



COOS HEALTH & WELLNESS
PUBLIC HEALTH DIVISION
ANNUAL REPORT 2016 -17

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FROM THE PUBLIC HEALTH DIRECTOR

It is with great pleasure and a great sense of accomplishment that I am presenting to you the 2016-17 Annual Report from the Public Health Division of Coos Health & Wellness.

The report is organized in six parts:

1. The first part of the report gives you **an overview** of what Public Health focuses on in Coos County, what our division looks like at a glance, as well as our main achievements for 2016-17;
2. The second part is a snapshot into **the health of our county and of our communities**. This year we used the county health rankings to do that. For more information, you could go to the Robert Wood Johnson Foundation website;
3. The third part of the report focuses on **the Public Health system** and the work we contributed to Public Health Modernization in the State of Oregon as well as all the preparation work we have done to apply for National Public Health Accreditation;
4. The fourth part showcases the work **we contributed to community and population health in Coos County**. The report looks at our work on prevention and control of communicable diseases as well how we contributed to

ensure that the environment we live in is healthy and safe.

It also looks at the role the Public Health Division plays towards improving our community health outcomes through the provision of relevant health promotion messages to community members and the facilitation of the Community Health Improvement Plan;

5. The fifth part discusses the **services the Public Health Division provides directly to some of our community members** through our Public Health Clinic and our various Maternal and Child Health services. This year we got some extra funding to promote breastfeeding and adolescent well visits in the community;
6. Finally the last part of this report presents **our use of resources** for this fiscal year.

I hope that you find this report informative and that it will give you a good understanding of what Public Health is and of the various activities our division carries out daily to prevent the spread of disease, promote healthy behaviors and habits, and protect the community from various potential health hazards.

Florence Pourtal-Stevens
Public Health Administrator

PART I – PUBLIC HEALTH OVERVIEW

A day with Public Health in Coos County
CHW Public Health Division at a glance
2016-17 Accomplishments at a glance

A day with Public Health in Coos County



GOOD MORNING COOS COUNTY! It is the morning and your alarm clock buzzes. You get out of bed to begin your day.



CLEAN WATER: You head for the shower and then brush your teeth with clean water. Local public health works with communities to assure you have clean and safe drinking water.



SAFE KIDS: You take your child to school knowing they will be protected from serious childhood diseases, like measles and polio, because they received their childhood vaccinations. Local public health works with pediatricians, parents, schools and childcare facilities to ensure the community is protected.



TOBACCO PREVENTION: You're now off to work, and upon walking into your building you pass a "No Smoking" sign and are grateful that all workplaces in Oregon are smoke-free because of the Indoor Clean Air Act. Local public health works tirelessly to protect children and adults from second-hand smoke, and to create environments that support people who want to quit smoking.



SAFE FOOD: During your lunch hour you and a co-worker head to your favorite nearby restaurant, you naturally assume the food is safe to eat. Local public health inspects and licenses restaurants in Coos County.



READY FOR ANYTHING: It is the end of your workday, as you are driving home the radio news is reporting on a disease outbreak across the country, thankfully local public health is coordinating with hospitals, schools, and emergency preparedness managers to be prepared.



HEALTHY MOMS AND BABIES: You arrive home and greet your family. The phone rings, it is your sister calling. She tells you she just had a Babies First! Appointment with a public health nurse home visitor. Your niece is doing well, and the nurse made referrals so your sister could take your niece to her Well Child Care visit and her first dental appointment.

