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Letter from Administrator

Coos County Public Health
Healthy People in Healthy Communities

January 2011

To the Residents of Coos County:

Public Health does many good things for many people. All of it is aimed at the greater good for the whole community. Most of us expect that our food, water and air will be free of disease, and that our government will help to protect our health. The Coos County Board of Commissioners are the Local Health Authority, and are responsible for assuring that our county’s residents receive the essential health services mandated in Oregon law.

Many in our community are hurting financially—one out of 4 children are living in poverty. We continue to have high rates of child abuse, diabetes, and cancer, and we are plagued with the highest mortality rate in the state due to tobacco-linked cancers. When a national study in 2010 compared all counties in Oregon on health status, Coos ranked close to the bottom based on our unhealthy behaviors. When individual behaviors drive up the cost of health care—and all taxpayers are footing the bill for Medicare and Medicaid—then we have to ask ourselves, how can we, as a community, make it easier for people to make healthier choices?

In this report, we have linked the health and social needs of our community with the work that we do. Our 32 dedicated staff worked very efficiently this past year to deliver these services—we helped literally thousands of people. Our public health programs focus on prevention—preventing unwanted pregnancy, malnutrition, low birth weight babies, outbreaks of disease, and child abuse. Public health is not just for the most vulnerable, but affects everyone who lives and works here, as well as visitors. I invite you to read this report to find out how.

The fiscal section of this report discusses how we were funded, and the majority was from the federal government. No local tax dollars were budgeted for any public health personnel or supplies this past fiscal year. State general fund contributed approximately 20% of our budget, supporting services such as communicable disease investigation, immunizations, parent education, and school based health centers.

Please note that the usual section on health indicators is not in this report, but will be published in the future, when more of the state level statistics are released. We did list many partners that we work with to achieve a healthier community. And please note the organizations listed who represent the many individuals who contributed their donations and time to support public health services. On behalf of the many recipients, we thank you.

Sincerely,

Frances Smith
Public Health Administrator
Public Health Vision:
Healthy People in Healthy Communities

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

Public Health Guiding Principles:

- Plan quality public health programs based on sound research, assessment of client and community needs, planning and evaluation.
- Provide prevention programs that reduce risk factors and enhance protective factors leading to increased responsibility.
- Provide quality services in an efficient and effective manner with accountability and fiscal responsibility.
- Promote communication strategies respectful of personal dignity, sensitive to community standards, and culminating in cooperation and collaboration.
- Facilitate partnerships responsive to identified community concerns, while mobilizing individual and community strengths.

Department Personnel

In 2009/10, Coos County Public Health added one public health nurse to support home visiting and clinic services. In addition, one extra help environmental health specialist moved from extra help to regular, part-time status. Other staffing levels were maintained.

The Board of Commissioners functioned as the County Board of Health and appointed the Department Administrator who managed the department. Other administrative staff included the Business Operations Manager and the Administrative Aide. The Health Officer, a physician, provided medical guidance and approved the medical protocols. Direct supervision of programs was provided by program managers and coordinators. Breakout of job classification and full time equivalencies (FTE) are listed below.

Administration

<table>
<thead>
<tr>
<th>Position</th>
<th>Number of Staff</th>
<th>Total FTE/Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator</td>
<td>1</td>
<td>1.00</td>
</tr>
<tr>
<td>Health Officer</td>
<td>1</td>
<td>0.08</td>
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<tr>
<td>Business Operations Manager</td>
<td>1</td>
<td>1.00</td>
</tr>
<tr>
<td>Administrative Aide</td>
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</table>

Total Administration Staff: 4 staff, 3.08 FTE
## Program

<table>
<thead>
<tr>
<th>Position</th>
<th>Number of Staff</th>
<th>Total FTE/Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Services Manager</td>
<td>1</td>
<td>1.00</td>
</tr>
<tr>
<td><strong>Clinic Services</strong></td>
<td></td>
<td></td>
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<tr>
<td>Nurse Practitioner</td>
<td>1</td>
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<tr>
<td>Registered Nurse</td>
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<tr>
<td>Public Health Aide</td>
<td>3</td>
<td>1.40</td>
</tr>
<tr>
<td><strong>Home Visiting Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>3</td>
<td>3.00</td>
</tr>
<tr>
<td>Public Health Aide</td>
<td>3</td>
<td>3.00</td>
</tr>
<tr>
<td>WIC Coordinator/Nutritionist</td>
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<tr>
<td>WIC Certifier</td>
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<td>2.40</td>
</tr>
<tr>
<td>WIC Support Services</td>
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<td>1.00</td>
</tr>
<tr>
<td>Environmental Health Manager</td>
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<td>1.00</td>
</tr>
<tr>
<td>Environmental Health Specialist</td>
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<td>1.40</td>
</tr>
<tr>
<td>EH Support Services</td>
<td>1</td>
<td>1.00</td>
</tr>
<tr>
<td><strong>Prevention Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco Prevention Health Educator</td>
<td>1</td>
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<tr>
<td>Preparedness Coordinator</td>
<td>1</td>
<td>0.80</td>
</tr>
<tr>
<td>Healthy Communities Health Educator</td>
<td>1</td>
<td>0.60</td>
</tr>
<tr>
<td><strong>Billing, Switchboard, Clinic Reception, Vital Records, Administrative Assistance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support Services</td>
<td>3</td>
<td>3.00</td>
</tr>
<tr>
<td><strong>OHP Outreach / Case Management</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Health Aide</td>
<td>1</td>
<td>0.70</td>
</tr>
</tbody>
</table>

Total Program Staff: 29 staff 24.90 FTE

**TOTAL Public Health Staff for Fiscal Year 2009/10**

33 employees 27.98 FTE
Organizational Chart - 2010

Board of Commissioners / Coos County Board of Health

Commissioner
Kevin Stufflebean – Chair

Commissioner
Nikki Whitty – Vice Chair

Commissioner
Robert “Bob” Main

Public Health Administrator
Frances Smith, BS

Health Officer

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

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

Prevention Services
- Tobacco Prevention Program Coordinator
- Chronic Disease Prevention Coordinator
- Living Well Coordinator
- Healthy Communities

WIC Coordinator
- WIC Public Health Certifiers
- WIC Intake Clerks

Nursing Services Manager

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

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

Public Health Emergency Preparedness Coordinator

Environmental Health Program Manager
- EH Specialist
- EH Secretary
# Service Directory

December 2010

**COOS COUNTY PUBLIC HEALTH** *(541) 756-2020*

## ADMINISTRATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Ext.</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frances Smith, BS</td>
<td>Administrator</td>
<td>545</td>
<td><a href="mailto:fsmith@co.coos.or.us">fsmith@co.coos.or.us</a></td>
</tr>
<tr>
<td>Cynthia Edwards</td>
<td>Administrative Aide</td>
<td>525</td>
<td><a href="mailto:cedwards@co.coos.or.us">cedwards@co.coos.or.us</a></td>
</tr>
<tr>
<td>Sherrill Lorenzo, BS</td>
<td>Business Operations Manager</td>
<td>539</td>
<td><a href="mailto:slorenzo@co.coos.or.us">slorenzo@co.coos.or.us</a></td>
</tr>
<tr>
<td>Hugh Tyson, MD</td>
<td>Health Officer</td>
<td>651</td>
<td><a href="mailto:htyson@co.coos.or.us">htyson@co.coos.or.us</a></td>
</tr>
</tbody>
</table>

## CLINICAL SERVICES

Family Planning; STI Services; HIV Testing; Immunizations; Communicable Disease; Tuberculosis Testing/Case Management; Breast & Cervical Cancer Prevention Program (BCCP); Oregon Mothers Care/Oregon Health Plan outreach

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Ext.</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lena Hawtin, RN</td>
<td>Clinic Supervisor</td>
<td>596</td>
<td><a href="mailto:lhawtin@co.coos.or.us">lhawtin@co.coos.or.us</a></td>
</tr>
<tr>
<td>Kathy Cooley, RN, MPH</td>
<td>Nursing Services Manager</td>
<td>670</td>
<td><a href="mailto:kcooley@co.coos.or.us">kcooley@co.coos.or.us</a></td>
</tr>
</tbody>
</table>

## ENVIRONMENTAL HEALTH

Restaurant/RV Park/Motel Inspections, Drinking Water Program, Food Handler Classes, School & Day Care Inspections, Real Estate Loan Inspections, Water Testing

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Ext.</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rick Hallmark, EHS, MPA</td>
<td>EH Program Manager</td>
<td>513</td>
<td><a href="mailto:rhallmark@co.coos.or.us">rhallmark@co.coos.or.us</a></td>
</tr>
</tbody>
</table>

