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October 28, 2004

Dear Coos County Resident:

I am pleased to submit the 2003-2004 annual report for the Coos County Public Health Department. As you will see in this report, Coos County Public Health offers a wide range of prevention services to Coos County residents and visitors. Many of our citizens can recall a specific benefit from one or more of our services. Perhaps it was food vouchers from WIC, birth control pills from family planning, a flu shot, or a home visit from a nurse parent educator. Many others may not be aware that their lives are better and our communities are safer because of public health efforts, such as prevention from food-borne illness, water that is safe to drink, and communicable disease control.

Our staff deserve to be recognized for their dedication and productivity. Many of our staff work in multiple programs with limited resources. We also work together with many community partners, and recognize their contributions to public health achievements. I am proud of our staff accomplishments and wish that we had the resources to do even more, as the needs in our community are great.

We hope that this report will broaden the understanding of our scope of services and give a picture of the public health issues and accomplishments in our county. To keep the report a manageable length, we have presented brief highlights and statistics. Let’s not forget that behind the statistics are real people. We have provided you examples of their stories at the end of the report.

If you have any questions about this report or any of our services, please contact me or any of the program supervisors. The contact information is listed in the service directory.

Sincerely,

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

Public Health Mission Statement:
To promote physical, mental and social well-being through preventing disease and injury, promoting healthy behaviors, and protecting the health of the community.

Public Health Guiding Principles:

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

2. Provide preventive programs that reduce risk factors and enhance protective factors leading to increased responsibility.

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

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

5. Facilitate partnerships responsive to identified community concerns, while mobilizing individual and community strengths.
**Organization of the Department**

Coos County Public Health has a staff of 42 individuals, including part time workers. The department is managed by the Administrator, who is appointed by the Coos County Board of Commissioners. The Board of Commissioners also function as the County Board of Health. The Health Officer, a physician, provides medical guidance and approves medical protocols. The Business Operations Manager provides fiscal and personnel expertise and supervises the accounting and billing functions. An Administrative Aide provides support to the Administrator and also supervises the clerical staff, who serve multiple programs and are receptionists for the department. These support staff are also deputy registrars for vital records.

The department is organized into **5 main program areas**. The 5 program supervisors and their staff are supported by administrative and other support staff. The program accomplishments this past year are discussed within this report.

**Clinic Services** provide preventive health services for individuals through family planning; immunizations; HIV tests; Ryan White support services for persons with HIV; Breast and Cervical Cancer Prevention Program; communicable disease response, including Tuberculosis control; and sexually transmitted disease exams and treatment. Bio-terrorism response is also included in clinic services because an important component of our county’s preparedness response is communicable disease control. Clinic services are provided by nurse practitioners and nurses, with the support of public health aides and the Health Officer.

**The Environmental Health** program’s 2 Environmental Health (EH) Specialists license and inspect all restaurants, motels, RV parks, pools spas, and organization camps. They also inspect school kitchens and day care centers. To protect from food-borne illnesses, they license and inspect temporary food events that are open to the public. Both EH specialists also teach food handler classes. They monitor small public water systems and perform septic loan inspections. The EH specialists also have the responsibility of investigating reported cases of food-borne and water-borne illness, and responding to nuisance complaints of public health significance.

**Family Health Field Services** are home visiting programs provided by nurses and other professional staff, who help families during pregnancy and after birth. They provide parenting guidance, provision of health assessment and health information, developmental screening and referral to community resources. Services may continue for children up to 5 years of age, or for children up to age 21 with special health needs. These programs include Babies First, Healthy Beginnings, CaCoon, and Parents as Teachers.

**Prevention Services** are the population based prevention programs which include tobacco prevention, alcohol and drug prevention, diabetes, and STARS (Students Today Aren’t Ready for Sex) abstinence program. The Prevention Program Manager also supervises the Healthy Communities Access Program, which provides assistance in obtaining publicly funded health care.

**The Women, Infants & Children** (WIC) nutrition program coordinated by a nutritionist, serves pregnant women, new mothers, infants, and children up to age 5. The program provides health screening, nutritional counseling, and vouchers for special foods and formula.
### Administration

<table>
<thead>
<tr>
<th>Position</th>
<th>Number of Staff</th>
<th>Total FTE/Position</th>
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<tbody>
<tr>
<td>Administrator</td>
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<tr>
<td>Health Officer</td>
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<tr>
<td>Business Operations Manager</td>
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<tr>
<td>Administrative Aide</td>
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**TOTAL Administration Staff:** 4 staff 3.10 FTE

### Program

<table>
<thead>
<tr>
<th>Position</th>
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<td>Clinic Program Manager (RN)</td>
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<td>Preventions Services Manager</td>
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<tr>
<td>Field Services Supervisor (RN)</td>
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<tr>
<td>WIC Coordinator/Nutritionist</td>
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<tr>
<td>Environmental Health Supervisor</td>
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<tr>
<td>Environmental Health Specialist</td>
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<tr>
<td>Nurse Practitioner</td>
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<td>Health Educator</td>
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<td>Registered Nurse</td>
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<td>Public Health Specialist</td>
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<td>Public Health Aide/WIC Certifier</td>
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<tr>
<td>Support Services</td>
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**TOTAL Regular Program Staff:** 31 staff 30.60 FTE

### Extra Help

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<th>Position</th>
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<td>Registered Nurse</td>
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<tr>
<td>Nurse Practitioner</td>
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<td>.10</td>
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**TOTAL Extra Help Program Staff:** 7 staff 1.81 FTE

**TOTAL Public Health Staff:** 42 employees 35.51 FTE
Community Involvement

Coos County Public Health staff participates in many local and state organizations, coalitions, and task forces. Our staff represents the public health perspective, lends their expertise, and joins with others in our communities to work on significant issues that help to make our world a better place to live.

