 Years</th>
<th>4-6 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>Hep B</td>
<td>Hep B</td>
<td></td>
<td></td>
<td></td>
<td>Hep B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 month</td>
<td>RV</td>
<td>RV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 months</td>
<td>DTaP</td>
<td>DTaP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 months</td>
<td>Hib</td>
<td>Hib</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6 months</td>
<td>PCV</td>
<td>PCV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 months</td>
<td>IPV</td>
<td>IPV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>15 months</td>
<td></td>
<td></td>
<td>DTaP</td>
<td>DTaP</td>
<td>DTaP</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>18 months</td>
<td></td>
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<td></td>
<td></td>
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<td></td>
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<tr>
<td>19-23 months</td>
<td></td>
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<td></td>
<td></td>
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<td></td>
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<tr>
<td>2-3 years</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4-6 years</td>
<td></td>
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</tbody>
</table>

**Is your family growing?** To protect your new baby and yourself against whooping cough, get a tetanus vaccine in the third trimester of each pregnancy. Talk to your doctor for more details.

- **Shaded boxes indicate the vaccine can be given during the shown age range.**

**NOTE:** If your child misses a shot, you don’t need to start over; just go back to your child’s doctor for the next shot. Talk with your child’s doctor if you have questions about vaccines.

**FOOTNOTES:**
- Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some children in this age group.
- Two doses of Hep A vaccine are needed for lasting protection. The first dose of Hep A vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. Hep A vaccination may be given to any child 12 months and older to protect against Hep A.
- Children and adolescents who did not receive the Hep A vaccine and are at high risk should be vaccinated against Hep A.

**If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child’s doctor about additional vaccines that he may need.**

---

For more information, call toll free 1-800-CDC-INFO (1-800-232-4636), or visit [http://www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

[Image of CDC logo]

[Image of American Academy of Family Physicians logo]

[Image of American Academy of Pediatrics logo]

19
Key data from the Immunization program

Table 4: Number of shots provided by Coos Health and Wellness Clinic

<table>
<thead>
<tr>
<th>Shot Provided through Shots for Tots</th>
<th>FY 2012/13</th>
<th>FY 2013/14</th>
<th>FY 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Immunizations Administered</td>
<td>224</td>
<td>193</td>
<td>230</td>
</tr>
<tr>
<td>Seasonal Flu Shots Administered</td>
<td>841</td>
<td>860</td>
<td>908</td>
</tr>
<tr>
<td></td>
<td>527</td>
<td>485</td>
<td>317</td>
</tr>
</tbody>
</table>

Table 5: Percentage of 2-year olds in Coos County up-to-date with routine immunizations*

<table>
<thead>
<tr>
<th></th>
<th>CY 2012</th>
<th>CY 2013</th>
<th>CY 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coos County</td>
<td>73%</td>
<td>60%**</td>
<td>62%</td>
</tr>
<tr>
<td>State of Oregon</td>
<td>69%</td>
<td>68%</td>
<td>72%</td>
</tr>
</tbody>
</table>

*4 DTap, 3 Polio, 1 MMR, 3 Hepatitis B, 3 Hib, and 1 Varicella

**During transition to Electronic Health Records, all data of shots administered to children did not transmit to the Oregon immunization registry, reflected by the decrease in the CY 2013 and 2014 rates.

Table 6: School exclusion data, Coos County

<table>
<thead>
<tr>
<th>Exclusion letters mailed</th>
<th>FY 2012/13</th>
<th>FY 2013/14</th>
<th>FY 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children excluded</td>
<td>49</td>
<td>46</td>
<td>72</td>
</tr>
</tbody>
</table>

Communicable diseases are becoming rare in the USA because of vaccinations.
We vaccinate to protect our future.
Healthy Environments

Environmental Health Services

Drinking Water Program

Mosquito Monitoring Program
Environmental Health Services

**What we do**
Environmental Health promotes health and safety in the community through education and enforcement of public health regulations pertaining to food, pool, and lodging facilities. Regulation of food service facilities (restaurants, mobile units, and temporary restaurants), pools and spas, and tourist facilities (hotels/motels, recreational parks, and organizational camps) is based on Oregon Revised Statutes (ORS), Oregon Administrative Rules (OAR), and contractual agreements with the Oregon Health Authority (OHA). In addition, consultation and inspection services are provided to child care centers, school food services, and other minor institutions. Separate from the facility inspection services, public water systems are surveyed and monitored, through contract with OHA, to help ensure that safe drinking water standards are met.

**Who we serve**
This program serves everyone in Coos County along with any visitors using our accommodation system, our restaurants and our pool systems.

As of 1999, CHW took delegation for the licensing and inspection program for Food, Pool and Lodging facilities. The following line graph and tables illustrates stability in the number of annual licenses issued - except in the Travelers’ Accommodation (TA) category. The spike in the number of TA licenses issued reflects an increased interest in home owners using a property as a licensed vacation rental.

**What it costs**
Environmental Health program staff in 2014 was comprised of 3.7 FTE including Program Manager Rick Hallmark, EHS, Office Support

$275,182
475 food, pool and lodging establishments receive on-site health and safety inspections.

Semi-annual inspections of public pools, RV Parks and Food Service businesses
Annual inspections of overnight lodgings
Inspection of temporary food vendors at community festivals

Outcomes of the program:
Safe places for locals and visitors to:
- Eat
- Swim
- Lodge for the night

Services provided with 3.7 FTE
Joyce Chalmers, and two EHS Jan Carpenter and Peter Cooley. Congratulations are extended to Jan and Peter for graduating in 2014 from EHS Trainees to fully licensed EHS by individually completing 3,840 hours of EH service and successfully passing a national licensing exam.

Our outcomes

Public Pools and Spas Program
Recreational pool and spa waters have long been recognized as an efficient medium for the transmission of communicable diseases. However, control of disease-causing organisms can be achieved through adequate water sanitization and proper chemical balance. In addition, pool and spa users are subject to a variety of accidents, such as slips and falls, drowning, dive and slide accidents, burns, electrocution, and entrapment. Risk of these injuries is minimized by CHW inspectors providing objective on-site consultations with pool and spa operators. CHW minimizes disease transmission associated with public recreational water through the enforcement of laws* delegated from the Oregon Health Authority.

As well as during times of inspection, CHW plays an active role in the education of pool operators by providing an annual pool operators seminar each spring where the basics of pool safety and water quality management are discussed. For more advanced training, operators are referred to specialized training recognized by the state including the Certified Pool Operator Program, provided by the National Swimming Pool Foundation, and the Aquatic Facility Operator Program, provided by the National Recreation and Parks Association.

Tourist Facilities Program
The Tourist Facilities Program serves to prevent illness and injuries. In accordance with state law* CHW is delegated authority by OHA to conduct licensing and inspection activities of travelers’ accommodations (hotels/motels, vacation rentals, bed and breakfasts), organizational camps, and recreation parks (RV parks, campgrounds).

Licensing of vacation rentals as a Travelers’ Accommodation is an anomaly to CHW compared to most of the state. Multnomah County’s population of 776,000 is the highest county population in the state and, as expected, Multnomah has the highest number of licensed travelers’ accommodations in the state with 161. By comparison, Coos County is ranked 16 in population with 62,000, but is ranked second for the number of Travelers’ Accommodations licensed, with 178 with 140 of these being vacation rentals.
State law* provides several different licensing categories for the retail food service. There is a subject law used by CHW for each of the following categories: Full Service Restaurant, Limited Service Restaurant, Mobile Unit, Commissary, Single-event Temporary Restaurant, Seasonal Temporary Restaurant and Intermittent Temporary Restaurant. In addition to the regulatory work CHW also provides education to food handlers.

Food Handler Training
Inspectors continually educate operators about safe food handling and all aspects of the regulations on routine and follow-up inspections at food service facilities licensed by CHW. In addition to this, the following education opportunities are available to food workers at facilities licensed by CHW as well as food workers employed at facilities mentioned above that are not licensed by CHW.