## FAMILY HEALTH HOME VISITING SERVICES

Healthy Start/Healthy Families, Babies First!/Parents As Teachers, CaCoon

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Ext.</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kathy Cooley, RN, MPH</td>
<td>Nursing Services Manager</td>
<td>670</td>
<td><a href="mailto:kcooley@co.coos.or.us">kcooley@co.coos.or.us</a></td>
</tr>
</tbody>
</table>

## PREVENTION & EDUCATION SERVICES

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Ext.</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cecilee Shull</td>
<td>Ready to Smile Dental Program Coord.</td>
<td>518</td>
<td><a href="mailto:cshull@co.coos.or.us">cshull@co.coos.or.us</a></td>
</tr>
<tr>
<td>Debbie Webb</td>
<td>Living Well Coordinator</td>
<td>568</td>
<td><a href="mailto:dwebb@co.coos.or.us">dwebb@co.coos.or.us</a></td>
</tr>
<tr>
<td>Jennifer Stephens, BS</td>
<td>Healthy Communities</td>
<td>543</td>
<td><a href="mailto:jstephens@co.coos.or.us">jstephens@co.coos.or.us</a></td>
</tr>
<tr>
<td>Michelle Wyatt, BS</td>
<td>Chronic Disease Coordinator</td>
<td>514</td>
<td><a href="mailto:mwatt@co.coos.or.us">mwatt@co.coos.or.us</a></td>
</tr>
<tr>
<td>Stephen Brown, ND, MPH</td>
<td>Tobacco Prevention Coord.</td>
<td>546</td>
<td><a href="mailto:sbrown@co.coos.or.us">sbrown@co.coos.or.us</a></td>
</tr>
</tbody>
</table>

## PUBLIC HEALTH EMERGENCY PREPAREDNESS

Public Health Preparedness; Emergency Response Plan

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Ext.</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michelle Wyatt, BS</td>
<td>Preparedness Coordinator</td>
<td>514</td>
<td><a href="mailto:mwatt@co.coos.or.us">mwatt@co.coos.or.us</a></td>
</tr>
</tbody>
</table>

## VITAL RECORDS

Birth Certificates, Death Certificates, Records Archives

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Ext.</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gloria Marone</td>
<td>Deputy Registrar</td>
<td>646</td>
<td><a href="mailto:gmarone@co.coos.or.us">gmarone@co.coos.or.us</a></td>
</tr>
</tbody>
</table>

## WIC

WIC (Women, Infant & Children) Nutrition Program, Referrals, Farmer’s Market Coupons

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Ext.</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phyllis Olson, BA</td>
<td>WIC Program Manager, Nutritionist</td>
<td>520</td>
<td><a href="mailto:polson@co.coos.or.us">polson@co.coos.or.us</a></td>
</tr>
</tbody>
</table>
Public Health in Coos County

Making a difference

Preventing Food Borne Illness

- 528 food service licenses were issued.
- Over 1,000 inspections were done in restaurants, schools, and day care facilities.
- *No food borne illness outbreaks occurred in 2009/10*

Protecting the Health of Our Community

- 1,206 immunizations were provided to children in 2009/10.
- 7,644 flu shots were administered, including H1N1.
- 52 TB skin tests were done to check for tuberculosis.
- 404 reportable diseases were investigated, including response to disease in schools and nursing homes.

Preventing Chronic Disease

- 71 older women without insurance were provided breast and cervical cancer screening.
- Smoke free environments were created in Coos Bay parks, the Newmark Center on the Southwestern Oregon Community College campus, and in public housing.

Providing Food and Nutrition Education to Women and Children

- 3,273 women and children were served in WIC in 2009/10.
- 52% of all the pregnant women in Coos County were served by WIC.
- $1.19 Million dollars of food vouchers were provided to WIC participants in 2009/10.
- $5,184 for farmer's market coupons in Coos County were spent by WIC participants.
- 89.4% of WIC moms started out breast feeding their babies.

Promoting Healthy Families

By Preventing Unwanted Pregnancy

- 1,026 women and men were served in the Family Planning Program last fiscal year.
- 190 unintended pregnancies were prevented (saving taxpayers about $7,500 per unintended birth in health care costs).

By Fostering Child Development and Preventing Child Abuse & Neglect

- 222 families were served in parent education home visiting programs.
- 23% of children referrals to home visiting programs for parent education were due to concerns of child abuse and neglect.
Community Disease Prevention & Protection

Community Need: Communicable (infectious) diseases can spread quickly throughout a population. Some diseases can cause severe illness, untimely death, and chronic disability, as well as costly treatment.

Public Health Response: Protecting people from communicable diseases is a basic public health service that improves health and saves money by preventing the need for costly medical care for disease and its complications. Public health workers investigate the causes of disease and alert the public to prevent exposure or to seek treatment. Public health clinics provide certain medical services, such as immunizations, HIV tests, and treatment for sexually transmitted infections, as a safety net for those who have difficulty accessing medical care because of financial or other barriers. Through education, training, and regulation, disease outbreaks can be prevented.

Protection through Immunizations

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

Public Health Response: Vaccines are offered from birth through adulthood. These vaccines prevent disease from diphtheria, tetanus, pertussis, polio, chickenpox, shingles, measles, mumps, rubella, hepatitis A, hepatitis B, haemophilus influenzae type b, pneumonia, flu, human papillomavirus (which can cause cervical cancer and genital warts), rotavirus, and meningococcal disease. Special clinics and campaigns are offered to improve the rates of immunizations.

1,206  Immunizations administered by CCPH
6,950  H1N1 flu vaccine administered
694   Seasonal flu vaccine administered

Immunization Rates

In 2009, the up-to-date rate for 2-year olds seen at Coos County Public Health Department was 75%. The average rate for county public health departments statewide was 65%. For this goal, 2-year olds are considered up-to-date if they have received the following vaccines: 4 DTaP, 3 Polio, 1 MMR, 3 Hepatitis B, 3 Hib and 1 Varicella.

Oregon Benchmark: 90% of 2 year olds will be adequately immunized by 2010.
Actions to Increase Immunization Rates

School Exclusion: According to Oregon State law, any child who is not up-to-date on Exclusion Day, the third Wednesday in February, will not be allowed to attend school or daycare until the needed immunizations and/or records are brought up-to-date. During school year 2009/10, 605 letters were mailed threatening exclusion, but only 64 children were excluded, compared to 489 letters and 80 exclusions in school year 2008/09. Most children received the required shots to return to school. Some parents chose to sign a religious exemption in order for the child to return to school.

Shots for Tots & Teens: The “Shots for Tots & Teens” program is a community service project of the Bay Area Rotary Club, which provides vouchers for children with no insurance or children with insurance that does not cover the cost of immunizations. In fiscal year 2009-2010, 324 shots were administered using the “Shots for Tots & Teens” program. Special events such as “Kindergarten Round Up,” “School Exclusion Day” drop-in clinic, and the Saturday “Shots for Tots” Clinic reach out to families who can benefit from this program. The Bay Area Rotary Club began the “Shots for Tots” program in 2002, which has helped to improve the immunization rate for 2 year olds in Coos County and to protect many children from life-threatening diseases.

Community Clinics: Immunization clinics were regularly provided at the Health Department Offices in North Bend & Coquille. Flu clinics were held at senior centers, schools, shopping centers, and public buildings to meet the demand for the H1N1 vaccine. In the 2009/10 flu season, seasonal flu vaccine was in high demand due to a nationwide shortage. Our department was able to administer a total of 694 seasonal flu shots through community clinics and appointments, and 6,950 H1N1 flu doses.

Communicable Disease Investigation & Control

Community Need: We tend to take for granted that we will not become ill from the food we purchase, and the water we drink. We also expect to have little exposure to many diseases that are no longer common in the population, due to public health measures and vaccines. However, sometimes the control measures break down, and people get sick, or a new emerging infection appears (e.g., H1N1 influenza). Worldwide travel is common, and new infections can spread quickly.

Public Health Response: Physicians and labs are required by law to report to their local health department over 50 communicable diseases and conditions, such as E. coli, Tuberculosis, Salmonella, Hepatitis A and sexually transmitted diseases. Our Communicable Disease program is responsible for the investigation of all these reported diseases, both confirmed and suspected, and we have a nurse on call 24/7 to take these reports.
Follow-up investigations can be as simple as one or two phone calls, or involve hours, to days of work and multiple staff, depending on the disease and number of people who have come in contact with the infected person. In our investigation process, we may be seeking the source of the infection, (e.g., food, water, or another person), finding all those who have been exposed, and assuring that those who are exposed get appropriate health care and advice to prevent further spread of the disease.

For example, last year a person in Coos County was reported to the Health Department with an unusual strain of Salmonella. The illness was directly linked to a recall of dairy products. A total of 23 people were confirmed to be ill from the same source. Finding out the source of disease helped to prevent many more people from getting ill.