<table>
<thead>
<tr>
<th>Local</th>
<th>Regional or Statewide</th>
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<tbody>
<tr>
<td>Ambulance Service Area Advisory Board</td>
<td>Association of Public Health Nursing Supervisors</td>
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<tr>
<td>Bandon Chase</td>
<td>Beach Monitoring Advisory Committee</td>
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<tr>
<td>Bay Area Together for Youth</td>
<td>Care Coalition Planning Group</td>
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<tr>
<td>Bio-terrorism Response Task Force</td>
<td>Coast Watch – Adopt a Beach Program</td>
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<tr>
<td>BREAST Coalition</td>
<td>Conference of Local Health Officials</td>
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<tr>
<td>Child Advocacy Center Advisory Board</td>
<td>Conference of Local Environmental Health Supervisors</td>
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<tr>
<td>Clean Air Coalition</td>
<td>Douglas County HIV Resource Center</td>
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<td>Community Action Group for Nuisance Complaints</td>
<td>Family Net Task Force</td>
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<tr>
<td>Community Connections</td>
<td>Local Agency Registered Dietitians &amp; Nutritionists</td>
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<tr>
<td>Community Food Assessment</td>
<td>National WIC Association</td>
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<tr>
<td>Community Health Education Coalition</td>
<td>Public Health Administrators of Oregon</td>
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<tr>
<td>Community Outreach Coalition</td>
<td>Public Information Officers - Southern Coast Region</td>
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<tr>
<td>Coos County Citizens Corp</td>
<td>Rights, Respect, Responsibility</td>
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<td>Coos County Commission on Children &amp; Families</td>
<td>Ryan White Care Coalition</td>
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<tr>
<td>Coquille Together</td>
<td>Smallpox Response Team</td>
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<tr>
<td>Dept. of Human Services Diversity Committee</td>
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<tr>
<td>Early Childhood Committee</td>
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<tr>
<td>Family Violence Council</td>
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<td>Multi-Disciplinary Team</td>
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<tr>
<td>Myrtle Point Together</td>
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<td>North Bend Police Association</td>
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<td>Parents &amp; Friends of Lesbians &amp; Gays (PFLAG)</td>
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<td>Powers Together</td>
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<tr>
<td>Prenatal Task Force</td>
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<tr>
<td>Safety Net</td>
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<td>School Based Health Center Advisory Committee</td>
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<td>Shellfish Task Force</td>
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<td>Southwest Oregon Public Safety Association</td>
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<td>Southwestern Oregon Community College Together</td>
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<td>System of Care</td>
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<tr>
<td>Women’s Health Coalition</td>
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<tr>
<td>Youth Summit Planning Committee</td>
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Also, Coos County Public Health contracts with two agencies to provide some nurse hours. One nurse provides consultation to the DHS JOBS Program case managers; another nurse provides behavioral counseling to very young children and their families through Coos County Mental Health.
Service Directory

Coos County Public Health  (541) 756-2020

ADMINISTRATION
Frances Smith, Administrator  ext. 545  fsmith@co.coos.or.us
Sherrill Lorenzo, Business Operations Manager  ext. 539  slorenzo@co.coos.or.us
Sherry Healey, Administrative Aide  ext. 525  shealey@co.coos.or.us
Dr. Charles Holloway, Health Officer  ext. 582  ckholloway@co.coos.or.us

BIO-TERRORISM RESPONSE
Bio-terrorism Preparedness, Emergency Response Plan, Communicable Disease Surveillance
Donna Johnson, RN  ext. 526  djohnson@co.coos.or.us

CLINICAL SERVICES
Family Planning, STD Services, HIV testing, Immunizations, Communicable Disease, Tuberculosis
Testing/Follow-up, Well Woman Exam, Breast & Cervical Cancer Program (BCCP), HIV
Prevention/Support
Louise Whitehead, Clinical Program Manager  ext. 523  lwhitehead@co.coos.or.us

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

FAMILY HEALTH FIELD SERVICES
Healthy Beginnings: Maternity Case Management, Parents as Teachers, Babies First!, CaCoon
Sylvia Mangan, Field Services Supervisor  x 579  smangan@co.coos.or.us

HEALTHY COMMUNITIES ACCESS PROGRAM (HCAP)
Physician Referrals, Pharmacy Assistance Program, Oregon Health Plan Assistance
Angie Anderson, RN  ext. 543  aandersen@co.coos.or.us

PREVENTION & EDUCATION SERVICES
Tobacco Use Prevention, STARS (Students Today Aren’t Ready For Sex), Alcohol & Drug Prevention,
Asthma Project, Diabetes Program, Chronic Disease Support
Christina Lyons, Prevention Services Coordinator  x 546  clyons@co.coos.or.us

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

WIC
WIC (Women, Infant & Children) Nutrition Program, Referrals, Farmer’s Market Coupons
Phyllis Olson, WIC Coordinator  x 520  polson@co.coos.or.us
**Fiscal Report**

In fiscal year 2003-2004, the trend to fund public health in Coos County with fees-for-service continued. As recently as five years ago, county general fund comprised 45% of the Department’s budget. However, in 2003-2004, county general fund provided only 8% of the funding.

Another change in 2003-2004 was the separation of the Environmental Health Licensing Program from the Department’s general fund status. This shift required the program to be self-sufficient, which in turn may require loans from the general fund. The Board of Commissioners discontinued the Department’s ability to charge a temporary restaurant license fee to inspect/license non-profit organizations. However, the Department successfully argued that to place the financial burden on the licensed facilities would harm the businesses competing with the non-profits. The Board did agree to fund a portion of the licensing program with county general fund to address this issue.

In 2003-2004, the funding of Public Health was primarily on the shoulders of the federal government. The funds received from the Oregon Department of Human Services comprised 50% of the Department’s total budget. However, only 9.9% of those funds were State or other funds (e.g. Tobacco Prevention). In fact, the money received for State Support for Public Health was a mere $37,685 or 2% of the Department’s entire funding stream.

Another source of federal funding was received in the form of fee-for-service. Fees for the Family Planning Expansion Project and Public Health Medicaid Administrative Claiming contributed another 21% of the Department’s revenue. In addition, the Department successfully collected 9% of their revenue from billing the Oregon Health Plan. The total fees collected from Medicaid comprised 30% of the Department’s revenue.

Coos County is not alone in facing the trend of unreliable funding sources for public health. All of the federal sources of revenue are not in the control of the Department. They may be expanded, contracted, or eliminated at any time. The end of the fiscal year saw the termination of the standard program of the Oregon Health Plan. This effectively terminated many Coos County citizens from insurance coverage – and the Department’s potential ability to collect fees. Given the economic situation facing many in Coos County, the termination or contraction of such programs either places them in jeopardy of not receiving the care they need, or at a greater cost to the health system, they are faced with receiving care in the emergency room. Either way, the Department’s ability to fund its programs is compromised, as is the health and welfare of the citizens.
Funding for Public Health
(Excluding Licensing Program)
FY 2003-2004
Coos County
Public Health Indicators in Coos County

Coos County is a rural community of 62,950 persons living on the southern Oregon coast. The median age of the current population is 43.1. Ninety-two percent of the population is white. Latinos and Native Americans have the largest minority populations at 3.4% and 2.4% respectively. Residents of Coos County live in one of seven small towns spread out over 1,629 square miles. Coos Bay and North Bend border the largest deep-water port on the Oregon coast, once supporting thriving industries of timber harvesting and commercial fishing. For many, seasonal jobs dependent on tourism have replaced family wage jobs. The average per capita personal income is $22,243 with a median household income of $31,542 (state: $40,916). Fifteen percent of the population in Coos County lives below poverty (state: 11.6%). As of January 2003, 9.2% of adults in Coos County were unemployed, and 40.7% of all persons in Coos County were medically-uninsured.