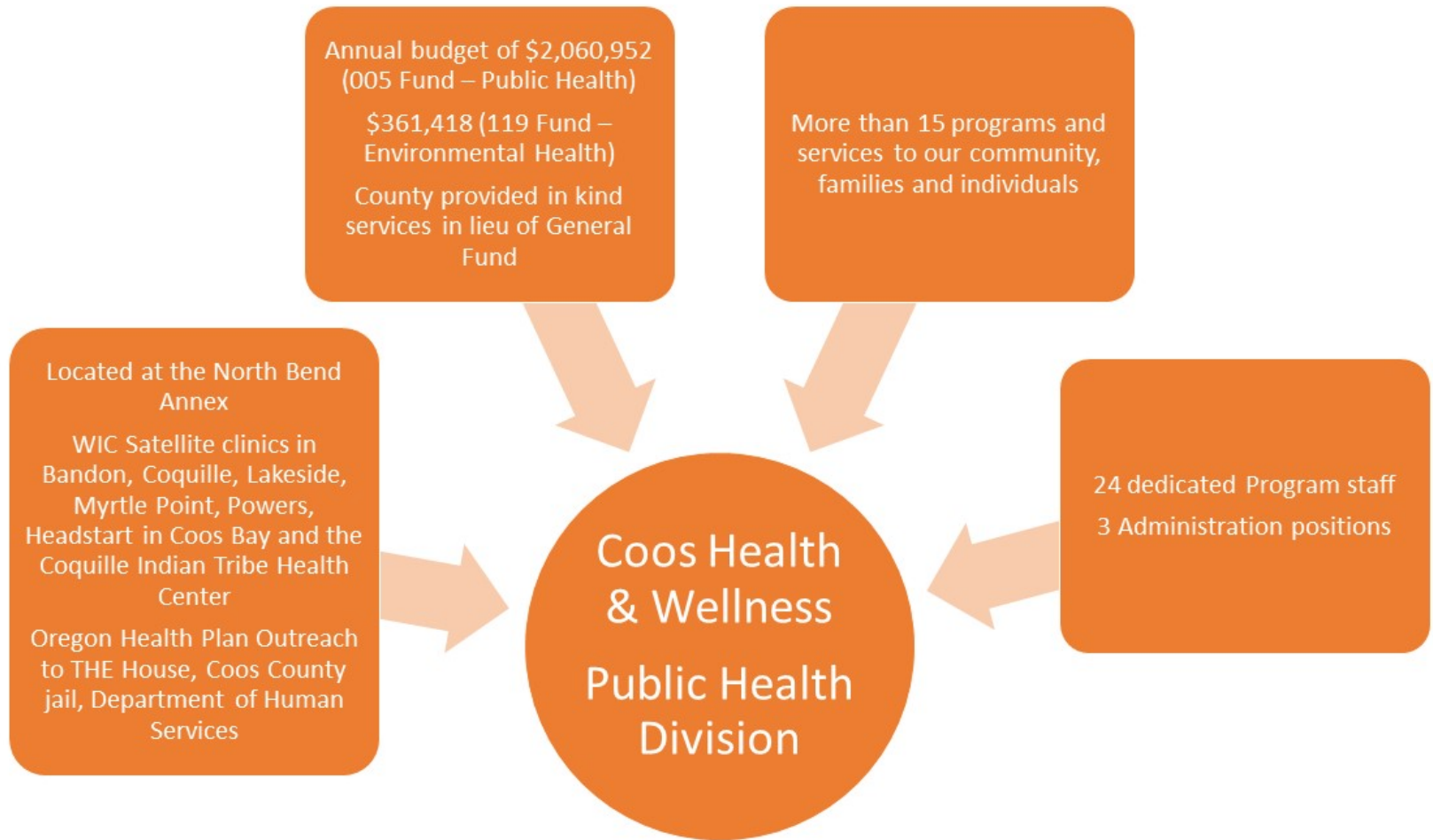


HEALTHY INSIDE AND OUT: You go for a bike ride with your family on a local trail. Public Health works with different community partners to create healthy environments for Oregonians to live, work, learn and play.



GOODNIGHT, COOS COUNTY: You've had dinner with your family, some time to unwind, and now it is time to get ready for bed. These are just some examples of how Coos Health & Wellness and your local public health has touched your life. You may not always see the work we do, but you are safer and healthier because of it

