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## Letter from the Public Health Administrator

One of the greatest accomplishments of the Public Health department this past fiscal year (2018-19) was to become accredited with the National Public Health Accreditation Board! Our Coos County Public Health department is amongst less than 300 public health departments in the country to carry this seal of quality and excellence!

Accreditation provides a framework for a health department to identify performance improvement opportunities, to improve management, develop leadership, and improve relationships with the community.

The health department has continued to provide essential public health services to preserve health and prevent diseases in our community.

Our work included processing and investigating over 1,200 reports of communicable diseases from health care providers and laboratories in the community. In addition, we worked with the healthcare system to strengthen practices and education around the importance of vaccination amongst those of us who can be vaccinated. Finally, our emergency management team worked at strengthening our ability to respond to public health emergencies in the community.

The environmental health program continued ensuring that the place we eat at, the festivals we attend, the pools and spas we swim at, as well as our traveler accommodations, RV parks and vacation rentals are safe for all of us to enjoy. We also continued the collaboration with the Tenmile Lake Basin Partnership to monitor Blue Green Algae blooms throughout the year at Tenmile Lake.

We also worked on making sure our community has access to health and preventative services early on in life. The WIC program offers healthy nutrition education and benefits for families and children from prenatal to 5 years old. The home visiting programs work with families of young children to support and build-up healthy beginnings. We support healthy pregnancies with pregnancy testing and prenatal care referrals, access to contraception options and reproductive health services, as well as access to health care coverage through assistance with the Oregon Health Plan. Overall **these programs served over 6,000 community members and children** in fiscal year 2018-19.

In terms of health promotion, we focused on promoting breastfeeding at home, in the workplace, and in the community.



Public Health Modernization dollars supported our existing partnership with Douglas and Curry counties to develop a network of public health professionals that works together at promoting health and preventing the spread of infectious diseases in the region.

Public health work is often happening upstream and “behind the scenes” and can sometimes be forgotten. The work we do is important and we could do even more and respond to the specific needs of our community if we had additional and unrestricted sources of funding. As you will see in the fiscal report, our revenue streams are targeted to the minimum public health services required by the state of Oregon. And we are depending on insufficient federal and state funding to be able to conduct our efforts.

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 Coos County.



***Florence Pourtal-Stevens - Public Health Administrator***

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# Annual Report 2018- 2019



9 Drinking Water Surveys completed  
16 contamination alerts responded to



661 Restaurant Inspections done



45 Pool Inspections done



74 RV Park Inspections done



189 Tourist accommodation inspections done



1,226 Communicable Disease reported and 378 Investigations conducted



360 STD tests done at the clinic



142 Pregnancy Tests done



100 Pregnant Women assisted through Oregon Mothers Care



1,062 Immunizations Administered



786 Family Planning Visits for 458 patients



Team helped with 3,532 applications for the Oregon Health Plan



2,468 families served and 71 WIC Satellite Clinics held in the county



1,668 Nurse Home Visits completed and 105 families & children served



143 Animal bites reported to CHW

# Communicable Diseases Control

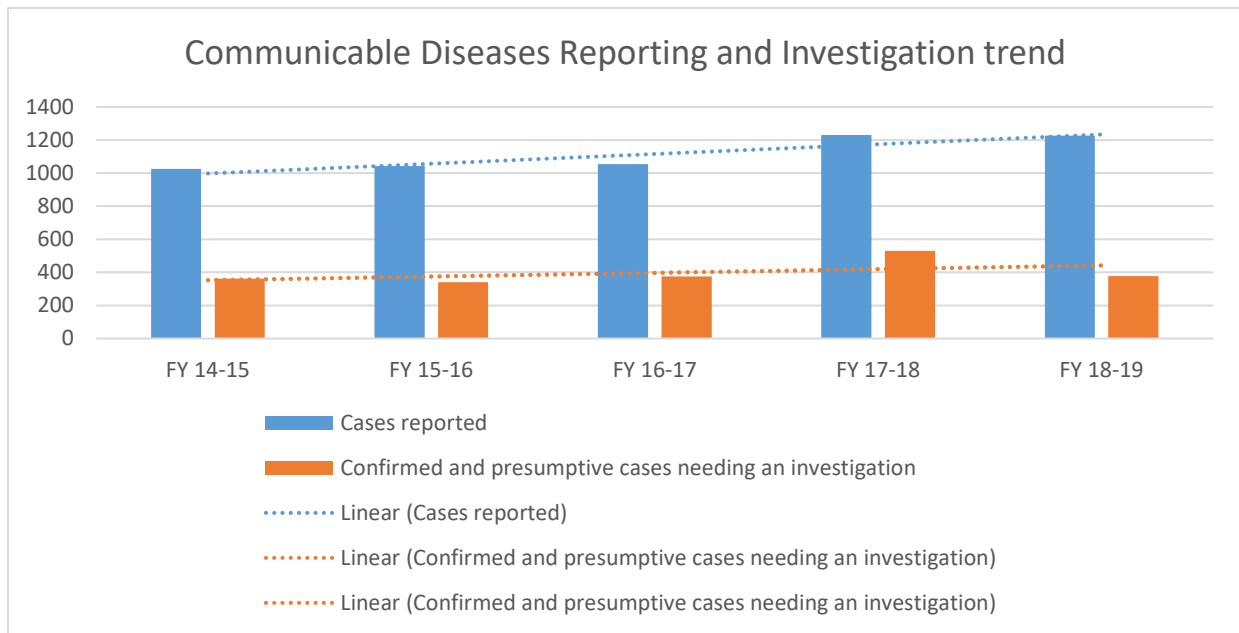
## Communicable Diseases Reports and investigations

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 2018-19	1,226
Confirmed and presumptive cases needing investigation	378



Of note is the decrease in confirmed and presumptive cases needing an investigation compared to last fiscal year (2017-18). This can be explained by the decrease in Chlamydia and Gonorrhea cases reported to the health department.