Public Health concerns in Coos County have multiple causes and are related in part to poverty, our aging population, and behavioral factors. Some major issues are:

< Alcohol Use: Alcohol induced deaths 23.8 per 100,000 population \ rising (DHS-Center for Health Statistics 2001) state rate 12.4 Alcohol related arrests for ages 10-17 was 30.9 per 1,000 pop. \ rising (up from 13.8 in 1997) state rate 16.5 (LEDS)

< Cancer: 2nd highest incidence for all cancers from 1996 to 2000. The average number of invasive cases per year is 468, and the average number of malignant deaths per year is 208 (OCRS, 2000). Coos County has the highest age adjusted incidence rate in the state for the following cancers: Lung Cancer at a rate of 99.6 per 1,000,000, Malignant Melanoma, at a rate of 30.5 per 100,000, Oral and Pharynx Cancer at a rate of 16.7 per 100,000, and Urinary Bladder Cancer at a rate of 31.9 per 100,000.

< Child Abuse: ranked 4th highest in the state with a rate of 18.7 in 2002 \ declining from 21.1 in 2001 (Child Welfare Services) state rate 9.7 Problem is largely due to the high rates of methamphetamine use. 350 children were placed in foster care in 2001. (CWS)

< Chronic Disease: 2nd highest in the state for both Arthritis at 48% state rate 35%, and Asthma at 12% state rate 9%. Rates of deaths in Coos County due to chronic conditions such as heart disease at 332.9, stroke at 113.1, diabetes at 41.4, and chronic lung disease at 84.4, greatly surpass state rates. (2000-2001 BRFSS)

< Communicable Disease: 2 active cases of pulmonary TB in 2003, after none for 9 years; 115 cases of sexually transmitted Chlamydia, (high but stable); 3 cases of syphilis (none in 2002); enteric and food-borne illness cases have remained stable.

< Hunger: related to poverty: 15% of county households receive food stamps, 46.8% of Coos County students qualified for Free and Reduced Lunch Programs.
< Overweight and Obesity: 41% of adults classified as overweight and 23% as obese rising (2000-2001 BRFSS) state rates 37% overweight, and 20% obese

< Tobacco Use: Adult smoking rates highest in the state at 27%. rising (2000-2001 BRFSS). State rate 21%. Mortality rate for lung and bronchus cancer is the highest in the state at 85.8 (OCRS) state rate 59.3 percent of women who smoke during pregnancy is 24%.

Some Public Health successes are:
Teen pregnancy rate (age 10-17) has declined over the past 5 years, and the rate was 10.2 in 2002, reaching the 2010 state benchmark.

The number of very low birth weight babies has improved from 15.5 in 1999 to 5.5 in 2001.

The rate of mothers who receive inadequate prenatal care is at the lowest number in 10 years at 7.2% (state: 5.2%)

Adults meeting recommended physical activity levels has doubled since 1997 from 21% to 43%.

References: Oregon Economic and Community Development Department, 2001; US Census Bureau, 2000
Clinical Services

Breast & Cervical Cancer Prevention / Komen Program

The Breast and Cervical Cancer (BCC) / Komen Program screens women ages 40-64 for breast and cervical cancer. To be eligible for BCC, women must meet an income eligibility requirement of 250% of the federal poverty level ($1940/month for a single woman) and have no health insurance.

The BCC program includes a provider visit in which the woman receives a pelvic exam, Pap smear, clinical breast exam, instruction in self-breast exam and a referral for a mammogram. Also included are a height, weight, and blood pressure check, and time to discuss any other medical issues the woman may have.

The Komen program pays for mammograms (and ultrasounds if necessary) for women age 40 to 49. If follow-up procedures are needed, such as a fine needle aspiration or surgical consult, these are covered also. Men are also eligible for Komen vouchers, and there are no age restrictions for men.

If breast or cervical cancer is diagnosed through either of these programs, the participant will be enrolled into the breast and cervical cancer Medicaid program.

Highlights this past year include:

- Coos County BCC screened 131 women, which exceeded our screening goal of 116.
- Screening discovered breast cancer in 2 women, and cervical cancer in 2 women.
- 5 doctors, 4 surgeons, 9 nurse practitioners, 3 radiology clinics and 3 labs were contract providers participating in the BCC program.

Communicable Disease Control

Physicians and labs are required by law to report over 50 communicable diseases and conditions to their local health department, 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. In our investigation process, we may be seeking the source of the infection, (e.g., food, water, or another person), finding all those who have been exposed, and assuring that those who are exposed get appropriate health care and advice to prevent further spread of the disease.

We developed a Communicable Disease 24/7 Response policy and procedure to meet the state requirements under our bio-terrorism preparedness response grant. If a biological agent were used locally as a weapon of mass destruction, we would need to receive these disease reports and respond very quickly to protect the public. We have 9 nurses available around the clock who are trained to respond to a page or telephone call. They carry a kit with the
investigative guidelines, report forms, a cell phone, and a reference book with contact numbers for key individuals both in the county and at the state level.

This past year we:
- Investigated 335 reports of communicable disease.
- Developed a local database for Hepatitis C in anticipation of the State of Oregon’s changing requirements for the reporting of chronic Hepatitis C.
- Participated in the state’s targeted Hepatitis A & B vaccination program for those with high risk behaviors, and those with Hepatitis C.

Family Planning

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 and emotionally ready to parent, and when children are wanted and planned. At Coos County Public Health we offer a variety of birth control methods, including birth control pills, Depo Provera, the Nuva Ring, Ortho Evra contraceptive patch, and two types of intrauterine devices. We also have Plan B available (emergency contraception), and both male and female condoms.

Service Statistics:
- Total Visits to the Family Planning Clinic: 2,442
- Number of Clients Served: 1,320
- Number of Theoretical Pregnancies Prevented: 351

Of the 263 pregnancies identified at Coos County Public Health:
- 58% were unplanned;
- 72.5% of the women that became pregnant were not using a birth control method;
- 20.2% were 19 years old or younger.
Increased Access to service:
- Clients were scheduled within two weeks of calling for an appointment.
- Male family planning visits were initiated.
- Drop-in clinics were scheduled every Friday.
- The number of “delayed pelvic” appointments were increased so that clients could start a birth control method without having a pelvic exam.

Outreach Activities:
- Two staff spoke at Coquille High School to 3 classes about Rights, Respect & Responsibility, STDs, and contraceptive methods.
- “Road shows” with community partners presented information about resources and services to teachers, counselors, coaches and support staff in our school districts.
- Radio ad campaigns were developed by teens and broadcast on Marshfield High School radio.
- Two staff presented information about sexuality and birth control methods to teens at the Youth Summit.

