COOS COUNTY PUBLIC HEALTH
Public Health in Our Community

2006-2007 Annual Report

Frances Hall Smith
Public Health Administrator

1975 MCPHERSON STREET, SUITE #1 NORTH BEND, OREGON 97459
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January 17, 2008

To the Residents of Coos County:

In fiscal year 2006/07, Coos County Public Health had 38 dedicated workers who provided services to thousands of residents in Coos County. We worked to protect and promote the health of all of us who live here, and also our visitors. Many people received direct help, such as a pregnant mother receiving food vouchers through the WIC program, a 60 year old getting a shot to prevent shingles, and a part time waitress obtaining birth control at no cost. All of us benefited indirectly (even when unaware) through programs such as our community disease protection efforts and our food borne illness prevention program.

The fiscal year began with a stringent budget and declining federal resources—which is the main source of our local public health funding. In January of 2007, when the extension of the federal timber payments to counties seemed unlikely, Coos County began cutting budgets and reducing any services not mandated by law. We debated for months with state officials over what services a local health department was required to provide to its local people—and how to pay for the services. The County even discussed relinquishing local public health authority to the state. We were sobered at projected reductions in services if the State were in charge of operations. We rejoiced when the legislature doubled the per capita support to local public health from 59 cents to $1.18 per year for FY 2007/08, even though the increased amount still would not fund one full-time nurse position. And we were encouraged when the legislature increased the funding for Healthy Start. But we ended the fiscal year in June 2007 facing the current fiscal year of 2007/08 with a loss of 7 positions, a reduction in services, and an uncertain future for public health services in Coos County.

At the time of this writing, the continuation of some of our public health programs are in jeopardy without an infusion of public support. As you read through this report and review what we accomplished in FY 2006/07, consider how a further reduction in services could affect us all, but especially the most vulnerable people in our community.

Sincerely,

Frances Smith
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.
Department Personnel

In 2006/07, Coos County Public Health had a staff of 38 individuals, including part time workers. The Board of Commissioners functioned as the County Board of Health and appointed the Department Administrator who managed the department. Other administrative staff included the Business Operations Manager and the Administrative Aide. The Health Officer, a physician, provided medical guidance and approved the medical protocols. Direct supervision of programs was provided by program managers and coordinators. Breakout of job classification and full time equivalencies are listed below.

Coos County Public Health Staff – FY 2006-07

Administration

<table>
<thead>
<tr>
<th>Position</th>
<th>Number of Staff</th>
<th>Total FTE/Position</th>
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<tr>
<td>Administrator</td>
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<tr>
<td>Health Officer</td>
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<tr>
<td>Business Operations Manager</td>
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<tr>
<td>Administrative Aide</td>
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<td><strong>Total Administration Staff:</strong></td>
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Program

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<tr>
<td>Home Visiting Manager (RN)</td>
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<tr>
<td>WIC Coordinator/Nutritionist</td>
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<td>Environmental Health Manager</td>
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<tr>
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<td>Nurse Practitioner</td>
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<tr>
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<td><strong>Total Regular Staff:</strong></td>
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Extra Help

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<td><strong>Total Extra Help Staff:</strong></td>
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<td><strong>.60 FTE</strong></td>
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</table>

**TOTAL PH Staff:** 38 employees **34.50 FTE**
Service Directory -- December 2007

COOS COUNTY PUBLIC HEALTH (541) 756-2020

ADMINISTRATION
Frances Smith, BS, Administrator ext. 545 fsmith@co.coos.or.us
Cynthia Edwards, Administrative Aide ext. 525 cedwards@co.coos.or.us
Sherrill Lorenzo, BS, Business Operations Manager ext. 539 slorenzo@co.coos.or.us
Hugh Tyson, MD, Health Officer ext. 651 htyson@co.coos.or.us

CLINICAL SERVICES
Family Planning; STD Services; HIV Testing/Prevention/Support; Immunizations; Communicable Disease; Tuberculosis Testing/Case Management; Well Woman Exam; Breast & Cervical Cancer Program (BCCP); Oregon Mothers Care/OHP outreach.
Sherry Cleghorn, RN, BS ext. 523 scleghorn@co.coos.or.us
Clinical Program Manager

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
Environmental Health Program Manager

FAMILY HEALTH HOME VISITING SERVICES
Healthy Beginnings, Parents As Teachers, Babies First!, CaCoon, Healthy Start
Kathy Cooley, RN, BSN, MPH ext. 670 kcooley@co.coos.or.us
Family Health Home Visiting Supervisor

PREVENTION & EDUCATION SERVICES
Stephen Brown, ND ext. 546 sbrown@co.coos.or.us
Tobacco Use Prevention Educator

PUBLIC HEALTH EMERGENCY PREPAREDNESS
Public Health Preparedness; Emergency Response Plan
Michelle Wyatt, BS ext. 514 mwyatt@co.coos.or.us

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

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

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

Regional or Statewide
- Association of Public Health Nursing Supervisors
- Coast Watch – Adopt a Beach Program
- Conference of Local Health Officials
- Conference of Local Environmental Health Supervisors
- Local Agency Registered Dietitians & Nutritionists
- National WIC Association
- Oregon’s Reducing Pediatric Asthma Disparities Leadership Team
- Public Health Administrators of Oregon
- Public Health Preparedness Leadership Team
- Public Information Officers - Southern Coast Region
- Regional Health Preparedness Board
- South Coast Rural Integrated Provider Team

Local
- Ambulance Service Area Advisory Board
- BREAST Coalition
- Community Connections
- Coos County Clean Air Coalition
- Coos County Community Health Outreach Coalition
- Coos County Citizens Corp
- Coos County Commission on Children & Families
- Coos County Chronic Disease Coalition
- Coos County Perinatal Task Force
- Dept. of Human Services Diversity Committee
- Early Childhood Committee
- Family Violence Council
- Health Emergency Response Task Force
- Local Public Safety Coordinating Council
- Multi-Disciplinary Team
- Southwest Oregon Public Safety Association
- System of Care
- Women’s Health Coalition

Contract Nurse Hours
Coos County Public Health also contracted with three agencies to provide some nurse hours. One nurse provided consultation to the DHS JOBS Program case managers; the second nurse provided behavioral counseling to very young children and their families through Coos County Mental Health; and the third nurse provided home visits to children in foster care and their parents through DHS Child Welfare.

Nursing & Public Health Students
Coos County Public Health was a preceptor site for nursing students and public health interns from the following colleges and universities:
- Linfield College
- Oregon Health Sciences University
- Southwestern Oregon Community College
Fiscal Report

On the surface, Coos County Public Health’s 2006-07 fiscal year was much like prior years. The adopted budgets for Public Health and the Environmental Licensing Program were $3,099,385 and $268,367 respectively. However, following the loss of federal timber funding, Coos County dramatically restricted services and spending authorization. Consequently, actual expenditures for Public Health were $2,217,002 and Environmental Licensing were $166,102. The revenues supporting Public Health were a mix of federal funds, state general funds, county general funds, contracts, foundation and grant awards and fees. The Licensing program was supported by fees and a nominal amount of county general funds.

Federal Funds
The federal government continued to be the primary funding stream for mandated public health programs – 51.85% of the total revenue. Of these federal revenues, 26.29% were program-specific funding, 22.56% were from Medicaid fee-for-service, and 3% were from Medicaid Administrative Claiming (MAC). While these funding streams provided the majority of funding, many of them diminished in 2006-07.


State Funds
The State General Fund contribution for mandated public health programs provided 7.75% of the funding for Coos County Public Health. This funding included State Support for Public Health (SSPH) funds (1.57%) and program-specific funds (6.18%).

SSPH is a per capita award from the State of Oregon’s general fund and it remained flat funded. SSPH funds were used to support communicable disease investigation and response, tuberculosis (TB) case management, and immunization activities. For all of these programs, considerable county general funds were needed to support the program needs.

The program-specific State General Funds continued to support public health programs in Coos County. However, these state funds provided only a small fraction of the total funding for these mandated programs:

- Maternal and Child Health home visiting programs (3.3%)
- Immunization program (7%)
- Sexually Transmitted Infections program (8.6%)
- TB Case Management functions (7.7%)
Fees
In addition to the federal Medicaid fees received for billable services, other sources of funding were self-pay and 3rd party insurance. While the billing staff successfully collected more revenue from 3rd party insurance, fees from clients remained flat or were less than the prior year in some programs. Continued reductions in the Oregon Health Plan also affected revenue for Family Planning and other clinic services.