## Communicable Diseases Trends

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

Diseases	FY 15-16	FY 16-17	FY 17-18	FY 18-19
<b>Sexually Transmitted Diseases</b>				
Chlamydia	147	144	198	<b>111</b>
Gonorrhea	48	45	87	<b>43</b>
Syphilis	1	2	4	<b>11</b>
HIV	2	5	6	<b>3</b>
<b>Food borne illnesses</b>				
Campylobacteriosis	9	19	15	<b>11</b>
Salmonella	4	8	7	<b>9</b>
<b>Environmental related diseases</b>				
Elevated Blood Lead Level	1	5	10	<b>10</b>
<b>Other communicable diseases</b>				
Hepatitis C	115	122	173	<b>162</b>
Tuberculosis (latent included)	1	0	0	<b>3</b>

## Sexual Health: Testing and Treatment

Even though the number of reports of sexually transmitted infections (STIs) seem to have declined in fiscal year 2018-19 (see tables on the next page), STIs still constitute the bulk of the communicable diseases reports we receive and investigate in the community.

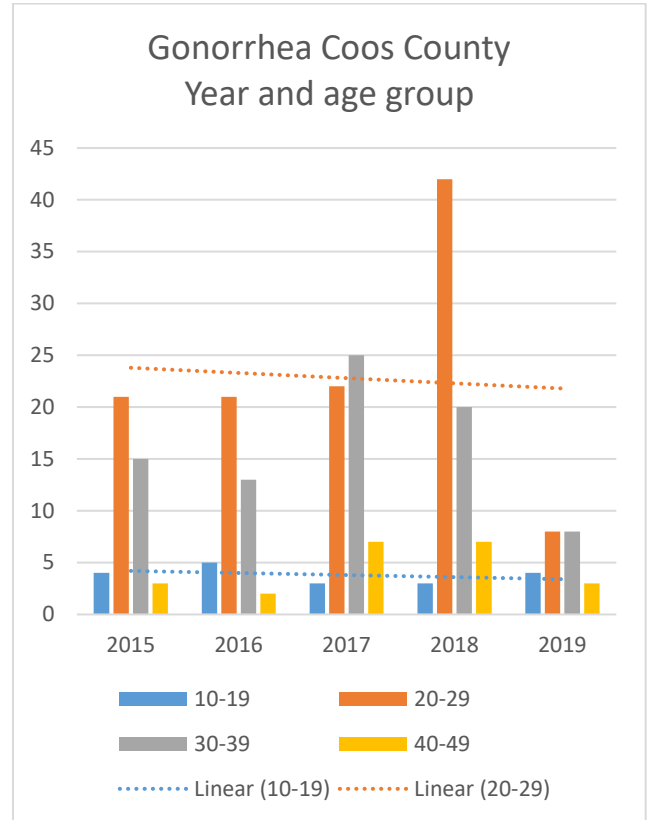
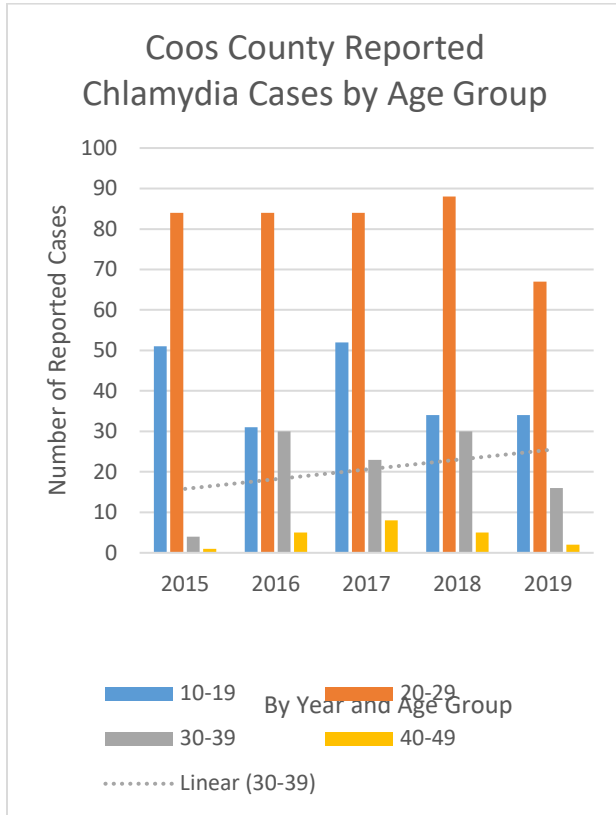
For sexually active community members, a few steps are important to keep in mind in order to prevent STIs exposure and transmission:

- Use of condoms
- Regular testing
- Reducing the number of sexual partners
- Vaccination against HPV
- Mutual monogamy

The Public Health Division offers testing and treatment services for sexually transmitted infections such as Gonorrhea, Chlamydia and HIV. Being regularly tested for STIs is an important prevention step along with partner treatment. Expedited Partner Therapy (EPT) is the clinical practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescriptions or medications to the patient to take to his/her partner without the health care provider first examining the partner.