Education of food handlers is an important part of the CHW approach to food safety. Along with instruction provided during time of inspection, education is also provided via 2 hour food handler certification courses given by one of the three EHS as well as full day instruction for restaurant manager certification courses.

- Valid food handler certification is necessary for employment at a restaurant. Live instructed classes were offered 4 times in locations scattered around the county in 2014. The same certification is available on-line via Lane County health department in partnership with CHW for the costs of the training. A total of 757 on-line certifications were issued to Coos County residents in 2014.
- ServSafe restaurant manager certification is offered by CHW twice a year. ServSafe was been developed by the National Restaurant Association’s Education Foundation. Two inspectors are qualified to provide the instruction and administer the examination. In 2014, 27 students successfully passed the ServSafe exam.

NOTE:
CHW has responsibility to investigate food-borne illness outbreaks occurring at virtually any institution in the county. CHW performs routine inspections at the licensed food establishments as per the laws noted in this section, but in other food service institutions CHW has no presence unless invited for a paid consultation by an institution’s management or an investigation of an alleged food-borne illness outbreak is in process.

Examples of institutions where CHW has no regulatory presence include: Senior Care Institutions, Residential Style Care Facilities, Residential Style Group Homes, Hospitals with no public food service, Food Processing Plants and Grocery Stores. In the case of a child care facility licensed by Oregon Office of Child Care or a cafeteria kitchen of a public school governed by the Oregon Department of Education, CHW performs regulatory type inspections by special arrangement, but any enforcement action taken is at the discretion of the governing state agency.
Laws delegated to Coos Health & Wellness for the Food, Pool and Lodging licensing program

- OAR 333 - Division 12 Procedural Rules; and OAR 333 - Division 157 Inspection and Licensing Procedures.
- ORS Chapter 448 Pool Facilities; OAR 333 - Division 60 Public Swimming Pools and OAR Division 62 Public Spa Pools.
- ORS Chapter 446 Tourist Facilities; OAR 333 – Division 29 Travelers’ Accommodations Rules; OAR 333 - Division 30 Organizational Camp Rules; OAR 333 - Division 31 Construction, Operation, and Maintenance of Recreation Parks.
- Oregon Revised Statutes Chapter 624 Food Service Facilities; Oregon Administrative Rules (OAR) 333 - Division 150 Food Sanitation Rule; OAR 333 - Division 158 Combination Food Service Facilities; OAR 333 - Division 160 Destruction of Food Unfit for Human Consumption; OAR 333 - Division 162 Mobile Units; OAR 333 - Division 170 Bed and Breakfast Facilities; and OAR 333 - Division 175 Food Handler Training.
The following bar graph illustrates that CHW consistently achieves the goal to achieve the standard for inspections required for licensed facilities each year. In 2014, where 762 inspections were required and 756 completed, the goal was not met. The bar graph illustrates that in some past years, far more than the minimum numbers of inspections were performed. This is a result of one licensed facility changing ownership mid-year. In such a case another inspection is warranted, particularly when completely new staff or management is put in place.
### Licensed Public Pools and Spa Inspections

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count of Licensed Pools and Spas</td>
<td>23</td>
<td>23</td>
<td>22</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>Semi-annual Inspections Performed</td>
<td>49</td>
<td>47</td>
<td>44</td>
<td>44</td>
<td>41</td>
</tr>
<tr>
<td>Semi-annual Inspections Required</td>
<td>46</td>
<td>46</td>
<td>44</td>
<td>44</td>
<td>44</td>
</tr>
<tr>
<td>Re-inspections Performed</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Inspections for All Types Annually Licensed Food Service Facilities

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed Food Facility Count</td>
<td>215</td>
<td>218</td>
<td>214</td>
<td>231</td>
<td>225</td>
</tr>
<tr>
<td>Count of Routine Semi-Annual Inspections</td>
<td>458</td>
<td>470</td>
<td>415</td>
<td>482</td>
<td>444</td>
</tr>
<tr>
<td>Number of Routine Semi-Annual Inspections Required</td>
<td>425</td>
<td>421</td>
<td>416</td>
<td>461</td>
<td>456</td>
</tr>
<tr>
<td>Count of Re-inspections</td>
<td>233</td>
<td>244</td>
<td>193</td>
<td>234</td>
<td>216</td>
</tr>
</tbody>
</table>

### Licensed Travelers’ Accommodations (TA) Inspections

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count of Licensed TA</td>
<td>112</td>
<td>113</td>
<td>125</td>
<td>132</td>
<td>178</td>
</tr>
<tr>
<td>Annual Inspections Performed</td>
<td>112</td>
<td>117</td>
<td>124</td>
<td>132</td>
<td>177</td>
</tr>
<tr>
<td>Annual Inspections Required</td>
<td>112</td>
<td>113</td>
<td>125</td>
<td>132</td>
<td>178</td>
</tr>
<tr>
<td>Re-inspections Performed</td>
<td>3</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Temporary Restaurant Inspections Conducted by Category

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Event (for profit)</td>
<td>113</td>
<td>78</td>
<td>109</td>
<td>71</td>
<td>73</td>
</tr>
<tr>
<td>Benevolent</td>
<td>174</td>
<td>123</td>
<td>227</td>
<td>205</td>
<td>0</td>
</tr>
<tr>
<td>Seasonal</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>34</td>
<td>41</td>
</tr>
<tr>
<td>Intermittent</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

In 2013, the Seasonal and Intermittent categories were created by statute. Prior to 2013, these were counted in the Single-Event category.

As state law does not require the inspection of Benevolent Temporary Restaurants, as of 2014, the Coos County Board of Commissioners directed CHW to make voluntary paid consultation and education the first option for benevolent sponsored food events.
Inspections performed at school cafeterias or other Oregon Department of Education sponsored food service sites

<table>
<thead>
<tr>
<th>Year</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspection Count</td>
<td>48</td>
<td>50</td>
<td>38</td>
<td>51</td>
<td>56</td>
</tr>
</tbody>
</table>

Inspections performed at Head-start and/or Childcare Facilities

<table>
<thead>
<tr>
<th>Year</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspection Count</td>
<td>33</td>
<td>31</td>
<td>10</td>
<td>18</td>
<td>21</td>
</tr>
</tbody>
</table>

Food Handler Certificates Issued

<table>
<thead>
<tr>
<th>Year</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Live</td>
<td>207</td>
<td>2710</td>
<td>269</td>
<td>141</td>
<td>192</td>
</tr>
<tr>
<td>Training Online</td>
<td>952</td>
<td>946</td>
<td>933</td>
<td>777</td>
<td>757</td>
</tr>
<tr>
<td>Total</td>
<td>1159</td>
<td>1216</td>
<td>1202</td>
<td>918</td>
<td>949</td>
</tr>
</tbody>
</table>

Restaurant Manager Certification Examinations Passed (ServSafe)

<table>
<thead>
<tr>
<th>Year</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>30</td>
<td>34</td>
<td>39</td>
<td>21</td>
<td>27</td>
</tr>
</tbody>
</table>
Drinking Water Program

The goal of the Drinking Water Program is to prevent illness from public drinking water sources. Approximately 80% of Coos County’s 62,475 residents receive potable water from a public water system. State Drinking Water Services (DWS) has an inventory of seventy-five public water systems (PWS) in Coos County. While DWS retains authority to enforce Oregon law relative to the state’s waters, CHW contracts with DWS to provide direct oversight for fifty-seven of the seventy-five public water systems in the county. Examples of oversight services include interpretation of rules for water system operators, on-site surveys of public water systems and consultation for water contamination alerts.

Who do we serve?
Approximately 80% of Coos County’s 62K + population receive potable water from a public water system.