Immunization
The goal of Coos County Public Health’s immunization program is to improve the immunization rate coverage of children and adults in Coos County. Timely immunization is particularly important to the infant and young children population because these groups are most vulnerable to illness and disability from vaccine preventable diseases. This past year, our department offered the following immunizations:

- DTaP (Diphtheria, Tetanus, Pertussis)
- Polio
- Chickenpox
- MMR (Mumps, Measles, Rubella)
- Hepatitis B
- Hib (Haemophilus Influenza, type B)
- Prevnar (Pneumococcal)
- Hepatitis A
- Flu
- Pnuemonia
- Menomune (Meningococcal)

School Exclusion
According to Oregon state law, every child’s immunization records must be reviewed each school year. Any child who is not up-to-date on Exclusion Day, the third Wednesday in February, will not be allowed to attend school or daycare until the needed immunizations and/or records are brought up-to-date. During school year 2003-2004, 132 children were excluded. This was a decrease of 37% compared to the 209 children excluded in the previous year.
Shots for Tiny Tots
In 2003, Coos County Public Health worked in a public/private partnership with Bay Area Rotary Club, Bay Area Hospital, and the Coquille Indian Tribe to provide “Shots for Tiny Tots” vouchers to children with no insurance or insurance that does not pay for immunizations. The vouchers were put into effect October 2003. The immunization rate for 2003 increased to 62.4% from 52.3% in 2002.

Flu Clinics
During last year's flu season, our department administered 1,700 flu shots, with 1,162 of those given at senior centers and other special clinics. Although the vaccine was late in arriving, a record number of flu shots were received by persons vulnerable to flu complications, including the elderly, persons with chronic diseases, and infants and young children.

HIV Prevention/Intervention
HIV testing and counseling is essential to prevent the spread of HIV in Coos County and to facilitate early medical intervention in persons testing positive. Prevention/Intervention services are performed by a Registered Nurse experienced in HIV case management and clinical care. To accommodate the large geographical span of Coos County, HIV services are offered at the main health department site (in North Bend) and a rural satellite clinic in Coquille.

- A total of 141 HIV tests were conducted at two Coos County clinics. 8 of those tests were performed at the rural clinic.
- Education and information programs were provided to organizations serving at-risk youth, including court schools, juvenile detention centers and both of the Belloni Boys and Girls Ranches.
- A community based HIV information planning group was formed for the purpose of identifying and approving educational materials to be used in the prevention/intervention curriculum.
- Two “Test Because You Matter” ads were placed in local newspapers targeting the injection drug users at-risk population.
- Prophylactic supplies and information were provided free of charge.

Ryan White Case Management
Coos County administers Ryan White Care Act services through a registered nurse and a psychosocial case manager. The goal of the Ryan White program is to protect the health of HIV infected individuals by assuring access to basic services and regular medical care.
Accomplishments included:

- Served 30 HIV/AIDS infected individuals in Coos County.
- Administered local client satisfaction survey. 90% of local Ryan White clients were very satisfied with the services they received.
- Incorporated into state Ryan White policy the needs of rural areas through regular representation in the Oregon HIV Care Coalition.
- Established a referral system with local medical practitioners and community service agencies to encourage the enrollment of all identified HIV infected persons.
- Developed community partnerships with service agencies including:
  - Food Banks
  - Mental Health
  - Consumer Credit Counseling
  - South Coast Homeless Council
  - Pharmacies
  - Others

![Coos County HIV-AIDS profile, by age](image)

Sexually Transmitted Disease (STD) Program

STD testing, treatment, and case follow up are mandatory services offered by all public health departments. 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. Chlamydia and gonorrhea can cause pelvic inflammatory disease, with loss of fertility. Syphilis can cause brain and other organ problems if not treated. The viral STDs can cause loss of productivity, cancer, and even death.

Last year we saw the rates of some STDs continue to increase in Coos County. In addition to at-risk behavior, this increase was due perhaps to decreased funds in public health for outreach, education, testing and treatment. Chlamydia is Oregon’s and Coos County’s most common STD. In 2003, Coos County had 115 cases of Chlamydia, compared to 62 cases in 1999. Our rate of Chlamydia (184/100,000) is lower than the State’s rate (207/100,000) and lower than in the larger urban counties, but higher than in counties with populations comparable to Coos County. We had 3 cases of syphilis in 2003, compared to none in 1999.
Accomplishments:

- A Registered Nurse was trained to do STD exams, in addition to the exams provided by the nurse practitioner. This provided the availability of more appointments for clients.

Outcomes:

- 320 visits in the STD clinic.
- 4,022 STD services provided in the Family Planning Clinic.
- 966 clients tested for Chlamydia in the Family Planning Clinic under the infertility prevention project. (Every $1 spent in screening saves an estimated $12 in costs of future complications.)

Tuberculosis

Tuberculosis is an infectious disease that is a major cause of disease and death in many parts of the world. In the USA, the incidence of TB has declined since 1994. However, Oregon has been experiencing a recent upsurge of TB cases. Coos County, prior to 2002, had no cases for 9 years. In this past fiscal year, our Communicable Disease nurses performed skin testing for 210 individuals, not including staff members or close contact testing of potential active cases. We also did extensive investigation and testing of contacts for any probable, presumptive or known cases of active tuberculosis or latent tuberculosis.

In 2003-2004, our nurses investigated 5 possible cases of active Tuberculosis. Investigation and treatment for a possible or known active case includes the following:

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

Treatment for persons who have active TB includes:

- Medical record review
- Provision of medication
- Observation by the nurse of the client in the home, taking his or her medication on a daily basis, Monday through Friday (called "Direct Observed Therapy")
- Evaluation of the client for any side effects from the medication.
Direct Observed Therapy was provided for 3 persons in 2003-04. One of the 5 possible cases was a false lab report, and one was hospitalized.

During the past fiscal year, 12 individuals received antibiotic treatment and monthly evaluation for latent tuberculosis. Persons found to have latent tuberculosis are not infectious to others but must 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 a chest x-ray if they can't afford one;
- are assessed for treatment options with medications;
- are provided the medications for 6-9 months, if they can't afford them.

Well Woman Exam

A Well Woman Exam is a breast and pelvic exam for women who do not need contraception services. This program was initiated this past year because there are no other federal or state funded programs for women who do not have access to this health exam (other than the Breast & Cervical Cancer Prevention Program, which has eligibility requirements and serves a limited number of clients). A Well Woman Exam includes a health history, physical exam with a Pap, and referrals and education as needed.

Accomplishments:

- A community need was met by offering the program.
- 102 exams were provided in 7 months without advertisement of the program.
Healthy Beginnings

Healthy Beginnings is the name of the program that encompasses all of the following home visiting programs: Babies First, CaCoon, Maternity Case Management, and Parents as Teachers. The purpose of the Maternal Child Health (MCH) program, Healthy Beginnings, is to optimize pregnancy, birth, and childhood outcomes for families through education, support, and referral to appropriate medical and developmental services.

The Health Department provides these programs in response to the needs of the community. Good parenting leads to healthy families, which promotes healthy communities. Our focus is to serve both the individual and the family.