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 and confidential HIV, Hepatitis C, and Syphilis testing. 39 tests were

provided within 2 months. When a patient tests positive to any of these diseases, the Alliance can directly enroll them into the many case management services and resources they have available.



**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.



## School exclusion

Vaccinations 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” each year in February (third Tuesday of 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.

The graphs below show a decrease in the number of exclusion letters mailed to parents of children whose immunizations are not up to date. They also show an increase in the percentage of children who have a non-medical exemption for not being up to date on their vaccinations.

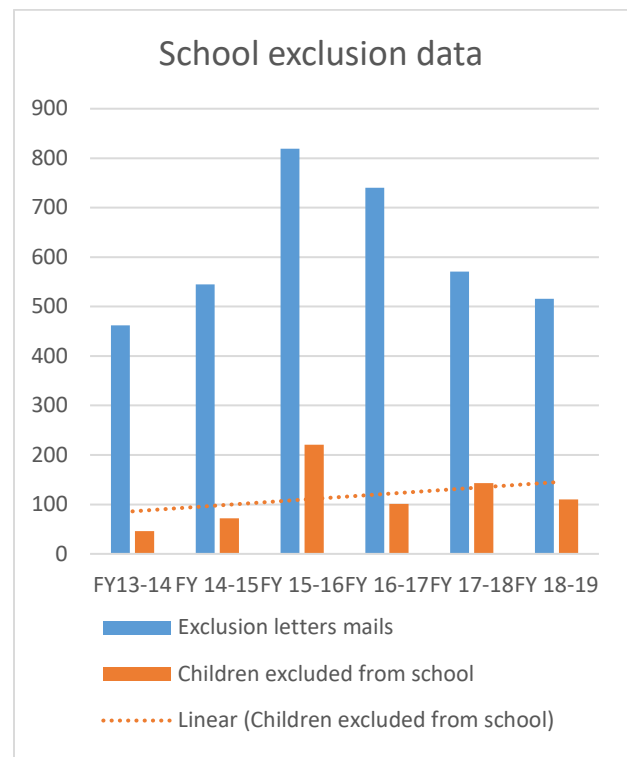
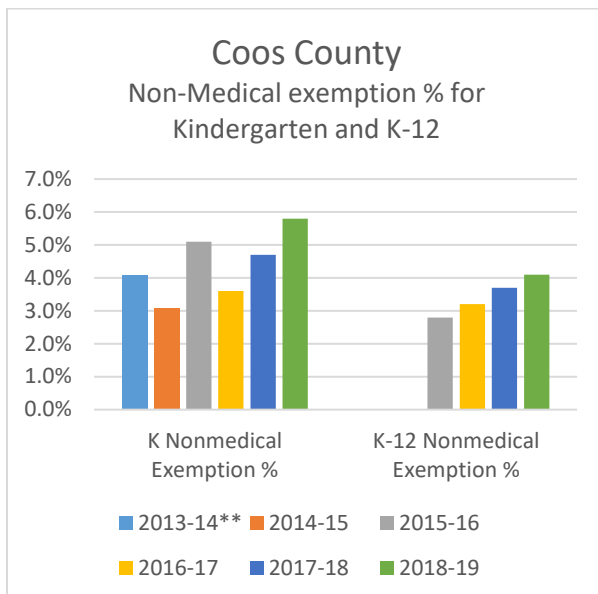
### What is nonmedical vaccine exemption?

Some people choose not to vaccinate for personal, religious, or philosophical reasons and they can claim a nonmedical exemption to some or all immunizations.

There are two-ways to claim a nonmedical vaccine exemption in Oregon:

- Watch an online vaccine education module and submit a certificate of completion.
- Talk to a health care provider and have them sign a Vaccine Education Certificate.

The percentage of children who are unvaccinated and attending Kindergarten and K-12 has been slowly increasing over the past few years. The less a community vaccinates those who can be vaccinated the more it exposes those who cannot be vaccinated to vaccine preventable diseases that can have very serious consequences for people with weak or immature immune systems.



## Environmental Health

### Food, pool and spas, and travelers accommodations licensing and safety

The Environmental Health program conducts required inspections for various facility types in our county. Restaurants, schools, and swimming pools have to be inspected twice a year while traveler’s accommodations, daycare facilities, and RV parks require an annual inspection. When violations are found during an inspection, the facility has to be re-inspected so we can observe the correction in the practice that led to the violation. Our team focuses with facilities operators on continued education and implementation of best practices.

