

# 2017-18

## Annual Report – Public Health



Iorence Pourtal-Stevens

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## Letter from the Public Health Administrator

The Public Health Division of Coos Health & Wellness is proud and delighted to share its Annual Report for fiscal year 2017-18 with our community. As you will notice, this year the format is different than previous years and the content is more succinct than usual. One of the explanations for this change is that this last fiscal year has been very busy for us and that we could not find the time, resources and/or capacity to provide the community with a larger and longer account of our accomplishments at the Coos Health & Wellness Public Health Division.

In a nutshell, we continued to protect the community from infectious and communicable diseases by ensuring we investigate all reports of communicable diseases that health care providers and laboratories send us. We also communicated effectively and regularly with all of our community partners to assure updated and accurate information about specific conditions and diseases. This year we handled 1,230 reports of diseases and conducted investigations for 532 of them.

Our environmental health team worked tirelessly to ensure that our restaurants (permanent and temporary), food vendors at festivals, pools and spas, traveler accommodations, RV parks and vacation rentals are safe for the public to use. Overall the team conducted 711 inspections all over Coos County.

We also worked on making sure our community has access to preventative services such as the WIC program, our home visiting programs, pregnancy testing and prenatal care referral, dental program through a partnership with advantage dental, and our immunization programs. Overall these programs served over 3,200 community members and children. Our reproductive health and family planning program served about 400 people and we are now able to offer our services to more community members through the Reproductive Health Equity Act.

One of our other mandate is to increase access to health care services in the community. We do that by offering Oregon Health Plan assistance and outreach to anyone who needs help getting on the public health insurance. This year our team of two had over 3,700 contacts with families in Coos County to assist them with their OHP applications.

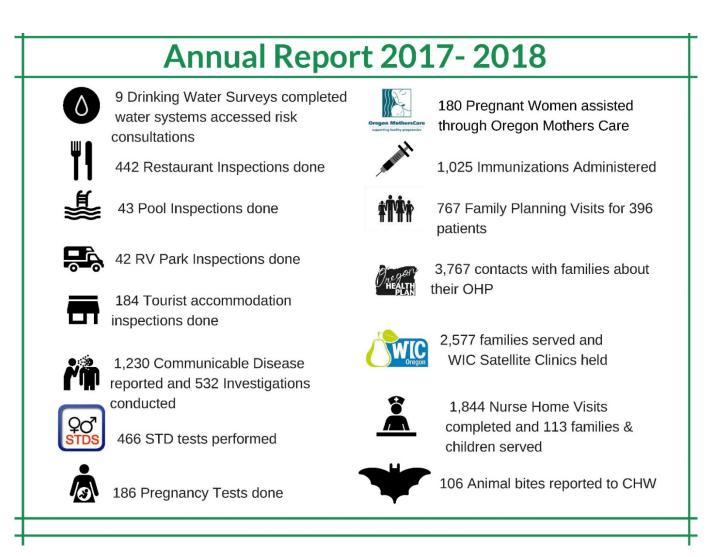
Additionally, we do a lot of work outside of our organization and in the community such as the community health assessment and community health improvement plan, the breastfeeding promotion campaign we have been working on over the past few years, the system of care work to ensure that families have a team of professionals dedicated to their care, the work we all do with community coalitions and workgroups. And finally, we put the final touches to our Public Health Accreditation application and submitted all our documents in May of 2018.

I hope you enjoy this report and that it provides you with a good lens into the work the Public Health division team does every day to prevent diseases, protect, and promote health in our community.

Florence

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### Report at a glance



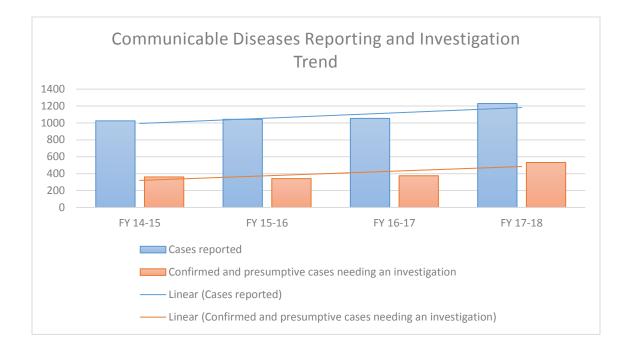
## Communicable Diseases Control

#### Communicable Diseases Reports and investigations

Our team ensures the surveillance and investigation of more than 60 different types of communicable diseases and conditions during the year. This work is mandated by Oregon law. This program is geared to prevent the spread of communicable diseases such as salmonella, influenza, hepatitis, HIV, and tuberculosis, among other diseases in Oregon and specifically in Coos County.