Coos County has many risk factors that can affect our young population. Recent statistics show that of the pregnant clients that we serve in our prenatal and postpartum visits:

- 47% initially received prenatal care within the first trimester of pregnancy (compared to the state rate of 81.3%)
- 56% were unplanned pregnancies
- 95% had nutritional risks
- 71% were unmarried (compared to the state rate of 31.8%)
- 32% had less than a high school education
- 33% were victims of domestic violence
- 43% had a current or past history of mental health issues
- 41% used tobacco (compared to the state rate of 12.6%)
- 6% admitted to using or having used drugs (compared to the state rate of 1.0%)

Approximately 80% of our clients are living in poverty and have a limited education and a high rate of unemployment (8.3%). Coos County is also plagued by high rates of child abuse and neglect (victim rate of 22.1 per 1,000 compared to the state at 10.8 per 1,000). There is also a large number of families involved in substance abuse, crime, and domestic violence. Making healthy choices for themselves and their children is often not a priority for parents who are under an extreme amount of stress.

Home visitation continues to be an effective strategy for the delivery of public health services to pregnant women and families with young children. It is effectively helping families improve their health status, achieve economic self-sufficiency and improve positive parenting skills. It reduces child maltreatment and juvenile delinquency. Home visitation helps the mother to achieve goals such as child spacing and education, and to establish links to community resources. The public health home visitor develops a supportive relationship with the family, and emphasizes education, mutual goal setting, and the development of the parents’ own problem-solving skills and sense of self-efficacy.

Total Number of Home Visits in Healthy Beginnings: 1,807
Total Number of Clients Served in Healthy Beginnings: 328
Babies First!

Babies First! is a developmental screening program for children ages 0-4 years who are at risk of developmental delay due to a variety of factors including: premature birth; drug exposed infant during pregnancy; low birth weight; age of the parent/caregiver; low income/poverty and many other factors. The majority of referrals are from hospitals at the time of birth. Our public health nurses provide home visits and work closely with families on parenting skills, health education, advocacy, and referrals to services in other agencies.

Highlights:
- The Family Health Field Services supervisor was involved in developing a statewide family net database that will collect data on all home visiting programs.
- A new public health nurse was trained.
- The Babies First! program was expanded to enhance oral health screening. Our public health nurses have been in the process of receiving multiple trainings related to dental health and the application of fluoride varnish. Recent research demonstrates that early childhood dental caries is the #1 preventable communicable disease.

CaCoon

The CaCoon program provides services for infants and children who are medically fragile or who have special health or developmental needs. The program helps these families become as independent as possible in caring for the child, and also helps families access appropriate resources and services. CaCoon stands for Care Coordination. Nurse home visiting for young children with special needs provides the benefits listed above for Babies First! This includes family and child assessment, advocacy, and parental education and training.

Highlights:
- Involved in the FISHES (Framework for Integrating Special Health Services) grant, which is a collaborative effort with Curry County to help families with children with disabilities to learn more about resources.
- Received extra funding to expand CaCoon to better serve adolescent clients transitioning to adulthood.
Maternity Case Management

The Maternity Case Management program provides ongoing nurse home visiting services for pregnant women. It helps assure access to, and effective utilization of, appropriate health, social, nutritional, and other services during the perinatal period.

Prenatal nurse home visiting:
- Increases the use of prenatal care
- Increases infant birth weight
- Decreases preterm labor and extends the length of gestation
- Increases use of health and other community resources
- Improves nutrition during pregnancy
- Decrease maternal smoking

All of these factors increase positive birth and childhood outcomes.

Outcomes/Accomplishments:
- Smoke Free Mothers and Babies demonstration project recognized as model program in the state. 19% cessation/decrease rate of smoking for enrolled women.
- Of those Maternity Case Management clients who admitted to using drugs, 85% quit.
- 5% low birth weight rates as compared to county rate of 7.1% and state rate of 6.1%

<table>
<thead>
<tr>
<th>Total Number of Home Visits in</th>
<th>Total Number of Families Served in</th>
</tr>
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<tbody>
<tr>
<td>Maternity Case Management:</td>
<td>Maternity Case Management:</td>
</tr>
<tr>
<td>729</td>
<td>123</td>
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Parents as Teachers (PAT)

The purpose of the PAT component of Healthy Beginnings is to provide parent education to families with children from birth to age 5. Frequent and intensive home visits are offered using a best practices curriculum to help parents learn positive parent-child interactions, child development, realistic expectations, and coping skills. Parents as Teachers provides information and guidance to reduce child abuse and neglect and promote “readiness to learn.” Practical tips on ways to encourage learning, manage challenging behavior, and promote strong parent–child relationships are offered. Parent Educators provide periodic screening on overall development, language, hearing, and vision. Case management activities help link families with needed community resources and providers.

Outcomes/Accomplishments:
- Parents as Teachers completed its 14th year of operation, largely supported by grants and targeted case management fees (Medicaid).
- 100% of families’ needs were identified.
- 100% of Parents as Teachers children were up to date on immunizations.
- 100% of Parents as Teachers children had health care providers.
Healthy Start

Coos County Public Health provided services in the multi-agency Healthy Start program for 3 quarters of the year. When the program began 4 years ago, Coos County Public Health had 2 FTE (one nurse and one family support worker). Over time, because of funding cuts, the public health staff was reduced, leaving only 10 hours per week for the public health nurse, which was a detriment to optimal program functioning. The bilingual nurse provided home visiting services to 15 Hispanic individuals. The program underwent an extensive evaluation in the winter, which led to restructuring the program under one agency. The Health Department's program model, with a public health nurse as supervisor, was supported by the local medical community, but was not selected by Coos County to be the new Healthy Start program.

The Health Department ceased participation in Healthy Start at the end of March. We continue to provide a wide range of home visiting services through Healthy Beginnings, under the supervision of a nurse, as discussed above.

15 Clients received weekly home visits in Healthy Start.
Prevention Services

Alcohol and Drug Prevention

The Coos County Alcohol and Drug Prevention Program’s 2003-2004 implementation plan focused on the major program areas of community mobilization, public awareness around alcohol and drug issues, and parent education.

2003-2004 Program Outcomes:

Community Awareness and Parent Education Campaign:

- A community assessment was conducted to determine the community’s “wants and perceived needs” in regards to alcohol abuse and underage drinking.
- 4 community discussions about underage drinking issues and prevention were aired on radio and TV community news programs.
- 4 presentations were provided to local Kiwanis and Lions groups and 1 to students at Southwestern Oregon Community College.
- An Underage Drinking Task Force, including the Oregon Liquor Control Commission and countywide law enforcement agencies, was formed.

Prevention staff:

- Participated in health fairs and disseminated information.
- Conducted monthly prevention/education presentations to at-risk youth at Belloni Ranch.
- Partnered with community alcohol and drug prevention “Together” coalitions to implement a parent education program called “Parenting Wisely.” “Parenting Wisely” is currently available in North Bend, Coquille, Myrtle Point, and Powers.