Facility and License Type	Inspections Required	Inspections Conducted	Re-inspections Done	Total
Restaurants	480	480	181	661
Temporary restaurants		109	2	111
Travelers’ Accommodations	188	187	2	189
RV parks	68	69	5	74
Organizational Camps	5	5	1	6
Swimming Pools and Spas	40	40	5	45
Schools		45	2	47
Daycares		19		19
<b>Total</b>	<b>782</b>	<b>954</b>	<b>198</b>	<b>1,152</b>

### Drinking Water Systems

In 2018, nine public water systems surveys were assigned to the Environmental Health Program and all were completed. Coos Health & Wellness was also notified of 16 contamination alerts and all were responded to in a timely way.

### 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.

### Animal Bite Reports

In consideration of potential rabies 143 animal bites were reported to and reviewed by Environmental Health Program staff in fiscal year 2018-19.

# 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 **105 children/ families were served** by the Home Visiting program. Our team of 2.5 nurses and 1.75 Public Health Associates completed **1,668 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.
- 12 Group Connections events were held 115 children, 36 fathers, 88 mothers and 13 additional family members were served

Out of the 105 children served:

- 100% of children live in poverty
- 72 raised by parent with limited or inadequate knowledge and/or supports
- 73 raised with parent with a child welfare history
- 54 raised by a parent with disability, chronic health condition, or mental illness
- 53 with chronic health conditions or disabilities
- 27 raised with a parent with recent history or current domestic violence
- 35 raised by a parent with less than a high school education
- 50 raised by a single parent
- 15 exposed to drugs as infant or fetus
- 60 children lived in unstable housing or experienced multiple moves

## Breastfeeding promotion

Breastfeeding provides a wide array of benefits to the infant and the mother.

BABY	MOTHER	EMPLOYER	COOS COUNTY
↓ diarrhea	↓ breast cancer	↑ productivity	↓ packaging in landfills and ocean
↓ ear infections	↓ ovarian cancer	↑ company loyalty	↓ carbon footprint
↓ lower respiratory infections	↓ osteoporosis	↓ turnover rate	↓ various illnesses/health conditions
↓ asthma	↓ heart disease	↓ absenteeism due to a sick child	↓ health care cost
↓ eczema	↓ postpartum depression	↓ healthcare/insurance cost	
↓ sudden infant death syndrome (SIDS)			
↓ necrotizing enterocolitis			
↓ obesity			
↓ allergies			
↓ type-2 diabetes			

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. Based on WIC data, 88% 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 35% of infants are still exclusively breastfed at 6 months old (Source: WIC annual report 2018).

Over the past few years, the Public Health Division has implemented a multi-faceted approach to breastfeeding promotion and support in our community. This is to ensure that breastfeeding mothers and families are supported in their journey as much as possible.

This year we focused on supporting breastfeeding families by ensuring that mothers' support systems and close

communities were informed and educated about breastfeeding and how to be supportive.

- Restarted the Lactation Club, which is a breastfeeding support group for mothers and families



- Developed 6 breastfeeding promotion videos that featured dads and grandparents, employers, pediatricians, child care providers and friends and how they all can be supportive of breastfeeding
- Developed a booklet in English and



Spanish that addresses practical breastfeeding questions such as latching, pumping, milk supply and storage etc.



## Access to Preventive Clinic Services

### Immunizations

The Public Health Division offers immunizations for both adults and children. In fiscal year 2019, we provided 1,062 immunizations. See breakdown below for the main immunizations we provided:

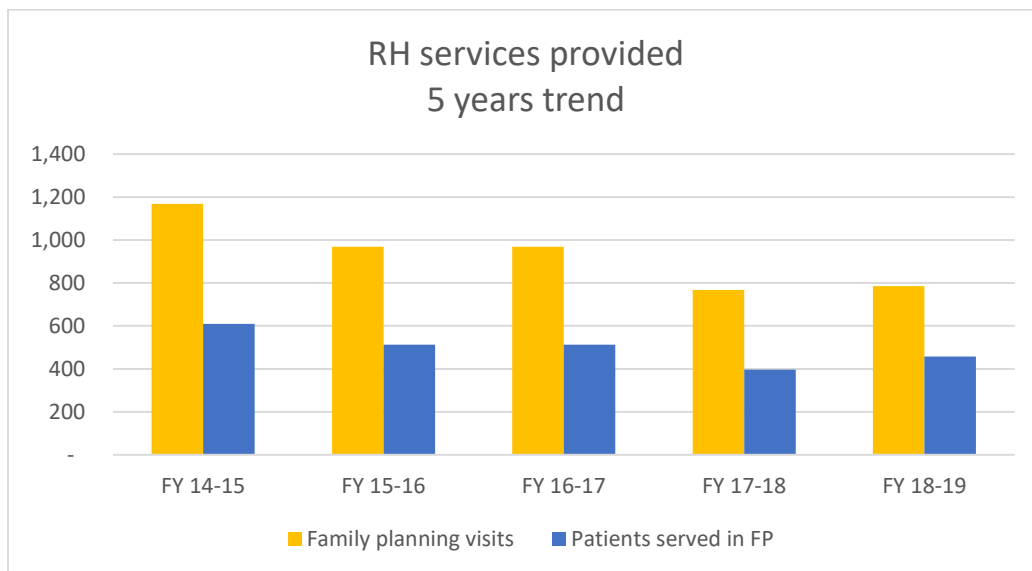
Type of vaccines administered	FY 17-18	FY 18-19
Seasonal flu	243	287
Tdap	157	139
HepB	124	143
MMR (Measles, Mumps, Rubella)	105	111
HepA	103	102

The number of immunizations we have been able to provide to our community slightly increased compared to last fiscal year. We developed partnerships with community organizations and businesses to be able to come on-site and provide flu shots to employees.