The main goal is the protection of the population against communicable diseases and disease outbreaks. Communicable diseases are a danger to everyone. Some have been controlled with vaccinations, while others are resistant to drug treatment. Disease prevention and control is a cooperative effort involving health care providers, laboratory personnel, local and state health department personnel and members of the community. This includes collecting and investigating disease reports and providing treatment to exposed individuals and families as needed.

Cases reported to the Public Health Division in FY 2017 -18	1,230
Confirmed and presumptive cases	532
needing investigation	

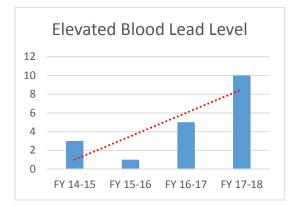


#### Communicable Diseases Trends

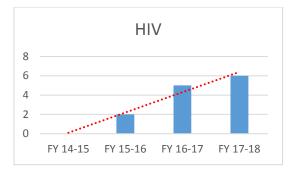
The main communicable diseases that get reported to and investigated by the health department over the last few years are presented in the table below:

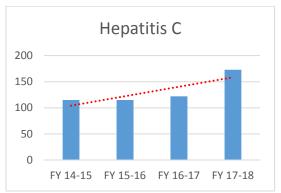
Diseases	FY 14-15	FY 15-16	FY 16-17	FY 17-18		
Sexually Transmitted Diseases						
Chlamydia	165	147	144	198		
Gonorrhea	33	48	45	87		
Syphilis	3	1	2	4		
HIV	0	2	5	6		
Food borne illnesses						
Campylobacteriosis	14	9	19	15		
Salmonella	11	4	8	7		
Environmental related diseases						
Elevated Blood	3	1	5	10		
Lead Level						
Other communicable diseases						
Hepatitis C	115	115	122	173		

Below are some graphs showing that the number of reports are increasing for some communicable diseases and conditions. The increase in elevated blood level reported could be due to more awareness of lead poisoning especially after water poisoning was found in Flint Michigan. It could also be due to some new lead testing requirements that would increase the number of tests administered and therefore the number of results over the previous reported level..



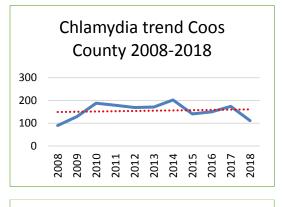
New cases of HIV have been reported to us over the past few years. These could be due to more people getting tested as well as more people engaging in unsafe sexual practices.

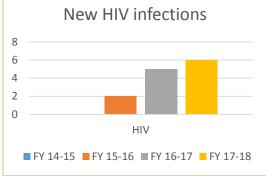




#### Sexual Health: Testing and Treatment

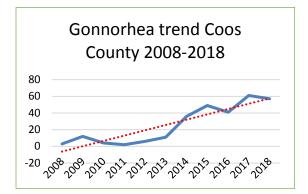
The Public Health Division offers testing and treatment services for sexually transmitted diseases (STDs) such as Gonorrhea, Chlamydia and HIV. In April 2018, we began a partnership with the HIV Alliance. The Alliance sends a team twice a month to our facility and provides free





HIV and Hepatitis C screenings. If a patient tests positive to any of these diseases, the Alliance can directly enroll them into the many case management services and resources they provide.

It is important to point out that Coos County is experiencing a significant increase in the reports of STDs over the past few years.



#### **Quick facts:**

- Untreated chlamydia can cause pelvic inflammatory disease (PID) and infertility or tubal pregnancy in women.
- Gonorrhea can cause serious complications. These include pelvic inflammatory disease that sometimes leads to infertility or tubal pregnancy in women. Untreated gonorrhea during pregnancy can cause premature delivery.
- The health department is partnering with the HIV Alliance to provide free HIV and Hepatitis C testing for our community members.

