## Table of Contents

Letter from Administrator................................................................. 1  
Organization of the Department...................................................... 3  
Organizational Chart........................................................................... 4  
Coos County Public Health Staff ....................................................... 5  
  Administration .................................................................................. 5  
  Program ......................................................................................... 5  
  Extra Help .................................................................................... 5  
Community Involvement .................................................................... 6  
Service Directory .............................................................................. 7  
Fiscal Report ..................................................................................... 8  
  Funding for Public Health Department by Percentage ....................... 9  
  Funding for Public Health by Dollar Amount .................................... 10  
  Funding for Clinical Service ........................................................... 11  
    Funding for Family Planning ......................................................... 11  
    Funding for Communicable Disease .............................................. 12  
    Funding for Family Health Field Services .................................... 12  
    Funding for Environmental Health Licensing Program .................. 13  
  Funding for Prevention Services .................................................... 13  
  Funding for WIC Services ................................................................ 14  
Public Health Indicators in Coos County ........................................... 14  
Clinical Services ............................................................................. 16  
  Breast & Cervical Cancer Prevention / Komen Program .................. 16  
  Communicable Disease Control ...................................................... 16  
  Family Planning ............................................................................ 17  
    Service Statistics ......................................................................... 17  
    Increased Access to service: ......................................................... 18  
    Outreach Activities: ................................................................. 18  
  Immunization ................................................................................ 19  
    School Exclusion: ................................................................. 19  
    Shots for Tiny Tots: ................................................................. 19  
    Flu Clinics: ............................................................................. 19  
  HIV Prevention ........................................................................... 20  
  Ryan White Case Management ..................................................... 20  
  Sexually Transmitted Disease (STD) Program .................................. 21  
  Tuberculosis Testing and Case Management .................................... 21  
  Well Woman Exam ................................................................... 22  
Family Health Field Services ............................................................ 23  
  Healthy Beginnings ................................................................... 23  
    Babies First! ........................................................................ 24  
    CaCoon ................................................................................. 25  
    Maternity Case Management ................................................... 25  
    Parents as Teachers (PAT) ........................................................ 27  
Prevention Services ......................................................................... 28  
  Alcohol and Drug Prevention ....................................................... 28  

December 16, 2005

Dear Coos County Resident:

It is with pride that I present the 2004-2005 annual report for the Coos County Public Health Department. As you will read in this report, our dedicated staff made a difference in the lives of thousands of citizens of Coos County. Through the programs that we offered this past fiscal year, a young teen learned how to say no to sexual pressure; a hungry child received nutritious fruits and vegetables from a farmer’s market; residents of a nursing home received flu shots; and managers of restaurants learned practices that will help assure that you can safely eat out without the risk of food borne illness. These are just a few examples of the wide range of services that we offered through our clinic and home visiting programs, prevention services, the WIC program, environmental health, and public health emergency preparedness efforts.

Our focus is on prevention, and our goals are to improve and maintain the health of the whole community, as well as the health of individuals. We are a critical resource in the community’s safety net, and we see that the numbers needing services are increasing, while the funding has not kept up. The state of Oregon gives our county less than 60 cents per person per year for basic public health support, which adds up to less than the price of an SUV. To provide basic public health services, we are increasingly dependent on the federal government's support, which is fraught with uncertainty, due to ever changing political agendas, leaving many aspects of public health unfunded. We are grateful for the collaboration and support of our county and community partners who have contributed to these public health achievements and helped to fill the funding gaps.

We hope that this report will broaden your understanding of the health issues in our county, and the efforts that we are making to meet the needs. Please contact us if you have any questions about this report or any of the services that we offer. A copy of this report can be found on Coos County’s website at www.co.coos.or.us/ph.

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

• Provide preventive 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.
Organization of the Department

Coos County Public Health has a staff of 41 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 functions 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 / public health emergency 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 Clinic Services Manager also supervises the Healthy Communities Access Program, which provides assistance in obtaining publicly funded health care.

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, asthma, and STARS (Students Today Aren’t Ready for Sex) abstinence program.

**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.
Organizational Chart

Coos County Public Health
December 2005

Board of Commissioners

Frances Hall Smith, BS
Administrator

Sherrill Lorenzo, BS
Business Operations
Manager
Kara Breuer
Stacie McNeill

Phyllis Olson, BA
WIC Coordinator
Jan Low
Karin Kenney
Lily Mills
Susan Thurman
Vacant

Stacey Hastings, BS
Health Education & Prevention Manager
Coordinator
Amie Arnold
Dale Schlack
Karen Devereux, MS

Sylvia Mangan, RN, BSN, MPH
Field Services Manager
Angie Moore, PHA II
Anne Hudson, RN, BSN
Kathy Cooley, RN, MPH
Josephine Kuehn, RN, MA
Lauren Sproul, RN, MA
Maria Wartnik, RN, BSN
Sarah Dement, RN, BSN

Charles Holloway, MD
Health Officer

Cynthia Black
Administrative Aide
Support Services Supervisor
Gloria Marone
Lisa Hermann

Rick Hallmark, EHS, MPA
Environmental Health Program Manager
Lilo Isenburg, DMV
Peter Cooley, BS
Rachel Thorne

Louise Whitehead, RN, MSN
Clinic Program Manager
Angie Andersen, RN
Joyce Smith
Karen Devereux, MS
Karon Naststrom, FNP
Kathy Sisson, BS, RN
Kristi Kauffman, BA
Lena Hawtin, RN
Patty Flett, RN
Renee Johnson
Rosie Ramirez
Ruby Starr
# Coos County Public Health Staff
## FY 2004-2005

### 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>.10</td>
</tr>
<tr>
<td>Business Operations Manager</td>
<td>1</td>
<td>1.00</td>
</tr>
<tr>
<td>Administrative Aide</td>
<td>1</td>
<td>1.00</td>
</tr>
</tbody>
</table>

**Total Administration Staff:** 4 staff  
3.10 FTE

### Program

<table>
<thead>
<tr>
<th>Position</th>
<th>Number of Staff</th>
<th>Total FTE/Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic Program Manager (RN)</td>
<td>1</td>
<td>1.00</td>
</tr>
<tr>
<td>Preventions Services Manager</td>
<td>1</td>
<td>1.00</td>
</tr>
<tr>
<td>Field Services Supervisor (RN)</td>
<td>1</td>
<td>1.00</td>
</tr>
<tr>
<td>WIC Coordinator/Nutritionist</td>
<td>1</td>
<td>1.00</td>
</tr>
<tr>
<td>Environmental Health Supervisor</td>
<td>1</td>
<td>1.00</td>
</tr>
<tr>
<td>Environmental Health Specialist</td>
<td>1</td>
<td>1.00</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>1</td>
<td>1.00</td>
</tr>
<tr>
<td>Health Educator</td>
<td>1</td>
<td>1.00</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>8</td>
<td>8.00</td>
</tr>
<tr>
<td>Public Health Specialist</td>
<td>1</td>
<td>1.00</td>
</tr>
<tr>
<td>Public Health Aide/WIC Certifier</td>
<td>7</td>
<td>6.80</td>
</tr>
<tr>
<td>Support Services</td>
<td>7</td>
<td>6.80</td>
</tr>
</tbody>
</table>

**Total Regular Staff:** 31 staff  
30.60 FTE

### Extra Help

<table>
<thead>
<tr>
<th>Position</th>
<th>Number of Staff</th>
<th>Total FTE/Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support Staff</td>
<td>1</td>
<td>.05</td>
</tr>
<tr>
<td>Public Health Aide</td>
<td>3</td>
<td>1.21</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>2</td>
<td>.45</td>
</tr>
</tbody>
</table>

**Total Extra Help Staff:** 6 staff  
1.71 FTE

**TOTAL Public Health Staff:** 41 employees  
35.41 FTE
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 world a better place to live.