### Women’s Health and Reproductive Health

One of the services the Public Health department offers our community is access to reproductive and sexual health services. These preventative services include screening for breast and cervical cancer, access to contraceptive methods and family planning options, testing and treatment of sexually transmitted infections, health education, counselling, and possible referrals on a wide range of topics.

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.



Another explanation for this drop in services, is that our provider was only available a few days a month which makes it difficult to serve many people. This year, we hired a new nurse practitioner who is working twice as much as our past provider was and who has expanded the scope of our practice. We are foreseeing being able to serve more community members in the years to come as suggested by the slight increase in services rendered and number of clients served for fiscal year 18-19.

**We were able to serve 458 patients and provide over 780 visits.**

The majority of the patients we serve (55%) fall within the 34 years old and younger age category.

### 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	FY 18-19
1,857	3,767	3,532

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 100 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



**Oregon MothersCare**  
supporting healthy pregnancies

Early prenatal care is extremely important. 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.

## 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 for free, provide breastfeeding support to mothers and families, and refer to other community services



## 2018 Data

### Coos County Health & Wellness

## GROWING HEALTHY FUTURES

Participating in WIC supports the long-term health of women, infants, children and families. WIC is proven to support longer pregnancies and positive birth outcomes.<sup>1</sup>

For children, the American Academy of Pediatrics identifies three foundations of healthy child development:

- **Stable, Responsive Relationships**
- **Safe, Supportive Environments**
- **Appropriate Nutrition<sup>2</sup>**

WIC is the premier public health nutrition program, and it supports all three of these developmental foundations.

1) Fingar et al, Journal of Maternal and Child Health, 2017. 2) American Academy of Pediatrics, Policy statement, 2012.



## WHO WE SERVED



**2,468**

Women, infants and children who participated in WIC

**43%**

of all pregnant women served by WIC

**1,437**

WIC families served

**67%**

are working families

**5 out of 7**

participants are infants and children under five



## BREASTFEEDING

**88%**

WIC moms start out breastfeeding

**32%**

WIC moms breastfeed exclusively for six months



PUBLIC HEALTH DIVISION

Special Supplemental Nutrition Program for Women, Infants & Children

## 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 18-19:

### New Staff

Phillip Nel took over from Samantha Buckley and began work as the new PHEP Coordinator on August 10<sup>th</sup> 2018. He has focused on getting the PHEP program equipped to deal with All Hazards emergencies and disasters. A new face from Volunteers in Service to America (VISTA), Michael Burton joined the PHEP program in August and has signed up and been accepted for a second year. He is focusing on running the WASH (Water Sanitation and Hygiene) program in addition to developing the Medical Reserve Corps (MRC) operational capabilities.

### Incidents

The Snow Storm in February affected large parts of Oregon including power delivery to Coquille Valley Hospital. The facility requested assistance to get power up and running and this was facilitated by the PHEP in conjunction with the PH Director, Coos County Emergency Management, OHA, and EOM. We monitored the incidence of Measles and Influenza in Coos County in order to identify and manage an outbreak should it occur.

### Training

During the course of the year various training courses were offered to CHW Staff, Partners, and Volunteers from MRC & CERT, including ICS 101 Training, WASH Training, POD Training, EOC 101, COOP Training, MCM-POD Orientation, Bioterrorism & Plague 101, CASPER, Fire Extinguisher, ALICE Training, and STOP the BLEED Training. Much of this training included hands-on activities such as setting up, operating and managing the EOC, and Points Of Distributions (POD).

### Exercises

- *Exercise evaluation*

In September the PHEP office served as exercise Evaluator for the Annual Airport Mass Casualty Exercise.

- *State-wide Plague release exercise*

In April and May CHW and various other Coos County organizations including the Coos County sheriff's Office, Coos County emergency Management, North Bend Fire Department, Coos Bay Fire Department, Charleston Fire Department, Lakeside Fire Department, CERT, MRC, Bay Area Hospital, Southern Coos Hospital, Coquille Valley Hospital, North Bend Medical Center, Coquille Indian Tribe and other organizations participated in a required 3-day state-wide exercise with the bio-terrorism scenario of a terrorist release of aerosolized plague (*Yersina pestis*) in a packed Portland stadium and on all inter-city buses.

The CHW EOC and County EOC was stood up, a CASPER survey was carried out, Strategic National Stockpile was requested and received, emergency radio networks were used as back-up communications, open and closed PODs were run county-wide. A highlight was the use of a commercially licensed drone to scout out the CASPER route as well as to monitor a target individual's spiking temperature from a height of 60'.



- *Other exercises*

Other exercises included participation in Operation/Exercise Ingram Marsh Planning and Tabletop with the LEPC, a Region 3 & 5 Surge Tabletop Exercise, and a NBMC Evacuation Tabletop Exercise with Michael Burton and Phillip Nel as Evaluators. Phillip Nel also served as exercise evaluator for the USCG North Bend Sector COOP/Evacuation Tabletop Exercise and as Observer for the LEPC Chemical Spill Tabletop. In addition, CHW participated in the Oregon Great Shakeout Drill with Evacuation.