It is important to point out that the incidence of cases for Chlamydia and Gonorrhea are principally within the younger generations and mostly among females. Females tend to access health services more regularly for contraception and other well women exams which can explain why we see more cases of STDs among females. The state of Oregon has declared an STD outbreak. There is an opportunity for our Public Health Division to work with schools and colleges to educate and promote the importance of practicing safer sex.

## Environmental Health

The Environmental Health program conducts required inspections for various facility types in our county.

Facility and License Type	Inspections Required	Inspections Conducted	Re-inspections Done	Total
Restaurants	246	246	128	374
Temporary restaurants		68		68
Travelers' Accommodations	185	184		184
RV parks	32	32	10	42
Organizational Camps	5	5		5
Swimming Pools and Spas	21	21	22	43
Schools		24	10	34
Daycares		18		18
Total				768

#### Drinking Water Systems

In 2017, 9 community water systems surveys were assigned to the Environmental Health Program and all were completed. Coos Health & Wellness was also notified of 21 contamination alerts and all were responded to.

#### Lake water sampling

The collaboration between Coos Health & Wellness and the Tenmile Basin Partnership continued this past fiscal year with regular sampling of the Tenmile Lake waters at specifically defined locations. This sampling occurs during the summer months and aims at taking a proactive approach to the monitoring of Blue-Green Algae blooms.

## Maternal and Child Health

Home Visiting Program

The Home Visiting program offers developmental information and support to all parents of infants, children, and young adults. The goal is to help families to become as independent as possible in caring for their children; to access needed resources; to identify ways to maximize a child's potential; and to link to family-friendly events in our county. The program offers personal home visits, and also group connections where parents can learn and share parenting tips with others. Children receive health, hearing, dental, and vision screenings, with referrals to services as needed.

This year 113 children/ families were served by the Home Visiting program. Our team of 4 nurses and Public Health Associates completed 1,844 encounters in order to serve these children.

- 100% of families were offered case management and collaboration services with health care providers and social services to support the child/family's needs and goals.
- 100% of newly enrolled families received an initial **family centered** assessment.
- 100% of families had at least one agreed-upon documented goal identified during the program year.
- 100% of families participated in development of an Individualized Nursing Care Plan based on child/family needs.

14 Group Connections events held.

Out of the 113 children served:

- 100% of children live in poverty
- 89 raised by parent with inadequate knowledge and/or supports
- 66 raised with parent with a child welfare history
- 64 raised by a parent with disability, chronic health condition, or mental illness
- 57 with chronic health conditions or disabilities
- 48 experiencing other evidence-based social risk factors
- 29 raised with a parent with recent history or current domestic violence
- 28 raised by a parent with less than a high school education
- 25 raised by a parent with a recent history/current substance abuse issue
- 16 exposed to drugs as infant

#### Breastfeeding promotion

Breastfeeding provides a wide array of benefits to the infant and the mother. The World Health Organization recommends that an infant be exclusively breastfed for the first 6 months of life. In Coos County, thanks to our family birthing center at Bay Area Hospital and the MOMs program, the rates for the initiation of breastfeeding post birth are very high. More than 95% of mothers leave the hospital breastfeeding their newborn babies. However, we know that this rate drops dramatically in the first few months after birth and that less than 50% of infants are still exclusively breastfed at 6 months old.

We think there is an opportunity for the health department to ensure that our community understands the importance and benefits of breastfeeding in the long run and that breastfeeding mothers and families are supported in their journey as much as possible.

The Public Health Division has set breastfeeding support and promotion as a priority for the past few years.

The strategies that have been implemented to date include:

• Creation of a breastfeeding support group for mothers and families



 Development of a breastfeeding friendly toolkit for employers to learn not only the importance of breastfeeding, but also how to support breastfeeding mothers returning to work



 Education and breastfeeding promotion campaign addressing the importance and benefits of breastfeeding and targeting mothers, fathers, grandparents, daycare providers etc.