**Highlights**

- In 2009/10 there were **404 confirmed cases** of communicable diseases, including sexually transmitted diseases.
- CCPH investigated **1** confirmed case of meningococcal disease. Each positive case requires in-depth follow-up with prophylactic antibiotic treatment to prevent serious illness for all exposed.

### 4-Yr Comparison of Selected Reportable Diseases in Coos County

<table>
<thead>
<tr>
<th>Disease:</th>
<th>2009/10</th>
<th>2008/09</th>
<th>2007/08</th>
<th>2006/07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campylobacter</td>
<td>12</td>
<td>13</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>Giardiasis</td>
<td>22</td>
<td>10</td>
<td>9</td>
<td>14</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>4</td>
<td>9</td>
<td>3</td>
<td>2</td>
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<tr>
<td>Hepatitis B</td>
<td>5</td>
<td>5</td>
<td>1</td>
<td>8</td>
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<tr>
<td>Hepatitis C (chronic)</td>
<td>146</td>
<td>180</td>
<td>79</td>
<td>191</td>
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<tr>
<td>Pertussis</td>
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<td>8</td>
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<tr>
<td>Salmonella</td>
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<td>5</td>
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<tr>
<td>Syphilis</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>

**Gastro-intestinal (GI) illnesses** (stomach upset, vomiting, and/or diarrhea) are often the result of a noro-virus and afflict many of us throughout the year with short-term illness, usually 24 hours. In 2009/10, **1** outbreak was confirmed as caused by noro-virus. Gastro-intestinal illness was also the affliction in the cases of campylobacter (12), giardia (22), and salmonella (8).

**Hepatitis.** We continued to participate in the State’s free hepatitis C screening for high risk persons, and the targeted Hepatitis A & B vaccination program for persons with Hepatitis C and HIV and persons with high risk behaviors. The Hepatitis A vaccine is now required for all children upon entry to school and daycare; no cases of Hepatitis A were reported in the past 5 years. The last 3 cases of Hepatitis A in Coos County were in 2004/05.
Community Disease Prevention & Protection

Sexually Transmitted Diseases (STD) Prevention

Community Need: STDs can have adverse effects on the health and welfare of the population, especially the most sexually active age group of late adolescents and young adults. A CDC study released in March 2008 estimated that 1 in 4 (26%) of teenage girls between the ages of 14 and 19 in the U.S. is infected with at least one of the most common sexually transmitted diseases (human papillomavirus, chlamydia, herpes, and trichomoniasis). Women suffer more frequent and serious STD complications than do men. Chlamydia and gonorrhea can cause pelvic inflammatory disease, with loss of fertility, and can also result in ectopic pregnancy and chronic pelvic pain. Syphilis can cause brain and other organ problems if not treated. The viral STDs (Hepatitis B, HPV, HIV) can cause loss of productivity, cancer, and even death. Some persons may hesitate to seek treatment for STDs because of cost of treatment, and concerns about confidentiality.

Public Health Response: Health Departments provide confidential STD services. Every $1 spent in screening saves an estimated $12 in costs of future complications.

Although genital herpes and genital warts are very prevalent STDs, the most common STD, which is also the most common reportable disease, is Chlamydia, caused by a bacterium. CCPH participates in the Chlamydia Infertility Prevention Project, which tests all women 24 years of age and younger who come to the Family Planning clinic, and males and females under 30 years of age who come to the STD clinic. The number of Chlamydia cases reported by all practitioners in Coos County almost doubled this past fiscal year (n=178). This increase in positive cases could be due to more people being tested with the new more sensitive urine test (which is easier to obtain a specimen than with urethral or cervical swabs). When persons test positive for Chlamydia, gonorrhea and / or syphilis (which are reportable diseases) they and their partners can receive confidential treatment and medication at the Health Department. However, due to lack of government funding, the cost of exams for persons seeking screening and diagnosis for STDs has been shifted to clients. We were grateful to the Coquille Tribal Community Fund, which provided a $5,000 grant to pay for exams for young people who otherwise would not have received STD exams.

In FY 2009/10, the Coos County Public Health clinic provided:

- 567 Chlamydia tests, 36 were positive
- 44 Herpes tests, 31 were positive
- 510 Gonorrhea tests, 0 were positive
- 17 Syphilis tests, 0 were positive
- More than 15,000 condoms were distributed for disease prevention and birth control, including non-latex.

Healthy People 2010 Objective: Reduce the proportion of teens and young adults (ages 15-24) attending family planning and STD clinics infected with Chlamydia to 3%.
Community Disease Prevention & Protection

Tuberculosis Testing & Case Management

Community Need: Tuberculosis is contagious and a major cause of disease and death in many parts of the world. Prior to 2002, Coos County had no cases for 9 years, but has had active cases of infectious TB in recent years.

Public Health Response: In 2009/10, our Communicable Disease nurses performed 52 TB skin tests. And our CD staff investigated 5 possible cases of tuberculosis.

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

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

During FY 2009/10, there were no active cases of tuberculosis. However, 6 individuals were treated for latent tuberculosis. Persons found to have latent tuberculosis are not infectious to others but should be treated to assure their disease does not become active and is cured. These persons:

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

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

HIV Prevention

Community Need: HIV is an infectious and fatal disease if untreated. It is spread through sexual activity, drug use, and from a mother to her baby during pregnancy, birth, or breastfeeding. Persons with HIV may be unaware they are infected because symptoms may not appear for years.

Public Health Response: Testing and counseling for HIV can help prevent the spread of this disease and facilitate early medical intervention in persons testing positive. In FY 2009/10, a small amount of funding was provided by the State for HIV outreach and testing/counseling in Coos County. Testing and counseling services were offered in our STD clinic by a registered nurse, where 64 HIV tests were performed. In 2009/10, Coos County had 0 new positive cases of HIV (State: 241).

Oregon Benchmark - HIV Diagnosis: By 2010, new HIV infections among Oregonians, ages 13 and older, will not exceed 264.
Community Disease Prevention & Protection

Food, Pool, and Traveler’s Safety
Environmental Health Services

Community Needs:
- Community visitors should have clean and safe travelers’ accommodations.
- Public pools and spas should be free of disease causing germs.
- Restaurants, schools and day care facilities should serve food safely.
- Day care facilities should be free of environmental injury risks.
- The high turn over rate of personnel in the food service industry creates the need for ongoing food safety training.
- Nearly every weekend, a food focused fund raising event is hosted by volunteers, who are often tasked with serving food safely without the benefit of a licensed kitchen and professional staff.

Public Health Response: Virtually every person residing in or traveling to Coos County benefitted from the Health Department’s efforts to protect the public’s health:
- Over 400 physical facilities (restaurants, pools, & tourist facilities) were licensed.
- 1,000 inspections were conducted in licensed facilities.
- 25 managers were trained by the Environmental Health Manager in the ServSafe® certified program.
- Food handler classes were offered monthly, with outreach to Bandon, Myrtle Point, Coquille, & Lakeside.
  - 221 food handler cards issued in-office
  - 1,040 food handler cards issued via internet testing
- 283 temporary food service licenses were issued for events and food booths.
- Complaints related to food were investigated.
  - 12 alleged food borne illness complaints
  - 6 food sanitation complaints
- 2 “failed to comply” notices were posted at restaurants not meeting Oregon’s sanitation standards.

<table>
<thead>
<tr>
<th>License Type</th>
<th># Licenses Issued</th>
<th>Percentage of Required Inspections Completed</th>
<th>Number of Closures</th>
<th>Number of Misc. Consumer Complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Pool/Spa</td>
<td>23</td>
<td>95%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lodging</td>
<td>114</td>
<td>100%</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>RV Park/Org Camp</td>
<td>44</td>
<td>99%</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Food Service</td>
<td>245</td>
<td>100%</td>
<td>0</td>
<td>18</td>
</tr>
</tbody>
</table>

Rick Hallmark, EH Program Mgr., inspecting a local restaurant.
Drinking Water Protection & Safety

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

There are thousands of private wells and springs used by one or two homes. No public health resources are funded to assure the safety of these home water sources. The risks of these sources may only be considered after members of a household are diagnosed with a reportable communicable disease that may have come from contaminated drinking water.

<table>
<thead>
<tr>
<th>Contaminate</th>
<th>Examples</th>
<th>Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemical</td>
<td>Nitrates</td>
<td>Blue Baby Syndrome</td>
</tr>
<tr>
<td></td>
<td>Trichloroethylene</td>
<td>Solvent linked to cancer, birth defects, reproductive problems</td>
</tr>
<tr>
<td></td>
<td>Lead</td>
<td>Affects central nervous system and child development</td>
</tr>
<tr>
<td>Microbial</td>
<td>Bacteria</td>
<td>Acute bloody diarrhea, abdominal cramps - occasionally leads to kidney failure</td>
</tr>
<tr>
<td></td>
<td>Escherichia coli O157:H7</td>
<td>Fever, abdominal pain, fatigue, jaundice, loss of appetite, intermittent nausea, dark urine</td>
</tr>
<tr>
<td></td>
<td>Viruses</td>
<td>Symptoms include diarrhea, abdominal cramps, nausea, occasionally vomiting, low-grade fever</td>
</tr>
<tr>
<td></td>
<td>Parasites</td>
<td>Cryptosporidium</td>
</tr>
</tbody>
</table>

Public Health Response: Public Health services are intended to assure good quality water, i.e. “water which is sufficiently free from biological, chemical, radiological, or physical impurities such that individuals will not be exposed to disease or harmful physiological effects.”