The Department also experienced declines in revenue from the Family Planning Expansion Project (FPEP), which is a Medicaid program. In part, this was due to the new proof of citizenship eligibility requirements. In addition, the Family Planning program lost some revenue due to another FPEP clinic in the community competing for the same clients.

Coos County Public Health provided the community’s federal/state Title X Family Planning Program. This program is a required program for public health and the funding received does not cover the costs of the mandated services. Further, this federal program requires services be provided at reduced or no cost to clients based on their income, or rather, their lack of income. In the past, revenue from the FPEP program helped to offset the cost of this program.

The Environmental Health Licensing program was funded by fees from facility owners and a modest contribution from the County General Fund (CGF). The CGF was used to offset the cost of inspecting the temporary food services operated by benevolent non-profit organizations, such as festivals and fundraisers.

Foundation and Grant Funds
Private funding and community partners continued to play a role in supporting public health programs. The Bay Area Health District supported the home visiting program. The home visiting programs also received grant funds from The Zonta Club of the Coos Bay Area, the Oregon Dental Foundation, the Greater Oregon Chapter of the March of Dimes, and the Northwest Regional Educational Laboratory. The Southwestern Oregon Boys & Girls Club, Fred Meyer and the Bandon Kiwanis provided support for the STARS program. The Bay Area Rotary Club continued their financial support to provide immunizations to eligible children in the community. A big thank you is extended to these organizations and foundations for their support of public health in Coos County.

Over the years, Coos County Public Health has provided a comprehensive variety of services to the community – in spite of funding limitations. The 2006-2007 fiscal year was no exception. A dedicated staff provided excellent service, in spite of the fiscal restraints and insecurities. However, due to anticipated funding reductions from the County, State and Federal governments, the future of public health in Coos County is in jeopardy.

At the end of the 2006-07 fiscal year, Public Health was faced with the reality of county support limited to building maintenance, utilities, information technology and county administrative costs, with no general fund support for public health staff or program supplies in the 2007-08 fiscal year, and also declining state and federal revenues to support mandated programs. These are the very programs that help promote and protect the health of Coos County residents.
Funding for Public Health Department by Percentage

Funding for Public Health
(Excluding Licensing Program)
FY 2006-07
Coos County

- State Support for Public Health (SSPH) 1.57%
- State Dedicated Programs 6.18%
- Federal Grant 30.86%
- Contract/Grant/Donations 5.13%
- Oregon Health Plan (OHP) 1.25%
- Client Fees 5.38%
- 3rd Party Insurance Fees 1.67%
- Title XX Fees - FPEP 8.89%
- Title XX Fees (OHP) 12.42%
- Title XX Savings (TCM) 7.3%
- MAC Fees 3%
- County General Fund (CGF) 10.88%
- InKind 5.47%

Local Programs Funded by State Support for Public Health

State Support for Public Health
FY 2006-2007

- TB Case Mgmt: 1,215
- Immunization Program: 30,319
- Communicable Disease Program: 5,392
Sources of Funding for Public Health by Dollar Amount

Public Health Funding by Dollar Amount
Coos County
2006-2007

- Federal Grant: 725,604
- State Support for Public Health (SSPH): 120,700
- Title XIX Savings (federal): 171,620
- Title X Fees - TCM/MCM (federal): 291,917
- Title XIX Fees - FPEP (federal): 209,100
- 3rd Party Insurance Fees: 39,277
- Client Fees: 126,428
- Oregon Health Plan (OHP): 29,409
- Contract/Grant/Donations: 120,700
- County General Fund: 255,703
- MAC Fees (federal): 70,610
- InKind: 128,676
- State Dedicated Programs: 145,268
- Title XIX Fees - TCM/MCM (federal): 291,917
- Title XIX Savings (federal): 171,620
- Title X Fees - FPEP (federal): 209,100
- 3rd Party Insurance Fees: 39,277
- Client Fees: 126,428
- Oregon Health Plan (OHP): 29,409
- Contract/Grant/Donations: 120,700
- County General Fund: 255,703
- MAC Fees (federal): 70,610
- InKind: 128,676

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2006-2007
Public Health Indicators in Coos County

The 64,820 persons living in Coos County on the southern Oregon coast have a median age of 43.1 years. Residents in this mostly rural county live as part of one of the seven communities spread over 1629 square miles. In 2005, Coos County’s ethnicity was comprised of:

- 93.6% white, or 89.8% white non-Hispanic,
- 4.3% Hispanic or Latino,
- 2.3% Native Americans,
- 1% Asians,
- 0.5% Black or African Americans, and
- 0.2% Hawaiian/Pacific Islanders.

The largest population centers are the adjacent communities of Coos Bay (16,005) and North Bend (9,846), which border the largest deep-water port on the Oregon coast. The rich ocean and lush forests once supported thriving commercial fishing and timber harvesting industries whose importance to the economy has declined. Seasonal jobs dependent on tourism have replaced many family wage jobs.

- The per capita income (2004) is $26,953 (State: $32,289), with a median household income of $33,178 (State: $42,568).
- 16% of the population lives below the poverty line (State: 12.9%).
- As of January 2007, 7.0% of adults in Coos County were unemployed. (State: 6.0%)
- In 2005, 13.8% of the population was enrolled in the Oregon Health Plan.
- On the Oregon Healthy Teens survey for 2005-2006, 21% of eleventh graders reported physical health care needs that had not been met in the previous 12 months, because of financial restraints. The 2000 census showed that 14.6% of the population of Coos County had no health insurance compared to 13.5% in Oregon, and 12% of children under age 18 in our county had no health insurance compared to 11% Statewide.

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:** On the 2005-2006 Oregon Healthy Teens survey (OHT), 35% of 8th graders and 42.6% of 11th graders reported having consumed beer, wine or hard liquor in the previous 30 days. Amongst 11th graders, 26.3% reported having 5 or more drinks in a short period of time during the last 30 days. On the OHT survey, 17.7% of eighth graders and 26.4% of 11th graders reported use of illicit drugs during the past 30 days. Less than 1% have used methamphetamines.
Cancer: Figures for 2000-2004 show an age adjusted cancer rate 2.6 percentage points lower than the previous year’s report. This puts Coos County third in the State (out of 36 counties) for high incidence cancers. Much of this is a consequence of historically high smoking rates. Rates for high incidence cancers were 531.2 per 100,000 compared to 480.9 for the State. Coos County:

- Achieved age adjusted cancer mortality rates of 222.9 (State: 198.9), ranking third in the State.
- Ranked highest in the State for incidence of lung cancer at 91.9 per 100,000 (State:69.6) and highest for lung cancer deaths at 77.3 per 100,000 (State:56.4).
- Ranked 3rd in the State for age adjusted rate of malignant melanoma with a rate of 28.8 per 100,000. (Douglas and Deschutes were 1st and 2nd.)
- Ranked 2nd for oral and pharyngeal cancer with an average yearly rate of 14.4 per 100,000 (State: 11.3), from 1996-2004.
- Had the 18th highest rates of breast cancer, at 136.4, similar to the State levels of 138.8.
- Had the second lowest rate for colon and rectal cancers at 37 (State: 48.8).
- Had incidence rates of 169.5 (State: 157.8) for prostate cancer, with age adjusted mortality of 23 (State: 28.4).

Child Abuse: Coos County’s rate of child abuse and neglect was slightly down in 2006 to 19.0 from 21.3 in 2005. The State rate was 13.8. In 2006, there were 649 reports of child abuse and neglect and 136 foster care entrants, compared to 781 and 154 in 2005 respectively. The high rate of child abuse and neglect is usually attributed to the high rates of several stress factors, including drug and alcohol abuse, crime, domestic violence and unemployment. In Oregon, mothers were involved in the abuse/neglect 43.9% of the time, fathers 29.5% of the time and stepfathers 4.5% of the time, and live-in companions 5.1% of the time. The major reasons for placement in foster care were drug and alcohol abuse, physical abuse, neglect, the child’s behavior, inability to cope, and inadequate housing.
Chronic Disease: Asthma continues to present a health burden to residents of Coos County with a population prevalence of 8.7% as measured by a combined 2002-2005 survey. This means over **5600 people in Coos County suffer from asthma**. The State asthma prevalence is 9.9%. The asthma rate for the Medicaid population is more than double that of privately insured persons. Of Oregon counties, Coos County has the 3rd highest rate of hospitalization for asthma, at 13.5 per 10,000 residents, with a total of 438 hospitalizations for asthma from 2001-2005.