## Access to Preventive Clinic Services

#### Immunizations

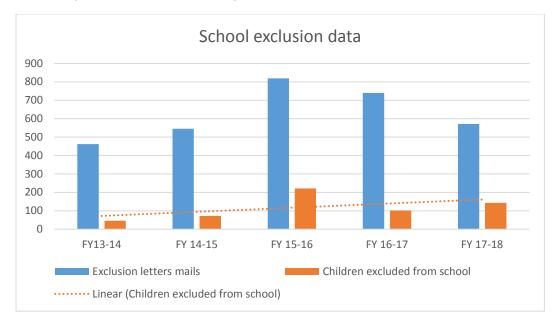
The Public Health Division offers immunizations for both adults and children. In fiscal year 2018, we provided 1,025 immunizations. See breakdown below of the main immunizations we provided:

Type of vaccines administered	Total
Seasonal flu	243
Tdap	157
НерВ	124
MMR (Measles, Mumps, Rubella)	105
НерА	103

The number of immunizations we have been able to provide to our community has decreased since last fiscal year. This decrease includes all vaccines and is not age specific. Some of the explanation for this almost <u>20% decrease in services</u> might be explained by our change of location, the availability of immunization services in a lot of pharmacies across the community, and the lack of knowledge about the services we offer.

#### School exclusion

Shots are required by law for children who attend public and private schools, preschools, child care facilities, and Head Start programs in Oregon. The Public Health Division is mandated to work with these facilities to ensure that every child is up to date on their immunizations by "school exclusion day" in February. The public health team works to get reports from these facilities on children's vaccination status, and mail letters to parents about their children's immunization records and the type of vaccines that must be completed before exclusion day.



#### Women's Health and Reproductive Health

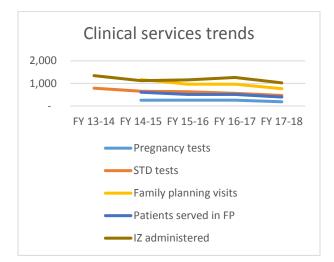
One of the services the Public Health department offers our community is access to women's health and reproductive health services such as breast and cervical cancer prevention, access to contraceptive methods and family planning options, as well as testing for pregnancy, and some sexually transmitted diseases.

In April of 2018, the State of Oregon expanded the reach of the Reproductive Health program. The Oregon Reproductive Health Program works with clinics across the state to offer free or low-cost reproductive health services and birth control. Coos Health & Wellness is the only organization in Coos County that is fully certified to provide all of the services offered by the enhanced Oregon Reproductive Health program.

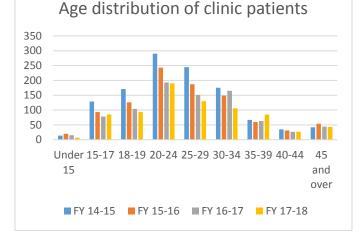
Services that residents may be able to get at low or no cost (based on income eligibility) are:

- Choice of birth control method including emergency contraception and vasectomy
- Pelvic exams and pap smears if needed
- Pregnancy testing and STD testing (if related to contraceptive method use)
- Health education and counselling (reproductive and preventive health, contraceptive methods, STD/HIV risks, pregnancy counseling, infertility, domestic and sexual violence)
- Information and referral to other health and social services

Over the years and possibly due to the expansion of the Oregon Health Plan (OHP) through the Affordable Care Act, we have served fewer people. One possible explanation is that people we used to serve are now able to have health insurance and go see a specialist and/or a primary care provider.