In 2009, CCPH had oversight over 69 of the smaller public water systems in Coos County (serving 4 or more connections or < 3,000 users.) Services in the drinking water program primarily help public water system operators sort through the maze of rules which help to assure the quality of the drinking water. Water system operators are required to take steps to physically protect the water and regularly sample for potential contaminants. If problems are noted, our staff work with the water system operators to assure that water users are notified of risks, and problems are corrected.
Public Water Systems Activities:

- On 19 occasions, consultation was provided to a water system operator on how to correct water quality violations.
- In 4 instances, water system operators received guidance to achieve compliance due to sampling or monitoring errors.
- On-site surveys were conducted for 9 public water systems. Every water system is to be surveyed no less often than every 5 years.

Public Water Systems:

- The goal for public water systems is to obtain the 2010 Oregon Benchmark for drinking water.
- In comparison to the Oregon benchmark of 90% compliance with water quality standards, **80% of the water systems in Coos County** that submitted samples were found to have no contaminant violations.

**Oregon Benchmark - Drinking Water:** By 2010, 90% of community water systems that provide drinking water will meet all applicable health-based drinking water standards during the year.

The Health Department has no regulatory role with **private systems.** However, information is offered to empower residents using private wells or streams to obtain safe drinking water, including brochures about ensuring and developing safe drinking water sources. (This information is also available from OSU Extension and from private consultants.)

Private Water System Activities:

- 10 phone consultations (or referrals) were provided to users of private water systems regarding the safety of their water source.
- Persons who are suspected of having water borne illness are referred by Communicable Disease investigation staff to the Environmental Health specialists. If water is found to be the source of illness, the Environmental Health Specialist consults with the water operators to ensure drinking water safety.

**Public Health Emergency Preparedness and Response**

**Community Need:** People living in or visiting Coos County could be at risk of physical harm and even loss of life as a result of natural and man-made disasters, including floods, wind storms, earthquake, tsunami, wild fire, chemical spill, and pandemic illness.

**Public Health Response:** The public health employees, as part of the County’s emergency response system, coordinate the health and medical response functions during a declared emergency or public health event. The focus of the program for 2009/10 was our response to the H1N1 Flu Pandemic, which hit Coos County hard in October of 2009. From September 1, 2009 through June 4, 2010, Coos County had a total of **31 hospitalized persons** and **1 death** attributed to the H1N1 Flu.
Coos County Public Health, along with the rest of the country, embarked on the largest vaccination campaign conducted in over 40 years. In October of 2009, H1N1 reached its peak in Coos County, about the time that the first small shipments of vaccine were received from the federal program. Health Department Staff were tasked with ordering, allocating, and re-distributing vaccine to hospitals, clinics, and health care providers.

Eventually, enough vaccine supplies were received to set up mass vaccination clinics throughout the county, and 6,950 doses of vaccine were administered. From October to March, the health department coordinated 12 public clinics and 33 school-based clinics. Staff also distributed antiviral medication to hospital pharmacies and local pharmacies so that an adequate supply of medication could be accessed throughout the county.

A Medical Advisory Council of health care professionals was initiated by the County Health Officer, and this group met weekly, or as needed, to plan for the health and medical response to H1N1. The school districts were also highly involved with the planning and response to H1N1. They assisted in the organization of vaccination clinics, and also reported absenteeism rates when they reached over 20% of students. Through great partnerships and collaboration, the response to H1N1 was an overall success. However, the local response would not have been adequate without the additional funds provided by the federal government.

**Additional Program Highlights:**

- Emergency operation plans were updated, including: *Pandemic Influenza, Community Mitigation, Strategic National Stockpile,* and *Mass Prophylaxis.* A *Resource Management Plan* was also developed. The H1N1 flu event satisfied the annual requirement for exercises for the Preparedness Program. An After Action Report was developed, including an Improvement Plan.

- Coos County Public Health Staff continued to be up-to-date on their required emergency response training, according to the requirements of the National Incident Management System.

- The Department Operation Center for Public Health was equipped with a satellite phone docking station, to allow satellite phone calls to be made while indoors. An amateur radio system was also installed. This equipment provides redundant communication capabilities during an emergency.

- The Public Health Administrator continued to facilitate the Health Emergency Response Task Force (HERT) which has over 60 members, and has met monthly since October, 2001. The mission of the task force is “to improve the capability of the health system and emergency responders in the Southwestern Oregon Region to respond to natural and manmade disasters and other emergencies, through sharing information, training, exercises, and other collaborative endeavors.”
Chronic Disease Prevention Services

**Community Need:** Coos County, as elsewhere in Oregon and the United States, is facing an epidemic of chronic disease that threatens to overwhelm our resources. Chronic disease accounts for **70% of all deaths** and **75% of medical care costs**. Chronic disease diminishes quality of life, shortens lives, and increases human suffering, and places a large burden, economically, physically, socially, and emotionally on affected families and on the medical care system. In Coos County, our top three leading causes of death are **cancer, heart disease, and cerebrovascular disease**. Diabetes also ranks in the top 10 causes of death, and Coos, along with Douglas County, has the highest rate of diabetes for adults (age adjusted) in Oregon. To a great extent, the **actual** causes of many chronic diseases are preventable—tobacco use, obesity, poor diet, and low levels of physical activity.

![Actual Leading Preventable Causes of Death in Coos County](chart.png)

### Healthy Communities Program

**Community Need:** Many years of prevention efforts have been based on changing individuals—primarily through educating about the right choices. Yet, we have seen increased rates of obesity, continuing use of tobacco, low rates of fruit and vegetable consumption, and insufficient levels of physical activity.

**Public Health Response:** Learning from some examples and results from the Tobacco Prevention Program, the Healthy Communities Program has advocated a new approach in combating the burden of chronic disease—by considering the influences in our environment, where we live, work and play, and how that affects our choices and motivation. The goal is to develop an environment where **the healthy choice is the easy choice**. By designing an environment that supports healthy lifestyle choices, we are establishing protective factors against chronic disease here in Coos County. The program staff worked with community agencies and partners to assess and implement approaches for a healthier community.

Jennifer Stephens, Healthy Communities and Michelle Wyatt, Chronic Disease Prevention Coordinator
Healthy Foods

In an effort to address healthy food choices in public settings, a survey was conducted at the 2009 County Fair of the available food vendors. The assessment analyzed the menu of each vendor identifying healthy menu items, such as non-fried proteins, whole grains, non sugar sweetened beverages, fruits and vegetables, and appropriate portion sizes. Findings of the survey reflected that there were several healthful choices available at the Fair, even though the majority of options were of low nutritional value due to excessive fats and sugars. For the 2010 County Fair, the Healthy Communities Program developed fliers that included ideas for healthier options that could be included in a vendor’s menu at future fairs.

Smoke-Free Areas

The Healthy Communities Program contributed significantly to the process of a local community effort to make Coos Bay’s Mingus Park smoke-free. Tobacco related information was provided at Coos Bay City Council meetings by community members who were concerned about the health and well-being of Coos Bay residents. This effort provided an opportunity for the Coos County Health Department to collaborate with various community partners in supporting a local policy that not only provides a smoke free environment that discourages smoking, but that sets a good example for children.

Living Well with Chronic Conditions

Living Well with Chronic Conditions (also known as the Stanford Chronic Disease Self-Management Program) is a series of 6 classes, 2 and ½ hours a week, that helps people with chronic conditions acquire skills that will lead to an increased quality of life. This evidence-based program has been proven to be helpful in reducing the negative effects of chronic conditions. In an effort to support worksite wellness, the Healthy Communities Program worked with the Coos County Human Resource Department, Board of Commissioners, and County unions to create a policy which allows employees to use their sick time benefit to attend the Living Well workshops.

Also, an automatic referral process was established to refer the Health Department’s clients, both clinic based and through home visiting programs, to Living Well classes. The goal of the automatic referral is for health professionals to encourage their clients to take control of their disease, and provide them with a resource that can help support that process.