### **Community Partnerships**

The PHEP also worked on community relations within Coos County and has strengthened relations with both the CT-CLUSI (Confederated Tribes of the Coos, Lower Umpqua and Siuslaw Indians) and CIT (Coquille Indian Tribe), various Law Enforcement and Fire Agencies within Coos County.

- *Coos County Medical Reserve Corps (MRC)*

Three members of Coos County MRC participated in Operation Pathfinder Minuteman a simulated Cascadia Subduction Zone event held at Camp Rilea near Warrenton OR.

The MRC was also asked to provide medical cover for the Bandon Dunes 6-day US Amateur Golf Championships. Various Flu-Shot clinics were carried out under the guidance of the CHW Clinic Staff.

- *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, & faith-based organizations. The Health Emergency Response Team completed a previous project on Mass Fatality Body Management and have begun a series of presentations on member/partner agency capabilities. In addition the group is continuing working on establishing and maintain MOU's with various organizations and businesses within Coos County.

### **Other Activities**

The PHEP participated in other activities and projects such as functioning in a consultative role as part of DOGAMI Consultative Site Visits to Bay Area Hospital, Coquille Valley Hospital, Southern Coos Hospital, and Gold Beach Hospital.

## Vital Statistics

### Death and birth certificates

Any death that occurs in Coos County has to be registered by our Vital Records custodian 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 2019.

Birth certificates recorded by Coos County	359
Birth certificates issued by the county	466
Deaths registered in Coos County	845
Death certificates issued by the county	3,296

## Community Health and Collaboration

### Community Collaborations and Coalitions

A key mandate of Public Health is to ensure that we develop and nurture collaboration and partnership with many community based organizations, social services agencies, the school systems, the business community, and the health care system, including health care providers, hospitals, and the Coordinated Care Organizations, etc. These partnerships and collaborations have one main goal: to serve our community in the most efficient, unduplicated, and coordinated way possible.