CHW Public Health Division at a glance



2016-17 Accomplishments at a glance

Annual Report 2016- 2017



9 Drinking Water Surveys completed
75 water systems accessed risk consultations



793 Restaurant Inspections done



49 Pool Inspections done



90 RV Park Inspections done



173 Tourist accommodation inspections done



1,054 Communicable Disease Investigations conducted



560 STD tests performed



258 Pregnancy Tests done



190 Pregnant Women assisted through Oregon Mothers Care



1,261 Immunizations Administered



968 Family Planning Visits for 513 patients



1,400 contacts with families about their OHP



2,607 WIC participants served and 91 WIC Satellite Clinics held



1,417 Nurse Home Visits completed
92 families & children served



123 Animal bites reported to CHW

PART II – HEALTH OF COOS COUNTY

County Demographics 2017

	County	State
Population	63,121	4,028,977
% below 18 years of age	18.6%	21.4%
% 65 and older	24.6%	16.4%
% Non-Hispanic African American	0.5%	1.8%
% American Indian and Alaskan Native	2.9%	1.8%
% Asian	1.3%	4.4%
% Native Hawaiian/ Other Pacific Islander	0.3#	0.4%
% Hispanic	6.3%	12.7%
% Non-Hispanic White	85.4%	76.6%
% not proficient in English	1%	3%
% Females	50.8%	50.5%
% Rural	38.4%	19%

The county overall population increased of a few hundred people from 2016 to 2017. The proportion of people over 65 is also on the rise. Otherwise, the rest of the population categories remain similar to how they were distributed in 2016. The data source we are referring to here are the Robert Wood Johnson County Health Rankings (<http://www.countyhealthrankings.org>).

County Health Rankings 2017

	Coos County	Trend	Error Margin	Top U.S. Performers*	Oregon	Rank (of 36)	Curry County
Health Outcomes						33	29
Length of Life						29	35
Premature death	8,200	↓	7,400-9,100	5,200	6,000		
Quality of Life						32	8
Poor or fair health	18%		17-19%	12%	18%		
Poor physical health days	5.0		4.7-5.2	3.0	4.4		
Poor mental health days	4.6		4.4-4.8	3.0	34.6		
Low birth weight	6%		5.8-7.3%	5.9%	6%		
Health Factors						32	21
Health Behaviors						33	4
Adult smoking	18%		18-19%	14%	17%		
Adult obesity	30%	↑	26-35%	26%	26%		
Food environment index	7.1			8.4	7.3		
Physical inactivity	19%	↓	16-23%	19%	15%		
Access to exercise opportunities	78%			91%	88%		
Excessive drinking	19%		18-19%	12%	19%		
Alcohol impaired driving deaths	39%	=	32-46%	13%	33%		
Sexually transmitted infections	325.9	↑		145.5	394.6		
Teen births	35		32-39	17	27		
Clinical Care						20	23

Uninsured	12%	=	11-14%	8%	12%		
Primary care physicians	1,160:1			1,040:1	1,070:1		
Dentists	1,290:1			1,320:1	1,300:1		
Mental health providers	340:1			360:1	250:1		
Preventable hospital stays	45	↓	41-48	36	33		
Diabetic monitoring	86%	=	81-91%	91%	86%		
Mammography screening	64%	↓	59-69%	71%	61%		
Social & Economic Factors						34	33
High school graduation	58%	↓		95%	75%		
Some college	55%		50-60%	72%	68%		
Unemployment	7.6%	=		3.3%	5.7%		
Children in poverty	30%	↑	23-37%	12%	20%		
Income inequality	4.4		4-4.8	3.7	4.7		
Children in single parent households	35%		29-42%	21%	31%		
Social associations	12.5			22.1	10.4		
Violent crime	165	↑		62	245		
Injury deaths	108		96-119	53	69		
Physical Environment						14	13
Air pollution - particulate matter	6.1	↑		6.7	7.0		
Drinking water violations	Yes						
Severe housing problems	18%		16-20%	9%	21%		
Driving alone to work	74%		71-78%	72%	71%		
Long commute - driving alone	18%		16-21%	15%	27%		

The RWJ County Health Rankings provide a good snapshot of the health of counties and communities across the country. However, the way some of the measures are calculated varies from year to year and some measures cannot be compared from one year to the next. Also some of the measures can be difficult to use to track progress in communities. For instance the “dramatic” drop in adult smoking results mostly from a change in method in how the data is collected.