According to the 2004 Behavioral Risk Factor Surveillance System survey, **26.9% of adult Oregonians suffered from diagnosed arthritis and another 22% had chronic joint symptoms that were not formally diagnosed as arthritis. Coos County’s rate was 26.4%.** Arthritis is the leading cause of disability in the U.S.

The death rate from diabetes in Coos County is 1.7 times the diabetes death rate in the State. Diabetes provides a significant contribution to poor health in Coos County. The diabetes rate from 2002-2005 was **7.0%**, compared to a State rate of 6%. It is estimated that **2.4% of the residents have undiagnosed diabetes.** This means that currently **at least 9.4%, or 6093, of the people in Coos County have diabetes.** This number is expected to grow markedly as a result of our high rates of smoking and overweight.

Cardiovascular disease is the number one cause of death in Coos County. From 2002-2005, the death rate from heart disease for the Coos County was **226.3 per 100,000 (State: 191.8)**. Deaths from strokes was 66.4 (State: 68.8). In 2002 heart disease and stroke combined accounted for 35% of the total deaths. In Coos County, 5% of the population has suffered from heart attack, 7% from coronary heart disease, and 3% from stroke. Statewide, the prevalence rate for heart attack is about 4%, the rate for coronary heart disease is about 4% and the rate of stroke is 2%.

Communicable Disease: Chlamydia remains the most common reportable communicable disease in Coos County with 77 cases reported in 2006, compared to 115 cases reported in 2005. There were 2 cases of gonorrhea, and 3 cases of syphilis. Other reportable diseases include: 7 cases of salmonella; 5 cases of meningococcal disease; and 2 active cases of tuberculosis.

Environmental Health Issues:
- On 9 separate occasions alerts were issued for bacteria counts exceeding the maximum contaminant level in public water systems.
- 1 boil water notice for community water systems was issued.
- A harmful algae bloom closed recreational shellfish harvesting on the Coos County Coast for several weeks.
- 7 health advisories (ranging from 2-4 weeks) discouraged water contact on two ocean beaches as a result of Enterococcus bacteria levels.
- 4 municipal sewage treatment systems reported outflows of untreated sewage into fresh water.
- 5 properties remain catalogued on the “unfit for use list” due to methamphetamine drug lab contamination.
**Hunger:** Hunger is most often a direct consequence of poverty. The Coos County poverty rate was 16% in 2004 compared to a State rate of 13%. Coos County had the fourth highest poverty rate in the State. Over 20% of children in our county live in poverty. Families with poverty level incomes in Coos County can only afford about half of a basic family food budget. In our county, 15.5% of the population receives Food Stamps and 51.6% of school children qualify for Free and Reduced Lunch Programs. Single parent families make up about 10% of the population. Single mothers have a 38.7% poverty rate. Eleven percent of eighth graders report that they or their family members skip meals or eat less because of financial restraints.

**Overweight and Obese:** Obesity has become the second most important preventable cause of disease, disability and death after smoking. The latest reported figures indicate 37.3% of Coos County adults are overweight and 23.6% are obese compared to 37.0% and 22.1% respectively for the State. 12.6% of Coos County 8th graders are overweight and 11.9% of 11th graders.

**Tobacco Use:** Coos County has a high rate of smoking, with 27% of the adult population being smokers. Statewide, the rate is under 20%. The smoking rate in Medicaid clients in Coos County is 39%. In Coos County, 24% of pregnant women smoke, compared to the State smoking-in-pregnancy rate of just over 11%. On the Oregon Healthy Teens (OHT) survey, 15.9% of eighth graders report living in a house where someone smokes inside the house. Smoking in young people continues to be relatively low, with only 4.2% of eighth graders and 9.6% of 11th graders reporting smoking on 10 or more days in the last month. Almost 70% of eighth graders have never smoked a cigarette. Almost 25% of all deaths in our county are smoking related. The annual death rate from tobacco related diseases is Coos County from 2002-2005 was 243.6 per 100,000, sixth highest in the State. (State: 184.8)

**Birth:**

- Teen pregnancy rates (age 10-17) declined over 5 years from 10.2 per 1000 in 2002 to 7.8 in 2003 and continued to decline to 7.3 in 2004. The 2005 rates are 11.6 per 1000 females, ages 10-17. The State rate in 2005 was 9.5. The preliminary rolling rate for October 2006 to September 2007 shows the rate declining again, at 4.2 per 1000 females, ages 10-17.

![Coos County Teen Pregnancy Rate per 1000](image)

- In 2004, the rate of low birth weight babies had improved, decreasing to 6.0% (38 babies) (State: 3.6%) from 7.3% in 2003. In 2005, the rate of low birth weight babies born in Coos County moved back up to 7.2%. The State rate for 2005 was 6.1%.

- Rates of inadequate prenatal care had declined to 7% in 2002 and then 6.2% in 2003. In 2004 the rate moved up to 8.2% and continued to rise in 2005 to 12.7% (State: 5.8%).
Vital Records:

Vital records are a source of health indicators. Many details related to health are noted at the time of birth and death by the attending medical providers. Examples on a death certificate are the immediate cause of death and other significant conditions contributing to death. Data from the birth certificate includes information such as when prenatal care began, medical risk factors for the mother, and weight gain during her pregnancy. These confidential health facts or data are collected and compiled by the State to give us a picture of the health of our county and the State as a whole.

Vital Record Statistics from July 1, 2006 to June 30, 2007:

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<td>2</td>
<td>fetal death certificates issued</td>
</tr>
<tr>
<td>692</td>
<td>births</td>
</tr>
<tr>
<td>490</td>
<td>birth certificates issued</td>
</tr>
</tbody>
</table>

Purchasing a Birth or Death Certificate:

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

Birth certificates are not public records until 100 years after the birth. Death certificates become public records 50 years after the date of death.

Sources for Public Health Indicators:

- Behavioral Risk Factor Surveillance System (BRFSS)
- Economic Indicators
- Keeping Oregonians Healthy DHS
- Northwest Area Foundation
- Oregon Department of Education
- Oregon Department of Human Services: The Status of Children in Oregon’s Child Protection System 2006
- Oregon Economic & Community Development Department-County
- Oregon Tobacco Facts, September 2007, Oregon Tobacco Education and Prevention Program
- Oregon Vital Statistics County Data
- Prevention and Education Program-Coos County
- US Census Bureau
- US Department of Commerce, Bureau of Economic Analysis
- Youth Risk Behavior Survey
Community Disease Prevention

Protecting people from communicable or infectious diseases is a basic public health service. The Public Health Clinic provides certain medical services, such as immunizations and HIV tests, which would be difficult for some to access, because of financial or other barriers. By investigating causes of disease, and alerting those who have been exposed or infected, the spread of disease throughout the community can be halted. Educating and monitoring food service workers and water system operators are examples of other ways that our staff are working to assure the health of the community.

Immunization Program

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, the total number of immunizations given by our department was 1,653, not counting flu shots. The following immunizations were offered:

- Chickenpox
- DTaP (Diphtheria, Tetanus, Pertussis)
- Gardasil (new HPV vaccine)
- Hepatitis A
- Hepatitis B
- Hib (Haemophilus Influenza, type B)
- Influenza
- Menactra (Meningococcal)
- MMR (Mumps, Measles, Rubella)
- Pediarix (DTaP, Polio, Hep B)
- Pnuemonia
- Polio
- Prevnar (Pneumococcal)
- Rotavirus
- Td (adult Tetanus & Diptheria)
- Tdap
- Zoster

Immunization Rates:

In 2006, the up-to-date rate for 2-year olds seen at Coos County Public Health was 69%, the same as the average of all Oregon county health departments. Coos County Public Health will continue to help improve the up-to-date rate for 2-year olds, in order to meet the National Healthy People goal of 90% by 2010.
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 2006-2007, 443 letters were mailed threatening exclusion, but only 58 children were excluded.