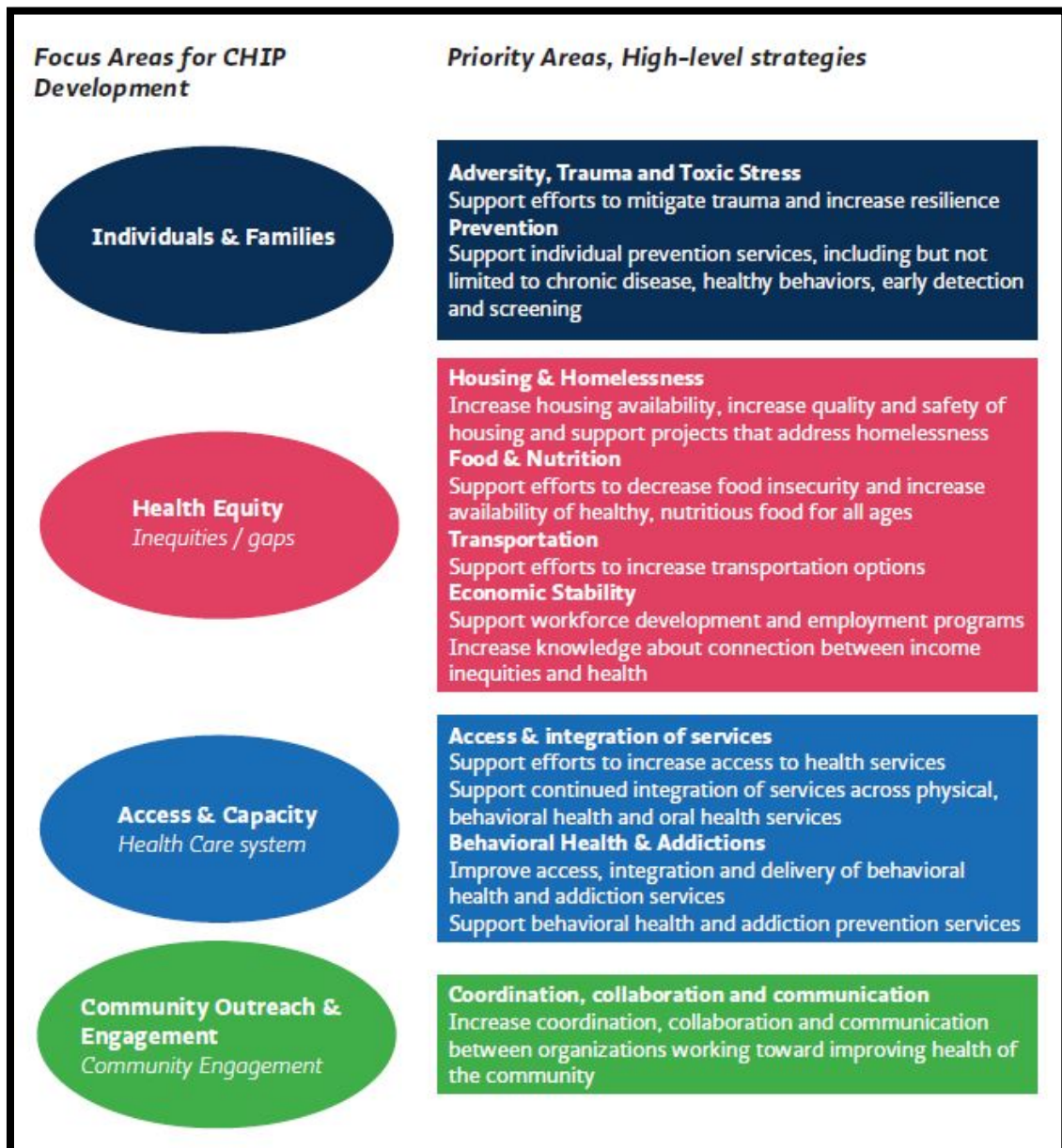
### Community Health Improvement Plan

In 2018, the Public Health Division participated in the development of the 2018 Community Health Assessment (CHA) for Coos County in collaboration with various community partners and organizations including 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.

Based on the CHA, the Public Health Division participated in the development of a Community Health Improvement Plan (CHIP) in 2019. The 2019-2022 Coos County Community Health Improvement Plan (CHIP) is a community level plan that aims to improve the health of individuals, families and the community at-large. The CHIP is not a stand-alone document, it is based on and compliments the 2018 Community Health Assessment (CHA). The CHIP represents community wide priorities and strategies

and serves as a broad umbrella plan for many individual organization health improvement efforts while also providing a structured focus for ongoing community wide efforts. The CHIP is community informed and focused on making meaningful changes through collaboration across many sectors and organizations. It is intended to address significant issues that influence health in Coos County.



## Systems work in Coos County

### Reproductive Health Collaborative

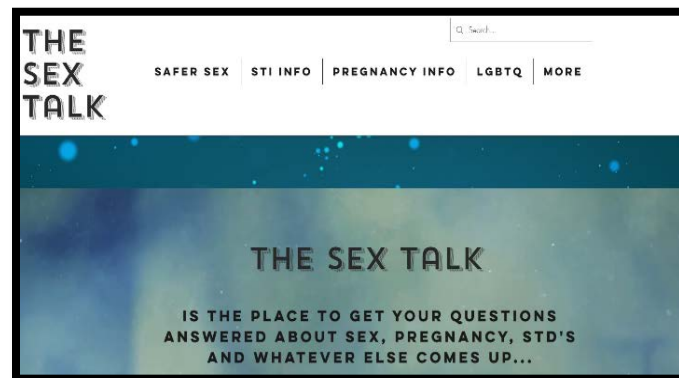
This year we received extra funding to work on system's wide issues and opportunities for improvement regarding access to reproductive health in our community. In order to get a better picture of what the reproductive health system looked like in Coos County, we convened the Reproductive Health Collaborative. This collaborative includes community partners and stakeholders representing the school system, the healthcare system, the social services system, the juvenile justice system, the youth services etc. The first strategy the collaborative pursued was to assess needs, opportunities, and resources to evaluate the gaps in access to reproductive and sexual healthcare services in Coos County. We administered 382 surveys and conducted 3 focus groups with students and staff of 3 alternative education programs.

#### Main findings were:

- Need more objective and non-judgmental education about safe sex practices and information about availability of services for teens and young adults
- Cost and lack of healthcare coverage is a barrier to accessing services

#### The Collaborative solution:

- Developing a website that provides evidence-based education, information and resources about reproductive and sexual health – <https://www.thecoossextalk.org/>



### Vaccines Collaborative

Another collaborative made of all the Vaccines for Children's clinics in Coos County, was created this year with the goal of increasing the immunization rates in our community, especially those of the 2 year old. When most of a community is vaccinated against a disease, it is able to protect those who can't get vaccinated. This is called Community Immunity. It protects everyone. Especially the people who can't get vaccinated for certain diseases. These can be people we know and love. Babies, who are too young to be vaccinated. People with weak immune systems due to disease or medical treatments (like people who have cancer or type 1 diabetes). Pregnant women. Senior citizens. And anyone allergic to a vaccine.

#### The collaborative focused on:

- Providing the same information and education to parents and families about vaccinations. We used resources for providers and parents from Boost Oregon <http://www.boostoregon.org/>
- Sharing clinics best practices for vaccines engagement and completion
- Creating vaccination promotion videos on the topics of Community Immunity, Youth Empowerment, Meningitis, and the HPV vaccine

## Systems work in Oregon

### Conference of Local Health Officials – Systems and Innovations Committee

The Conference of Local Health Officials exists in Oregon Revised Statutes (ORS 431.330) and the Conference Committees serve as forums for Local Health Officials and the Oregon Public Health Division to come together and discuss expectations, funding, program elements for Financial Assistance Agreements, and other governmental public health issues. Conference Committees make recommendations (ORS 431.340-431.345) on policy, budget and any other major changes to the full Conference of Local Health Officials Board for discussion and final action.

The Public Health Administrator for Coos County has been developing and co-chairing the Systems and Innovation Committee of the Conference of Local Health Officials. The Systems and Innovation Committee provides guidance and recommendations for the implementation and improvement of system-wide work as it relates to the core-functions and requirements of public health modernization. The committee also focuses on the dissemination of best practices and guidelines for incorporating the foundational capabilities in programmatic work (i.e. health equity and health communications, quality improvement).