The areas where our health outcomes and contributing factors are improving in comparison to the last few years are:

- **The number of premature deaths has decreased** e.g. Years of potential life lost before age 75 per 100,000 population (age-adjusted)
- **The number of preventable hospital stays numbers has decreased** e.g. the number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees have been decreasing According to the Health Rankings, “That means it looks at people who were discharged from the hospital for conditions that, with appropriate care, can normally be treated without the need for a hospital stay. Examples of these conditions include convulsions, chronic obstructive pulmonary disease, bacterial pneumonia, asthma, congestive heart failure, hypertension, angina, cellulitis, diabetes, gastroenteritis, kidney/urinary infection, and dehydration”.

- **Air pollution has decreased** e.g. Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) is getting better.
- **The proportion of people being physically inactive has decreased** of a few percentage points over the last few years. This is a good news since we know that being physically active is a protective factor to our health.

Although we have some areas of improvement, some of our health behaviors that negatively contribute to our community’s overall health outcomes are on the rise in comparison to the last few years. These are:

- Our **obesity rate** continues to climb. Obesity is a risk factor associated with various chronic diseases such as Type 2 diabetes, coronary heart disease, high blood pressure, cholesterol, stroke, gallbladder disease, osteoarthritis, sleep apnea and breathing problems, some cancers, low quality of life and mental illness such as depression and anxiety.
- The **sexually transmitted disease rates** have been on the rise in our county and in the State of Oregon overall. We are seeing mostly a significant increase in the cases of gonorrhea and chlamydia.

Asides from our health behaviors, other factors play a role in our overall health outcomes. These are called the social determinants of health or social factors. They are made of our economic situation, our food insecurity, our housing situation, the safety of where we

live, our education levels etc. some of these factors have been on the rise such as:

- The high school graduation rates are falling.
- The proportion of **children who live in poverty** is increasing. 30% of our children live in poverty in 2017 in Coos County. Children in poverty are at higher risks for academic failure and poor health according to the National Center for Children in Poverty (NCCP). The NCCP states that “as early as 24 months, children in low-income families have been found to show lags in cognitive and behavioral development compared to their peers in higher-income families (see box for definitions of economic hardship). 3 Other risk factors, such as living in a single-parent family or low parent education levels, especially when combined with poverty, can markedly increase children’s chances of adverse outcomes”.

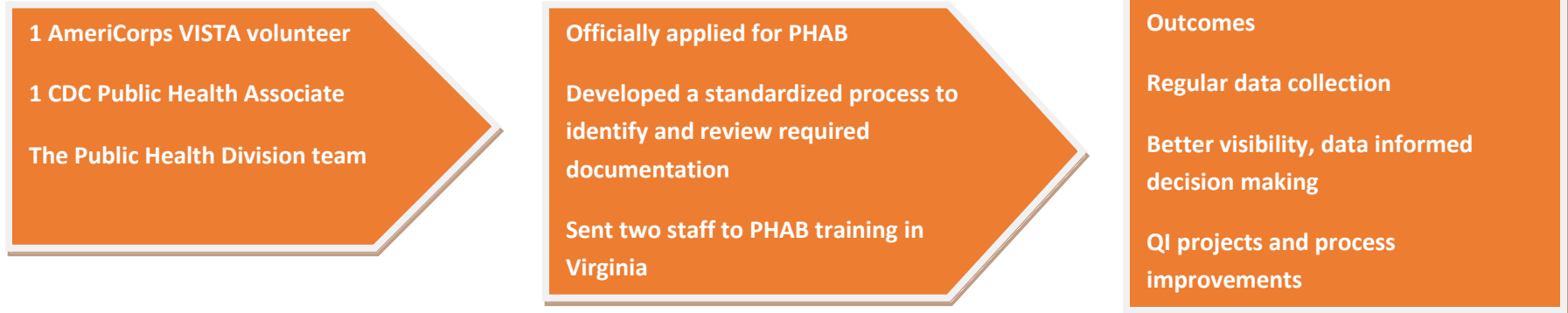
Finally, some of our clinical care especially some preventative measures have seen their rate decrease over the year such as the practice of mammograms. Mammograms are a proven and effective method to screen for breast cancer and help detect breast cancer in its early stages.

PART III - PUBLIC HEALTH SYSTEMS

Public Health Accreditation Preparation

Modernization of Public Health in Oregon

National Public Health Accreditation



What is Public Health Accreditation?