<table>
<thead>
<tr>
<th>Local</th>
<th>Regional or Statewide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance Service Area Advisory Board</td>
<td>Association of Public Health Nursing Supervisors</td>
</tr>
<tr>
<td>Bandon Chase</td>
<td>Beach Monitoring Advisory Committee</td>
</tr>
<tr>
<td>Bay Area Together for Youth</td>
<td>Care Coalition Planning Group</td>
</tr>
<tr>
<td>BREAST Coalition</td>
<td>Coast Watch – Adopt a Beach Program</td>
</tr>
<tr>
<td>Clean Air Coalition</td>
<td>Conference of Local Health Officials</td>
</tr>
<tr>
<td>Community Action Group for Nuisance Complaints</td>
<td>Conference of Local Environmental Health Supervisors</td>
</tr>
<tr>
<td>Community Connections</td>
<td>Douglas County HIV Resource Center</td>
</tr>
<tr>
<td>Community Food Assessment</td>
<td>Family Net Task Force</td>
</tr>
<tr>
<td>Community Health Education Coalition</td>
<td>Local Agency Registered Dietitians &amp; Nutritionists</td>
</tr>
<tr>
<td>Community Outreach Coalition</td>
<td>National WIC Association</td>
</tr>
<tr>
<td>Coos County Citizens Corp</td>
<td>Public Health Administrators of Oregon</td>
</tr>
<tr>
<td>Coos County Commission on Children &amp; Families</td>
<td>Public Health Preparedness Leadership Team</td>
</tr>
<tr>
<td>Coos County Diabetes Coalition</td>
<td>Public Information Officers - Southern Coast Region</td>
</tr>
<tr>
<td>Coos County Underage Drinking Task Force</td>
<td>Regional Health Preparedness Board</td>
</tr>
<tr>
<td>Coquille Together</td>
<td>Rights, Respect, Responsibility</td>
</tr>
<tr>
<td>Dept. of Human Services Diversity Committee</td>
<td>Ryan White Care Coalition</td>
</tr>
<tr>
<td>Early Childhood Committee</td>
<td>Smallpox Response Team</td>
</tr>
<tr>
<td>Family Violence Council</td>
<td>South Coast Rural Integrated Provider Team</td>
</tr>
<tr>
<td>Health Emergency Response Task Force</td>
<td></td>
</tr>
<tr>
<td>Local Public Safety Coordinating Council</td>
<td></td>
</tr>
<tr>
<td>Multi-Disciplinary Team</td>
<td></td>
</tr>
<tr>
<td>Myrtle Point Together</td>
<td></td>
</tr>
<tr>
<td>North Bend Police Association</td>
<td></td>
</tr>
<tr>
<td>Parents &amp; Friends of Lesbians &amp; Gays (PFLAG)</td>
<td></td>
</tr>
<tr>
<td>Powers Together</td>
<td></td>
</tr>
<tr>
<td>Perinatal Task Force</td>
<td></td>
</tr>
<tr>
<td>Safety Net</td>
<td></td>
</tr>
<tr>
<td>School Based Health Center Advisory Committee</td>
<td></td>
</tr>
<tr>
<td>Shellfish Task Force</td>
<td></td>
</tr>
<tr>
<td>Southwest Oregon Public Safety Association</td>
<td></td>
</tr>
<tr>
<td>Southwestern Oregon Community College Together</td>
<td></td>
</tr>
<tr>
<td>System of Care</td>
<td></td>
</tr>
<tr>
<td>Women’s Health Coalition</td>
<td></td>
</tr>
<tr>
<td>Youth Summit Planning Committee</td>
<td></td>
</tr>
</tbody>
</table>

Coos County Public Health also contracts with two agencies to provide some nurse hours. One provides consultation to the DHS JOBS Program case managers; another 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, BS, Administrator ext. 545 fsmith@co.coos.or.us
Cynthia Black, Administrative Aide ext. 525 cynblack@co.coos.or.us
Sherrill Lorenzo, BS, Business Operations Manager ext. 539 slorenzo@co.coos.or.us
Charles Holloway, MD, Health Officer ext. 582 ckholloway@co.coos.or.us

BIO-TERRORISM RESPONSE
Bio-terrorism Preparedness; Emergency Response Plan
Kristi Kauffman, BA ext. 514 kkauffman@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, RN, MSN 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, EHS, MPA ext. 513 rhallmark@co.coos.or.us

FAMILY HEALTH FIELD SERVICES
Healthy Beginnings: Maternity Case Management, Parents as Teachers, Babies First!, CaCoon
Sylvia Mangan, RN, BSN, MPH ext. 579 smangan@co.coos.or.us

HEALTHY COMMUNITIES ACCESS PROGRAM (HCAP)
Physician Referrals, Pharmacy Assistance Program, Oregon Health Plan Assistance
Angie Andersen, 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
Stacey Hastings, BS ext. 546 shastings@co.coos.or.us

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

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

In fiscal year 2004-2005, Coos County Public Health Department’s adopted budget of $2,889,919 continued to be funded through a mix of federal, state, and local tax supported funding, foundation and grant awards, and fees from insurance and clients. The adopted budget for the Environmental Licensing Division was comprised of fees and a small amount of county general fund.

Funding for Public Health fell primarily upon the shoulders of the federal government, with federal grants providing 39% of the Department's revenue. Another 33% of the Department’s revenue was attributed to Medicaid fees for service and Medicaid Administrative Claiming (MAC). Public Health funding at the federal level changes frequently and there is little or no local control over the continuation or funding level of these programs. New grant programs in 2004-05 funded by federal dollars, (passed through by the state in a competitive process) included the Asthma Project, the Environmental Health Tracking Project, and the Enforcement of Underage Drinking Laws Project. Conversely, funding for Bioterrorism / Emergency Response Preparedness continued to decline in 2004-2005.

In contrast, the per capita award from the Oregon general fund, State Support for Public Health, provided a mere 2% - $37,669 - of the Department’s funding. These funds were used by the Department to support communicable disease investigation and response, tuberculosis case management, and immunization activities. The needs far exceeded the funding provided.

Funds are also provided by the State for dedicated programs, comprising 6% of the Department’s funding. These State dollars supported the Healthy Beginnings home visiting services for pregnant women, infants, and children; the HIV Prevention Program; the sexually transmitted diseases program; the STARS Program; and tuberculosis case management. Through a competitive process, Coos County also received a grant to resume the Tobacco Prevention Program, and pass-through funding for Waterfall Clinic and the Coos Bay School District to prepare a school-based health center.

Fees provided significant support for some public health programs. As discussed above, fees for the Family Planning Expansion Project, Oregon Health Plan and Public Health Medicaid Administrative Claiming contributed 33% of the Department’s revenue, and the Department collected another 4% in fee-for-service revenue from individual clients and private insurance. The Environmental Health Licensing program is primarily funded by fees from the facilities' owners (94%), with a contribution from the County's general fund to support licensing and inspection of temporary food service operated by benevolent non-profit organizations.