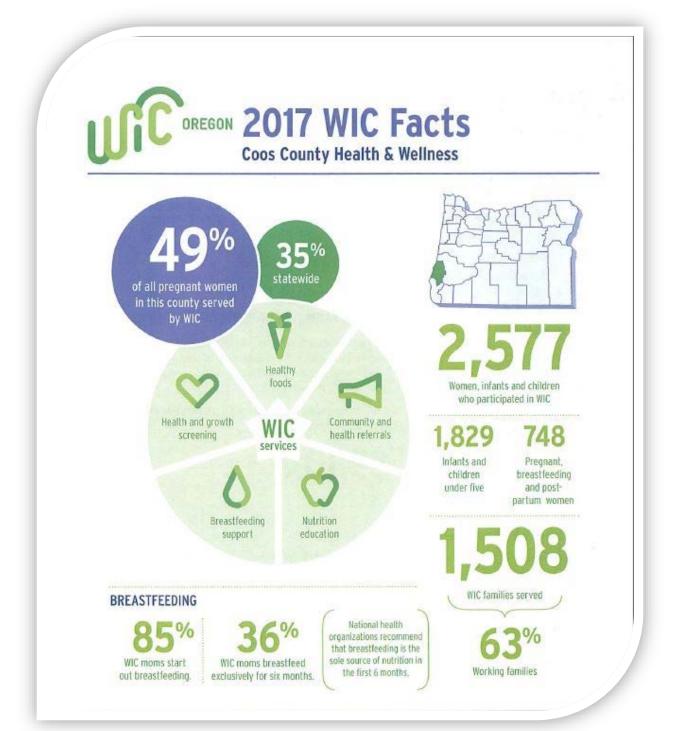


The majority of the patients we serve are within the 34 years old and younger age category.



#### Women, Infants and Children

The WIC program is the Special Supplemental Nutrition Program for Women, Infants and Children. We provide vouchers for healthy foods to supplement our participants' diets, offer opportunities for nutrition education at every contact, refer high risk participants to a registered dietician, provide breastfeeding support to mothers and families, and refer to other community services.



#### Oregon Health Plan and Oregon Mothers Care



Coos Health & Wellness plays a tremendous part in ensuring our community members have access to public health insurance, the Oregon Health Plan. We have two staff members dedicated to assist and provide case management for anyone who needs to get onto the plan and who needs to renew their enrollment with the plan. The team also works with pregnant women who do not have insurance to expedite their enrollment and speed the scheduling for their initial

prenatal appointment. The team not only provides services at our main location in Coos Bay, but also provides outreach at various locations in Coos County. We work in partnership with the Coos County jail, the Devereux Center, the WIC program and the Department of Human Services to allow for better access to services.

#### People assisted with the Oregon Health Plan:

FY 2016-17	FY 2017-18
1,857	3,767

Oregon Mothers Care (OMC) is a state-wide program that ensures that prenatal care is made available to all women in the county. Our Case Managers assisted 180 pregnant women with:

- Pregnancy testing
- Applying for the Oregon Health Plan
- Making their first prenatal care appointment with a provider

•



- Referring to the dentist or making a dental appointment
  - Providing information about the WIC program and maternity case management services
  - Other information and services that may be available to them

Early prenatal care is extremely important. Having the initial prenatal visit in the first trimester can reduce the risk of harm to a mother and her baby. Finding certain problems early and treating those problems can reduce risk factors and increase chances for a healthy pregnancy

and birth. Dental care is also a key component of health during pregnancy. Expectant mothers can pass bacteria to their unborn child, increasing the risk for preterm birth and low birth weight. Seeing a dentist, and receiving care and regular cleanings can help eliminate the spread of bacteria to the unborn, increasing the chances of a healthier pregnancy and birth outcome.

## Public Health Emergency Preparedness

Coos Health & Wellness (CHW) Public Health Emergency Preparedness (PHEP) program works to increase the ability of CHW to plan for and respond to emergencies that impact public health outcomes in Coos County. Coos Health & Wellness personnel are responsible for assisting Coos County in coordinating the response to any emergency or disaster with public health and/or medical consequences. Below are the activities we undertook in FY 17-18:

#### Training

- Active Shooter Training
- Fire Extinguisher Training
- ICS Bag training activity

Public Health staff received training on the content and use of the Incident Command System (ICS) bags used to set up the Emergency Operations Center (EOC).

#### **Exercises**

- Evacuation Drills
- Great Shakeout

CHW participated in the Great Oregon Shakeout, a nationwide earthquake drill and staff who participated followed the national standard of drop, cover, and hold on.

- HAN Communications exercises Regular tests of the Health Alert Network (HAN) system are carried out on a quarterly basis to ensure that the emergency warning, notification and messaging system is fully functional.
  - Airport Exercise

The PHEP program participated in the Southwest Oregon Regional Airport's mandated exercise with a scenario featuring a plane crash due to an Ebola Virus Disease infected individual onboard, and activated the CHW EOC.

• Initial Incident Response Tabletop with General Staff

A tabletop helped prepare leadership on the actions to be taken in the immediate aftermath of an incident utilizing the policies and

procedures and initial incident response checklist.