Shots for Tots:
In fiscal year 2006-2007, “Shots for Tots” provided 794 vaccine vouchers for children ages birth to 18 years who received immunizations at Coos County Public Health. “Shots of Tots” vouchers pay part of the administration fee and are available at the Health Department for children with no insurance or children with insurance that does not cover the cost of immunizations. The “Shots for Tots” program is a community service project of the Bay Area Rotary Club. Bay Area Rotary Club holds several funding events each year (including the Festival of Trees and Bay Area Rotary Golf Tournament) in order to raise money to provide this beneficial program. The Bay Area Rotary Club began the “Shots for Tots” program in 2002 and has helped to improve the immunization rate for 2 year olds in Coos County and to protect many children from life-threatening diseases.

Flu Clinics:
During last year’s flu season, the shipment of flu vaccine was again delayed, causing a late start for flu clinics. However, there was no major shortage as in previous years. Our department administered a total of 1,308 flu shots through community clinics and appointments.

Communicable Disease Control
Physicians and labs are required by law to report to their local health department over 50 communicable diseases and conditions, such as E. coli, Tuberculosis, Salmonella, Hepatitis A and sexually transmitted diseases. Our Communicable Disease program is responsible for the investigation of all these reported diseases, both confirmed and suspected. 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 number of people who have come in contact with the infected person. In our investigation process, we may be seeking the source of the infection, (e.g., food, water, or another person), finding all those who have been exposed, and
assuring that those who are exposed get appropriate health care and advice to prevent further spread of the disease.

We continued to have a nurse on call 24/7 to answer calls for communicable disease and to meet the State requirements for the Public Health Emergency Preparedness grant. The State tested our 24/7 response numerous times throughout the year, and we were able to respond within the 15 minute required time period.

**Highlights:**

- Investigated 346 reports of communicable diseases in 2006, including the following diseases:
  - 77 reports of Chlamydia
  - 2 gonorrhea
  - 3 syphilis
  - 1 pelvic inflammatory disease
  - 7 salmonella
  - 2 shigella
  - 2 E. coli
  - 2 Yersinia
  - 2 noro-virus
  - 3 h. influenza
  - 1 measles, and
  - 2 lyme disease

- Processed 191 lab reports of hepatitis C, 1 lab report of hepatitis A, and 8 lab reports of hepatitis B.

- Continued to participate in the State’s targeted Hepatitis A & B vaccination program for persons with Hepatitis C and HIV and persons with high risk behaviors.

- Continued to participate in free hepatitis C screening for high risk persons.

- Investigated 5 reports of meningococcal disease; two of the cases were positive. Each positive case required in depth follow-up with prophylactic antibiotic treatment.

- Investigated 13 cases of campylobacteriosis; 14 cases with giardia; and 2 with pertussis.

![Funding for Communicable Disease by Dollar Amount](chart.png)
Touching Our Community

On a Monday night, March 19, 2007, the on-call public health nurse received an after hours report from a pediatrician that a 6-year-old girl was highly suspected to have Meningococcal disease, and that she was admitted to Bay Area Hospital. The next morning on March 20, 2007, the Communicable Disease Nurse learned from Bay Area Hospital that the little girl was seriously ill and had been transported to a hospital in Portland.

After learning that the girl was a first grader who participated in the after school program at the Boys & Girls program at SWOYA and recently attended a birthday party at someone’s home, the public health goal was to determine who also had been around the girl long enough to be at risk of getting infected with this potentially deadly disease. If medication could be given in time to the people who had been exposed, then they could be protected from becoming ill. The potential for many people to be exposed was great.

Five additional public health staff formed the response team to assist the communicable disease nurses in the investigation. A health alert was sent to physicians, the child’s school, SWOYA, and the home where the birthday party was held. The report included signs/symptoms to identify others who might become ill with Meningococcal disease, the time lines for exposure, and the recommended treatment for prevention.

The school and SWOYA worked to identify additional children who had been exposed and forwarded the names to the Health Department. Through assistance from the State Public Health Department, Bay Area Hospital, and a local pharmacy, enough medication was obtained to assure that everyone who needed it received it. Those who did not have a regular doctor could get medication from Coos County Public Health or in the evening at Bay Area Hospital.

A statement was also released to the media which included signs and symptoms of meningococcal disease, who should be treated, and where to go for evaluation and preventive treatment. Fortunately, many of the contacts had not been around the girl long enough to be considered exposed. All total, 75 people received preventive medication.

Days later, the child had recovered and was released from the hospital. And there were no additional cases.
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 137 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 2006-2007, our nurses investigated 4 cases of tuberculosis, of which 2 were determined 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 for persons unable to purchase TB medication
- Observation by a designated person in the home or clinic, 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, 7 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 chest x-rays if they can't afford to pay;
- are assessed for treatment options with medications;
- are provided the medications for 6-9 months, if they can't afford them.

Sexually Transmitted Diseases (STD) Prevention

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.

Chlamydia is Oregon’s and Coos County’s most common treatable STD. In 2006, Coos County practitioners identified 77 cases of Chlamydia, 3 cases of Syphilis, and 2 cases of Gonorrhea. Neither genital herpes nor genital warts are reportable, and therefore, statistics are not kept on these very prevalent STDs.

**STD Prevention Highlights:**

- **266** visits in the STD clinic.
- **32,000 condoms** distributed for disease prevention, including the non-latex variety.
- **605** Chlamydia tests were done. (Every $1 spent in screening saves an estimated $12 in costs of future complications.)

**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 and 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 were offered at the main Health Department site (in North Bend) and the satellite clinic in Coquille. Tests were also provided in community sites by the Health Department’s contractor, the Southern Oregon Harm Reduction Center.

- A total of **86** HIV tests were conducted at two Coos County clinics; 7 of those tests were performed at the Coquille clinic.
- A total of **561** rapid tests were done by Southern Harm Reduction Center at community sites, including South Coast Hospice Bereavement Center, Shutter Creek Correctional Institute, Belloni Ranch, and the County Juvenile Detention Center.
- Condoms and information were provided free of charge.
- HIV pamphlets, testing, and education were disseminated through the following agencies:
  - Belloni Boys & Girls Ranch
  - Coos County Mental Health
  - Coos County Public Health
  - Juvenile Detention Clients
  - Seniors and People with Disabilities
  - Southwestern Oregon Community College
Environmental Health Services – Preventing Disease, Protecting Our Health & Safety

Prevention of illness and safety are the goals of the Environmental Health Program. Virtually every person residing in or traveling through Coos County benefits from the efforts of this program (an estimated 2.5 million encounters annually). Environmental Health Specialists provide education, consultation and inspection services to assure:

- Community visitors have clean and safe travelers’ accommodations
- Public pools and spas are free of disease causing germs
- Food workers know how to keep food safe
- Restaurants, schools and day care facilities serve safe food
- Day care facilities are free of environmental injury risks.

Activities for Licensed Facilities

- License and inspect food service facilities as required by OAR 333 Division 12
- Provide Food Manager Certification Training
- Provide Food Handler Training at least twice monthly
- Provide Food Handler Training outreach in Bandon, Myrtle Point, Coquille and at Oregon Coast Culinary Institute at Southwestern Oregon Community College
- Follow-up on all allegations of food borne illness
- Initiate communicable disease epidemiological investigations of confirmed food borne illness outbreaks together with communicable disease nurses immediately upon notification
- License and inspect temporary food vendors operating at special events and festivals
- License & inspect tourist accommodations for health and safety risks as required by OAR 333 Division 12
- License and inspect public pools for health and safety risks as required by OAR 333 Division 12
- Investigate complaints regarding legitimate environmental concerns at public pools relating to public safety and health
- Investigate complaints regarding legitimate environmental concerns relating to public safety and health at tourist accommodations
**Evaluation**

The *Licensed Facility Statistics Report* provides a statistical evaluation for work done over the year. Over 875 inspections were done in 2006. Prominent points from 2006 include:

- **26** Food complaints were submitted,
- No food borne illness was confirmed,
- **628** Food Handler Training Cards were issued, and
- **27** food Service Managers were certified.