For the past five years, there has been a nationwide movement for State, Local and Tribal Public Health Departments to become accredited. A national accreditation program was created with the goal of improving and protecting the health of the public by advancing the quality and performance of public health departments.

National public health department accreditation has been developed to improve service, value, and accountability to stakeholders

In FY 2016-17, the Public Health Division of Coos Health & Wellness continued its preparation efforts towards obtaining Public Health Accreditation:

- We implemented our workforce development plan through the conduct of an all staff Public Health Sciences training to assist staff in developing their overall public health skills
- We continued with the massive review of our Emergency Operation Plan in order to include all divisions within Coos Health & Wellness and ensure that our plan meets the Public Health Accreditation Board (PHAB) requirements.
- We welcome our first Public Health Associate from the Centers for Disease Control (CDC). Jenna has been working with us for over a year while being fully paid for by the CDC.

- We applied to the Public Health Accreditation Board that officially starts the accreditation process. We have one year to submit the 350+ documents needed to possibly become accredited. Our submission date is May 24th 2018.
- We sent two of our team members to a special PHAB training to ensure that we would be submitting our documents according to specific requirements.

The Public Health Administrator is the lead on this project and was assisted by an AmeriCorps VISTA volunteer (Jaquelyn Chagnon) and our CDC PHAP Associate (Jenna Ciszewski) in FY 2016-17.

Next steps

In FY 2017-18, we will continue our preparation efforts and we will be focusing on the following tasks:

- Officially submit all of our documents by May 24th 2018
- Possibly schedule a site review with PHAB site visitors
- Await to be accredited!

Oregon Public Health Modernization

The need for a modern Public Health System

The statewide Public Health Modernization plan states: “Oregon is a leader in its approach to health system transformation, which aims to provide better health and better care at a lower cost. To the extent Oregon’s health system transformation has achieved some level of success, **the role of governmental public health in providing safety net services has changed over time.** At the same time, a growth in the volume of **new and emerging health threats** has exposed the need for a governmental public health system that can systematically collect and report on population health risks and health disparities; implement needed policy changes to improve health and protect the population from harms; and leverage partnerships across the health system to ensure maximum efficiency and effectiveness of services delivered. **There are many recent examples of how demands for governmental public health services have changed over time:** the response to the international Zika virus outbreak; preparation for a possible Cascadia Subduction Zone earthquake; and the need to address environmental threats to human health”.

The Public Health Modernization framework

Through House Bill 3100 (2015), a new framework for state and local health departments was adopted for every community across Oregon. The public health modernization framework depicts the

core services that must be available to ensure critical protections for every individual in Oregon.

Oregon’s modernized public health system is built upon four foundational programs and seven foundational capabilities.

Foundational capabilities are the knowledge, skills and abilities needed to successfully implement the foundational programs.



The work accomplished towards Public Health Modernization in 2016-17

In 2016-17 most of the work that has been conducted towards Public Health Modernization was to work with local governing entities, partners and the State legislature to make a financial case for Public Health Modernization.

Presentation to local Commissioners at the Association of Oregon Counties – November 2016

A part of the Conference of Local Public Health Officials Board, Coos County was represented at the AOC Conference to discuss Public Health Modernization and examples of cross jurisdictional sharing with local commissioners.

Participate in the drafting of the Modernization Implementation Plan.

Coos County Public Health participated in a workgroup made of local county representatives and State representative to develop the Modernization Implementation Plan as well as a roadmap for the implementation of the plan.

Participate in a Regional Public Health Modernization Meeting – January 2017

The goal of the meeting was to bring partners, local health officials and governing entities from the counties of Coos, Curry and Douglas and to explore the concept of cross-jurisdictional sharing of resources and activities between counties. The meeting was led by a consulting agency with a funding from the Conference of the Local Health Officials. The meeting also aimed at discussing Public Health Modernization and how it could look like at our regional level.