Program outcomes
Surveys of each public water system are triaged to be performed every three to five years contingent upon system risk and population. A survey is a comprehensive on-site review of the ability of the public water system to provide drinking water to the public that is safe for human consumption. When risks are identified, the Public Water System and the consulting EHS work to identify a reasonable time frame for correction based on the real risk to water consumers. Seven drinking water systems were surveyed in 2014.

| Water System Surveys Conducted Annually by CHW |
|-----------------|-------|-------|-------|-------|-------|
| 2010 | 2011 | 2012 | 2013 | 2014 |
| 10   | 8    | 9    | 5    | 7    |

In addition to the system surveys, EH staff responded to 22 alerts. The alert system is designed to assure that a water system operator
receives consultation from an EHS regarding sample results showing there is a safety threat to water system consumers from a contaminant. When a water sample exceeds the maximum contaminant level (MCL) or other designated threshold, the laboratory performing the analysis reports this to both the public water system and DWS. In turn, DWS provides “alert” notice to CHW where EHS staff seeks to contact and consult with the water system operator to resolve the threat of contamination to consumers. The efficiencies of the alert system will often result in the contact from CHW as first notice of the contamination to a public water system operator.

<table>
<thead>
<tr>
<th>Year</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>44</td>
<td>22</td>
<td>20</td>
<td>14</td>
<td>22</td>
</tr>
</tbody>
</table>

Public Water Systems for which Coos Health & Wellness provides oversight are subject to laws which Oregon Drinking Water Services (DWS) enforces including: Oregon Revised Statutes Chapter 448 Water Systems and Oregon Administrative Rule 333 - Division 61 Public Water Systems.

**Story from the field**

Late one Sunday, more than 20 restaurants inspected by the Environmental Health (EH) staff were affected when a municipal water system issued a boil water notice due to a mechanical failure at the water system treatment plant. As the failure was investigated it became evident that the boil water notice would be in place for several days as replacement equipment was not immediately available.

Because potable water is a must for a restaurant to assure safe food, service EH staff were all called in to consult with community restaurants. When EH staff arrived, messages from concerned food service operators were already waiting.

- Pat wanted to know if her coffee maker actually boiled the water.
- John asked if he could have a UV light installed on his water line to take care of water contamination.
- Gary, a bartender, wanted to know how he could best provide clean water for his customers in the restrooms for hand washing.
- Sid called to see if his dishwasher was hot enough to produce safe clean dishes.

EH staff took the responsibility to make contact with every food service business inspected by CHW and help them recognize what issues needed to be addressed in order to keep customers safe.
What gratified EH staff was how many business operators really knew who to call for help in an EH emergency.
According to Rick Hallmark - our Environmental Health program manager, “These people were calling us to make sure that their food processes were safe. Despite the calamity, the fact that they knew they could call us shows that we are effectively communicating to our local food service operators.”
Mosquito & Vector Surveillance

What we do
The Vector Surveillance portion of this report covers from July 2014 through June 2015.

Mosquito surveillance and control
Since the fall of 2013, Coos County has contracted intermittently with US Fish and Wildlife Service (USFWS) to minimize the Aedes dorsalis mosquito population escaping the breeding habitat on the Bandon Marsh and causing havoc with nearby population. Between July 2014 and December 2014, Coos County was under contract with USFWS and maintained responsibility to monitor the population of mosquito larvae on the marsh and adult mosquitoes both on and near the marsh. Coos County contracted with Vector Disease Control International (VDCI) to apply Bti larvacide as needed. A late larvacide treatment resulted in mosquitoes flying off the marsh into residential areas into July 2014.

Using CDC light traps on a weekly basis to monitor adult mosquito populations provided opportunity to test for arbovirus. There was no presence of St Louis encephalitis, Western equine encephalitis or West Nile virus found in the arbovirus testing conducted in September 2014.

In the spring of 2015, Coos County again contracted with USFWS to provide mosquito control with USFWS and in-turn Coos County utilized VDCI to do both the monitoring and provide larvacide treatment as needed. Through June 2015, no noteworthy mosquito fly-offs from the marsh occurred.

Animal bites
Some vector surveillance has traditionally been performed by EH staff, though as with many community issues dedicated funding to provide agency intervention is limited or does not exist. CHW works with physicians, medical facilities, law enforcement, animal control and the public to screen for rabies risk from animal bites to humans. At the direction of the County Board of
Commissioners, as of 2014, the county no longer charges a victim of an unprovoked bite the shipping and handling charges to send a specimen to the state lab for rabies testing. An animal biting a human testing positive for rabies leads to CHW recommending prophylaxis as does circumstances suggesting a high risk for rabies where a specimen cannot be tested.

The presence of rabies was not detected by the State Public Health Lab in any animal specimen sent from Coos County.
Eighty-nine animal bites were reported to CHW this last year.
Other programs

Public Health Emergency Preparedness

Vital Records
Public Health Emergency Preparedness

What we do
The Public Health Emergency Preparedness (PHEP) program plans for and coordinates the public health response to natural or man-made disasters.

Coos Health and Wellness personnel are responsible for assisting Coos County in coordinating the response to any emergency or disaster with public health and medical consequences. Funding for the Public Health Preparedness Program comes from the federal government—the Center for Disease Control and the Health Resources and Services Administration.

Who we serve
The people, healthcare community, and public health system of Coos County.

What it cost
The budget we received from the Oregon Health Authority was for $101,622 and it covered the costs for one FTE and operational expenses, as well as preparedness activities specific to Ebola.

Our outcomes
Port of Entry Quarantine and Isolation Workshop
The scope of this exercise was to review the roles and responsibilities of responding agencies when there is a suspected or confirmed case of a quarantinable communicable disease at a Coos County Port of Entry.

Coos Health and Wellness Public Health worked with the Port of Coos Bay, US Customs, US Coast Guard, local law enforcement
agencies, port facility operators, and other key stakeholders and developed a procedure for responding to a vessel coming into a Coos County port of entry with a potential communicable disease.

Isolation and Quarantine Legal Workshop
The scope of this workshop was to review the roles and responsibilities of the various key partners during a communicable disease event where mandatory isolation and/or quarantine orders needed to be issued.

Coos Health and Wellness Public Health worked with County Legal Counsel, the District Attorney’s Office, law enforcement agencies, and other key stakeholders to develop a procedure for getting court orders for mandatory isolation and/or quarantine.

The Ebola Events of 2014-2015
Coos Health and Wellness Public Health conducted workshops, planning sessions, and training events to prepare for the possibility of the need to monitor people who may have been exposed to the Ebola Virus, or respond to possible Ebola patients.

During the Ebola response phase there were two Persons Under Monitoring (PUM) in Coos County.

Coos Health and Wellness Public Health worked with the healthcare community, including hospitals, clinics, and emergency medical transport agencies, along with the legal community to develop response and monitoring procedures for Coos County. When the PUMs returned to Coos County their monitoring was done in an efficient and competent manner to ensure the safety of the citizens of Coos County and the rights of the individuals.

Mass Rescue Operations Functional Exercise 2015
The exercise focused on an engine room fire, and subsequent emergency evacuation, on-board a passenger vessel approximately eight nautical miles off the coast of Bandon, OR. The exercise required Coos Health and Wellness Public Health to support the setup of a safe shelter and attendance of health needs of individuals evacuated from a ship.

From this exercise Coos Health and Wellness Public Health developed an updated and robust initial response plan to an emergency event.

Emergency Preparedness Health Promotion Messages
The Public Health Emergency Preparedness Coordinator has provided educational Op Ed pieces to the local newspaper and media on safely surviving summer heat, safely storing emergency supplies of food, and disinfecting water for use in an emergency.

How to Develop a Disaster Plan
The Public Health Emergency Preparedness Program developed a training program and has been providing training for the Foster Care Providers in Coos County on how to do a risk assessment and write a disaster plan for their facilities. This program has been presented to elder care, developmentally disabled and child psychiatric foster care providers.
Health Emergency Response Team (HERT)
The Health Emergency Response Team is a coalition of healthcare providers and responders made up of hospitals, clinics, state, local, and tribal representatives, faith-based organizations, and other agencies and organizations interested in the disaster preparedness of our healthcare community. This coalition meets monthly.