• EOC Activation Functional Exercise This exercise tested the capability to activate the Emergency Operations Plan (EOP), set up EOC and use the initial emergency response checklist, conduct a planning meeting, create the incident action plan, set objectives, and messaging.

• Ethics Issues Resolution Tabletop Using the scenario of a large Measles outbreak the issues surrounding resource scarcity and the ethics involved in prioritizing who receives vaccinations and treatment first was explored.

#### **Community Partnerships**

• Coos County Medical Reserve Corps The Coos County Medical Reserve Corps (CC-MRC) is a team of volunteer licensed medical professionals and support staff who live and work in Coos County and provide a surge capacity during healthcare or public health emergencies.

• Health Emergency Response Team (HERT)

The HERT is a coalition of healthcare providers and responders made up of hospitals, clinics, state, local, and tribal representatives, & faithbased organizations. Facilitated by the PHEP program, they meet monthly to provide a forum for discussion, planning, training, exercises, and projects that will enhance the healthcare community preparedness for, recovery from, and resiliency to events that threaten the health of our family, friends, and neighbors on the Southern Oregon Coast.

#### **Incidents & Events**

#### • Solar Eclipse

The PHEP program provided direct in-the-field support to Grant County during the event.

• Chetco Bar Fire

The PHEP program assisted with the delivery of cots that were originally ordered into Coos County.

#### **Other Activities**

• Emergency Preparedness Health Promotion Messages

The PHEP manager provided educational Op Ed pieces to the local newspaper and media on what to expect in an earthquake, how to make a cost effective *go-bag*, and September Preparedness Month.

## **Vital Statistics**

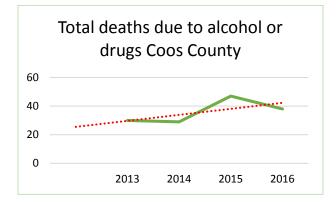
Death and birth certificates

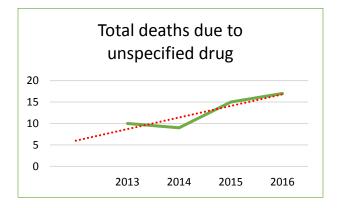
Any death that occurs in Coos County has to be registered by our Vital Records clerk and then reported to the Oregon Health Authority. For birth certificates, Bay Area Hospital and the state of Oregon register all births occurring in the county. The Coos County vital records office can issue birth and death certificates for six months following the date of the event.

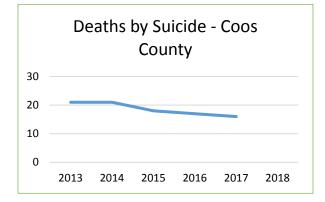
The table below illustrates the number of deaths registered and the number of certificates issued in fiscal year 2018.

Birth certificates recorded by Coos County	304
Birth certificates issued by the county	374
Deaths registered in Coos County	889
Death certificates issued by the county	3,551

#### Trends and data points







#### **Quick facts:**

The proportion of deaths due to unspecified drugs over total of deaths by alcohol and drugs (A&D) has increased from 2013 to 2016. In 2013 it represented 33% of total deaths by A&D and in 2016 it represented 45% of the A&D deaths.

Deaths by suicide has been decreasing slightly since 2013. Most suicides committed in our community are by [older?] males.

## Community Health and Collaboration

#### Community Health Assessment

The Public Health Division participated in the development of the 2018 Community Health Assessment (CHA) for Coos County. The CHA was developed in collaboration with various community partners and organizations including local public health, hospitals, federally qualified health centers, early learning and child focused groups, tribal health services, dental organizations, the local coordinated care organization and other health and human services organizations.

The **purpose** of the Coos County Community Health Assessment (CHA) is to provide a view into the health of the community. One of the specificities of the document is that it looks at the health of our community as well as at the various factors that influence our health as a community. These factors are often referred to as the social determinants of health.



Therefore the CHA provides information and data about:

Coos County demographics, our neighborhoods and physical environment, our economic stability, the education of our population, our food systems, our sense of community, and our health care system. The CHA also looks at the behaviors that affect our health as well as our health status and outcomes.