In April of 2010, a federal stimulus grant (ARRA) was received to fund coordination of the Living Well classes over a 5 county area, with the Rogue Valley Council of Governments Senior & Disability Services serving as the lead agency. Coos County Public Health, as one of the partners in the project, received funds to hire a part time registration coordinator for the Coos and Curry Counties region. Four workshops were offered, April – June. The project is continuing into the 2010/11 fiscal year, with the participation of volunteer leaders, and the support of agencies (Bay Area Hospital, Southern Coos Hospital, SHAMA House, and South Coast Business Employment Corporation) which have also provided staff to lead the classes.
Tobacco Prevention and Education Program

Community Need: Tobacco is the single greatest preventable cause of disease and death. Greater than one out of every four deaths in Coos County are tobacco related. For every person who dies of tobacco use, there are as many as 20 others suffering from a tobacco related disease. Tobacco contributes especially to heart and other cardiovascular diseases, cancer, and respiratory disease--both chronic and acute. Because tobacco use affects every cell in a person’s body, tobacco contributes to many other diseases as well, such as complications of diabetes.

Tobacco’s Toll on Coos County in 2009/10:
- 14,254 adults regularly smoke cigarettes;
- 4,417 people suffer from a serious illness caused by tobacco use;
- 226 people die from tobacco use (27% of all deaths in Coos County);
- $41 million is spent on medical care for tobacco–related illnesses;
- $38 million in productivity is lost due to tobacco-related deaths;
- 24% of pregnant women used tobacco, double the State rate of 12%.

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

Tobacco Use Among Adults and Youth:
In 2009, Coos County tobacco use rate continued to exceed the State rates.

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

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

Public Health Response: The goal of the Coos County Tobacco Prevention and Education Program is to reduce the burden of tobacco use in Coos County, i.e., the illness, death, disability and economic costs. Best practices research indicates that one of the most effective ways for communities to bring about sustainable change in social norms and decrease tobacco use is to create smoke free environments.
Effective, evidence-based tobacco prevention requires the participation of the entire community. Changing policies and the community’s acceptance of tobacco is very important, because research shows that educating our children about the harmful effects of tobacco is not sufficient to counter the pro-tobacco myths about the use, value, and acceptability of tobacco that have been ingrained into our culture by deceptive tobacco advertising. Reducing tobacco use requires creating an environment in which tobacco becomes less desirable, less acceptable, and less accessible.

The Tobacco Prevention Program Coordinator at Coos County Public Health helps to facilitate the formation of community partnerships to promote adoption of tobacco free environment policies, to counter pro-tobacco influences, and to promote tobacco cessation. The Coordinator also acts as the initial enforcer of the Oregon Indoor Clean Air Act by responding to all complaints in the county of infractions of the ICAA. The Coordinator also collaborates with the county’s Healthy Communities Coordinators in efforts to reduce the burden of tobacco-related and other chronic diseases.

Smoke Free College

The Newmark Center, which houses state offices and the Child Development Center, was made a smoke free area of the Southwestern Oregon Community College campus. This may be the first phase in a move towards establishing a tobacco free campus. Surveys of students showed that a majority supported a smoke free campus, including the dormitories. The student government recommended to the Board of Education that the school go entirely tobacco free by fall of 2011. College is a time when many young people initiate tobacco use, and become more “hardened” regular tobacco smokers. A permissive tobacco use environment makes it easier for young people to start smoking or become heavier smokers, and makes it harder to stop smoking. Nineteen colleges in Oregon have now become tobacco free, creating environments where students can more easily make choices that improve their chances of leading healthy, productive lives.

Smoke Free Parks

A group of Coos Bay residents presented a request to the Coos Bay City Council to create smoke free city parks. After several meetings and hearings, where testimony was heard both pro and con, the City Council approved an ordinance to make Mingus Park completely tobacco free and to create 25 foot smoke free zones around playground areas in all other city parks. Proponents were convincing in their arguments that the ordinance would not only protect children from the effects of smoke that can be present, even in an outdoor environment, but would also protect children from the negative influence of observing others smoke. Having parks with “clean air” helps to de-normalize tobacco use by making it less acceptable and less visible. It is an important part of a comprehensive approach to reducing adult tobacco use and keeping children from starting.
Smoke Free Housing

The Boards of the North Bend and Coos Curry Housing Authorities voted to make all the apartment rentals under their control smoke free. This action follows adoption of smoke free policies by managers and owners in the majority of private multi-unit housing properties in the county. Because the home environment can be the major source of exposure to second hand smoke, these policies will help to reduce exposure to environmental smoke. They will also help to reduce tobacco use initiation by teens, as being exposed to smoking in the home environment is a major risk factor for young people to start smoking. Having smoke free homes also helps to reduce the risk of residential fires, many of which are caused by burning cigarettes.

Tobacco Use Cessation

The Adapt Counseling and Treatment Center, working with the local Independent Physicians’ Association, DOCS, developed a tobacco cessation treatment program that conforms to the U.S. Public Health Service’s Clinical Practice Guidelines for tobacco cessation published in the document “Treating Tobacco Use and Dependence.” This helps to fill a great need in the county for adequate and evidence based tobacco cessation programs. Programs such as this, that combine medications for treatment and extended counseling, lead to much greater chances of successful quitting. The Adapt Center also developed a cessation program for pregnant women. Smoking is the major preventable cause of health problems for both mother and baby during pregnancy. Coos County has double the state rate of smoking in pregnancy.

Oregon Tobacco Quitline

1-800-QUIT-NOW (1-800-784-8669)  
TTY: 1-877-777-6534  
Español: 1-877-2NO-FUME  
(1-877-266-3863)

Or register online at:  
www.quitnow.net/oregon/

Breast & Cervical Cancer Prevention Program

Community Need: Women without health insurance or who have insurance with high deductibles often forgo health exams and screening which they cannot afford. Some women who have symptoms of breast cancer are afraid to get mammograms and receive bad news, because they lack funds for treatment.

Public Health Response: The Breast and Cervical Cancer (BCC) program is a federally funded program, with a goal of early detection of breast and cervical cancer, when cancer has a greater success rate for treatment and cure. To be eligible for BCC, women must meet an income eligibility requirement of less than 250% of the federal poverty level, and have no health insurance, or have limited health insurance coverage. The program serves women who are 40 – 64 years old. Men are also eligible for mammogram vouchers, and there are no age restrictions for men.
The BCC program includes a pelvic exam, a Pap test, clinical breast exam, instruction in self-breast exam and a referral and voucher for a mammogram. If follow-up procedures are needed, such as a fine needle aspiration or surgical consult, these are covered also. If breast or cervical cancer is diagnosed through this program, the participant will be enrolled into the breast and cervical cancer Medicaid program, which pays for treatment.

Coos County Public Health (CCPH) is a contracted provider with the State for the BCC program, and a total of 71 women were screened by the nurse practitioner at CCPH during 2009/10. Even though some screenings prompted biopsies, no cervical or breast cancers were found.
Promoting Healthy Families

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

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

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

Family Planning / Contraceptive Services

Community Need: Women of childbearing age who lack health insurance often cannot afford an annual exam or the high cost of contraceptives. An unintended pregnancy can carry serious consequences at all ages and life stages.

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

With an unintended pregnancy, the child has a greater risk of
- Low birth weight
- Dying in its first year
- Being abused, and
- Not receiving sufficient resources for healthy development.

It is generally understood that a teen pregnancy creates a challenge for the health of the teen mother and her baby that can have long term consequences in education, earning potential, and cost to society.

Oregon Benchmark, Teen Pregnancy Rate: Target rate for females ages 15-17 for 2010 is 20 pregnancies per 1,000.
There were 26 pregnancies in Coos County teens aged 15-17 in 2007, a rate of 19.6 (State 25.7). The preliminary data for 2008 reflected a drop to 17 pregnancies with a rate of 13.9 per 1,000 (State: 25.2) However, the preliminary data for 2009 shows an increase to 24 pregnancies with a rate of **19.8 per 1,000** (State: 21.9). The teen pregnancy rate includes both births and abortions; the number of miscarriages is unknown. As the graph shows, our county has shown a drop in teen pregnancy over the last decade, but must be diligent to sustain that improvement.

**Public Health Response:** Our mission in Family Planning is to help our clients make informed decisions for their lives that allow them to have children when they are physically, emotionally, and financially ready to parent, and when children are wanted and planned.

An unintended pregnancy is expensive not only for the family, but also the taxpayers. In the Oregon Family Planning Program, for every $1 spent, $5 is saved by the taxpayer in prenatal, labor and delivery, and infant health care costs for every unintended birth (an impressive 500 percent return on investment).

Access to Family Planning services has helped to decrease unwanted pregnancy and prevent abortions. In 2009/10, through the use of birth control methods, **190 unintended pregnancies were prevented** in Coos County. And in Oregon, **16,507 unintended pregnancies were prevented** through family planning services. This saves Oregon taxpayers more than $5 million annually from the reduction in unintended pregnancies.