Community Mobilization/Community Together Coalitions:

5 Community Together Coalitions submitted comprehensive action plans for prevention activities to Coos County Public Health and received 100 hours of technical assistance. These 5 Coalitions provided:

- Support for Red Ribbon Week
- A "Teenopoly" event at North Bend Middle School
- An anti-drug campaign
- Summer sports program
- A "Safety Town" event
- Safe graduation events and activities

A new alcohol, tobacco, and other drug prevention-focused coalition was started at Southwestern Oregon Community College.
Reduction of Alcohol, Tobacco, and Other Drug Use during Pregnancy

- 7 county-wide health clinics were furnished with the four-part March of Dimes prenatal education video series "Babies & You."
- Local health resource centers, WIC, and the Coos County Maternal Child Health Program were provided with literature to distribute to pregnant clients on the dangers of drug and/or alcohol use during pregnancy.
- Program staff participated in health fairs and disseminated information.

Diabetes

Diabetes remains a serious health threat to many residents of Coos County. The diabetes rate for 2002 in Coos County was listed as 8.3% (higher than the state average of 5.7%), with an estimated 4,067 adults having been diagnosed with the disease, and an estimated larger population undiagnosed.

Program Goals/Objectives:
The Coos County Diabetes Prevention and Education Program’s 2003-2004 implementation plan focused on:

- Increasing community awareness about prevention and self management of diabetes
- Promoting community-based resources that support the self-management needs of people with diabetes
- Collaborating with local partners to foster health-promoting environments for high-risk populations in workplace settings

Community Awareness:

- Implemented a community awareness campaign. Health messages for the campaign focused on the benefits of weight loss and increased physical activity in the prevention and control of diabetes, the impact that moderate lifestyle changes in the areas of food choices and physical activity can have on diabetes prevention and control, and the promotion of self management and diabetes support groups.
- Promoted “Diabetes Awareness Month” by running print ads, diabetic recipes, newspaper articles on topics relating to diabetes, and airing television and radio public service announcements.

Supporting self management:

- The Coos County Diabetes Coalition developed and distributed a monthly calendar that focused on diabetes related events.
- Program staff implemented “Meals Made Easy for Diabetes” classes in two Coos County communities. Classes were well attended with an average attendance of 20. 60% of participants enrolled in the classes completed all four sessions. 100% of program evaluations stated that participants would recommend both the instructor and the “Meals Made Easy for Diabetes” program to a friend.
• Developed and distributed 1,200 copies of a comprehensive, 28 page diabetic resource guide.

Fostering health-promoting environments:

• Conducted a “Walk About” employee wellness program at Southern Coos Health District to increase physical fitness among workers 40 years of age and older. 58 employees participated in the program. The highest number of steps taken during the six-week period was 499,120 steps.

S.T.A.R.S Teen Pregnancy Prevention

The STARS (Students Today Aren’t Ready for Sex) program is a curriculum-based abstinence program designed to teach middle school students “how to say no” to sexual involvement. The education series provides information and skill building tools to help students resist social and peer pressure to become sexually involved before they are ready, and focuses on the message “It is better to wait to become sexually involved.”

2003-2004 Program Outcomes:

• 73 high school students in Coos County were trained as STARS Teen Leaders.
• 763 middle school students in Coos County completed the STARS program.
• STARS was implemented in 5 Coos County schools in 2003-2004: Harbor Lights Middle School, Coquille Valley Middle School, Millicoma Intermediate School, Myrtle Crest School, and North Bend Middle School.

Tobacco Prevention and Education

The Coos County Tobacco Prevention and Education Implementation Plan focused on two primary goals, creating tobacco free environments and countering pro-tobacco influences. Activities completed to achieve primary goals were as follows:

• Conducted an “Exempt Workplace” Survey: Targeted workplaces were bowling alleys, bar areas of restaurants, and bars in Coos County.
• Established the Coos County Clean Air Coalition, with the mission “to advocate, educate and promote optimal respiratory health and clean air for the individual, community, and environment, including tobacco prevention and cessation.”

• Broadcasted public service announcements from local television stations highlighting the problems of secondhand smoke exposure in Coos County and advocated for change.

• Provided educational presentations to community groups about Oregon’s Smoke-free Workplace Law, exposure to secondhand smoke in Coos County, and the Oregon Tobacco Quit Line.

• Participated in community health and wellness events.
Who benefits from Coos County Environmental Health’s Licensing & Inspection Program?

Restaurants, public pools, bed and breakfast inns, RV parks, overnight lodging and organization camps are all inspected by staff from the Coos County Environmental Health Program. The purpose of the licensing and inspection program is to prevent disease transmission and minimize the risk of injury for both tourists and county residents.

Here are the highlights of disease prevention for the Coos County Environmental Health Program in 2003:

- 581 restaurant or other food related inspections
- 215 temporary restaurant inspections at local festivals and special events
- 6 investigations of allegations of food poisoning
- 1,042 food handlers trained in safe food handling practices
- Food safety training & testing provided in English, Spanish & Chinese languages
- 51 swimming pool inspections
- 116 overnight tourist facility inspections

Virtually everyone who lives in or travels through Coos County benefits from Coos County Environmental Health’s Licensing & Inspection services.

Drinking Water Program

Safe drinking water is fundamental to being healthy in Coos County. We all take it for granted.

Coos County’s 72 public water systems serve approximately 50,000 residents. That includes 80% of the county. A few of these systems are managed by professional water system operators. However, most water systems are operated by part time managers, neighborhood members or conscientious volunteers.
Environmental Health staff work with water system operators to:

- Annually inspect at least 20% of the county’s public water systems;
- Find resolutions to every water quality violation; and
- Follow up on illnesses linked to drinking water.

Convenient consultation is the most important service offered by Coos County to these drinking water system operators. All residents benefit when their water system manager can walk into the local Health Department office and talk to someone about everything related to drinking water law, and especially drinking water safety.

For two consecutive years, the number of reported illnesses caused by drinking water in Coos County has been zero!

**Other Environmental Health Services**

Numerous other public health activities are conducted by the Environmental Health staff for Coos County. A few examples include:

- Dead bird calls are tracked as an indicator of potential West Nile Virus in Coos County.
- Bird testing for West Nile Virus is coordinated with state public health labs.
- Animal bite reports from law enforcement and the medical community are logged and tracked.
- Animal testing for rabies is facilitated when a potential human exposure exists.
- Information is provided regarding potential toxins associated with blue green algae in fresh water.
- General sanitation practices at child daycares are evaluated.
- Food service operations at public schools are inspected.
Women, Infants and Children (WIC)

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

This past year, WIC implemented a new statewide computer system, enhancing data collection and client services.