In addition to traditional funding sources, the Department continues to seek private funding. The Department received grants and donations from the STARS Foundation, the Zonta Club of the Coos Bay Area, the Bay Area Health District, the Weyerhaeuser Co. Foundation, the Vanguard Foundation, the Fred Meyer Foundation, Bay Area Together for Youth, The Bay Area Rotary
Club, and the Oregon Dental Foundation. The Department appreciated the support for public health from these partners, and the intent is to continue to build public/private partnerships.

Funding for Coos County Public Health is diverse, in flux, and often tenuous. The Department’s continued reliance on the federal government for funding of services adds to the uncertainty of service level and the continuance of many of our programs. Despite limited means, a very productive staff provided excellent service.

**Funding for Public Health Department by Percentage**

![Funding for Public Health Department](image)
Funding for Public Health by Dollar Amount

Funding for Public Health
(Excluding Licensing Program)
FY 2004-2005
Coos County

Total Budget: $2,889,919
### Funding for Clinical Service

**Funding for Clinical Services**

**FY 2004-2005**

Coos County Public Health

**Funding Sources**

- **County General Fund (CGF)**: 10%
- **County InKind**: 2%
- **State Support for Public Health (SSPH)**: 5%
- **Federal**: 18%
- **State Dedicated Programs**: 2%
- **Contract/Grant**: 2%
- **FPEP Fees**: 49%
- **Fees**: 12%

### Funding for Family Planning

**Family Planning**

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>County InKind</td>
<td>9,850</td>
</tr>
<tr>
<td>County General Fund (CGF)</td>
<td>45,166</td>
</tr>
<tr>
<td>Oregon Health Plan (OHP)</td>
<td>50,540</td>
</tr>
<tr>
<td>FPEP Fees</td>
<td>357,651</td>
</tr>
<tr>
<td>Fees</td>
<td>19,824</td>
</tr>
<tr>
<td>Contract/Grant</td>
<td>0</td>
</tr>
<tr>
<td>Federal</td>
<td>29,043</td>
</tr>
<tr>
<td>State Dedicated Programs</td>
<td>0</td>
</tr>
<tr>
<td>State Support for PH (SSPH)</td>
<td>0</td>
</tr>
</tbody>
</table>

0 50,000 100,000 150,000 200,000 250,000 300,000 350,000 400,000
Funding for Communicable Disease

Funding for Family Health Field Services

Funding for Family Health Field Services
FY 2004-2005
Coos County Public Health
**Funding for Environmental Health Licensing Program**

![Bar Chart: Funding for Licensing Program FY 2004-2005 Coos County]

**Funding for Prevention Services**

![Pie Chart: Funding for Prevention Services FY 2004-2005 Coos County Public Health]
Public Health Indicators in Coos County

Coos County is a rural community of 63,019 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 $23,937 with a median household income of $31,542 (state: $40,916). Fifteen percent of the population in Coos County lives below the poverty line (state: 11.6%). As of February 2005, 8.8% of adults in Coos County were unemployed, and 40.7% of all persons in Coos County were uninsured.

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

**Alcohol and Drug Use:** According to the 2005 Youth Risk Behavior Survey, (YRBS), 12% of 9-12th grade students reported that they had consumed alcohol an average of 4 times during the past 30 days. More than 49% of the same group reported that it was "very easy" to get alcohol if they wanted to, and 21% of 8th graders also report that during the past 30 days, they have consumed illegal drugs.

**Cancer:** During a 5 year period, (from 1998 – 2002) the age adjusted rate showed that Coos County ranked highest in the state for high incidence cancers; Coos ranked highest in the state for incidence of lung cancer at 96.3 per 100,000 (state: 71/100,000) and highest for death from lung cancer at 77 per 100,000 (state: 57.3). Coos ranked 2nd in state for age adjusted rate of malignant melanoma, at a rate of 31.5 per 100,000; ranked 3rd for oral and pharynx cancer at a rate of 16.7 per 100,000. Coos ranked similar to the state rates for breast cancer at 146.6 per 100,000 (state: 145.6) and colon / rectum cancer at 50.4 (state: 50.1).

**Child Abuse:** Coos County ranked 15th highest in the state with a rate of 15.6% in 2004, declining from 22.1% in 2003 (state rate is 12%). The abuse is attributed to the high rates of substance abuse, crime and domestic violence.
**Chronic Disease:** 2nd highest in the state for both Arthritis at 48% (*state rate* 35%), and Asthma at 12% (*state rate* 9%). Diabetes is estimated at 8.5 to 10% of the population (estimate includes 2.4% undiagnosed). Heart disease and stroke combined accounted for 31% of the deaths in Coos County in 2003, surpassing cancer as the cause of 24% of deaths.

**Communicable Disease:** The most common reportable communicable disease continues to be Chlamydia, a sexually transmitted disease, with 127 cases (high but stable); 8 cases of gonorrhea (*increasing*); no new cases of syphilis (3 cases in 2003). No active cases of tuberculosis (2 in the previous year).

**Environmental Health Issues:** 18 alerts were issued due to maximum contaminant levels being exceeded in public drinking water supplies; 9 were for microbiological contaminants and 9 were for chemical contaminants; no data is available on private water systems affected by the same issues. A harmful algae bloom closed recreational shellfish harvesting off the Coos County Coast for several weeks. 6 beach monitoring water samples resulted in health advisories discouraging recreational water contact. 8 properties stand identified in need of cleanup from methamphetamine contamination. 4 municipal sewage treatment systems reported outflows of untreated sewage into fresh water.

**Hunger:** related to poverty: Coos County ranks toward the bottom of the scale statewide for those living in poverty--31st out of 36 counties, with 25.5% of those being 5 years of age or younger--more than twice the state rate of 11.6%. Single parent families make up 9.9% of the population in Coos County, further contributing to the problem. 15% of county households receive food stamps; 46.8% of Coos County students qualified for Free and Reduced Lunch Programs.

**Overweight and Obese:** Childhood and adult obesity pose a significant health risk. In Coos County, 41% of adults are classified as overweight and 23% as obese, as compared to the *state rates* of 37% overweight, and 20% obese.

**Tobacco Use:** More cigarettes are consumed for the first time at the age of 12 than any other age according to 8th graders surveyed for the YRBS for 2005. Adult smoking ranks highest in the state at 27%, *State rate* 21%. Percent of women who smoke during pregnancy is 23%. Approximately 25% of deaths in the county are smoking related. (2005 DHS Fact Sheet for Coos County)

**Some Public Health successes are:**
- Teen pregnancy rate (age 10-17) has declined over the past 5 years, with a rate of 10.2 in 2002, 7.8 in 2003, and a preliminary rate of 7.0 in 2004 (*state rate* 10.5 in 2003)
- The rate of very low birth weight babies continues to improve from 15.5 per 1000 births in 1999 to 4.8 in 2003.
- The rate of mothers who receive inadequate prenatal care continues to decline in 2003 at 6.2% (*state: 5.5%)

**References:**

- Behavioral Risk Factor Surveillance System (BRFSS)
- Oregon Department of Education
- Oregon Economic & Community Development Department-County Economic Indicators
- Oregon Tobacco Facts, September 2004, Oregon Tobacco Prevention and Education Program-Coos County
- Oregon Vital Statistics County Data
- US Census Bureau
- Youth Risk Behavior Survey
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 ($1994/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 115 women.
- Screening discovered breast cancer in 4 women, and cervical cancer in 5 women.
- 4 doctors, 4 surgeons, 7 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. Follow-up investigations can be as simple as one to two phone calls, or involve hours to days of work and multiple staff, depending on the disease and amount of people that have come in contact with the infected person. In our investigation process, we may be seeking the source of the infection, (e.g., food, water, or another person), finding all those who have been exposed, and assuring that those who are exposed get appropriate health care and advice to prevent further spread of the disease.