The coalition is facilitated by the Coos Health and Wellness Public Health Emergency Preparedness Program and provides a forum for discussion, planning, training, exercises, and projects that will enhance the healthcare community preparedness for, recovery from, and resiliency to events that threaten the health of our family, friends, and neighbors on the Southern Oregon Coast.

School Health Advisory Council (SHAC)
The SHAC meets monthly during the school year at the Madison Elementary School to discuss and plan health related topics and events that impact the children of Coos County. The meeting is attended by teachers, health educators, school nurses, school counselors, school board members, school administration, public health educators, and representatives from local and state agencies, as well as non-governmental agencies and the public.

Amateur Radio Emergency Service/Radio Amateur Civil Emergency Service (ARES/RACES)
Coos County ARES/RACES exists to provide a viable first response to local or regional communications system outages or overloads. Using Amateur Radio equipment and operators as directed by the County Emergency Manager, ARES/RACES provides back-up voice and digital hard-copy communications to designated agencies for a period of not less than 72 hours, or until normal communications are restored.

Coos Health and Wellness houses an ARES/RACES radio station for use during emergencies to communicate with the Coos County Emergency Operations Center, hospitals, fire departments, and other emergency response agencies. The Public Health Emergency Preparedness Coordinator, who is also a licensed amateur radio operator, participates as the Coos Health and Wellness Public Health representative during communications exercises, training, and at ARES/RACES meetings and events.

Coos County Medical Reserve Corps
The Coos County Medical Reserve Corps (CC-MRC) is a volunteer team of licensed medical professionals and support staff who live and work in Coos County. The purpose of the CC-MRC is to provide a group of trained licensed and vetted healthcare providers who would be available during a healthcare or public health event to supplement the staff at Coos Health and Wellness, as well as the healthcare community of Coos County.

There are 50 members in the CC-MRC including physicians, nurses, pharmacists, Emergency Medical Technicians, occupational therapists, nursing and medical assistants, as well as non-licensed support staff.

Training events provided for the CC-MRC included the Basic and Advanced Disaster Life Support courses, Disaster Burn Care: How to Care for Severely Burned Patients for up to 72 Hours, Psychiatric First Aid, and classes in triage and the incident command system.
The CC-MRC provided 38 TDaP immunizations at the Get Ready Coos Bay event in September 2014.

Members of the CC-MRC traveled to Camp Rilea to participate in Operation Pathfinder Minuteman exercise, large scale mass casualty training event and exercise.
What do we do?
One of the ten 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 population’s health are noted at the time of birth and death by the attending medical providers.

Data that can be found on death certificates include:
- Immediate cause of death and other significant conditions contributing to death

Data that can be found on birth certificates include:
- When prenatal care began
- Any medical risk factors for the mother, and weight gain during her pregnancy

These data are collected and compiled by the state and help to give us a picture of the health of our county and the state as a whole.

Who do we serve?
Vital Records serves everyone who is born or deceased in Coos County and their families.

What are the program resources?
Coos Health and Wellness has 0.84 FTE staff dedicated to serving our community with Vital Records services.

Need Vital Records?
Birth and death certificates of people who were born and/or passed away in Coos County are available for purchase from the county Vital Records office for six months after the event.

Fee Change
Fees are increasing on 1/1/2016. The last fee change was in 2003 and the Oregon Health Authority needed to adjust them to ensure services can be efficiently and sustainably provided to Oregonians.
Community Health

Tobacco Prevention and Education Program (TPEP)
Community Health Improvement Plan (CHIP)
Health Promotion Messaging
Tobacco Prevention Education Program

$92,611
Serving the residents and organizations in Coos County
0.95 FTE staff member

What do we do?
The Tobacco Prevention and Education Program (TPEP) serves to reduce the damages of tobacco via policy development and cessation promotion. We use our resources to promote positive community norms and promote cessation services, particularly the Oregon Tobacco Quit Line. Coos County has one of the highest overall tobacco use rates in Oregon. Our rate of pregnant smokers is also significantly higher than state averages. Exposure to secondhand and thirdhand smoke causes significant health problems for babies and children.

Who do we serve?
The TPEP program serves the entire community, through policy design and implementation.

Our biggest challenge
Community concerns over loss of business or discriminating against smokers are often challenging.

TPEP serves to reduce the damages of tobacco via policy development and cessation promotion.

TPEP also responds to Indoor Clean Air Act complaints.

What does it cost and who works with us?
Our budget is $92,611 coming from Oregon Health Authority. Opportunities for special funding are sometimes available. The program employs two staff members. One staff member is 0.75 FTE and the other 0.20 FTE is filled by the Health Education Division Director.

Our biggest accomplishment this year
This year we had great success reaching out to community partners and decision makers. Our focus was on policy implementation for dental and medical facilities. As part of a special grant, Coos County TPEP worked with Advantage Dental in Roseburg, Oregon to provide training and resources for dental clinics. Not only did these clinics adopt tobacco-free policies, but three representatives were trained to be tobacco treatment specialists at the Mayo Clinic. This built a firm foundation for success for tobacco cessation opportunities. Our healthcare providers were given resources and education to assist in patient care.

All local hospitals and major health care clinics are now tobacco-free.
Coos County has implemented a tobacco-free campus
BreatheEasy
Tobacco & Smoke Free Environment

TOBACCO-FREE CAMPUS
For a healthier community, our property is smoke and tobacco-free inside and outside.
FOR A HEALTHIER COOS COUNTY
Smokefree Oregon Quitline 1-800-784-8669
Community Health Improvement Plan

What is the CHIP?
The Coos County Community Health Improvement Plan (CHIP) is a county-wide, multi-sector, collaborative and evidence-based effort that aims to improve health outcomes in Coos County. Various sectors, geographies, and areas of our county are involved in this effort such as cities and county governments, healthcare providers, school districts, service and non-profit organizations, the business sector, and community members.

Who do we serve?
The CHIP focuses on the entire Coos County population.
Vision: Coos County residents choose to live healthier, happier lives.
Mission: The CHIP Coalition promotes healthy behaviors and works for a healthier future for all Coos County Residents.

What are our resources?
There are no dedicated resources for this effort. CHW facilitated the revamping of the CHIP and its organizational structure. The CHIP is overseen by a Steering Committee and implemented by five subcommittees. These committees are led and chaired by community partners. Some subcommittees have applied and secured grant funding to support their work plans implementation.

Biggest accomplishment
CHIP document revamped. Clear governance and structure. Growing support and community involvement. All subcommittees developed a work plans for 2015-16 and are implementing them. Grant funding was secured for some subcommittees’ work.

Next steps
Communicating on the CHIP initiative; Recruiting partners and community members to make an impact for a healthier future for all Coos County residents.
CHIP coalition priorities and goals for 2015-16

Access to healthcare strategies
- Assessment of provider, clinical staff and patients attitudes regarding access to care
- Promote a model of team-based care across providers in the county

Decrease commercial tobacco initiation and use strategies
- Build and develop a community wide assessment examining tobacco use and youth in Coos County
- Reach out to community partners and possible participants
- Conduct the assessment
- Develop an implementation plan that leverages existing programs, policies, systems and environments and fills in identified gaps

Healthy Eating and Active Living for obesity prevention and reduction in Coos County strategies
- Conduct assessment of healthy eating and active living resources/gaps
- Enhance infrastructure supporting safe walking and bicycling

Prevent suicide strategies
- Implement Youth Move program in Coos County
- Implement dual diagnosis PTSD/STD support group for veterans in Coos County
- Develop a volunteer program to provide companionship to elders
- Conduct outreach to publicize suicide resources
- Youth Mental Health First Aid

Increase the timeliness of prenatal care strategies
- Secure agreement and partnership with OneKeyQuestion
- Identify two primary care providers willing to implement OKQ
- Set-up and assure pilot clinic’s EHR supports documentation and process flow for OKQ
- Implement One Key Question pilot project at North Bend Medical Center with two primary care providers
- Promote oral health exams and treatment for pregnant women

These priorities and strategies have been developed with the Social Ecological Model of Prevention in mind:
Health Promotion

All the public health division staff and programs have been involved in health promotion messaging

Disease prevention through hand washing, vaccination, teeth brushing, healthy eating, safe handling of foods, etc.