#### To access the CHA please go to:

http://www.co.coos.or.us/Portals/0/Public%20Health/Annual%20Reports/FinalDraft\_2018CHA.pdf?ver =2018-04-26-105356-117

#### Community Health Improvement Plan

The Community Health Improvement Plan (CHIP) identifies strategies that the community could implement to address some of the findings of the Community Health Assessment. The community partners who contributed to the development of the CHA, as well as additional community members, are currently working on identifying priorities and strategies for the 2019 Community Health Improvement Plan.

While the new CHIP is in the works, the current CHIP is working on five previously identified priorities for our community.

These are:

- Healthy Eating Active Living
- Commercial Tobacco Prevention
- Suicide Prevention
- Access to Prenatal Care
- Access to Care

#### Community Collaborations and Coalitions

In order to serve our community in the most efficient and best way possible, the health department works in collaboration and partnership with many community based organizations, social services agencies, the school system, the business community, and the health care system, including health care providers, hospitals, and the Coordinated Care Organizations. etc.

We also work very closely with other public health departments as well as the State Health Department – the Oregon Health Authority.

#### Regional Collaboration with Curry and Douglas Counties

As part of the Public Health Modernization efforts, Coos, Curry and Douglas counties have partnered to identify trends and burdens of communicable diseases that affect the region and to work on a regional approach to prevention of these diseases. We are also working to promote vaccinations in young children as a way to prevent the transmission of communicable diseases. Finally, we are looking at how these diseases are affecting our populations and which populations may be more at risk. This will inform future health promotion efforts as well as targeted interventions.

## County Data

Source: RWJF County Health Rankings 2018

	Coos County	Trend	Top U.S. Performers*	Oregon	Rank (of 36)
Health Outcomes					30
Length of Life					30
Premature death (per 100,000)	8,700	$\checkmark$	5,300	6,000	
Quality of life			'		26
Poor or fair health	17%		12%	16%	
Poor physical health days	4.2		3.0	3.8	
Poor mental health days	4.6		3.1	4.5	
Low birth weight (<2,500 grams)	6%		6%	6%	
Additional Health Outcomes					
Premature age-adjusted mortality (per 100,000)	410		270	310	
Child mortality (per 100,000)	50		40	40	
Infant mortality (per 1,000 live births)			4	5	
Frequent physical distress	12%		9%	11%	
Frequent mental distress	14%		10%	14%	
Diabetes prevalence	13%		8%	9%	
Health Factors					34
Health Behaviors					33
Adult smoking	19%		14%	16%	

	Coos County	Trend	Top U.S. Performers*	Oregon	Rank (of 36 counties in Oregon)
Adult obesity (BMI >30)	32%	$\uparrow$	26%	27%	
Food environment index	7.3		8.6	7.6	
Physical inactivity	21%	$\uparrow$	20%	16%	
Access to exercise opportunities	80%		91%	77%	
Excessive drinking	17%		13%	19%	
Alcohol impaired driving deaths	34%		13%	32%	
Sexually transmitted infections	225.7	1	145.1	410.7	
Teen births	31		15	22	
Clinical Care					20
Uninsured	9%	$\checkmark$	6%	8%	
Primary care physicians	1260:1		1030:1	1070:1	
Dentists	1250:1			1270:1	
Mental health providers	310:1		330:1	230:1	
Preventable hospital stays	47	$\checkmark$	35	34	
Diabetic monitoring	86%		91%	86%	
Mammography screening	64%	$\checkmark$	71%	61%	
Social & Economic Factors			· · · · · ·		35
High school graduation	58%	$\checkmark$	95%	75%	
Some college	56%		72%	68%	
Unemployment	6.5%		3.2%	4.9%	
Children in poverty	26%	$\checkmark$	12%	17%	
Income inequality	4.5		3.7	4.6	

Children in single parent households	34%		20%	31%	
Social associations	13.0		22.1	10.2	
Violent crime (per 100,000)	165	1	62	245	
Injury deaths	107		55	71	
Physical Environment			·		18
Air pollution - particulate matter	6.1	$\checkmark$	6.7	7.0	
Drinking water violations	YES				
Severe housing problems	18%		9%	20%	
Driving alone to work	76%		72%	71%	
Long commute - driving alone	17%		15%	28%	

↓↑: Trend is worsening over time

 $\uparrow \psi$ : Trend is improving over time