We continue to have nurses on call 24/7 to answer calls for communicable disease and to meet the state requirements for the bio-terrorism preparedness response grant. The state has tested our 24/7 response numerous times throughout the year, and we have always responded within the 30 minute allotted time period.
When staff attrition resulted in the loss of a full time nurse, non-licensed personnel were trained to assist the nurses by answering the 24/7 pager during the day and forwarding reports to the nurse on call.

**This past year we:**

- Investigated 249 reports of communicable disease; 127 of those were for Chlamydia.
- Received reports of 127 chronic cases of hepatitis C.
- Developed a free voucher system in an attempt to attract high risk clients for HIV testing.
- Continued to participate in the state’s targeted Hepatitis A & B vaccination program for those with high risk behaviors, and those with Hepatitis C and HIV. This program has been expanded to vaccinate travelers to countries with endemic Hepatitis A infection.

**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, 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: 3,595
- Number of Clients Served: 1,912
- Number of Theoretical Pregnancies Prevented: 439
- Of the 218 Pregnancies identified at Coos County Public Health:
  - 57% were unplanned;
  - 83% of the women that became pregnant were not using a birth control method;
  - 26% were 19 years old or younger.
Increased Access to service:

- Clients continued to be scheduled within two weeks of calling for an appointment, except in June, when due to staff attrition, the clinic lacked a full-time nurse practitioner.
- Male family planning appointments, which had been initiated the previous year, were cut back the second half of the fiscal year to assure adequate resources were available for women and their contraceptive needs.
- The popular drop-in clinics were continued on Friday, with an average of 40 clients being seen.
- “Delayed pelvic” appointments increased slightly over the previous year so that clients could start a birth control method without having a pelvic exam.

Outreach Activities:

- Staff were again invited to speak at Coquille High School about Rights, Respect & Responsibility, STDs, and contraceptive methods.
- Two staff attended the Southwestern Oregon Community College information fair in the fall to tell incoming students about our Public Health services.
- Staff also attended a SOCC “house meeting” that student leaders arranged in order to inform their dorm mates about contraceptives and STDs.
- Staff also participated in the community Youth Summit and “Teenopoly” to discuss with teens the possible consequences of life choices about sexuality and pregnancy.
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:

- Pediatrix (DTaP, Polio, Hep B)
- DTaP (Diphtheria, Tetanus, Pertussis)
- Polio
- Chickenpox
- MMR (Mumps, Measles, Rubella)
- Hepatitis B
- Hib (Haemophilus Influenza, type B)
- Prevnar (Pneumococcal)
- Hepatitis A
- Flu
- Pnuemonia
- Menactra & Menomune (Meningococcal)
- Td (adult Tetanus & Diptheria)

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 2004-2005, 63 children were excluded. This was an improvement over the 132 children excluded in the previous year, with a reduction of 37%.

Shots for Tiny Tots:
In 2004, 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 2004. The immunization rate for 2004 increased to 63.2% from 62.4% in 2003 (and 52.3% in 2002).

Flu Clinics:
During last year's flu season, a major shortage of flu vaccine occurred when Chiron, the British manufacturer of Fluvirin, had their license pulled due to contamination of the vaccine. Fluzon, an Adventis flu vaccine, was offered to high risk persons only. Our department administered approximately 1670 flu shots, and helped to assure that available vaccine in Coos County was distributed by medical facilities to higher risk populations.
**HIV Prevention**

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 178 HIV tests were conducted at two Coos County clinics. 14 of those tests were performed at the rural clinic.
- 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.
- HIV pamphlets were developed and disseminated to the following agencies:
  - Belloni Boys & Girls Ranch
  - Coos County Mental Health
  - Coos County Public Health
  - Seniors and People with Disabilities
  - Southwestern Oregon Community College
  - Juvenile Detention Clients
  - DOCS (Doctors of the Oregon Coast South)
  - Mental Health
  - Consumer Credit Counseling
  - South Coast Homeless Council
  - Pharmacies

**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:**

- Served 32 HIV/AIDS infected individuals in Coos County.
- Provided education to local clinics and area hospitals about Ryan White services.
- Enhanced a referral system with local medical practitioners and community service agencies to encourage the enrollment of all identified HIV infected persons.
- Maintained the base load of services, during a period with RN shortage.
- Developed community partnerships with service agencies including:
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, and treatment. Chlamydia is Oregon’s and Coos County’s most common treatable STD. In fiscal year 2004-2005, Coos County practitioners identified 127 cases of Chlamydia, compared to 115 cases in 2003. 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 no new early syphilis cases in this last fiscal year, compared to 3 cases of syphilis in 2003. There was one new AIDS case in the last fiscal year, but no other HIV positive persons were identified. Eight cases of gonorrhea were found and no acute Hepatitis B or C cases. Herpes is not reportable, and therefore, statistics are not kept on this very prevalent STD.

Accomplishments/Outcomes:

- 328 visits in the STD clinic.
- 2,147 STD services provided in the Family Planning Clinic.
- $650 worth of condoms distributed through the STD program, exclusive of the Family Planning Clinic.
- 993 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 Testing and Case Management

Tuberculosis is an infectious disease that is a major cause of disease and death in many parts of the world. In the USA, the incidence of TB has declined since 1994. However, Oregon has been experiencing a recent upsurge of TB cases. Coos County, prior to 2002, had no cases for 9 years. In this past fiscal year, our Communicable Disease nurses performed skin testing for 140 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 2004-2005, our nurses investigated 3 possible cases of tuberculosis, which did not turn out to be 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 and/or chest x-rays of all who had close contact, within 7-10 days of the report of an active case, and again in 12 weeks
- Submission of all documentation to the State TB Program.

Treatment for persons who have active TB includes:

- Medical record review
- Provision of medication
- 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.

During the past fiscal year, 3 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**

Well Woman Exam is a breast and pelvic exam for women who do not need contraception services. This program, initiated in the previous year, was continued 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.
- ✓ 77 exams were provided.
Family Health Field Services

**Healthy Beginnings**

Our Maternal Child Health (MCH) program, **Healthy Beginnings**, encompasses all of the following home visiting programs: Babies First, CaCoon, Maternity Case Management, and Parents as Teachers. The purpose of 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. During this past year, statistics of the pregnant clients that we served in our prenatal and postpartum visits showed the following:

- 79.4% initially received prenatal care within the first trimester of pregnancy (compared to the state rate of 81.3%)
- 72.0% were unplanned pregnancies
- 63.8% had nutritional risks
- 71.0% were unmarried (compared to the state rate of 31.8%)
- 27.1% had less than a high school education
- 39.2% were victims of domestic violence
- 42.0% had a current or past history of mental health issues
- 50.9% used tobacco
- 19.2% admitted to using or having used drugs (compared to the state rate of 1.0%)

Approximately 80% of our clients are living in poverty. They have a limited education and high rate of unemployment: 8.3% compared to the state unemployment rate of 6.5% and national rate of 5.2%. Coos County continues to be plagued by high rates of child abuse and neglect (victim rate of 15.6% as compared to the state average of 12%), and Coos County is currently ranked 15th in the state, which is a significant improvement over previous years. Our Healthy Beginnings Maternal Child Health services have contributed to this reduction in child abuse and neglect.