<table>
<thead>
<tr>
<th>License Type</th>
<th># Licenses Issued</th>
<th>Percentage of Required Inspections Completed</th>
<th>Number of Closures</th>
<th>Number of Misc. Consumer Complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Pool</td>
<td>26</td>
<td>96%</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Lodging</td>
<td>39</td>
<td>100%</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>RV Camp</td>
<td>52</td>
<td>100%</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Food Service</td>
<td>235</td>
<td>99%</td>
<td>0</td>
<td>26</td>
</tr>
<tr>
<td>Temporary Food</td>
<td>207</td>
<td>99%</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>

**Other Environmental Health Services**

Numerous other public health activities were 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, and animal testing for rabies is facilitated when a potential human exposure exists.
- General sanitation practices at child daycare centers are evaluated.
- Food service operations at public schools are inspected.
- Information is provided regarding potential toxins associated with blue green algae in fresh water.
- Phone consultations are offered on minimizing exposure to mold.
- As part of a grant received by the Tenmile Lakes Basin Partnership (Watershed Council) to preserve the water quality at Tenmile Lakes, Environmental Health contracted with the City of Lakeside to complete sanitary surveys of lake front properties and provide education to property owners on septic system maintenance.
Drinking Water Program

Our services provided in the Drinking Water Program are intended to assure safe good quality water. Approximately 50,000 Coos County residents live where they are served by 74 public water systems. Most of the remaining 12,000 county residents (20%) live where they rely on private water supplies. These private water sources generally consist of a well providing water to a single home. Federal dollars exist to provide regulatory oversight for U.S. Environmental Protection Agency (EPA) designated public water systems. No funding is available to assure that residents are obtaining good quality water from non-EPA water systems, including any private water system.

Services provided for public water systems are covered in the Drinking Water Systems Assurances as per delegation agreement (i.e., contract) between Coos County Public Health and the State Drinking Water Program. Our office provides services for 84% of our county’s public water systems, those smaller water systems serving fewer than 3,300 users, which includes 34 EPA systems and 29 non-EPA or State systems. The rest of the water systems in our county are served by the State Drinking Water Program office and by the Oregon Department of Agriculture.

Our services in this program are primarily directed toward helping public water system operators sort through the maze of rules which help to assure the quality of the drinking water. Water systems operators are required to take steps to physically protect the water and regularly sample for potential contaminants. Sampling regimens vary among the types of water systems, but are primarily dependent upon the population of people using the water system on a daily basis.

There are more than 70 chemical compounds with serious health implications that community water systems stay aware of through routine sampling. The following table provides examples of elements that even the smallest public water systems must be aware of and what impact these elements have on human health.

<table>
<thead>
<tr>
<th>MICROBIAL</th>
<th>CHEMICAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contaminant</td>
<td>Symptoms</td>
</tr>
<tr>
<td>Cryptosporidium parasite</td>
<td>Diarrhea, abdominal cramps, nausea, occasionally vomiting, low-grade fever</td>
</tr>
<tr>
<td>Escherichia coli O157:H7 bacteria</td>
<td>Acute bloody diarrhea, abdominal cramps - occasionally leads to kidney failure</td>
</tr>
<tr>
<td>Hepatitis A virus</td>
<td>Fever, abdominal pain, fatigue, jaundice, loss of appetite, intermittent nausea, dark urine</td>
</tr>
</tbody>
</table>

The potential for health problems from drinking water is illustrated by localized outbreaks of water borne disease. Many of these outbreaks have been linked to contamination by bacteria, viruses, or parasites, probably from human or animal waste.
**Goals for the Local Drinking Water Program:**
To assure the availability of safe drinking water, meaning “water which is sufficiently free from biological, chemical, radiological, or physical impurities such that individuals will not be exposed to disease or harmful physiological effects.”

**Public Water Systems:**
Increase to at least 95% the percentage of people who receive a supply of drinking water from public water systems that meet all EPA health based safe drinking water standards.

**Private Water Systems:**
When called upon, make information available to residents that will empower them to obtain safe drinking water.

**Activities**

**Public Water Systems:**
- Consult with system operator on steps to correct any water quality violations
- Work with system operators with water quality noncompliance and sampling issues
- Physically survey each water system no less often than every 5 years

**Private Water Systems:**
- Make available brochures about ensuring and developing safe drinking water sources. This information is also available from OSU Extension and from private consultants.
- Consult with suspected victims of water borne illness when they are referred by Communicable Disease investigation staff. If water is found to be the source of illness, consult with operators to ensure drinking water safety.

**Overall Evaluation**

**Public Water Systems:**
- On 9 occasions, consultation was provided to a water system operator on how to correct water quality violations.
- In 6 instances, water system operators received guidance to achieve compliance due to sampling or monitoring errors.
- On-site surveys were conducted for 7 public water systems.
- In regards to the benchmark of 95% of EPA public water systems complying with water quality standards, 76% did so in fiscal year 2006/7, compared to 63% in 2005.

**Private Water Systems:**
- 4 phone consultations (or referrals) were provided to users of private water systems.
Touching Our Community

Most of our county’s smaller child care facilities are never inspected by an Environmental Health Specialist (EHS), because only the state certified day care centers are required to be inspected. The exception is during a disease outbreak.

On a rainy winter day in 2006, the Oregon State Public Health Lab notified Coos County’s communicable disease staff of a confirmed case of the parasite Giardia lamblia in a young child who was cared for part-time at a local day care.

Typical symptoms of Giardia are intermittent and include: diarrhea, stomach ache, cramps, bad gas and an on-going uncomfortable bloating in the belly. It is miserable for the victim. Because children are considered at high risk for this illness in a day care setting, it is routine protocol for an EHS to visit the facility and determine if there are other children who are ill and to make sure precautions are in place to prevent any spread of the illness.

The conscientious operator of the child care facility welcomed a series of visits from two environmental health inspectors over several days. In due course, six of the children being cared for were identified as having symptoms of Giardia. Precautionary practices were re-emphasized to prevent any person-to-person contact and recommendations for the water system treatment were made.

The Environmental Health staff spent hours collecting lab specimens, calling parents of the children and educating them on proper precautions. Four of these children received lab confirmation of Giardia. Ultimately, the source of the Giardia was unidentifiable; however, spread of this unpleasant parasite was stopped though an assertive investment of time and energy from the Public Health Department’s Environmental Health team, and cooperation of the child care facility.

Public Health Emergency Preparedness and Response

The Public Health Emergency Preparedness and Response program coordinates the public health response to a natural or man-made disaster or emergency. In 2006/07, Pandemic Influenza Planning was a primary focus for the public health preparedness program.

The local public health Pandemic Influenza Emergency Response Plan was drafted, and on November 1, 2006, public health staff participated locally with community partners in PandORa, a state-wide exercise for response to pandemic influenza. Public Health staff operated a point of distribution clinic (POD) at Bay Area Hospital to immunize health care workers and first responders. Student nurses from Southwestern Oregon Community College had the opportunity to practice giving flu shots under the guidance of public health staff.
health nurses and learn first hand the workings of a mass vaccination clinic. On the same day, Southern Coos Hospital operated a drive-through POD, immunizing over 500 citizens in Bandon. A joint information center included representatives from the partnering agencies and practiced issuing news releases.

To help prepare the community for pandemic illness, the PHEP staff presented informational sessions to targeted agencies and organizations:

- School personnel from **4 school districts, 3 private schools** and the **community college** attended a session to discuss attendance issues, school closure, hygiene precautions, and parent education.
- Participants at a presentation for **city managers** discussed prevention measures to lessen the impact on city operations. Community control measures, such as quarantine, isolation, and closing public gatherings were also topics of discussion.
- Agencies working with **special populations** who have mental health problems, disabilities, or other special needs discussed how their operations, staffing, and clients would be impacted by pandemic illness.