A community that is more knowledgeable around disease prevention behaviors

What do we do?
Public Health is a trusted agency when it comes to providing disease prevention and health promotion messaging to our community throughout the year.

Our biggest accomplishment
This year, the Public Health division decided to take on a more active role for health promotion in our community. We developed a health promotion messaging calendar for the year. Our calendar was inspired by already existing events, such as breastfeeding month or public health week. We also were mindful of aligning our health promotion messaging with the seasons. We submitted a food safety article around Thanksgiving, and a hand washing message at the start of the fall and throughout “flu season”. We partnered with The World newspaper to ensure that the health promotion articles we were sending out would be published in the paper.

<table>
<thead>
<tr>
<th>Health Promotion Messages published in 2014-15</th>
<th>Month</th>
<th>Topic</th>
<th>Program responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>October 2014</td>
<td>Flu vaccination, Hand washing and dental health</td>
<td>Clinic, Home Visiting and Ready to Smile</td>
</tr>
<tr>
<td></td>
<td>November 2014</td>
<td>Food safety</td>
<td>Environmental Health</td>
</tr>
<tr>
<td></td>
<td>December 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>January 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>February 2015</td>
<td>Importance of vaccination</td>
<td>Clinic</td>
</tr>
<tr>
<td></td>
<td>March 2015</td>
<td>Residential mosquito control</td>
<td>Environmental Health</td>
</tr>
<tr>
<td></td>
<td>April 2015</td>
<td>Sexually Transmitted Diseases Awareness Public Health Week</td>
<td>Clinic All</td>
</tr>
<tr>
<td></td>
<td>May 2015</td>
<td>Shaken Baby Syndrome and Period of Purple Crying</td>
<td>Home Visiting</td>
</tr>
<tr>
<td></td>
<td>June 2015</td>
<td>Farmers Market</td>
<td>WIC</td>
</tr>
</tbody>
</table>

All the public health division staff and programs have been involved in health promotion messaging

Disease prevention through hand washing, vaccination, teeth brushing, healthy eating, safe handling of foods, etc.

A community that is more knowledgeable around disease prevention behaviors
DIRECT SERVICES: PROMOTING HEALTHY FAMILIES AND HEALTHY PEOPLE
Public Health Clinic

Reproductive and Sexual Health Services
Reproductive & Sexual Health Services

What we do
We provide birth control and STD testing/treatment. We also promote healthy sexual relationships, assure access to comprehensive sexual and reproductive health services, including birth control and STD testing. Reproductive and sexual health is important to overall health. The right information can help reduce unintended pregnancies, prevent disease and ensure safe and nurturing sexual relationships.

Breast & Cervical Cancer Prevention Program (BCCP)
The Oregon Breast and Cervical Cancer Program (BCCP) helps low-income, uninsured, and medically underserved women gain access to lifesaving screening programs for early detection of breast and cervical cancers.

Coos Health and Wellness is a contracted provider for the BCCP program, and is allowed a limited enrollment every year. The number of enrollments allowed per county is based off a percentage of women ages 40-64, and who are without health insurance. The number of women enrolled has decreased since the implementation of the Affordable Care Act as more women are
eligible for Medicaid, or have purchased private health insurance which covers women’s health exams and mammograms.

The services of the BCCP program include:

- Pelvic exam,
- Pap test,
- Clinical breast exam,
- Instruction in self-breast exam, and
- Referral and voucher for a mammogram.

Why we do it
Reproductive and sexual health services are offered to families and individuals to help them plan for a family and to prevent unintended pregnancies and the spread of sexually transmitted diseases.

Who do we serve?
We serve women and men of any age in need of services.

Our outcomes
In 2014, 17.4% (vs 10.1% statewide) of female clients with prevention of an unintended pregnancy was due to availability of birth control.

Our accomplishment
Various methods of birth control, STD services, and cancer screening were provided to 693 clients in 2014.

Our biggest challenge
There is still a need for health care providers in the community. Our clinic also lacks funding to be able to provide all birth control methods, such as the patch and the implant as these methods are more expensive.

Sexually Transmitted Diseases are spread by having unprotected vaginal, anal, or oral sex with someone who has the disease.

To avoid transmission of STDs, it is recommended that partners are tested and condoms are used regularly during sexual intercourse (including oral sex).
**Key data for the Reproductive and Sexual Health program**

**Table 7: Number of Unintended Pregnancies Prevented**

<table>
<thead>
<tr>
<th>Calendar Year (CY)</th>
<th>CY 11</th>
<th>CY 12</th>
<th>CY 13</th>
<th>CY 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coos Health and Wellness Clinic</td>
<td>137</td>
<td>122</td>
<td>112</td>
<td>120</td>
</tr>
</tbody>
</table>

**Table 8: STD Testing Performed at Coos Health and Wellness clinic**

<table>
<thead>
<tr>
<th></th>
<th>FY 2012/13</th>
<th>FY 2013/14</th>
<th>FY 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia tests performed/# positive</td>
<td>398/29 (7%)</td>
<td>360/33 (9%)</td>
<td>313/38 (8%)</td>
</tr>
<tr>
<td>Gonorrhea tests performed/# positive</td>
<td>398/1 (&lt;1%)</td>
<td>360/5 (1%)</td>
<td>323/5 (15%)</td>
</tr>
<tr>
<td>Herpes tests performed/# positive</td>
<td>21/11 (52%)</td>
<td>34/16 (47%)</td>
<td>14/6 (43%)</td>
</tr>
<tr>
<td>Syphilis tests performed/# positive</td>
<td>19/0 (0%)</td>
<td>35/1 (3%)</td>
<td>6/0 (0%)</td>
</tr>
</tbody>
</table>

*Chlamydia* is a common STD that can infect both men and women. It can cause serious, permanent damage to a woman’s reproductive system, making it difficult or impossible for her to get pregnant. Chlamydia can also cause a potentially fatal ectopic pregnancy (pregnancy that occurs outside the womb). A pregnant woman with Chlamydia can give Chlamydia to her baby during childbirth. The initial damage that Chlamydia causes often goes unnoticed. However, Chlamydia can lead to serious health problems.

*Gonorrhea* is an STD that can infect both men and women. It can cause infection in the genitals, rectum, and throat. It is a very common infection, especially among young people ages 15-24 years. A pregnant woman with gonorrhea can give the infection to her baby during childbirth. Untreated gonorrhea can cause serious and permanent health problems in both women and men.

Increases in gonorrhea have been substantial in southern Oregon over the past 3 years. Gonorrhea has been increasing over this same period in the Northwestern US as a whole. All infectious diseases are subject to natural ebbs and flows, but other factors that very likely contribute are drug use, increasing numbers of online hookups with relatively anonymous partners, and perhaps declines in public health infrastructure that limit the number and extent of case investigations and attempts to find and treat partners.
Maternal and Child Health Services

Public Health Nurse Home Visiting Program
Women, Infants and Children (WIC)
Oregon Mothers Care (OMC)
Public Health Nurse Home Visiting

What we do

Babies First! is a nurse home visiting program that serves families with children birth through four years of age who are at risk for growth and/or developmental delays. The overarching goal for Babies First! is to prevent poor health and early childhood development delay in infant and children. Public Health Nurses provide in home services such as an overall assessment, health screenings, case management, and health education to help families make sure their children are healthy while they grow and learn.

CaCoon serves children with special health needs - those who have or are at risk for a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally - age birth up through 20 years of age. The overarching goals are to: 1) Promote the development of effective care teams which center on the child/family, 2) Increase family knowledge, skills, and confidence in caring for their children and youth with special health care needs, and 3) Promote effective and efficient use of the healthcare system.