Home visitation continues to be a successful strategy for the delivery of public health services to pregnant women and families with young children. It effectively helps 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.
Babies First!

Babies First! is a developmental screening program for children ages birth to 4 years who are at risk of developmental delay due to a variety of factors including: premature birth; drug exposure 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. Recent research demonstrates that early childhood dental caries is the #1 preventable communicable disease.

✓ A grant was awarded from the Oregon Dental Foundation to work with low income families to promote good oral health in young children and prevent early childhood cavities.

✓ In 2004-2005 Babies First provided dental education:

  • Screened 135 children using the lift-the-lip technique. Of these, 72% fell within normal ranges, 18% were questionable, and 10% were abnormal. All children were referred to dentists if 1) they were age 9 months or older and had never seen a dentist; 2) it had been longer than 6 months since their last checkups; 3) their lift-the-lip screens were questionable or abnormal; and/or 4) the parents had concerns. Public Health Nurses spent a significant amount of time attempting to locate and follow up with dentists who would see children in the age range recommended by the Oregon Health Plan and the American Dental Association.

  • Educated 100 parents, with 88% stating they learned something new

  • Made 125 referrals

  • Provided follow-up to 100% of participating families

Total Number of Home Visits in Babies First! 112

Total Number of Children Served in Babies First! 44
CaCoon

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

Our CaCoon Public Health Nurses are active participants in Community Connections Network (CNN), which is a statewide system of community based multidisciplinary teams that provide coordinated care for children with special health needs. 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.

Highlights:
Received extra funding to expand CaCoon to better serve adolescent clients transitioning to adulthood.

| Total Number of Home Visits in CaCoon: 187 | Total Number of Children Served in CaCoon: 33 |

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
- Decreases maternal smoking

All of these factors increase positive birth and childhood outcomes.
Outcomes/Accomplishments of MCM:

- Smoke Free Mothers and Babies demonstration project was recognized as a model program in the state. **30.2%** of pregnant women enrolled in the MCM program quit or decreased their rates of smoking.

- Of those Maternity Case Management clients who admitted to using drugs and had only an initial intake visit, **19.2%** quit.

- Of those Maternity Case Management clients who admitted to using drugs and continued with regular visits, **75%** quit, which helps to demonstrate the effectiveness of intensive and longer term home visits by a nurse. Public Health Nurses are well trained in techniques to help clients toward significant behavior change to improve the likelihood of healthy birth outcomes.

- **The rate of low birth weight** for MCM clients was **10.5%**, compared to the county rate of **7.3%** and state rate of **6.1%**. This rate can be attributed to the very high risk pregnancies served by our program's nurses. By working closely with the client’s health care providers, our early intervention efforts help prevent further complications and ensure better birth outcomes.

- Client satisfaction survey score of **4.9**, out of a possible 5.

Total Number of Home Visits in Maternity Case Management: 286

Total Number of Families Served in Maternity Case Management: 74
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.

Statistics of Families Served:
- 99% of PAT children are free of child abuse after enrollment
- 16% are teen parents
- 5% are children with disabilities
- 12% are parents with disabilities (a parent with a physical or mental impairment that substantially limits one or more major life activities)
- 23% are parents with low educational attainment
  - 91% are low income families
  - 49% are single parents
  - 12% are transient
  - 36% have involvement with mental health or social service agencies
  - 8% are children with serious behavior concerns
  - 100% of the families are linked to one or more community resources during the program year.

Outcomes/Accomplishments:
- Parents as Teachers completed its 15th year of operation, partially 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.
- 99% of PAT children are free of child abuse after enrollment

Total Number of Home Visits in Parents as Teachers: 1008
Total Number of Children Served in Parents as Teachers: 224
Prevention Services

Alcohol and Drug Prevention

The Coos County Alcohol and Drug Prevention Program’s 2004-2005 implementation plan focused on the major program areas of community mobilization, parent education, reducing underage drinking, and public awareness around alcohol and drug issues.

2004-2005 Program Outcomes:

Community Mobilization:

- An action plan was developed to address “wants and perceived needs” identified in the community assessment completed during 2004-2005. The plan emphasizes community prevention education and dissemination of information relevant to environmental and attitudinal norms currently prevalent with regard to alcohol and drugs in Coos County communities. A media campaign that reached a minimum of 20,000 people, on the average of 70 times each month for a period of six months during 2004-2005, was the centerpiece of the action plan.

- Funding and at least 100 hours of technical support were provided to five prevention oriented community coalitions (Together Coalitions). These groups carried out activities such as anti-drug campaigns, summer sports programs, “Safety Town” events, safe graduation activities, and Red Ribbon Week events in their communities. They also worked together on countywide prevention projects and activities like Teenopoly and other youth-oriented projects.

- “Meth Watch” materials were distributed to over 30 local businesses in the county to help raise levels of employee and public awareness of the need to monitor the sale of pre-curser products used in the illicit manufacture and processing of methamphetamine.

Parent Education:

The “Parenting Wisely” Program was placed in easily accessible locations and made available in communities throughout the county to provide an interactive resource for parents seeking help and guidance with developing positive parenting skills.

Reduction of Underage Drinking:

A task force made up of Prevention Program staff, local law enforcement agencies, the local OLCC regulatory specialist, the 5 Together Coalitions, and other community partners was formed and over 80 underage drinking law enforcement operations were conducted. A media campaign reached over 40,000 people in the county to raise levels of awareness about the dangers of underage drinking during the 2004-2005 year.
Public Awareness Regarding Alcohol and Drug Issues:

During the course of 2004-2005, Alcohol and Drug Prevention Program staff provided prevention information and educational presentations to audiences throughout the county in the media, at community and group meetings, and to individuals. In addition to the population reached by the program’s campaigns in the media, a total of 14,454 people in the county reported being directly involved in prevention program events, services, and activities during 2004-2005.

- 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

Coos County has an estimated 5,354 residents that have been diagnosed with diabetes as of 2004. The average rate of Diabetes in Coos County is 8.3%, which is higher than the state average of 5.5%. Over half of Coos County adults are in the high risk age bracket—45 years of age or older. The median age of Coos County’s residents is 43, the sixth oldest in the state. According to the Oregon Action Plan for Diabetes Executive Summary for 2005, another 2.4% of the population is undiagnosed. This figure added to the 8.3% of diagnosed cases in Coos County would bring the rate up as high as 10.8%, or 6,780 residents. Our program goals and objectives strive to reach the community through various means, and education about self-management, healthy choices at home, schools and the workplace.

- “Small Steps Big Rewards: ads ran in the South Coast Shopper, the World Newspaper and Retired Seniors Volunteer Newsletter. We estimate that the population reached was approximately 50,000. Movie screen ads aired over 5000 times. Radio and TV ads aired public service announcements through KCBY. Participation at Health Fairs got the message out to approximately another 10,000 residents.

- We collaborated with the Community Health Education Coalition (CHEC) on the Children’s Health and Safety Days – Body Walk project. Approximately 900 third graders in Coos County attended the event over a two-day period. The interactive displays demonstrated healthy lifestyle choices.