**Healthy People 2010 Benchmark:** 70% of pregnancies will be planned.
At Coos County Public Health, we offer the Federal Title X Family Planning program, which provides services on a sliding scale, based on income and ability to pay. Many women and teenagers qualify for the Contraceptive Care Project (CCare), which is a special Medicaid program for those seeking contraception who do not have insurance and are below 185% of the poverty level. Eligibility for CCare requires proof of citizenship (i.e., a birth certificate). Coos County Public Health is the only agency in the county offering the Title X program, which is open to anyone who is seeking affordable reproductive health services, including exam and birth control supplies. For those who are below the federal poverty level, there are no charges for any of the Title X services. The challenge is that there are insufficient funds from the federal Title X program to cover program costs. Community grants from the Zonta Club of the Coos Bay Area and the Coquille Tribal Community Fund contributed support to these women’s health services.

**Service Statistics:**
Coos County Public Health offers a variety of birth control methods (including the pill, the patch, the ring, the shot, and IUD), women’s health exams, and also pregnancy testing and options counseling. Abortions are not provided. For FY 2009/10:

- 1,027 clients were served
- 2,016 office visits were provided
- 90% of clients were below 150% of the federal poverty level
- 67% were uninsured for primary care
- 278 teens were served (27% of the total clients)

**School Based Health Center (SBHC)**

**Community Need:** In Oregon, 11% of children are uninsured. Adolescents have the lowest access to health care service use of any age group, and they are the least likely to seek care through traditional office-based settings.

**Public Health Response:** School Based Health Centers help children gain increased access to health care, including health education and health promotion, which in turn helps to improve student attendance and overall positive outcomes. It also lessens the demand on parents to take time off to get children to well care and urgent care needs. And SBHC practitioners provide a full range of services for all students, regardless of whether or not they have health insurance coverage.

In the 2009/10 school year, the School Based Health Center (SBHC) at Marshfield High School, operated by Waterfall Community Health Center, began its sixth year of service to students in Coos Bay. As a state certified SBHC, the clinic was eligible for state general funds through Coos County Public Health, and received $56,000 during FY 2009/10. The center became certified in 2005 after meeting the state requirements for its facility, operations and staffing, laboratory and clinical services, data collection and reporting, and administrative procedures.
Program Highlights:

- Offered services 3 days a week.
- Provided 530 office visits during the 2009/10 school year; of these 139 visits were for immunizations.
- Provided services to 236 clients.
- The Marshfield SBHC was one of 55 certified centers in 22 counties in Oregon in 2010.
- Statewide surveys showed that:
  - 36% of clients said they were unlikely to receive care if the SBHC wasn’t available.
  - 52% of clients did not miss a class when they accessed services at the SBHC.

Powers SBHC Planning Grant:

Additional grant funds were received from the state general fund to work with the Powers School District and community leaders to explore the feasibility of a School Based Health Center in that community. Coos County Public Health contracted with Waterfall Community Health Center to administer this project. Progress is continuing, with a projected completion date in the spring of 2011.

Oregon MothersCare / Oregon Health Plan Outreach

Community Need: Early prenatal care is a benchmark to ensure healthy birth outcomes. Some behaviors and conditions, such as drug use, have a significant impact on the developing baby during the first trimester. With regular appointments with a health practitioner, the expectant mother can address issues with her nutrition, exercise, weight gain, substance use, medications, and health problems or conditions that can affect her pregnancy and baby. Inadequate prenatal care is defined as care that begins after the second trimester of pregnancy or that involves fewer than 5 prenatal visits. In 2006 and 2007, Coos County had the unfavorable designation of the highest rate of inadequate prenatal care in the state (fewer than 5 prenatal visits or care beginning in the last trimester.) According to preliminary data for 2009, Coos County had improved and ranked 17 out of the 36 Oregon counties, with 91.3% of moms receiving adequate prenatal care and 72.3% receiving first trimester care.

Oregon Benchmark: By 2010, 90% of babies born will have mothers who received prenatal care beginning in the first trimester.

Public Health Response: In 2009/10, the CCPH Oregon MothersCare program assisted pregnant women in applying for the Oregon Health Plan, if eligible, and helped them obtain prenatal care as soon as possible.

In Coos County, 82% of women who contacted our Oregon Mothers Care program in their first trimester were able to begin prenatal care with a provider during their 1st trimester.

Renee Johnson, Oregon MothersCare and OHP Outreach Case Manager
The prenatal care providers at North Bend Medical Center and Bay Clinic have worked collaboratively with the public health case manager, Renee Johnson, to make the Oregon MothersCare program a success.

Assistance was also provided to others (not pregnant) in applying for publicly funded health care. An estimate of 16% of adults have no health insurance in Coos County.

Program Highlights:

- **287** pregnant women were helped with applying for the Oregon Health Plan, obtaining prenatal care, and referrals to other prenatal services.
- **176** clients (non-pregnant) were assisted in applying for publicly sponsored health insurance coverage.

**Women, Infants and Children (WIC)**

**Community Need:** Nutrition is especially important during pregnancy to protect the health of the mother, when she needs extra iron, calcium, protein, and calories from food. The nutrition received by the growing baby during pregnancy and after birth in the early childhood years can affect a baby’s health for the rest of his life—e.g., in brain development and intelligence. In Coos County, one out of 4 children are living in poverty. Even if employed, the high cost of rent and other expenses, such as gasoline and electricity, cause some to forgo nutritious food. Some do not understand how to make wise food choices with the resources they have, and some first time parents lack knowledge and skills in feeding an infant and toddler.

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

WIC participants are provided with vouchers for specially chosen foods to meet the health needs at this critical time of their lives. The WIC food vouchers provide food worth about $45 a month for each woman and child, and the formula allotment for infants is worth about $126 per month. New mothers are encouraged to breastfeed and are provided with additional food vouchers if they do. The number of participants in Coos County increased by 90 over the previous year, thanks to additional funds provided by the federal government.
Fresh Choices

Beginning in August 2009, Oregon launched a new program called Fresh Choices which made unprecedented changes to the WIC food package. Fruits, vegetables, and whole grains were added to the list of WIC authorized food for the first time in the program’s history. Other positive changes implemented in August 2009 included:

- Lower fat milk for adults and children age 2 and older,
- Soy beverage alternatives for participants who cannot tolerate cow’s milk, and
- Baby food fruits and vegetables instead of juice for infants.

These healthy changes align with the 2005 Dietary Guidelines for Americans and the infant feeding practice guidelines from the American Academy of Pediatrics. These changes also further solidified WIC’s status as the premier public health nutrition program.

In 2009, Coos County WIC Program:

- Number of families served: 1,294
- Total served in 12 months: 3,273
  - 998 pregnant, breastfeeding, and postpartum women.
  - 2,275 infants and children under 5 years old.
- $1.19 million in food vouchers issued locally (Statewide: $66.4 million)
- $5,184 in Farmer’s Market coupons issued locally (Statewide: $397,840 were issued).
- Served 52% of all pregnant women in Coos County (State Average: 38%).
- 64% of families of WIC clients have income at or below the federal poverty level ($1,467 per month for a family of 3).
- 58% of WIC households have at least one working family member.

Breastfeeding

Oregon is #1 in the nation for breastfeeding. 91% of Oregon WIC moms breastfeed their newborns. This is a rate that exceeds the Healthy People 2010 objective of 75% and is much higher than the national average of 64%. Here in Coos County:

- 89.4% of Coos County WIC clients start out breastfeeding, (exceeding the national Healthy People objective).
- Three WIC staff members are currently Certified Lactation Educators.
- WIC participated with the local medical centers, Bay Area Hospital, La Leche League, Healthy Beginnings and the MOMS program in the BREAST Coalition activities.
- WIC loaned hospital grade breast pumps, with an inventory of 20.
- WIC gave away approximately 100 personal-use breast pumps to mothers returning to work or school.

**Healthy People 2010 Objective**: 75% of mothers will breastfeed their babies in the early postpartum period; 50% will breastfeed at 6 months.
Child and Family Health Home Visiting Services

Community Need: Some parents, especially first time parents, lack knowledge on how to parent a child; some have a special needs child, who is born with a medical problem, or develops one after birth; and some are faced with many stressors that affect their ability to parent. Some of these parents are also without a support system for guidance.

Infants and children develop best when they live in a stable environment and are cared for by sensitive and responsive caregivers. Parents who are isolated, overwhelmed, ignorant, or distressed are frequently unable to provide the consistent and nurturing care that these youngest members of our community require to develop to their full potential. Sometimes, parents simply lack the necessary knowledge or insight into how their actions (or neglect) can harm their young child.