Parents As Teachers: Eligible families may dual-enroll and take advantage of this Federally and Oregon recognized best practice parenting program for families with children under the age of 5 years. The overarching goals are that: 1) children learn, grow, and develop to reach their full potential, 2) parents are their earliest and
best teachers, and 3) children are fully ready to learn by the time they reach school age.

Who we serve
The following characteristics represent the 141 families served in this fiscal year:

- 25% of parents have a disability, chronic health condition, or mental illness
- 18% of parents have less than a high school education
- 100% of families live in poverty
- 24% of parents have a recent history/current substance abuse
- 56% of families are homeless or have unstable housing
- 23% of parents have a history or are currently incarcerated
- 30% of children/families have a recent history or currently experiencing domestic violence
- 52% of children have a recent history or current experience of child abuse or neglect
- 10% of children are multi-racial, 6% American Indian, 2% Asian, 3% African American, 1% Native Hawaiian, 79% White, 6% Hispanic ethnicity Note: Percentages do not total 100% due to rounding

What does it cost?
Both programs are covered by the Oregon Health Plan (OHP) and are provided at no charge to families who have OHP. While these services are free to recipients, it does cost Oregonians. Funding to support these services come from tax dollars that are redistributed in the form of State and Federal programs and grants. For FY 14-15, it cost $804,446.78 to provide these services to 141 families in our county.
A recent report by the Pew Center on the States\(^2\) indicates that public investment in quality programs not only fosters stronger families but that, over time, “when well designed and well implemented, home visiting programs can return up to $5.70 per taxpayer dollar invested by reducing societal costs associated with poor health and academic failure.” Using this return on investment, our best-practice and evidence-based services saved Oregon over 4.5 million dollars!

**Our outcomes**

1. 100% of families we serve are offered case management and collaboration services with health care providers and social services to support the child/family’s needs and goals.

2. 98% of newly enrolled families received an initial family-centered assessment within 90 days of enrollment.

3. 98% of families had at least one agreed-upon documented goal identified during the program year.

4. 100% of families participated in development of an Individualized Nursing Care Plan based on child/family needs that demonstrates evidence of patient/family centered care, cultural and linguistic responsiveness, provides for sufficient frequency, duration, and length of visits to achieve identified goals, anticipates and supports youth transitioning into adulthood, and supports family to coordinate care among other providers.

5. 100% of children/families offered the following screens/assessments, as appropriate: growth, development, hearing, vision, oral health, depression/anxiety, parent-child interaction, environmental learning opportunities, safety, and immunization status.

6. 100% Collaboration with health care team to assure comprehensive assessments are completed as part of a Case Management Plan of Care including assessments of: 1) child/family’s strengths, needs, and goals; 2) child/family’s health-related learning needs; 3) child’s functional status and limitations, including ability to attend school and school activities; 4) access to health care team members as well as social supports; 5) access to supportive medical and/or adaptive equipment and supplies; 6) family’s financial burden related to care of child with special health needs; 7) assess housing and environmental safety and emergency preparedness; and 8) preparedness for youth transition to adult health care, work, and independence, if appropriate to age.

\(^2\) (http://www.PEWCENTERONTHESTATES.COM/HOMEVISITING)
Client Satisfaction Survey Results
162 surveys were completed by parents receiving services. Some of the results are as follows:

- 99% of families report their home visitor discussed topics that were useful to them
- 95% of families report getting the information/services they wanted in one visit
- 99% of families report they felt comfortable discussing their concerns with their home visitor
- 98% of families reported receiving a quality service
- 97% of families report feeling that their home visitor listened to them

Group Connections
Last year’s Customer Satisfaction Survey indicated a strong desire for parents to have organized opportunities where they could meet other parents. In response to this feedback, we created Group Connections, a parent-child group socialization opportunity.

A primary goal for Group Connections is to decrease social isolation and give parents an opportunity to talk with other parents. We also provide parents with flyers for various upcoming community events and resources such as Night Out at the Park, Story Hours, Family Fun days, etc. This is an important aspect of our group and helps families be active in our community regardless of income level.

We also promote physical activity. Outdoor In is an excellent, safe location for young kids to run around and explore! This is a wonderful opportunity for parents to become more involved in their child’s play while receiving developmentally-appropriate coaching tips from our staff and learn from observing other parents playing with their children.

By the Numbers:
- 17 Group Connections held during FY 14-15
- 170 net children attended (ages 2 months – 5 years)
- 181 net adults attended
- $39.62 average cost per group
Key data on the Home Visiting Quality Improvement Project
Long-term employee departures, support staff resignations, new staff with accompanying maximum caseload limits, and program reorganization all combined to make FY 2013-2014 a challenging year, significantly departing from the smoothly operating HV program we’ve grown accustomed to in past years. To bring our program back into fiscal alignment, we decided that our first Public Health Accreditation quality improvement project for FY 2014-2015 would focus on increasing Home Visiting’s billable encounters and staff productivity. We began this project in late January 2015. We expect FY 2015-2016 will show continued increases in staff productivity and sustained high levels of client encounters.
Women, Infants and Children (WIC)

What we do
The WIC program is the Special Supplemental Nutrition Program for Women, Infants and Children. We provide vouchers for healthy foods to supplement our participant’s diets, offer opportunities for nutrition education at every contact, refer to other community services and give breastfeeding support.

Nourishing Foods
WIC is unique among public health and food assistance programs in what it provides. Each item in the WIC food packages is scientifically evaluated by a national panel of experts to determine whether it is a good source of the nutrients most commonly deficient in the diets of pregnant women and young children. This prescriptive food package provides fruits and vegetables, whole grains, calcium and iron-rich foods, all of which play an important role in ensuring healthy pregnancies and preventing obesity, heart disease, diabetes and cancer.

Nutrition Education
Through nutrition education and counseling, our trained staff provides practical and tangible tools on topics such as healthy

Outcomes of the program
Increased rates of breastfeeding
Reduced risk for preterm birth and low birth-weight babies

- $369,644
- 2,773 women, infants and children
  - 1,922 Infants and children under 5
  - 851 Pregnant, breastfeeding and postpartum women
- 4.5 FTE
habits, family meals, parenting skills and more. Families also learn ways to increase physical activity, maximize their food dollars, and support their child’s growth and development.

Community Referrals
An essential pillar of WIC is the emphasis we put on connecting participants to community resources and making pivotal health-related referrals. WIC links families to education, health and social services and so much more.

Prenatal and Breastfeeding Support
Research has demonstrated that there are several sensitive periods where the foods we eat and our environment can create cellular changes in our body that may influence our future health. The nutrient dense foods WIC provides to pregnant women supports the critical stages of fetal development. Services in the postpartum period ensure that new mothers are provided with nutrients commonly depleted in pregnancy. WIC addresses another sensitive period by promoting exclusive breastfeeding. Cellular elements found only in breast milk create a healthy mix of microbes in the infant’s gut, which is linked to a healthier immune system.

Who we serve
The WIC program serves pregnant, breastfeeding and postpartum women, infants and children up to the age of 5 years old that are residents of Oregon, have a household income less than 185% of the poverty guidelines and have a nutritional need or risk.

Our outcomes
We serve 55% of the pregnant women in Coos County. 92% of our WIC moms start out breastfeeding and 33% breastfeed exclusively for 6 months. Over $1 million dollars was spent by WIC participants at local retailers on healthy foods and over $6,000 was paid to local farmers for fresh produce. For every dollar spent on a pregnant woman in WIC, up to $4.21 is saved in Medicaid for her and her newborn baby because WIC reduces the risk for preterm birth and low birth-weight babies by 25% and 44%, respectively.