- People with diabetes learned about proper nutrition, portion control, reading food labels and meal planning by attending the four-part series of Meals Made Easy (MME).
• Our local Diabetes Resource Guide has been updated and distributed at locations and through community programs that reach people with diabetes and their caregivers.

• 250 foot care kits were assembled and used as incentives to encourage people with diabetes to attend a local foot care clinic and get a foot exam.

• A training called *Diabetes Care Tasks at School – What Key Personnel Need to Know* was conducted in the Coos Bay and North Bend schools.

**Asthma**

Coos County has higher rates for asthma among adults and children than the state average. 12% of adults in Coos County have been diagnosed with asthma, and 17% of eighth graders report being diagnosed with asthma compared to 8.2% and 7.5% for the state respectively. Mold and tobacco smoke are two common triggers for asthma attacks that may contribute to the higher rates of asthma in Coos County. Exposure to secondhand smoke is also a risk factor for developing asthma among children who have not yet been diagnosed with asthma.

**Activities:**

• The Coos County Asthma Program Coordinator worked with the local school districts and the South Coast ESD to evaluate existing strategies and policies for the Coos Bay and North Bend Schools.

• We implemented an aggressive campaign to increase awareness of and the practice of asthma self-management by targeting high-risk populations. Collaboration with the Coos County Clean Air Coalition resulted in an increase of community resources being disseminated, including resources from the Oregon Asthma Resource Bank.

• The Asthma Program partnered with the Coos County Diabetes Program to implement the Chronic Disease Self Management Program in May and June of this year.

• The Coos County Tobacco Prevention Program collaborated with us to educate parents and pregnant women about the dangers of exposure to secondhand smoke. This was done by delivering public presentations promoting the Oregon Tobacco Quit Line and through the Maternal Child Health and Home Visiting Programs.
• The Coos County Asthma Program Coordinator worked with the Coos County Maternal Child Health Program to promote utilization of the 5A’s protocol to local physicians, and provide them with the necessary training to implement the protocol. The 5A’s program was promoted to two groups of healthcare providers and they were also educated on local cessation resources and the Oregon Tobacco Quit Line.

• As an additional means to increase utilization of effective tobacco cessation programs, the Coos County Asthma program collaborated with the South Coast Head Start to implement the American Lung Association’s “Fresh Air for Little Noses.” Head Start staff were trained on how to facilitate the program.

**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.”

**2004-2005 Program Outcomes:**

• 40 high school students in Coos County were trained as STARS Teen Leaders.

• 494 middle school students in Coos County completed the STARS program.

• The STARS program was implemented in four Coos County schools in 2004-2005:
  ✓ Harbor Lights Middle School
  ✓ Coquille Valley Middle School
  ✓ Millicoma Intermediate School
  ✓ Myrtle Crest 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.

Accomplishments:

- Provided local Chambers of Commerce technical assistance in developing, implementing, and enforcing effective voluntary policies.
- Increased membership in the Coos County Clean Air Coalition to 22 allied health professionals and concerned community members.
- Broadcast 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 such as Body Walk and Teenopoly.
- Conducted a local school curriculum survey to determine what tobacco education curriculum, if any, was used.
- Placed second-hand smoke brochures at car dealerships.
- Obtained signatures from parents and children to keep homes smoke-free.
- Visited the Coos County Fairboard and proposed smoking policies at the 2005 Fair.
- Sub-contracted with 5 communities' Alcohol, Tobacco and Other Drug Prevention Coalitions (Together Groups) to assess the extent of tobacco advertising inside and outside retail outlets in Coos County.

Karen Devereux, Public Health Educator, exhibiting a “Smoker’s Lung.”

Stacey Hastings, Prevention Services Manager, providing prevention education at Coos County Fair.
Environmental Health Services

Licensing & Inspection Program

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.

<table>
<thead>
<tr>
<th>The Dining Public</th>
<th>Swimmers at Local Pools</th>
<th>Tourists</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1" alt="Restaurant Scene" /></td>
<td><img src="image2" alt="Swimmers Scene" /></td>
<td><img src="image3" alt="Tourist Scene" /></td>
</tr>
</tbody>
</table>

Here are the highlights of disease prevention for the Coos County Environmental Health Program in 2004:

- **495** restaurant or other food related inspections
- **142** temporary restaurant inspections at local festivals and special events
- **2** investigations of food-borne illness complaints
- **982** food handlers trained in safe food handling practices
- Food safety training & testing provided in English, Spanish & Chinese languages

- **50** swimming pool inspections
- **113** inspections of overnight tourist facilities were conducted
- **19** complaints of restaurants were received and investigated
- **ServeSafe©** certification of **23** managers

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 73 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 small 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 receive consultation about everything related to drinking water law, and especially drinking water safety. For three 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:

- Reports of dead birds are tracked as an indicator of potential West Nile Virus.
- 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.

Lilo Isenburg, Environmental Health Specialist
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 daycare centers are evaluated.

Food service operations at public schools are inspected.

Environmental Health Tracking Project

The Coos County Environmental Health office took advantage of a $14,000 grant from Oregon’s Environmental Public Health Tracking (EPHT) program. With this grant we were able to use Geographic Information System (GIS) technology in a year-long exercise to illustrate the approximate residences of individuals suffering from acute asthma attacks in Coos County compared to locations that had been issued permits for open burning by two state agencies.

On a monthly basis, burn information provided by the Oregon Department of Forestry and the Oregon Department of Environmental Quality coupled with medical data from the North Bend Medical Center were plotted on maps.

The purpose of the exercise was not necessarily to show that open burning resulted in more cases of asthma. The exercise was more about developing data sharing mechanisms between community partners that could show how environmental activities are impacting public health. This particular exercise was also good demonstration of the benefits of using GIS technology to track disease factors related to public health.
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
- Total served in 12 months: 3,086
  - 931 Women
  - 828 Infants
  - 1327 Children, 1-5 years old
- Monthly average graduations and new clients enrolled: 150
- $963,000 in food vouchers issued locally, with an additional $12,460 in Farmer’s Market coupons (870 sets of $20 each)

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%
  - Two WIC staff members are currently Certified Lactation Educators

WIC Funding

- Received a $1,500 Fit WIC Activity Grant to promote family fitness with classes for parents and children and activity kits for children.
- Coordinated with the Maternal Child Health program on the Dental Health Grant.

Community Classes

- basic nutrition
- breastfeeding
- infant feeding
- cooking
- information for a healthy lifestyle
Other Public Health Programs

**Bio-terrorism / Emergency Response Preparedness**

The Bio-terrorism Preparedness (BT) program is charged with the responsibility of coordinating the public health response to a natural or man-made disaster or emergency. The Public Health Administrator has continued to chair the county-wide Health Emergency Response Task Force (HERT) which includes representatives from the 3 local hospitals, first responders, police and fire agencies, Coast Guard, County Emergency Management, and other agencies. The Public Information Officer (PIO) sub-committee has also been facilitated by public health staff. The BT program also assures public health response on a 24/7 basis to reports of communicable disease from the medical community.