Coos County Rate of Child Abuse and Neglect

The following shows characteristics and stressors of families who were enrolled in our programs during the 2009/10 fiscal year:

- 23% admitted to having a chemical dependency.
- 10% spoke something other than English as their primary language.
- 42% had less than a high school education.
- 15% were teens.
- 44% were single-parent households.
- 92% were low income.
- 33% experienced some form of domestic violence.
- 19% of children and 24% of parents were disabled.
- 40% of children had on-going health problems serious enough to limit life activities.
- 30% of moms had a current or past history of mental health issues.
In the past, the consequences of neglect were not considered to be as severe as other forms of child maltreatment (such as physical abuse or sexual abuse). We now know this is not the case. The type, severity, and duration of neglect as well as the child’s individual characteristics, and the family’s characteristics all influence the developmental outcome for a particular child.

**Oregon Benchmark, Child Abuse or Neglect (Substantiated):** By 2010, the substantiated number of child abuse victims per 1,000 children ages 0-17 will only be 5.6%.

The absence of positive and nurturing experiences or the presence of adverse events (such as witnessing family violence, living with someone who abuses drugs or alcohol, or living with someone who has depression) during early childhood and especially during critical periods in a child’s brain development can become a predisposing factor for a multitude of lifelong difficulties such as:

- Having a smaller and less complex brain
- Decreased ability to problem solve
- Decreased ability to form stable and supportive relationships
- Increased levels of anger and frustration
- Increased rate of behavioral problems (such as ADHD)
- Increased risk for criminal behavior later in life
- Increased risk for drug and alcohol abuse
- Increased risk for developing mental health disorders, such as depression, anxiety, eating disorders
- Increased risk for developing certain health conditions, such as heart disease

Ultimately, society pays the debt for childhood neglect through increased crime and incarceration; increased use of social, health, and mental health resources; and decreased family and community stability. Essentially, the quantity and quality of a child’s early childhood experiences results in the production of either a future tax payer or a future tax user.

**Public Health Response:** The good news is that these adverse outcomes can be prevented or attenuated through our Child and Family Health Home Visiting programs.

Research on brain development points to the critical importance of the first three years (including the prenatal period) of life. This is a period when children’s brains are rapidly forming and organizing the foundation for which all experiences are filtered and learning built upon. This is a period in children’s lives when parents can either 1) help their children to develop optimally 2) impede development, or 3) permanently prevent their children from achieving their full potentials. Parent education through home visitation is a best practice model. Public Health’s Child and Family Health Home Visiting Programs are designed to help parents learn about their child’s unique developmental needs; to help parents understand how their actions affect the
development of their child; and to support these parents in their efforts to provide a safe, stable, and nurturing environment during these critical periods of child development. The parent educators, who are registered nurses or highly trained professionals under the supervision of a nurse, possess a wide range of communication skills and broad knowledge base to provide individualized education, health assessments, interventions, and support in the home environment. Our staff are certified Parents As Teachers (PAT) educators and draw upon this and other evidenced-based, best practice curriculums.

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

Throughout all our home visiting programs, we have three basic beliefs:

1. The early years of a child’s life are the most important for brain development and provide the foundation for success in school and life.
2. Parents are their children’s first and most influential teachers.
3. All young children and their families deserve the same opportunities to succeed, regardless of any demographic, geographic, or economic considerations.

All our home visiting programs help parents prepare for and navigate successfully through the normal developmental changes in their infant or toddler, and all focus on maximizing the health and well-being of their children. Our programs also reduce child maltreatment and juvenile delinquency. Primary prevention of abuse and neglect saves money in treatment and remediation costs. Preventing the emotional and physical costs to the victims of abuse is priceless.

Program Highlights:

- **Healthy Start/Healthy Families** targets first time parents with children up to the age of 3 years old. During FY 2009/10, we provided a total of **608 intensive home visits** to **61 enrolled families** and were able to contact approximately **90%** of Coos County’s first birth families to offer services, information, and/or referrals. (This program is funded by the Commission on Children & Families through state general funds.)

- **Babies First!/Parents As Teachers** serves families with children up to age 5 years. During FY 2009/10, **136 children** and their parents were provided **1,368 home visits**. (This program is funded through small federal and state maternal/child health grants, but mostly through Medicaid payments, which means that without another payment source, services to families are usually limited to those who are enrolled in the Oregon Health Plan.)

- **The CaCoon program** helps families become as independent as possible in caring for special needs children, up to age 21 years, and also helps families access appropriate resources and services. **53 families were served with 368 home visits.** (Funding comes from Medicaid payments and a small grant from OHSU. In addition, with community grants from Bay Area Hospital and Bay Area Rotary Club, we were able to expand our Babies First!/Parents As Teachers and CaCoon programs to provide home visiting services to an additional 25 children and their families (98 home visits).
Our CaCoon Public Health Nurses participated in **Community Connections Network** (CCN), which is a statewide system of community based multidisciplinary teams that provide coordinated care for children with special health needs. CCN provides monthly multidisciplinary team clinics to evaluate the child, assess available services and linkage to those services, and provide recommendations resulting from staffings with parents and professionals. The focus of the CCN is to find ways to maximize a child’s potential at home, at school, and as part of the community. Recently, Coos County’s CCN was recognized as a “Star Community” by **Champions for Inclusive Communities**, a national center designed to support communities in organizing services for families of children and youth with special health care needs.

Home visiting staff also provided parenting education and intervention services to **8 families** involved in the **Child Welfare** System for a total of **74 visits**.

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

**Family Outcomes:**

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

- **100%** of families’ needs were identified.
- **99.9%** of children had health care providers.
- **90.5%** of children were up to date on their immunizations.
- **39%** of children screened for health or behavioral problems were referred for further evaluation. Of these, **99%** received follow-up services.
- **23.7%** of children were referred into our home visiting services because of suspected child abuse.

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>FY 2009/10</th>
<th>FY 2008/09</th>
<th>FY 2007/08</th>
<th>FY 2006/07</th>
<th>FY 2005/06</th>
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<tbody>
<tr>
<td>Home Visits</td>
<td>2,516</td>
<td>2,696</td>
<td>3,336</td>
<td>2,663</td>
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<tr>
<td>Families Served</td>
<td>*222</td>
<td>*233</td>
<td>*501</td>
<td>549</td>
<td>560</td>
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</tbody>
</table>

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

**Touching Our Community**

As a Healthy Start family service worker, I have been providing home visits for this family for five months. At the time of their enrollment into Healthy Start, I was visiting mom, dad and infant son. As I began to build rapport with this family, it was evident that this family had many stressors and barriers that were keeping them from becoming a healthy family. Both mom and dad reported domestic violence in their home. Mom admitted that she has had problems with alcohol, and dad has had a problem with drug use.

What was evident was this mom and dad wanted to make a safe and healthy environment for baby to grow in. Both admitted that by growing up in dysfunctional homes where drugs and alcohol were problems, they needed help to produce a healthier life for baby.

After the first visit, mom called me and reported that she and dad got in fight and dad was now in jail and Child Welfare Services (CWS) was involved. Mom called me four different times with this same story. After the first call about the fighting, the first goal was to make the home environment safe for baby. I began educating both mom and dad on attachment and bonding, how the baby’s brain is reacting to stress and how this is affecting his health and well being. Both mom and dad were affected by this information.

After five months of intense visits with this family and advocating for them with agencies such as Women’s Safety and Resource Center, Family Law offices and a mediation class, the mom and dad are no longer together. They will co-parent with the advisement of a child custody plan. Both agreed that their relationship was “toxic”, and the well being of their infant was being jeopardized.

This family will continue to receive intensive services from Healthy Start until the goals of mom and dad are successfully met long term--a safe environment free from domestic violence, where alcohol and drugs were no longer used, and treatment obtained if they had issues. Custody was established with a parenting plan. These are attainable goals for this family. Both mom and dad agree it is helpful to have a Family Service Worker from the Health Department who they can talk to and learn from. Both mom and dad agree that if Healthy Start wasn’t part of their life, their baby would be in foster care right now. At this time I am primarily working with mom, as baby is living with mom, separate from the dad. Dad knows he is welcome to take part in the visit. Mom is able to provide a home that is safe and adequate for the baby.
Administrative Functions

The three public health management staff (including the Administrator, the Administrative Aide, and the Business Manager) juggle a workload in 3 basic areas: assuring compliance to public health program standards, managing 32 employees and providing the support they need to do their jobs, and managing the finances of the Department. Significant time is spent in budget development and fiscal monitoring of revenues and expenses according to county and federal requirements. (More details about the budget are discussed in the fiscal report, which follows.)

This past year, many hours were spent in preparation for the state-conducted review of our county’s public health programs, which occurs every 3 years. During the entire month of March, 2010, all programs funded through the intergovernmental agreement between the County and the Oregon Department of Human Services were scrutinized for adherence to contractual and practice standards. CCPH was also selected as the one county in the state to undergo the federal audit of the Title X family planning program. Overall, programs were found to be outstanding, with a small number of compliance issues put on a schedule for resolution.