**Other Highlights:**

- Public health staff who would be assigned to key command positions during an emergency received formal training in the Incident Command System (ICS 100-400)
- Public health staff participated in a communications “tabletop” exercise/drill in May 2007 with over 100 community partners.
- The Public Health Administrator continued to participate on the Region 3 Rural Healthcare Preparedness Board and Budget Subcommittee, which recommended allocation of over $400,000 of federal preparedness funds to hospitals and emergency responders in Coos, Curry, Douglas, and Lane Counties.
- The Public Health Administrator continued to facilitate the Health Emergency Response Task Force, which each month to share information on training, to plan joint exercises, to debrief on local incidents, and to discuss significant topics.
- Public Health Staff received training and participated in discussions about response to radiation from a terrorist bomb; prioritization for distribution of medications for prophylaxis; and command and control issues of state and local public health agencies
Chronic Disease Prevention Services

In Coos County, as elsewhere in this country, more people die from the effects of chronic disease than infectious disease or accidents. Certain programs, such as the Breast and Cervical Cancer Prevention Program, are directed at screening for early detection of cancer, while other programs, such as the Tobacco Prevention and Education Program, strive to change behavior and/or norms in specific groups of people, or the whole community in order to improve health outcomes. Successful prevention programs not only improve the health of individuals, but also reduce the economic burden for society. The funding for public health’s chronic disease prevention programs has been mostly through special grants, and competition is keen for prevention funding from the state and federal government. With the demise of several federal grants at the end of 2006/07, the department was unable to sustain the special projects for asthma and diabetes, and the Prevention Coordinator position was eliminated. Also, the Alcohol and Drug Prevention Program was returned to the Mental Health Department.

Discretionary dollars are in short supply at the local level, but prevention is a wise investment, because preventing disease is more cost effective than treating disease.

Tobacco Prevention and Education

Tobacco remains the leading preventable cause of disease, death and excess medical expenditures in Coos County. Each week, 4-5 Coos County residents die from tobacco attributable disease, and each year 4,378 adults suffer from a serious illness caused by tobacco use. Each year in Coos County, over $35.3 million is spent on medical care for tobacco-related illnesses, and $35.6 million in productivity is lost due to tobacco related deaths.

Coos County was one of 13 counties that continued to receive State funding for a Tobacco Prevention and Education Program. In 2006/07, Coos County Public Health’s TPEP did the following:

- Worked with Coos County School Districts to implement comprehensive tobacco policies that exceed the minimum standards set by the State Board of Education. Fewer students use tobacco when there is a well enforced tobacco free school policy.
- Worked with local hospitals and the Statewide smoke free hospitals partnership Step Up! to improve community health by working towards smoke free hospital campuses.
- Attended community health fairs and other events and provided brochures and other information on the health consequences of smoking.
- Provided support, information and encouragement to the Tobacco-Free College Initiative representative and students at Southwestern Oregon Community College who are working towards a smoke free school campus.
Organized a 5As training with Bay Area Hospital for nurses, physicians, maternal child health providers and others. 5As is a demonstrated effective method for caregivers to work with their clients to reduce and eliminate tobacco use.

Promoted the Oregon Quitline telephone cessation service and cessation classes provided by Doctors of the Oregon Coast South (DOCS).

Made presentations to organizers of local public events and city councils to promote adoption of smoke free policies at events and in parks. Smoke free events and parks help to de-normalize smoking in the community and decrease exposure of children to modeling of smoking behavior, leading to decreased initiation of tobacco use.

Held monthly Clean Air Coalition meetings with community members working through their organizations and workplaces for “clean air that promotes optimal health for the community and environment.”

Provided op-ed articles on second hand smoke, smoking and pregnancy, smoking and heart disease, and smoking and choice that were published in newspapers throughout Coos County.

Provided enforcement for complaints of violations of Oregon’s smoke free workplace law.

Asthma Program

Although Coos County Public Health did not have funds for an asthma program in 2006/07, efforts were expended to assess community needs and to request special grant funding.

Oregon was chosen by the CDC in 2005 as one of 6 states to participate in a Learning Partnership with the Agency for Healthcare Research and Quality (AHRQ) to reduce pediatric asthma disparities. The Oregon Asthma Program (OAP) subsequently identified Coos County as a potential location for intervention because of indications of poor asthma control among the pediatric Medicaid population in Coos County. Asthma control is determined by rates of emergency department (ED) visits and rates of hospitalizations due to asthma, and from patterns of asthma medication use. Combining scores from these three measurements placed Coos County second in the state for indicators of poor asthma control, especially based on ED visits and hospitalization.

The Coos County Tobacco Prevention Coordinator was asked to join the AHRQ State Reducing Pediatric Asthma Disparities Leadership Team and to help find funding for further assessment of pediatric asthma in Coos County. During the 2006 – 2007 year, Coos County Public Health worked with DOCS and other local agencies, the Oregon Asthma Program, and Portland State University to apply for community based research grants that would be used to assess and to develop a clearer understanding of pediatric asthma disparities in Coos County. The results of these assessments would be used to plan interventions to improve asthma control in the pediatric Medicaid population. Applications in 2006/07 were not funded, but grant writing efforts are continuing.
Breast & Cervical Cancer Prevention / Komen Program

The goal of the Breast and Cervical Cancer (BCC) / Komen Program is early detection when cancer has a greater success rate for treatment and care. This 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, and have no health insurance or limited health insurance coverage.

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. 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, which pays for treatment.

Coos County Public Health (CCPH) managed the local BCC program, July – December 2006, until cuts in federal funding forced operations to be centralized at the state level. During the 6 months of CCPH management of the BCC program:

- Coos County BCC enrolled 108 women.
- Screening discovered breast cancer in 3 women, and cervical cancer or pre-cervical cancer in 7 women.
- 4 doctors, 3 surgeons, 6 nurse practitioners, 3 radiology clinics and 3 labs were contract providers participating in the BCC program.

Coos County Public Health became a contract provider with the state in March of 2007, and a total of 76 women were screened by the nurse practitioner at CCPH during 2006/07.

Touching Our Community

A 62 year old woman called and explained she had a breast biopsy that confirmed breast cancer. She was given the public health case manager’s name by the oncologist at North Bend Medical Center. She did not drive, had limited income, and was not going to have the mastectomy unless she was able to obtain health insurance.

The BCC program was explained to the woman, and she was scheduled an appointment for an exam with the Health Department’s Nurse Practitioner. She was enrolled into BCC program and because of her diagnosis of breast cancer, she was also enrolled in the BCC Medicaid program with a request for it to begin retroactively 60 days prior to enrollment. The retroactive approval paid for all previous workup, including the mammogram, ultrasound and biopsy. The woman was relieved and could then focus on the upcoming surgery and recovery.

Before the operation she asked the surgeon to remove the other breast, which he agreed to do and upon removal, he also sent this breast for pathology. The tests performed diagnosed this breast with cancer, also. Without the BCC program, this woman would have struggled financially to cover the necessary surgery and likely would have not had the option to have her other breast removed. Because she asked, and because it was approved through BCC, she probably saved her own life.
Well Woman Exam

Well Woman Exam is a breast and pelvic exam for women who do not need contraception services. This program provides cancer screening for women who do not otherwise have access to this health exam. (The Breast & Cervical Cancer Prevention Program, a similar program, has eligibility requirements and serves a limited number of clients). A Well Woman Exam includes a health history, physical exam with a Pap test, and referrals and education as needed.

Highlights:
- A community need was met by offering the program.
- 110 exams were provided.

Ryan White Case Management

Coos County administered the 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.

Highlights:
Served 25 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 case load of services, during a period with a nurse shortage.
- Maintained community partnerships with service agencies including:
  - DOCS (Doctors of the Oregon Coast South)
  - Mental Health
  - Consumer Credit Counseling
  - Pharmacies
  - South Coast Homeless Council

Diabetes Program

Even though seven years of federal funding for a diabetes project ended in June of 2006, Coos County Public Health was awarded funding from the American Diabetes Association, through the Elizabeth Furse Diabetes Grant Program. This special grant paid for printing a revision of the Coos/Curry Diabetes Guide, which had been published previously as part of the federal grant project.

The Public Health Administrator also continued to facilitate the monthly Chronic Disease Coalition meetings, which were a forum to discuss education and resources for diabetes and other chronic diseases.
Promoting Healthy Families

Healthy families are a foundation for a healthy community. Public health services, including Family Planning, Healthy Beginnings parent education and training, and the WIC Nutrition Program help individuals and families realize their goals in having planned pregnancies, good birth outcomes for both the mother and child, and well nourished children who have the best possible start in life. Society also benefits when children are wanted and cared for. Public health prevention programs save society money, such as the cost of remedial education for pregnant teens, and the necessary remedial services for child abuse and neglect. We also help families get access to medical services: Oregon Mothers Care program assists pregnant women with the application process for the Oregon Health Plan, and we contract with Waterfall Clinic to provide the school based health center at Marshfield High School.