**Highlights:**

- Drafted emergency response plans for receipt of the Strategic National Response stockpile, Mass Prophylaxis, and Emergency Communications.
- Drafted and exercised emergency communication protocols for use within the Department.
- Participated with community partners in mass casualty event exercises (table top and functional).
- Participated with community partners in response planning for a tsunami.
- Held 2 mass prophylaxis clinic exercises and provided flu vaccine to the community; involved the entire Department's staff plus community volunteers.
- Participated in the Region 3 Rural Healthcare Preparedness Board and Budget Subcommittee, which recommended allocation of over $1 million of federal preparedness funds to hospitals and emergency responders in Coos, Curry, Douglas and Lane Counties.
- Received federal funding for fit testing equipment for emergency responders.
- Received and/or coordinated training for multiple staff in:
  - Mass Casualty
  - Public Information and Emergency Communication
  - Strategic National Stockpile
  - Incident Command

**Healthy Communities Access Program (HCAP)**

Our Department is one of 6 partners in the South Coast Rural Integrated Provider Team (SCRIPT), a consortium in Coos and Curry Counties. SCRIPT is 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 HCAP outreach specialists (1 FTE). The primary goal of the outreach specialists is 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 are provided by a full time HCAP case management nurse. The primary goals of the case management nurse are 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.

- **680** clients were assisted in applying for publicly sponsored health insurance coverage; **400** applications were approved.
- **286** were provided nurse case management services.
- **143** were assisted with securing discounted prescription medications.
- **12** were assisted in securing discounted radiology services.
- **5** were assisted in securing discounted specialty care services.
- **56** 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 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.

**Statistics for July 1, 2004 – June 30, 2005:**

- **861** deaths
- **3380** death certificates issued
- **719** births
- **414** birth certificates issued
- **3** fetal deaths
- **2** fetal death certificates issued
Supporters of Public Health

Alliance for Community Transportation Safety (ACTS), for Car Seats $2,127
Bay Area Health District, for PAT Program $12,000
Bay Area Rotary, for Shots for Tots $9,153
Bay Area Together for Youth, for AmeriCorps Volunteer $1,750
Commission on Children & Families, for PAT Program $10,000
Fred Meyer Foundation, for PAT Program $1,000
Oregon Dental Foundation $3,500
Oregon Department of Transportation, for Media Campaign & SWOCC Together Group $5,000
Oregon Department of Transportation, for Walk to School Project $407
Oregon Health Sciences University (OHSU), for CaCoon Program $20,384
STARS Foundation $2,754
Vanguard Foundation, for PAT Program $1,000
Weyerhaeuser Co Foundation, for PAT Program $3,300
Zonta Club of the Coos Bay Area, for prenatal vitamins $750

Wish List

Public health staff has compiled the following wish list of items that would address unmet needs for those we serve. These are things would make a big difference for many persons we see in our programs.

✓ Vouchers for health care topped the list, such as:
  o Dental work
  o Hearing aids
  o Denture repair
  o Eye exam and glasses
  o Mental Health Family and Marriage Counseling
  o Consultations with specialists, such as for a colposcopy
  o Laboratory tests
  o Medications

✓ Hygiene items, such as shampoo, soap, laundry detergent, toilet paper, and deodorant.

✓ Prenatal Vitamins
✓ Baby clothes, diapers, and furniture
✓ New books for young children, birth to age 5 years old
✓ Taxi rides to important appointments
✓ Repairs for a furnace or washer and dryer
✓ Educational toys for the waiting room
✓ Rewards or incentives (e.g., for getting immunizations) such as coupons for ice cream cones or restaurant meals.
✓ Child size chairs
✓ Crock pots
✓ Baby food grinders
✓ Handicap / wheelchair access ramp for the north door of the North Bend Annex

39
I’m a nurse providing case management services, and I received a referral from a hospital outside the county for a postpartum, diabetic, Spanish-speaking mother who delivered her baby 8 weeks early by Cesarean Section, due to problems with increasing blood pressure. The baby was sent home unexpectedly on a Sunday with few supports in place.

At my first home visit, the baby was on his stomach, sleeping on several folded up blankets to make his crib mattress more “soft.” He was not hooked up to his apnea monitor. I asked the mother what she was told in terms of how her premature infant should be positioned during sleep and she told me she wasn’t told anything. We discussed SIDS and ways to help decrease the chance of her infant dying of SIDS, such as removing the bedding he was sleeping on and placing him on his back to sleep. I asked her what she was told regarding the use of the apnea monitor and she said she really wasn’t sure and that she had received a “belt” in the mail, but wasn’t sure what to do with it. Because of this, the baby was not hooked up to the monitor. We discussed the reason why the monitor was ordered and the need to use it 24/7 until we could get in touch with the baby’s doctor to find out otherwise.

I called the hospital regarding the discharge teaching and orders to confirm that SIDS teaching was done and that the monitor was to be used 24/7. I also called the baby’s local doctor to confirm what his recommendations were regarding the apnea monitor use. I also called the home medical supplier which brought the monitor to the mother and asked that they send additional supplies for the mother to use with the infant (as he had gained enough weight to warrant a new set-up) and an instruction manual in Spanish. In my conversations with all three of these agencies, I discussed the need to provide teaching in Spanish, as it would be helpful to provide the teaching in a language that family members could understand; so that the family could be of assistance should the mother forget something she was told.

I also discussed mother’s plans for continued breastfeeding and supplementation, and, based on her desires, encouraged her to continue to pump and feed her infant her expressed milk as well as supplementing with formula as needed. I spoke with WIC regarding the 2 supplements she was provided at discharge from the hospital, and together, we were able to come up with a formula which would eliminate the confusion of her having to use 2 different formulas. I then spoke with the baby’s physician and asked if this change would be acceptable, and if so, to have him write and fax WIC a prescription in order to have the mother’s WIC vouchers changed to allow her to receive supplemental formula each month.

At the conclusion of the home visit, I encouraged her to schedule a postpartum appointment for herself, as she was nearly 4 weeks postpartum without any follow-up care.

This was only the first home visit I had with this young mother. I anticipated dealing with additional case management issues at my next visit.
Healthy Communities Access Program Success Story

The Healthy Communities Access Program (HCAP) has proven to be beneficial across cultures and generations. Maria was referred to Public Health by her friend to inquire about an annual exam, including a breast exam, after finding a lump in her breast. She has no health insurance and works part time at minimum wage, so her income is minimal. She is looking for a mammogram. Maria was excited to find out that she was eligible for the Breast and Cervical Cancer screening program (BCC), which covers the cost of her annual exam, Pap smear, and mammogram (which revealed that her breast lump was not cancer). During her annual exam appointment, it was determined that Maria was not taking her blood pressure medication as prescribed because she could not afford it. She was referred to the HCAP Case Management Nurse, and was surprised to find out that she might be eligible for a prescription assistance program. She was assisted in filling the application out for the specific pharmaceutical company who manufactures the medication, and she was able to receive her medication free of charge.

A month later, HCAP staff received a phone call from Maria’s granddaughter. She said that her grandma had told her to call us. She was pregnant and had no health insurance. She asked if we had any programs that she might be eligible for. HCAP staff was able to assist Maria’s granddaughter with enrollment in the Oregon Health Plan, establish prenatal care with a provider, enroll in the WIC program, and refer to the Maternity Case Management Program.

Maria and her Grandmother occasionally stop by to show us (HCAP staff) the baby. They often tell us how they are thankful for our assistance, and that they have told their friends and family about our programs at Public Health.

WIC Success Story

Susan’s baby was born in mid-July. When we first saw him in mid-August, baby had just had his frenulum clipped a couple of days before. The frenulum is the little fold of skin under the tongue that controls the tongue’s motion. His frenulum had been short and tight, making it very difficult to extend his tongue so as to be able to stay attached to the breast.