The Administrative management duties included the following activities:

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

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

- Developing informational and promotional materials, including web-based media;
- Responding to requests for information from the public and the news media on public health topics and programs;
- Advocating for action to improve the health of the community;
- Serving on state committees which make decisions on the distribution of millions of federal dollars throughout the state;
- Grant writing to bring in additional program dollars;
- Collaborating with community partners on applications and implementation of grant funded projects;
- Facilitating task forces and participating on local planning committees; and
- Presentations and meetings with county officials, as required by the county government system.
In addition to the direct supervision of program staff, the administrative staff also performed many functions in specific programs which were non-administrative, as well as being cross-trained to perform work when employees were out due to illness, training, community response or vacancies in positions.

This past year, the Health Officer reviewed all policies and protocols which are implemented under his authority in preparation for the state’s review. He was regularly scheduled only 6 hours a month, but with the federal funds available to our county for H1N1 response, the Health Officer was able to work additional hours to meet the community demands. He provided consultation to the nursing staff, to medical providers, and to other community partners, including the schools, and was a vital resource in coordinating our County’s response to the pandemic.

**Vital Records**

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

### Statistics from FY 2009/10:

- 809 Deaths
- 3,247 Death Certificates Issued
- 511 Births
- 525 Birth Certificates Issued

**Purchasing a Birth or Death Certificate:**

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

Birth certificates are not public records until 100 years after the birth. Death certificates become public records 50 years after the date of death.
In Fiscal Year 2009-10, Coos County Public Health again operated without any county general fund support for direct personnel or supply expenses. The County did provide a loan, which was necessary to ensure cash flow in between other revenue receipts. Further, our predictions of several years ago came true – our savings account for Family Planning services was finally exhausted, creating increased concern about Public Health’s ability to continue to provide this fundamental service in future years.

Expenditures for Public Health totaled $2,021,581, which was a 7.4% increase from the prior year. This increase was primarily due to dedicated federal funds for Public Health Preparedness activities in response to H1N1 flu. Expenditures for the Environmental Health Licensing Program totaled $195,077.

Federal Medicaid
16.5% Medicaid Targeted Case Management (TCM) Fees
8.5% CCare (Family Planning) Medicaid Fees
2.9% Title XIX Savings Account (Federal)
2.7% Medicaid Administrative Claiming (MAC)
1.6% Oregon Health Plan (Medicaid) Fees

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

State General Fund
16.3% State General Fund for Dedicated Programs
3.3% State Support for Public Health (per capita)

Client Fees
8.4% Fees for Service (Client and Private Insurance)

Others (Foundations, Donations)
6.5% Management Donated Hours (i.e., worked > 1.0 FTE)
3.6% Contracts / Grants
<0.25% Cash Donations
<0.25% Supply Donations

County In-Kind
2.8% County In-Kind
Federal Funds

Once again, the federal government provided most of the revenue to provide public health services to the citizens of Coos County, accounting for a combined 59% of funding for the Department (a 10% increase over the prior year). Of the federal funds, 50% was program-specific funding, 48.7% was from Medicaid fee-for-service, and 1.3% was from Medicaid Administrative Claiming (MAC).

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

State Funds

The State General Fund contribution for mandated public health programs provided 19.6% of the funding for Coos County Public Health, an increase of 5.9% over the prior fiscal year. Of this amount, 15.8% was State Support for Public Health (SSPH) funds. SSPH funds were used to help support communicable disease investigation and response, tuberculosis (TB) case management, treatment of sexually transmitted infections, and immunization activities. However, the $71,712 received did not cover the salary and benefits of one full time public health nurse. An additional $3,500 of State Support for Public Health was awarded to assist in assessing Coos County Public Health’s position for accreditation, which is a requirement on the horizon.

The program-specific State General Funds continued to support public health programs in Coos County, including the School Based Health Center at Marshfield High School and the Tobacco Prevention Program. Increases were seen in funds for chronic disease prevention and new funds to facilitate the establishment of a school based health center in Powers. However, these state funds provided only a small fraction of the total funding for programs mandated by state law.

Fees

Medicaid fees for billable services continued to be the largest source of revenue in this category. Fees were also collected from clients and 3rd party insurance. However, many citizens do not understand that Coos County Public Health must provide many of the clinic services without the ability to collect payment. The treatment of certain communicable diseases, immunizations for children and adolescents, and Title X family planning services must be provided for our County’s well-being, regardless whether fees may be charged or collected. We cannot withhold treatment for these mandated services if a client is unable to pay.

The Title X Family Planning program continued with a reduced level of funding, and the Nurse Practitioner was only available 3 days a week to see clients. In past years, the level of funding, supplemented by the revenue from the Family Planning Expansion Project (FPEP) and County General Fund, allowed the Department to see an unlimited number of family planning clients.

The Environmental Health Licensing program was funded by fees from facility owners.
Contracts, Grants and Donated Funds

Coos County Public Health was a contractor with a number of local agencies. The largest contract was awarded by the Commission on Children & Families (CCF) for the local Healthy Start program. The funds received were a blend of State CCF funds and staff generated Medicaid Administrative Claiming. Other contracts were awarded by the Department of Human Services Self Sufficiency Program for nurse case management and the Oregon Health Science University for CaCoon services.

Public Health received financial support from private funds and community partners. Some private individuals made on-going donations to support Public Health programs. The Bay Area Rotary Club continued their financial support to provide immunizations to eligible children in the community. The Coquille Tribal Community Fund provided a grant supporting clinic services, and the Northwest Educational Laboratory provided grant funds for staff training and educational materials for the home visiting programs. A full record of donations and other financial support received by Public Health follows this section.

Coos County Friends of Public Health (CCFoPH), which formed in January 2008, continued its work to promote health in Coos County through enhancement of local public health services. The Coins for Coos Kids provided funds for immunizations and the WIC program. CCFoPH also successfully applied for several local grants, which supported clinic services.

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

Coos County Government Support

As noted above, Public Health did not receive any County General Fund support for direct personnel or supply expenses. However, the County did provide Public Health with in-kind contributions for rent, utilities, photocopying and fax. The value of this is reflected in the in-kind portion of funding sources. The County also provided – at no cost to Public Health grants - building maintenance, legal counsel services, human resources services, accounting services, information technology services and other Board administrative services. The value of these services to the Department, although significant, has not been identified by cost center; therefore this is not reflected in the fiscal accounting for the Department.

Supporters of Public Health

Generous supporters of Coos County Public Health from 7/1/09 thru 6/30/10:

<table>
<thead>
<tr>
<th>Supporter</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bay Area Health District, for PAT Program</td>
<td>$3,300</td>
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<tr>
<td>Bay Area Rotary, for Shots for Tots</td>
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<td>Coos Bay North Bend Rotary, for CaCoon</td>
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<td>Coos County Friends of Public Health*</td>
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<td>Coquille Tribal Community Fund</td>
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<td>Education Northwest, for PAT and Healthy Start</td>
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<td>Greater Oregon Chapter March of Dimes</td>
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<td>Northwest Natural Gas, for Healthy Start</td>
<td>$200</td>
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<tr>
<td>Susan G Komen Foundation</td>
<td>$2,000</td>
</tr>
</tbody>
</table>

*Funds from Coos Bay Zonta $766; Coquille Tribal Fund $625 ($2,500 grant paid quarterly – one quarter in 2009-10)
Community Involvement

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

**Regional or Statewide**
- Association of Oregon Public Health Nursing Supervisors
- Conference of Local Health Officials
- Conference of Local Environmental Health Supervisors
- DHS Child Health Collaborative
- DHS Transformation Initiative
- National WIC Association
- Oregon Coast Community Action
- Oregon Community Foundation *Ready to Smile* Needs Assessment
- Oregon Healthy Start
- Public Health Administrators of Oregon
- Public Health Emergency Preparedness Leadership Team
- Public Information Officers - Southern Coast Region
- Hospital Preparedness Program - Regional Health Preparedness Board
- South Coast Head Start
- South Coast Rural Integrated Provider Team

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

**Contract Nurse Hours**
Coos County Public Health also contracted with Department of Human Services (DHS) to provide some nurse hours. This nurse provided consultation to the DHS JOBS Program and to Newmark Center case managers.

**Nursing & Public Health Students**
Coos County Public Health was a preceptor site for nursing students and public health interns from the following colleges and universities:
- Oregon Health Sciences University
- Portland State University
- Southwestern Oregon Community College
How You Can Help

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

Coos County Friends of Public Health

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

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

Purpose:

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

Members of the Friends can help with community education, advocating for public health issues, fund-raising, and volunteering for public health programs. For more information about membership in the Friends, contact Angie Webster at 541-404-6762, or Connie Bunnell at 541-267-3216. Or write to ccfoph@gmail.com or PO Box 203, Coos Bay, OR 97420.

Acronyms

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

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

Non-Discrimination Policy:

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