Family Planning

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, and also have Plan B available (emergency contraception). Services are provided on a sliding scale, based on income and ability to pay. Many women and teenagers qualified for the Family Planning Expansion Project, which is a special Medicaid program for those without insurance who are seeking contraception.

Service Statistics:

- Total Visits to the Family Planning Clinic: 2,889
- Number of Clients Served: 1,572
- Number of Theoretical Pregnancies Prevented: 252
- Number of pregnancy tests: 500
- Total Plan B dispensed: 2,468 kits

Increased Access to service:

- Clients continued to be scheduled within two weeks of calling for an appointment,
- Male family planning appointments continue to be encouraged.
- A full-time Women’s Health Care Nurse Practitioner was scheduled to provide exams.

Outreach Activities:

- Staff participated in the Southwestern Oregon Community College Back to School Fair, giving information on sexually transmitted diseases, birth control, and breast self exam. Students were able to practice breast exams on the demo breast model.
- Information about family planning and sexually transmitted diseases was provided at the Women’s Safety and Resource Center
- Staff attended the Grand Opening of the Women’s Safety and Resource Center and participated in the Sexual Assault Task Force monthly meetings.
School Based Health Center

In the 2006/07 school year, the School Based Health Center (SBHC) at Marshfield High School, operated by Waterfall Clinic, began its third year of service to students in Coos Bay. The SBHC helps children gain increased access to health care, including health education and health promotion which in turn helps to improve student attendance and overall positive outcomes. The center became certified in 2005 after meeting the state requirements for its facility, operations and staffing, laboratory and clinical services, data collection and reporting, and administrative procedures. As a state certified SBHC, the clinic was eligible for state funding through Coos County Public Health, and received $53,069 during FY 06/07.

Highlights:
- Offered services initially 2 days a week progressing to 3 days a week, as of March 2007.
- Provided 726 office visits during the 06/07 school year.
- Administered 479 immunizations, including the new HPV vaccine.
- The Marshfield SBHC was one of 45 certified centers in 17 counties in Oregon in 2006.
- Co-Coordinator, Shannon Weybright, RN, is an Oregon representative serving on the National Assembly on School Based Health Care’s (NASBHC) Government Affairs Committee.
S.T.A.R.S Teen Pregnancy Prevention

This was the seventh (and last year) that the STARS (Students Today Aren’t Ready for Sex) program was provided by public health through collaboration with local schools and the AmeriCorps HOPE program. The STARS 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.”

2006-2007 Program Outcomes:

- 30 high school students in Coos County were trained as STARS Teen Leaders.
- 482 middle school students in Coos County completed the STARS program.
- The Bandon Kiwanis Club and Coos Bay Fred Meyer contributed funds to the teen leader training.
- The STARS program was implemented in four Coos County schools:
  - Harbor Lights Middle School
  - Coquille Valley Middle School
  - Millicoma Intermediate School
  - North Bend Middle School

Healthy Communities Access Program & Oregon Mothers Care

Federal funding for the Healthy Communities Access Program, (HCAP) ceased at the end of August, 2006. This funding had been awarded to 6 partners in the South Coast Rural Integrated Provider Team (SCRIPT), a consortium in Coos and Curry Counties. During the 3 year period of the grant, a total of 1916 people were helped at Coos County Public Health to apply for publicly funded insurance programs such as Oregon Health Plan (OHP), State Children’s Health Insurance Program (SCHIP), Family Health Insurance Assistance Program (FHIAP), or to private health insurance companies. Nurse case management services helped 680 clients through access to appropriate healthcare (reducing emergency room visits, when possible) and referral to mental-health, and/or social services). Also, 228 clients were helped to obtain prescriptions through pharmacy assistance programs. With the loss of federal and local funding, the nurse case manager position was not continued, and the outreach specialist continued her work at less than full time.

The Oregon Mothers Care program continued with its focus on assisting pregnant women in applying for the Oregon Health Plan, if eligible, and helping them obtain prenatal care as soon as possible. Early prenatal care is a benchmark to ensure healthy birth outcomes.

Highlights:

- 245 clients (non-pregnant) were assisted in applying for publicly sponsored health insurance coverage
- 273 pregnant women were helped with obtaining prenatal care and applying for the Oregon Health Plan
Women, Infants and Children (WIC)

WIC is a federal public health nutrition 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.

- Average monthly caseload: 1,794
- Total served in 12 months: 3,121
  - 949 Women
  - 2,177 Infants & Children, ages 1-5 years old
- $1.03 million in food vouchers issued locally, with an additional $7,290 in Farmer’s Market coupons.
- Served 60% of pregnant women in Coos County

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

Funding for WIC Services

- 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 a dental health grant.
Parent education through home visitation continues to be a successful strategy to help pregnant women and families with young children improve their health status and parenting skills. All our home visiting programs help parents prepare for and navigate successfully through a healthy pregnancy and the normal developmental changes in their infant or toddler, and all focus on maximizing the health and well-being of their children. Our programs also reduce child maltreatment and juvenile delinquency. The parent educators, who are registered nurses or highly trained professionals under the supervision of an RN, must possess a wide range of communication skills and a broad knowledge base to make accurate assessments and provide appropriate interventions.

The services provided are based on the family’s individual needs and include the following:

- Parent education, anticipatory guidance, problem-solving, skill development, and goal setting;
- Practical tips on ways to encourage learning, manage challenging behavior, and promote strong parent–child relationships;
- Immunization assessment;
- Developmental screenings;
- Family and child health assessment, including hearing, vision, dental, and growth;
- Support and advice on health issues;
- Assessment of parent-child interaction;
- Assessment of learning opportunities & safety in the home;
- Referrals to and linking families to routine medical, or specialty health care, and community resources as needed
- Consultation with other service providers;

Our Family Health Home Visiting programs provide a continuum of services. Families traditionally begin receiving services through our Healthy Beginnings program, which begins early in a woman’s pregnancy and continues up to 2 months postpartum. Families can then transition into one of our parenting programs: Healthy Start, for first time parents with children up to the age of 3; or Parents As Teachers/Babies First! for children up to age 5 years. Our CaCoon program, is for families with children up to age 21 years of age 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, up to age 21 years of age. All of our home visiting services are voluntary and are provided at no cost to the families.
Home visiting has been identified as a best practice model. It enables the public health nurses and parent educators to provide individualized education and support in the home environment. In addition, all our home visiting staff are certified Parents As Teachers (PAT) educators and draw upon this best practice curriculum. The PAT curriculum provides excellent, well researched parent education, based on sound child development principles and current neuroscience information, and is supported by well-written parent handouts and audio/visual resources. Lastly, our Healthy Start program received Healthy Families America credentialing, another best practice model for home visiting programs.

With the variety of home visiting programs that we provide, we are able to customize the frequency of our visits to best meet the needs and desires of the participating families. Throughout all our home visiting programs, we have three basic beliefs:

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

In addition to working directly with families, our Public Health Nurses and Parent Educators collaborate with a wide variety of community partners who affect young children and their families, including: the Child Advocacy Center’s Multidisciplinary Team, the Early Childhood Committee, Family Violence Council, Zero To Three, Perinatal Task Force, and many others.
Program Highlights:

- In the fall of 2006, Coos County Public Health expanded to include operation of the Coos County Healthy Start program.
- Our home visiting programs worked closely with local dental care providers and Perinatal Task Force members to implement an Early Childhood Cavities prevention project, with some funding support from the Oregon Dental Foundation, to provide education and materials to pregnant women in an effort to reduce both preterm labor and prevent early childhood cavities.
- Our Healthy Beginnings program collaborated with the Perinatal Task Force to establish an ongoing educational series on postpartum depression. We helped Bay Area Hospital staff facilitate a 4 week course titled “Survival Skills for Pregnant and Parenting Moms,” which is for women who have or may be at risk for postpartum depression. This class expanded to include a parent support group component, as well.
- Our CaCoon Public Health Nurses participated 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. 59 families served; 329 home visits.