Baby had had difficulty in gaining weight and doctor had advised Susan to bring baby in to WIC for weekly weight checks. When we saw her, Susan told us she was pumping her milk and giving it to baby in a bottle and also offering some formula, but she really desired to exclusively breastfeed, and I encouraged her to put baby to breast as often as possible. As she left she said she was heading off to have baby circumcised; that poor little guy was really going through a lot! I reminded her that breastfeeding involves a lot more than nutrition and to be sure to give him comfort at the breast as he goes through all these things.

In September I had the opportunity to attend a weeklong training in Portland on the importance of providing breastmilk to babies. I was more enthused than ever in promoting and encouraging new moms who are struggling with breastfeeding!
At one of the next weight check visits, Susan came into my office and I asked her if I could observe her feeding the baby to see how his latch was going. Well, I was surprised to see Susan using a breast shield! She had not mentioned it before so I was glad it had been one of the things we had discussed at the Breastfeeding Training. A breast shield is a molded soft plastic device with a nipple that a woman places over her breast; it gives a more “bottle like” feeding. She said that because baby had gotten so used to drinking pumped milk and formula from the bottle that he was really having a hard time and had been resisting the breast without it. I watched her as she attempted to feed him; however, he was agitated, frustrated, and kept fighting her with the shield on. She said it had been going on like this for a while. The little guy just didn’t know what he wanted. I reminded her that a fussy, crying baby isn’t ready to feed and just to let him get calmed down before trying again. I encouraged her to try to gradually stop feeding the supplemental formula and also to stop using the shield. I gave her handouts and discussed how she would need to watch for light REM sleep and other cues that he is hungry and put him to breast often.

Two weeks later, she was seeing another staff member for the weight check and as I passed her she happily stated she had stopped all formula and also stopped using the shield. Baby continues to breastfeed exclusively and the doctor recently told her that weekly visits to check his weight are no longer necessary. Success doesn’t always happen overnight. However, when a mom is determined, with encouragement and the trained support, oftentimes she will be delighted to reach her goal to provide baby the best that only she can give!

**Communicable Diseases Program Success Story**

The following illustrates the case management that occurs when a person has a positive skin test for Tuberculosis (TB). Early this summer, Coos County Public Health was notified by Bay Area Hospital (BAH) Infection Control that an adult patient was admitted for possible TB. The patient had arrived in the US from Mexico two months previously, and had a cough for one month. A TB skin test had been done at Coos County Public Health and was positive on admission to BAH. A sputum test for TB was performed and preliminary results were negative. A chest x-ray was performed and showed possible TB. The patient was admitted to BAH, and was placed in an isolation room and started on the four-drug regimen for TB.

Coos County Public Health quickly began an investigation and found that the patient was living in a household with four other adults and four children. The household members were brought into the Health Department for TB testing. The four children had insurance under the Oregon Health Plan. The children had TB tests placed and were scheduled for chest x-rays and exams with their pediatrician. Two of the adults had previous positive TB skin tests and were sent for chest x-rays. The other two adults had TB skin tests placed. All four adults were scheduled for exam and evaluation with the Health Department’s Medical Director. Results of all tests and exams were negative.
The patient had three negative sputum tests at BAH, was considered non-infectious and discharged from BAH four days later. The TB culture would take eight weeks for final results. The patient was continued on the four-drug regimen during that time, and was put on Direct Observation Therapy (DOT) while on these medications. A Health Department Bilingual Aide was assigned to the patient for DOT. She was trained on signs and symptoms of adverse reactions to the medication. A nurse prepared the medication in a weekly dispensing case, and the Aide went to the patient’s home, Monday through Friday, to observe the patient take the medications, as ordered, and to ask about any complaints or concerns.

After eight weeks, the sputum culture was negative. The patient’s physical condition had improved, and a chest x-ray also showed improvement. The patient was still considered high suspicion for TB and would need to continue treatment for 2 more months. At this time, the patient was returning to Mexico. The Coos County Health Department notified the Oregon Communicable Disease of the patient’s plans to return to Mexico. The authorities in Mexico were notified in order to assist the patient with follow-up treatment.

The children that were in the US household were required to have TB skin tests three months following the initial tests. All test results were negative at that time.

**Environmental Health Success Story**

One Sunday, more than 20 restaurants inspected by the Environmental Health (EH) staff were affected when a municipal water system in the county issued a long term boil water notice that was expected to last several weeks. When EH staff arrived early the next morning, voice messages from concerned operators were waiting.

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

EH staff took the responsibility to make contact with every business inspected by the Department and help them recognize what issues they needed to address. But what was gratifying for EH staff, was how many business operators really knew who to call for help in an EH emergency. These people were calling us to make sure that their food service processes were safe.

According to EH Supervisor Rick Hallmark, “This shows we are making a difference in the community. Before people will call us, they have to believe that we are interested in helping them succeed. We are more than ‘the inspector’ who comes by every few months. It is great to get this kind of interaction on a personal level.”
## Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>ARES</td>
<td>Amateur Radio Emergency Service</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>BT</td>
<td>Bioterrorism Preparedness Program</td>
</tr>
<tr>
<td>CaCoon</td>
<td>Care Coordination Program</td>
</tr>
<tr>
<td>CCN</td>
<td>Community Connection Network</td>
</tr>
<tr>
<td>CHEC</td>
<td>Community Health Education Coalition</td>
</tr>
<tr>
<td>DHS</td>
<td>Department of Human Services</td>
</tr>
<tr>
<td>DOCS</td>
<td>Doctors Of the Coast South</td>
</tr>
<tr>
<td>FTE</td>
<td>Full Time Employee</td>
</tr>
<tr>
<td>FY</td>
<td>Fiscal Year</td>
</tr>
<tr>
<td>HAM</td>
<td>Amateur Radio</td>
</tr>
<tr>
<td>HCAP</td>
<td>Healthy Communities Access Program</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>LEDS</td>
<td>Law Enforcement Database System</td>
</tr>
<tr>
<td>MCH</td>
<td>Maternal Child Health</td>
</tr>
<tr>
<td>MCM</td>
<td>Maternity Case Management</td>
</tr>
<tr>
<td>MME</td>
<td>Meals Made Easy</td>
</tr>
<tr>
<td>OLCC</td>
<td>Oregon Liquor Control Commission</td>
</tr>
<tr>
<td>PAT</td>
<td>Parents As Teachers</td>
</tr>
<tr>
<td>RACES</td>
<td>Radio Amateur Civil Emergency Service</td>
</tr>
<tr>
<td>SCRIPT</td>
<td>South Coast Rural Integrated Provider Team</td>
</tr>
<tr>
<td>SOCC</td>
<td>Southwestern Oregon Community College</td>
</tr>
<tr>
<td>STARS</td>
<td>Students Today Aren’t Ready for Sex</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</td>
</tr>
<tr>
<td>WMD</td>
<td>Weapons of Mass Destruction</td>
</tr>
</tbody>
</table>
Acknowledgements

The Administrator wishes to acknowledge all the staff who contributed to this report, especially the Annual Report Committee: Karen Devereux (Chair), Dale Schlack, Kristi Kauffman, Rick Hallmark, Sherrill Lorenzo and Sylvia Mangan. Layout and design was done by Kristi Kauffman and Cynthia Black.

Information

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

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