### 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 burden 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 vaccination 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 2019

For more detailed information about these rankings:

<https://www.countyhealthrankings.org/app/oregon/2019/rankings/coos/county/outcomes/overall/snapshot>

	Coos County	Trend	Top U.S. Performers*	Oregon	Rank (of 35)
<b>Health Outcomes</b>					<b>30 ↓</b>
<b>Length of Life</b>					<b>31</b>
Premature death (per 100,000)	9,000	↓	5,400	6,000	↓
<b>Quality of life</b>					<b>27 ↓</b>
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%	
<b>Additional Health Outcomes</b>					
Premature age-adjusted mortality (per 100,000)	440		280	310	
Child mortality (per 100,000)	40		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	14%		9%	9%	
HIV prevalence	99		49	194	

	Coos County	Trend	Top U.S. Performers*	Oregon	Rank (of 35 counties in Oregon)
<b>Health Factors</b>					<b>35 ↓</b>
<b>Health Behaviors</b>					<b>34 ↓</b>
Adult smoking	19%		14%	16%	
Adult obesity (BMI >30)	37%	↑	26%	28%	
Food environment index	7.5		8.7	7.8	
Physical inactivity	22%	↑	19%	15%	
Access to exercise opportunities	85%		91%	88%	
Excessive drinking	17%		13%	19%	
Alcohol impaired driving deaths	36%	↑	13%	31%	
Sexually transmitted infections	237.6	↑	152.8	432.5	
Teen births	29		14	20	
<b>Clinical Care</b>					<b>26 ↓</b>
Uninsured	8%	↓	6%	7%	
Primary care physicians	1250:1	↓	1050:1	1080:1	
Dentists	1280:1		1,260:1	1260:1	
Mental health providers	280:1	↓	310:1	210:1	
Preventable hospital stays	4,092		2,765	2,903	
Flu vaccinations	42%		52%	40%	
Mammography screening	39%	↓	49%	40%	
<b>Social &amp; Economic Factors</b>					<b>35 ↓</b>
High school graduation	57%	↓	96%	77%	
Some college	57%		73%	69%	

Unemployment	5.5%		2.9%	4.1%	
Children in poverty	27%	↑	11%	17%	
Income inequality	4.7		3.7	4.6	
Children in single parent households	34%		20%	30%	
Social associations	12.5		21.9	10.3	
Violent crime (per 100,000)	170	↑	63	249	
Injury deaths	110		57	72	
<b>Physical Environment</b>					<b>21 ↓</b>
Air pollution - particulate matter	8.0		6.1	7.9	
Drinking water violations	YES				
Severe housing problems	18%		9%	20%	
Driving alone to work	77%		72%	71%	
Long commute - driving alone	17%		15%	28%	

↓↑: Trend is worsening over time

↑↓: Trend is improving over time



# OVERALL PUBLIC HEALTH

**PROGRAM FTE: 23.72**  
**PROGRAM STAFF: 27**

Prevent, Promote, Protect the health of Coos County residents

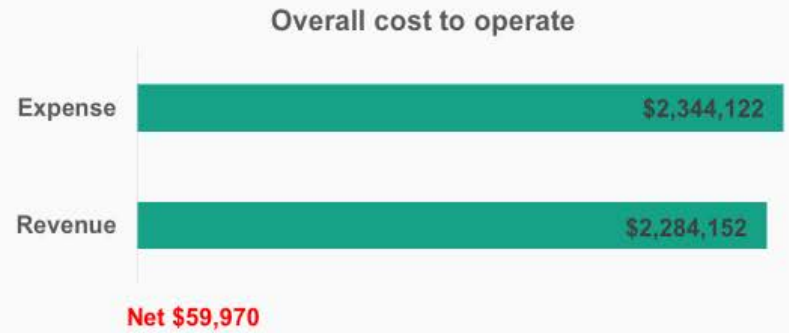
This includes:

- Communicable diseases prevention and protection
- Prevention and health promotion
- Environmental health
- Access to preventive services

Services by the number:

\* Revenue includes vital records fees of \$90,714

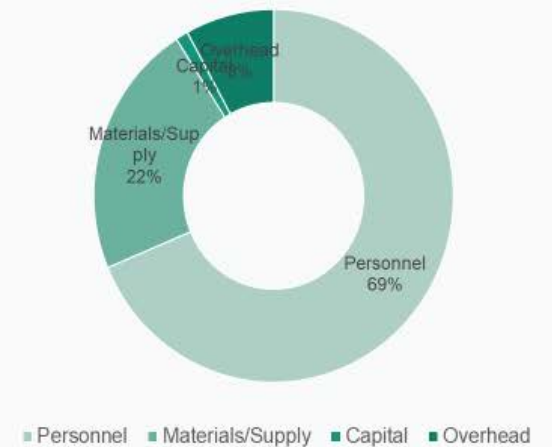
\*\* These figures do not reflect the full and true cost of operations as some staff time is not included and CHW covered expenses such as utilities, admin staff time, vehicles costs, cleaning costs, IT, website costs etc.



**PROGRAM REVENUE\***



**PROGRAM EXPENSES\*\***



### PH FUNDS RECEIVED FY 2018-19