Summary of Family Characteristics

Of all families served across all home visiting programs during the 2006-2007 fiscal year:

- 79% were unplanned pregnancies. The Healthy People 2010 (HP) goal is to have fewer than 30% of pregnancies be unplanned.
- 75% of moms received prenatal care within the first trimester of pregnancy compared to the 2005 State rate of 81%. HP goal is 90%.
- 100% of pregnant women had nutritional risk factors while pregnant
- 44% of moms had a current or past history of mental health issues
- 46% of moms used tobacco during their pregnancy compared to the 2005 State rate of 12.4%. HP goal is 99% of pregnant women abstain from cigarette smoking and that at least 30% of women quit while pregnant.
- 18% of moms admitted to using or having used drugs while pregnant compared to the 2005 State rate of 2.1%. HP goal is 98% of pregnant women abstain from illicit drugs.
- 22% of moms were victims of domestic violence
- 31% of moms had less than a high school education
- 92% of enrolled families are low income
- 7% of children and 15% of parents are disabled
- 8% of enrolled families speak something other than English as their primary language
**Family Outcomes:**

- Of those moms who smoked during their pregnancy, **56%** quit and **11%** decreased their smoking consumption.
- Of those moms who admitted to having a history of substance abuse, **95%** discontinued drug use during their pregnancy.
- **100%** of families’ needs were identified.
- **99%** of children were up to date on their immunizations.
- **100%** of children had health care providers.
- **99%** of our home visiting children are free of child abuse after enrollment.

**Totals for Home Visiting Programs:**

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<thead>
<tr>
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<tbody>
<tr>
<td>Home Visits</td>
<td>1593</td>
<td>2577</td>
<td>2663</td>
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<tr>
<td>Families Served</td>
<td>375</td>
<td>560</td>
<td>549</td>
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</tbody>
</table>

**Touching Our Community**

**GINA***: A teenage girl finds out she is pregnant. She moves in with the father of the baby during her pregnancy. Then after the baby is born, she begins to doubt the relationship. The father is drinking more than she is comfortable with; she came from a home where drugs and alcohol led to dysfunctional relationships and behaviors. She finds herself isolated and alone, staying home with a baby. She knows nothing about babies; nothing about being a parent, not having had a role model when she grew up. She doesn’t understand postpartum depression. She doesn’t understand love relationships. She knows she needs to care for her baby. She loves her baby, and she is learning to love herself. The Healthy Beginnings nurse was there to provide help and guidance during home visits to make a difference for this young mother and her baby.

**JULIE***: The Healthy Beginnings nurse became involved with Julie in her first trimester after a referral from the Coos County Public Health WIC program. She was not receiving prenatal care, appeared paranoid about receiving care, and would not take public transportation because of her fears. Julie had a small one room apartment, and no working refrigerator. She was obviously mentally handicapped, single, and had no support system. There was no relationship with the baby’s father, who was in jail. The nurse helped to set up transportation for prenatal care and get her into the county’s Mental Health program, where she was appointed a case manager. When Julie was evicted from her apartment, the Mental Health case worker was able to get Julie into a motel for the duration of her pregnancy. The public health nurse met with her in her motel room, in restaurants, and on the sidewalks to build trust, educate about nutrition, preterm labor signs, labor and delivery expectations, etc. Julie did receive prenatal care through the 2nd and 3rd trimester and had a safe living situation until birth. As Julie drew closer to her due date, it became obvious that she would not be able to parent the baby. A case conference was held with all parties involved to facilitate removal of the baby into state custody. The outcome was a success: a healthy infant was delivered and placed into a safe home environment. Julie began treatment for her mental illness and obtained birth control.

*Names are changed.*
Supporters of Public Health

American Diabetes Association, Elizabeth Furse Grant for Resource Guide $ 4,500
Bandon Kiwanis for STARS Program $ 500
Bay Area Health District, for PAT Program $10,000
Bay Area Rotary, for Shots for Tots $ 7,940
Coos Bay Zonta Chapter, for PAT Program $ 475
Greater Oregon Chapter March of Dimes, for Healthy Beginnings $10,000
Northwest Regional Education Laboratory, for PAT Program $ 4,200
Oregon Dental Foundation, for Healthy Beginnings $ 2,500
Oregon Health Sciences University (OHSU), for CaCoon Program $21,646
SWOYA Boys & Girls Club, for AmeriCorps Volunteer $ 2,250

How You Can Help
✓ Volunteer,
✓ Make a tax deductible donation to a public health program, or
✓ Join the Coos County Friends of Public Health

Coos County Friends of Public Health
The Coos County Friends of Public Health is a non-profit organization with the mission “to promote health in Coos County through enhancement of local public health programs.”

Basic membership
The expectations for a basic membership are minimal. A basic member supports the mission and purpose of the organization. A basic member can learn more about public health issues through emails and the Friends blogger site at www.CCFOPH.blogspot.com, and share that information with friends and colleagues. A basic member will be notified of opportunities to advocate for public health programs or for participation in special projects, such as public health recognition week.

Active membership
In addition to basic membership, there are additional opportunities to become more involved, such as serving as a board member, helping with community educational displays, advocating for public health issues, fund-raising, volunteering for public health programs and/or serving on one of the following standing committees:

✦ Membership Committee
✦ Development / Fund Raising Committee
✦ Public Education Committee

See Application Form for membership on the back of this report.
### Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<tr>
<td>BCC</td>
<td>Breast and Cervical Cancer Program</td>
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<tr>
<td>BRFSS</td>
<td>Behavioral Risk Factor Surveillance System</td>
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<td>CaCoon</td>
<td>Care Coordination Program</td>
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<td>CCN</td>
<td>Community Connection Network</td>
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<td>County General Fund</td>
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<td>CHEC</td>
<td>Community Health Education Coalition</td>
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<td>DHS</td>
<td>Department of Human Services</td>
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<td>DOCS</td>
<td>Doctors of the Oregon Coast South</td>
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<td>EPA</td>
<td>Environmental Protection Agency</td>
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<tr>
<td>FTE</td>
<td>Full Time Employee</td>
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<td>FY</td>
<td>Fiscal Year</td>
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<td>HCAP</td>
<td>Healthy Communities Access Program</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>HPV</td>
<td>Human Papilloma Virus</td>
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<td>MCH</td>
<td>Maternal Child Health</td>
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<td>MCM</td>
<td>Maternity Case Management</td>
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<td>Parents As Teachers</td>
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<td>PHP</td>
<td>Public Health Preparedness</td>
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<td>SBHC</td>
<td>School Based Health Center</td>
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<td>SCRIPT</td>
<td>South Coast Rural Integrated Provider Team</td>
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<td>SOCC</td>
<td>Southwestern Oregon Community College</td>
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<td>STARS</td>
<td>Students Today Aren’t Ready for Sex</td>
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<td>STDs</td>
<td>Sexually Transmitted Diseases</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<td>WIC</td>
<td>Women, Infants, and Children Nutrition Program</td>
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<tr>
<td>WMD</td>
<td>Weapons of Mass Destruction</td>
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Acknowledgements

The Administrator wishes to acknowledge all the staff who contributed to this report, especially the Annual Report Committee: Karin Kenney (Chair), Sherrill Lorenzo, Stephen Brown, Rick Hallmark, and Cynthia Edwards. Layout and design were done by Cynthia Edwards.

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.
Coos County Friends of Public Health

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

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

Join the Coos County Friends of Public Health

APPLICATION FORM

Mail to CCFOPH
PO Box 203, Coos Bay, OR, 97420

Name: (please print) ________________________________________________________________

Phone: (home) ____________________ (work) ____________________ (cell) ____________________

Fax: ___________________________ Email: ____________________________________________

Mailing Address: _________________________________________________________________

City:_________________________ State:__________ _____   Zip:________________

A “friend” will:
- receive news updates about public health issues by email
- discuss the importance of public health services with friends and colleagues

Would you like to be a “friend”? If so, check the following:  □ Basic Membership – receive information

A “friend” can also help by serving on a committee: Would you be willing to serve on one of the following committees as a chair or worker? Check those you are interested in:

□ Membership Committee  □ Public Education Committee
□ Development/Fundraising Committee □ Advocacy Committee
□ Communication Committee

Are you interested in serving on the board?  □ Yes, I am interested in serving on the board. Please list your special skill/s or areas of expertise?

“I support the mission and purpose of Coos County Friends of Public Health”

Signature ___________________________ Date ____________________