Our biggest challenge
Our biggest challenge is operating with a small staff. Per quarter we see 1500 - 1700 individuals and our staff has been very flexible at managing the ebb and flow of our clinic. We have very little flexibility in terms of alternative staff to fill in when a staff member is out and we often use shared intake/clerical staff. This has limited our focus to the day to day operations of the clinic. Additional tasks and trainings can take much more organization and time management to schedule since we have to maintain our caseload and provide enough appointments to serve our assigned caseload.
Oregon Mothers Care (OMC)

What we do?
Oregon Mothers Care (OMC) is a Statewide program that ensures that prenatal care is made available to all women in the county.

Our Case Manager assists pregnant women with:
- Pregnancy testing
- Applying for the Oregon Health Plan
- Making their first prenatal care appointment with a provider
- Referring to the dentist or making a dental appointment
- Providing information about the WIC program and maternity case management services
- Other information and services that may be available to them

Early prenatal care is extremely important. Having the initial prenatal visit in the first trimester can reduce the risk of harm to a mother and her baby. Finding certain problems early and treating those problems can reduce risk factors and increase chances for a healthy pregnancy and birth. Dental care is also a key component during pregnancy. Expectant mothers can pass bacteria to their unborn child, increasing the risk for preterm birth and low birth weight. Seeing a dentist, and receiving care and regular cleanings can help eliminate the spread of bacteria to the unborn, increasing the chances of a healthier pregnancy and birth outcome.

Who we serve
Many women do not receive early prenatal care because they:
- Do not have health coverage or cannot afford care
- Do not know what services are available to them
- Find ‘the system’ to access care confusing or overwhelming
Our outcomes
The number of women we served in FY 2014-15 was higher than the number of people we served the previous year.

Table 9: Number of pregnant women assisted with OHP

<table>
<thead>
<tr>
<th></th>
<th>FY 11/12</th>
<th>FY 12/13</th>
<th>FY 13/14</th>
<th>FY 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>206</td>
<td>211</td>
<td>192</td>
<td>217</td>
</tr>
<tr>
<td>assisted with OHP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: OMC data, Coos County 2014-15

Our biggest challenge
Some of the challenges we are facing are related to lack of funding, time and resources that could be allocated to this program.

If you are pregnant and need assistance please call Renee Hacker at 541-751-2438
PUBLIC HEALTH SYSTEMS
Public Health Accreditation Preparation
Modernization of Public Health in Oregon
Public Health Accreditation Preparation

What is Public Health Accreditation?
For the past five years, there has been a nationwide movement for State, Local and Tribal Public Health Departments to become accredited. A national accreditation program was created with the goal of improving and protecting the health of the public by advancing the quality and performance of public health departments.

National public health department accreditation has been developed to improve service, value, and accountability to stakeholders.

In FY 2014-15, the Public Health Division of Coos Health & Wellness has continued its preparation efforts towards obtaining Public Health Accreditation:

- We developed a Performance Management system where we identified a set of standards and measures against which we are collecting data on a monthly basis. This allows us to track our progress and make decisions that are informed with current data.

- We developed a performance management plan that outlines our standards and measures, as well as our monitoring and communication system around performance management.

- We developed our skills on quality improvement (QI) principles, concepts and tools and started implementing

   • 1 AmeriCorps Vista volunteer
   • The Public Health Director
   • The Public Health Division staff

Content of the program
- Developed Performance Management Plan and system
- Developed Quality Improvement Plan and system

Outcomes of the program
- Regular data collection
- Better visibility, data informed decision making
- QI projects and process improvements
these through various quality improvement projects throughout the division and the organization.

- We conducted a division wide “scavenger hunt” and started the process of looking through the PHAB standards and measures and assessing which documentation we will be submitting.

- We developed the strategic plan for Coos Health & Wellness for the next 5 years. All divisions from CHW were involved in the process as well as all levels of staff.

The Public Health Director is the lead on this project and is assisted by an AmeriCorps Vista volunteer. In 2014-15, Suzanne Arrington did a lot of work to get CHW started and going on Public Health Accreditation preparations.

**Next steps**

In FY 2015-16, we are continuing our preparation efforts and will be focusing on:

- Developing the workforce development plan
- Continuing on documentation selection
- Applying for Public Health Accreditation
Our public health system helps keep people safe and living longer. Public health programs and activities ensure all Oregonians have clean water, protection from disease and disease outbreaks, and access to safe and healthy food. The work that public health does saves money; every $1 spent on prevention saves $5.60 in health care spending.

In the past, Oregonians worried about their children contracting diseases, such as polio and measles, diseases that many of today’s pediatricians have never seen. Oregonians worried if their food and water was safe. And they worried about injuries and illness from unsafe work places. Public health worked to address those challenges and prevent people from getting sick or injured, helping to increase the life expectancy in Oregon. While we have conquered many challenges, there are others ahead of us. Public health is now planning and working to prepare for our next set of health challenges.

Today we must update and invest in a public health system that combats the diseases and conditions that impact our communities, and could keep all Oregonians from being healthy. Public health needs to work together with partners, safeguard our communities from diseases like measles, while at the same time being a strong community partner to ensure our neighborhoods have parks for children to play, sidewalks for people to walk and bike, and places to buy healthy food. We need to create communities where families are protected and can thrive and prosper.

What is Public Health Modernization?
A: Public health modernization is a strategy for building the support systems we want and need in our state. We have changed our national and state health care systems to treat people when they become ill, now it is time to update our public health system to help prevent people from becoming ill in the first place.

Public health has been creatively working within an older, outdated system to address emerging diseases, like measles; we are now at a tipping point where our current system is holding us back from properly addressing those diseases.

Just as we updated our health care system, now is the time to update our public health system to ensure that public health is better able to protect all Oregonians and be a stronger partner to support the health of our communities. Many people have been working on this over the past several years and HB 3100 was passed by the 2015 Oregon Legislature and signed by Gov. Brown. This legislation provides the framework for updating our public health system.
What does Public Health Modernization looks like?
A: Public health modernization will update our public health system to be more efficient and effective and to strive for greater accountability and better health for all of us. It will allow us to have greater access to data so that we are better able to understand and respond to the unique needs of each of our communities. Updating our public health system means we will be better able to meet our current needs in a global world by responding to threats like Ebola. Modernization will allow us to be a strong partner in helping to create vibrant communities that provide all Oregonians with the opportunity to be healthy. Public health modernization will ultimately lead to better health outcomes, which will improve the lives of all Oregonians.

Why can’t the public health system be more efficient with what it already has?
A: Oregon’s public health system has been extraordinarily efficient with its current resources. However, our communities have new and different needs; we are seeing rising rates of expensive chronic diseases like obesity, diabetes, heart disease, and cases of infectious diseases like measles and pertussis. Investments are needed to update the public health system, align programs more closely with current needs, and enhance the responsiveness of the public health system. These investments will pay off in the long-run through healthier communities and lower health care costs.

A: Oregon’s public health system has been efficient and continues to look for efficiencies with the resources available to us. However, we also need to make sure we have the right prevention strategies and programs in place to address our most pressing community needs. As history and research tells us, prevention is the most efficient approach to disease control; every $1 spent on prevention saves $5.60 in health care costs.1

Health primarily happens outside of the medical office. Ensuring that Oregonians are healthy beyond their doctor visits is public health’s responsibility.

What will it cost to modernize the public health system?
A: We are just at the beginning of modernizing our public health system, and in 2016 public health departments will be working to assess their current capacity to carry out the activities outlined in “The Public Health Modernization Manual”. The results of the assessment will help to identify gaps across our public health system and begin to quantify the financial costs of fully implementing a modernized Public Health system in Oregon.
Conceptual Framework for Governmental Public Health Services

- Additional Programs
  - Communicable Disease Control
  - Environmental Health
  - Prevention & Health Promotion
  - Access to Clinical Preventive Services

- Foundational Programs
  - Assessment & epidemiology
  - Emergency preparedness & response
  - Communications
  - Policy & planning
  - Leadership & organizational competencies
  - Health equity & cultural responsiveness
  - Community partnership development

= Present @ every Health Dept.
PUBLIC HEALTH ADMINISTRATION AND RESOURCES

ADMINISTRATIVE FUNCTIONS

OUR TEAM

OUR REVENUE AND EXPENSES
In fiscal year 2014-15, the integration of Public Health and Behavioral Health continued, and the Health Education Division was created.