- Average monthly caseload: 1,794
  - 464 Women
  - 372 Infants
  - 958 Children, 1-5 years old
- Total served in 12 months: 3,594
- Monthly average graduations and new clients enrolled: 150
- $980,000 in food vouchers issued locally, with an additional $17,400 in Farmer’s Market coupons (870 sets of $20 each)

WIC promoted breastfeeding.
- 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 120 personal-use breast pumps to mothers returning to work or school.
- 85% of Coos County WIC clients leave the hospital breastfeeding, exceeding the State WIC average of 82%

WIC also offered classes monthly, which are open to the community.
- basic nutrition
- breastfeeding
- infant feeding
- cooking
- information for a healthy lifestyle
Bio-terrorism Preparedness

The Bio-terrorism Preparedness (BT) program is charged with the responsibility of coordinating the public health response to an emergency or incident with all community partners and our fellow County departments. Some of these community partners include local fire, police, hospitals, emergency responders, and volunteer groups such as Red Cross, Salvation Army and RACES/ARES (a local HAM radio group). Public Health has been the chair of the county wide BT Task Force which has met monthly since 10/01, and continues to chair and coordinate this group. The Public Information Officer (PIO) sub-committee has also been facilitated by Coos County Public Health staff.

Highlights:
- Worked with the Emergency Manager for Coos County on the review and revision of the Weapons of Mass Destruction portion of the county Emergency Operations Plan.
- Worked on revision of the Multiple Casualty, and Health and Medical Services plans to include the required Incident Command System protocols.
- Received training for multiple staff in:
  - WMD (Weapons of Mass Destruction)
  - Incident Complexities (Respiratory Protection)
  - Hospital Emergency Management
  - Concepts and Implications of WMD Terrorist Incident
  - WMD Incident/Unified Command, communication and decision making during a crisis.
- Provided trainings on blood-borne pathogens to internal staff and Bandon Head Start family group.
- Improved emergency communication capability through the purchase of 4 satellite phones and the installation of radio equipment.
Healthy Communities Access Program (HCAP)

Our Department was one of 6 partners in the South Coast Rural Integrated Provider Team (SCRIPT), a consortium in Coos and Curry Counties. SCRPIT was one of the 35 grantees across the nation that was awarded a federal Healthy Communities Access Program grant for the purpose of increasing access to health care.

Coos County Public Health Department’s role in the Healthy Communities Access Program (HCAP) is to provide both outreach services and nurse case management services to the “working poor.”

Outreach services are provided by two full time HCAP outreach specialists (1 FTE). The primary goal of the outreach specialists was to annually assist 400 persons in applying for health insurance coverage, whether it is through publicly funded programs such as Oregon Health Plan (OHP), State Children’s Health Insurance Program (SCHIP), Family Health Insurance Assistance Program (FHIAP), or private health insurance companies. Nurse case management services were provided by a full time HCAP case management nurse. The primary goals of the case management nurse were to ensure that clients receive appropriate healthcare, pharmaceutical care, mental-health, and/or social services, and to track the number of people needing mental-health services to establish baseline data.

- 660 clients were assisted in applying for publicly sponsored health insurance coverage, 400 were approved.
- 177 were provided nurse case management services.
- 29 were assisted with securing discounted prescription medications.
- 12 were assisted in securing discounted radiology services.
- 5 were assisted in securing discounted specialty care services.
- 26 were referred for mental health services.
Vital Records

Birth and death certificates of people who were born or passed away in Coos County are available for purchase from the 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 had a baby in another county, or died 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.

Statistics for July 1, 2003 – June 30, 2004:

- 813 deaths
- 3059 death certificates issued
- 668 births
- 429 birth certificates issued
- 6 fetal deaths
- 1 fetal death certificate issued
Unmet Needs

When we look at the public health indicators in our county (page 14), we recognize that our public health programs are addressing many of these, with varying degrees of success. Programs that make a difference tend to be those that are adequately funded and staffed (e.g., family planning). The efforts that we make in public health are all too often driven by the funding streams (primarily federal), with little discretion on the local level to address local problems.

Our county has had the second highest cancer rate in the state. Also, cancer is the 2nd leading cause of death in our county, just under cardiovascular disease. Our rates for obesity are higher than the state rates. Both cancer and cardiovascular disease are related to the high use of tobacco that we have locally. The resumption of the state funds for our tobacco prevention program will help in the long term. In addition to tobacco prevention, community interventions to improve weight control, nutrition, and exercise could help to prevent or lessen the impact of cancer and heart disease. We need funds for this effort.

Our population is aging at a higher rate than in some of the counties. We need to do more to address the issues that affect our older population, such as arthritis.

Although our teen pregnancy rate has decreased, the cases of sexually transmitted diseases are increasing. Educating teens about safer sex practices should be a priority for funding; it continues to be a challenge for some in the community to accept the reality of this problem. The state funding for sexually transmitted disease case management has been static at $4920 annually for the past 10 years.

State funding for the Tuberculosis program case management was a token $175.00 this past fiscal year. With 3 active cases to manage, we had an awakening of how quickly resources can be depleted.

Alcohol (and other drug) abuse is rampant here. We are in our second year of contracting with the Mental Health Department to do the community alcohol & drug prevention program. We recognize the magnitude of the problem and that additional grant funds would help our community have an impact.

Birth defects are the leading cause of death among infants in the U.S. Birth defects are a burden to society, both in health care costs and in pain to the individuals and families. Due to the significant risk factors in Coos County, such as tobacco and alcohol use, substance abuse, poor nutrition, lack of education, and low income status, our infant population may be at more risk of developing birth defects. Currently birth defects are not tracked in the state. A registry could be useful in targeting areas for prevention.

Public Health Nurse Home Visitation is a much needed program in Coos County, as evidenced by our county’s high rate of child abuse and also the positive outcomes that we are achieving with our home visiting programs in preventing child abuse. Although research has proven that nurse home visitation is the most effective type of home visiting to high risk clients, the concept could be better supported in Oregon. Legislative and state support
has been given to a paraprofessional home visiting model, Healthy Start, vs. a public health model. A strong public health home visiting program is much sought after by clients, agencies, hospitals, and the medical community. However, it is a challenge to provide this program with limited funds.

We were grateful for the grants this past year from Bay Area Hospital, the Children's Trust Fund, and the local Commission on Children and Families that helped to fund staff for our Parents as Teachers Home visiting program, which enabled us to reach more families with this important program. The Bay Area Rotary Club is to be applauded for the immunization vouchers they funded through the Shots for Tiny Tots project. And many community partners have given their time and commitment to serve on committees, coalitions, and help ensure the success of our joint public health efforts.
Anecdotes

Family Health Field Services Success Stories

Sally
Sally was referred at 8 months gestation by Bay Area Hospital’s MOMS program. She had lost her two older children to Child Protective Services (CPS) due to a lengthy history of domestic violence and substance abuse between Sally, the father of the children, and additional intimate partners. Sally had spent time in jail, and this baby’s father is currently in prison on domestic violence charges, to be released in approximately 1 year.

According to the hospital obstetrical nurses, Sally showed real potential while in the hospital, verbalizing a strong desire to breastfeed and demonstrating signs of beginning attachment to her infant. Due to Sally’s past history and self-report that she had used an illegal drug once during her 7th month of pregnancy, her two day old infant was taken by CPS and placed in a foster home. Sally was devastated by the decision, spending hours weeping and sharing feelings of helplessness and hopelessness. Initially severe restrictions were put on the amount of time she could visit with her baby.

Prior to the birth, Sally had begun participating in a drug treatment program, domestic violence counseling, WIC, and MOMS, where she learned about and sought out enrollment in our Parents as Teachers program.

Through intense and frequent involvement both prenatal and postpartum, with Sally and co-case management with hospital nurses, the Parents as Teachers nurse was able to convince the CPS workers of the need for more breastfeeding time between mom and baby. The Parents as Teachers nurse believed this important due to the significant needs for maximizing potential bonding success in order to strengthen the mother’s motivation to protect her baby and by staying connected to her goals of remaining drug free and safe from domestic violence.

Ultimately, CPS did allow for generous amounts of supervised mother-baby time, both in their office and later in the foster home.

At this time, the baby is 4 months old, Sally is still breastfeeding, attending classes, and reunification is scheduled in two months. The Parents as Teachers nurse continues to visit once a week to provide the needed parent education, support, and advocacy that may help this family to succeed in overcoming past mistakes and building healthy parent-child interactions. This case provides a good example of an effective liaison between the family, hospital nurses, child welfare, and a Public Health Nurse.

Carrie
Experienced parents need parent education and support as well as first time parents. Carrie was actually served by the Parents as Teachers program with her first child, 15 years ago. Her oldest child is now 17. She called to ask for enrollment of her now two -year-old (5th
child) who was experiencing behavior problems. Carrie is pregnant with her 6th child and hopes to enroll the baby also. Carrie had concerns about weaning; sleep issues with her two-year-old not sleeping in her own bed; discipline issues and marital problems. She sought advice and expressed frustration in many areas.

Carrie hopes to avoid some potential disciplinary problems with her next child by enrolling in the Parents as Teachers program early, and hopes to receive guidance and support with her two-year-old, and hopes to learn how to deal with relationships. Our public health nurse referred Carrie to counseling.

**Alicia**
This family has been affected by the war in Iraq. Alicia’s husband was called to war when her son was just 18 months old. She had been suffering with depression and health issues prior to finding out that her husband would soon be leaving for two years. The Parents as Teachers parent educator has helped this mother by referring her to mental health services, then supporting and advocating for her family’s needs. She looks forward to all the visits as it helps to decrease her isolation. Alicia is well educated and her standards of living are high, but she has no family in this area. She has also been referred to support groups in order to encourage her to increase her socialization and expose her children to their peers. Alicia loves to receive the parent education and parenting handouts and has been a faithful participant since the birth of her son.

**Mariah**
This family has been in the Parents as Teachers program for 2 ½ years. Mariah’s mom had a history of drugs and has been diagnosed with Hepatitis C due to substance abuse. She has gone straight and remains drug free. She attributes some of her success to the Parents as Teachers program because we were consistent with our home visits and taught her the importance of attachment and the joy of parenting. Mariah was born premature so we have followed her progress with developmental screenings by our public health nurse and the parent educator. Due to our positive interventions, this little girl is now considered within normal limits for growth and development, and receives regular health screens during her well child exams.

These are just a few examples of the families that we served with one of our home visiting programs in **Family Health Field Services**. The families are very diverse in their parenting needs. The commonality among them is they are all interested in becoming the best parents they can be.

**WIC Success Story**

**You could see the anticipation in her eyes...**19 years old, pigtails and overalls. She was sitting on the very edge of her seat with her hands tensed in her lap. We had just finished weighing her and doing the blood iron lab test. When I graphed the data it all looked good. As we visited I could see her begin to relax. We talked about her future and all the fun she
would have breastfeeding her new baby in a few months and she laughed thinking about it. I tried to help her to appreciate how important it is that she takes very good care of herself and she volunteered that she knows she should quit smoking—she even knows most of the reasons why. When she left she had a smile on her face, a handful of helpful information and a renewed determination to try to quit smoking... again.

Ryan White Success Story

I was just recently diagnosed with HIV. It has been a long hard couple of weeks and I am trying to cope. I have started on my meds and am trying to get as much information as possible on this terrible diagnosis. I am a 39 year old white mother of an 8 year old and am trying to figure out why the news talks about this as a "killer" disease yet the doctor says "it's chronic, like hypertension, you will be ok". Do they just tell you that so you don't kill yourself or get depressed or what is the answer? I have been at my present job for 12 years and am wondering if I will be able to go back to work. I know I need to get back in shape and working, raising an 8 year old and working out is going to be quite a challenge. At first I had night sweats, 103° fever and was very anemic. Ended up in the hospital a few times and my counts when first diagnosed were CD4 [T-cells] of 57 [normal is above 500], and viral load of over 260,000 [normal is 0]. I am just wondering what to expect as I am on a constant regimen of antibiotics, anemia medication and HIV meds. Also, I have sought out groups in the area only to find out they don’t exist, or they’re for gays and lesbians. Then I found the Ryan White program at the health department and discovered that I could get the support I needed to get through this nightmare. It’s helped a lot. I’ve been given information on the disease, what other people do to cope, and realize I am not alone. They give me hope.

Breast & Cervical Cancer Program Case Story

This program has provided many women with the opportunity to continue their yearly screenings at little or no cost to them. Without the program it is sad to say that most of the women would not have received the yearly screenings because of lack of insurance, and affordability. The cost of the screenings usually run $250.00 to $400.00.

My client is in her middle fifties, raising her 17-year-old nephew. Her sister passed away about 6 years ago from multiple medical diagnoses, one in which was breast cancer. My client has raised her nephew every since.

She currently has zero income for herself, and was in need of her yearly screenings. She was previously enrolled in the BCC (Breast and Cervical Cancer Screening Program), and took the opportunity to access the program again. During her exam the provider did a clinical breast exam. The result was benign. The client then went for routine mammogram screening where the radiologist confirmed that the client had two masses that had developed since her previous mammogram in December of 2002. He then ordered an ultrasound to evaluate the

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1 A story written by an HIV infected individual. Modifications have been made to honor anonymity.
masses, and stated the masses were highly suspicious for malignancy. His recommendation was a surgical consult.

The client was informed of the follow-up recommended, and an appointment was scheduled with a local surgeon. At the appointment, the surgeon felt the findings were enough to schedule a biopsy of the two masses. A biopsy was scheduled and the result was invasive ductal carcinoma.

Because the client was enrolled in the BCC program through Coos County, she is now eligible for the BCC Medicaid program. This program will not only cover her breast cancer treatment, she is also entitled to full medical and dental coverage.

Because this program was available, this client does not have to think about the financial burden, but can focus on healing, and continue to take care of her nephew per her sister’s last wishes.

She will continue to have medical coverage through the program until she is no longer in need of treatment for breast cancer.
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Information
For questions or information regarding this report, please contact Frances Smith, Public Health Administrator, at: (541) 756-2020, ext. 545.

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