Health Education assumed oversight for the Tobacco Prevention Education Program (TPEP) and the Ready to Smile (RTS) dental program. (**Note: TPEP is included in this annual report for Public Health, as it is still under the PH State contract. While both TPEP and RTS were budgeted in the 005 Public Health Fund, RTS is not included in this annual report**).

The integrated Department successfully completed Strategic Planning in the fall of 2014 and went through a name change – Coos Health and Wellness (CHW) in the spring of 2015. The Coos County Board of Commissioners continued to function as the County Board of Health, with one Commissioner serving as the liaison to the Department.

The integration resulted in restructuring personnel; much of the support staff – including intake staff and fiscal services - moved under the Administrative Services Division and the Administrative Aide position under Public Health was eliminated.

Despite this restructuring, the FTE for these positions under Administrative Services is included in this annual report.

The Public Health Director and the Business Manager continued to work to assure compliance to public health program standards, managed and supported 25 employees in their jobs, and managed the finances of the Division. Significant time was spent on 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.

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, supervision and annual performance evaluations;
- Materials management;
- Assured 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;
- Began preparations for Public Health Accreditation;
- Developed staff knowledge and skills on quality improvement (QI) principles, concepts and tools and implemented these through various QI projects throughout the division and the organization.
- Conducted a division wide “scavenger hunt” and started the process of looking through the PHAB standards and measures and assessing which documentation to be submitted.

- Developed the strategic plan for Coos Health & Wellness for the next 5 years. All divisions from CHW were involved in the process as well as all levels of staff.

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

- Facilitated the development of a second CHIP and its implementation
- Developed informational and promotional materials, including web-based media;
- Responded to requests for information from the public and the news media on public health topics and programs;
- Advocated for action to improve the health of the community;
- Served on state committees which make decisions on the distribution of millions of federal dollars throughout the state;
- Wrote various grants to bring in additional program dollars;
- Collaborated with community partners on applications and implementation of grant funded projects;
- Facilitated task forces and participated on local planning committees; and
- Gave presentations and met with county officials, as required by the county government system.
# Our team

<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>
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<td><strong>Total Staff and FTE</strong></td>
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Our Revenues and Expenses

According to the Conference of Local Health Officials in Oregon (CLHO), “The current public health funding system requires that each health department must deliver or assure ten mandated programs, which largely receive inadequate federal funding. As available, additional county general funds and competitive grant monies may be allocated to meet the requirements set by the state or determined by community need.

The system consists of 34 Local Public Health Departments in Oregon—27 county-based public health departments, one district health department and four non-profit public health agencies that have a strong link with the county.

Investments are largely focused on individual care instead of community prevention and capacity. Women, Infants, and Children (WIC), Family Planning, and School-Based Health Centers (SBHC), represent 56% of funding to local communities”.

Fiscal Report for 2014-15
Cash and in kind expenses for fiscal year 2014-15 for Public Health totaled $2,325,760; as well as exempt staff working over 1.0 FTE to support the demands of the programs.

The full integration of Coos Health & Wellness (CHW) provided the Public Health Division with donated staff time and materials through clerical support, accounting support, and IT support. The clinical services – and our clients – benefited from a generous time donation throughout the year from a local physician. The placement of 2 VISTA staff greatly facilitated the work of Public Health in the arena of the Community Health Improvement Plan (CHIP) and the continued road to Public Health Accreditation.

Expenditures for the Environmental Health Licensing Program totaled $275,182. Exempt staff in the licensing program donated time to meet the demands of the program. The integration of CHW also benefited the EH program with accounting support and IT support.
Type of Funds Used to Support Public Health Services

Federal Funds
The federal government provided just over one-half of the revenue used to provide public health services to the citizens of Coos County, accounting for a combined 53.93% of funding. Of the federal funds, 34.47% was program-specific funding, 61.71% was from Medicaid fee-for-service, and 3.82% was from Medicaid Administrative Claiming (MAC).

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

State Funds
The State provided General Funds specific to programs, as well as State Support for Public Health (SSPH) General Funds for mandated public health programs, comprising 11.59% of the funding for the Public Health Division. 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 still did not cover the salary and benefits of one full time public health nurse.

The program-specific State General Funds continued to support public health programs in Coos County, including the School Based Health 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
In addition to the federal Medicaid fees for service, fees were also collected from clients and 3rd party insurance. While the Affordable Healthcare Act did provide insurance coverage to many citizens who did not have health insurance, many in the community report still being without insurance coverage due to inability to pay their share and/or deductibles. Federal and state regulations require the treatment of certain communicable diseases, immunizations for children and adolescents, and Title X family planning services. However, CHW 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 faced further reductions of funding, and the Nurse Practitioner continued to be available only 1 day a week to see clients. The Public Health Division and its clients benefited greatly from the donated time of a local physician, typically working two ½ days a month to provide women’s health services.

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

Coos County Government Support
In FY 2014-15, the Public Health Division received County General Fund support which was used to cover some administrative expenses for the Department, for required non-federal match payments, and to help fill the funding gaps for the Title X Family Planning clinic and the WIC program. Further, the County provided the Public Health Division 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 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 Division, although significant, has not been identified by cost center; therefore this was not reflected in the fiscal accounting for the Division. By contrast, the Division will function without County General Fund income in FY 2015-16.

Contracts, Grants and Donated Funds

The largest contract was awarded by the US Fish and Wildlife for vector control activities at the Bandon Marsh. This included monitoring and insecticide treatment to affect mosquito populations.

The contract for the Oregon Community Foundation’s Ready to Smile dental project was budgeted in the 005 Public Health Fund budget; however, it was administered by the newly formed Health Education Division in CHW. Consequently, the outcomes were not included in this annual report – only the known expenses.

Coos County Friends of Public Health (CCFoPH) continued its work to promote health in Coos County. CCFoPH held the 5th Purses for Nurses fundraiser to support women’s health services at CHW. In addition, CCFoPH continued to seek grant opportunities to support clinic programs, including grants awarded by the Coquille Tribal Community Fund and the Zonta Club of the Coos Bay Area.

The Public Health Division received financial support from private funds and community partners. Some private individuals made on-going donations to support Public Health programs. The Bay Area Rotary Club continued their financial support to provide immunizations to eligible children in the community, including volunteering at two special Saturday clinics geared toward immunizations for schools and daycare centers.

A big thank you is extended to these businesses, organizations, and foundations for their support of public health in Coos County.
Funding for Public Health 005 Fund by Percentage
Fiscal Year 2014-15

- Federal Medicaid 35.34%
- Federal Grants 18.59%
- State General Fund 11.59%
- Other (Foundation, Donations) 11.79%
- In Kind 9.49%
- County General Fund 5.88%
- Client/Insurance Fees 5.90%
- Title XIX Fund .83%
- Contingency .55%

005 Public Health Fund Programs
Fiscal Year 2014-15

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<tr>
<th>Program</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>SPECIAL PROJECTS</td>
<td>5.18%</td>
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<tr>
<td>SCHOOL BASED HEALTH CENTERS</td>
<td>4.19%</td>
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<tr>
<td>VITAL RECORDS/INFORMATION &amp; REFERRAL</td>
<td>2.95%</td>
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<tr>
<td>PUBLIC HEALTH EMERGENCY PREPAREDNESS</td>
<td>4.39%</td>
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<tr>
<td>EH - NON LICENSED</td>
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<tr>
<td>DRINKING WATER</td>
<td>1.04%</td>
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<tr>
<td>WOMEN INFANTS AND CHILDREN</td>
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<tr>
<td>PREVENTION SERVICES</td>
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<td>HOME VISITING SERVICES</td>
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<tr>
<td>CLINIC SERVICES</td>
<td>24.81%</td>
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