Advocacy during the 2017 Legislative Session

The priorities identified for 2017-19 were emergency preparedness and response, health equity and cultural responsiveness, assessment and epidemiology, leadership and organizational competencies, environmental health, and communicable diseases control. The initial additional funding requested was \$15 million annually to assist with the implementation of these additional priorities. The legislature voted to provide \$5 million to Public Health Modernization efforts in the State of Oregon for the 2017-19 biennium. It was then decided to focus only on work around communicable Diseases Prevention and Control with a Health Equity lens.

PART IV –
POPULATION BASED SERVICES:
PROMOTING HEALTHY ENVIRONMENTS

EPIDEMIOLOGY AND CONTROL OF COMMUNICABLE DISEASES

Diseases surveillance and monitoring

Immunizations

Disease surveillance and monitoring



What we do

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.

Why we do it

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.

Who we serve

This program ensures surveillance of communicable diseases for all individuals living in Coos County.

Our outcomes

Confirmed and presumptive disease cases increased 10% from FY 15-16 to FY 16-17 (341 cases to 375 cases).

Our biggest accomplishment

This year, our small team successfully dealt with 1,054 reports of communicable diseases. Out of these 1,054 reported, 375 became confirmed cases that needed close monitoring and investigation.

Our biggest challenge

Funding remains a challenge. The State of Oregon provides very limited funding to support communicable disease prevention work and efforts, as well as staff to provide surveillance of disease, investigation, and prophylaxis.

Key data for Communicable diseases surveillance and monitoring

Table 1: Cases Reported to Coos Health & Wellness vs. Confirmed Cases

	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	FY 2016/17
Cases Reported to Coos Health and Wellness	778	776	1,025	1,043	1,054
*Confirmed Communicable Disease Cases	335	292	361	341	375

*Not all cases reported and investigated by Coos Health and Wellness become a confirmed case.

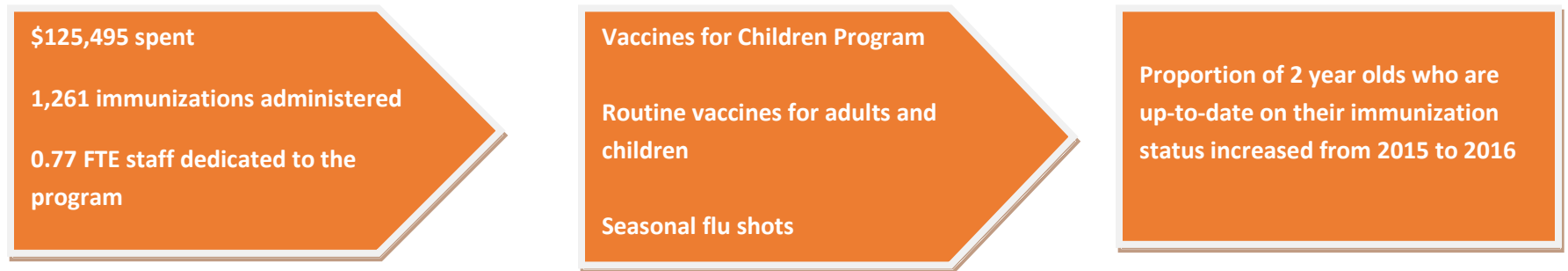
Table 2: Number of Cases for Specific Diseases

	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	FY 2016/17
Campylobacter	9	12	14	9	19
Giardia	5	5	2	2	3
Hepatitis B	3	2	8	4	2
Hepatitis C	83	88	104	113	122
Pertussis	29	0	3	2	0
Salmonella	7	4	11	4	8

Table 3: Gastro-intestinal Illness Outbreaks Investigated

FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	FY 2016/17
7	3	0	0	2
3 Pertussis	2 Noro Virus			1 Noro Virus
3 Noro Virus	1 Salmonella			1 Unknown
1 Unknown				

Immunizations



What we do

We offer vaccination services and we ensure that all children who attend school are up-to-date in their immunization status before school exclusion day.

Why we do it

The main goal of this program is to ensure protection of community members against vaccine-preventable diseases. Immunization is the safest and most effective public health tool available for preventing disease and death. Thanks to vaccinations, many of the infectious and communicable diseases that gripped past generations such as polio, measles, rubella, diphtheria and tetanus are rarely seen anymore, but outbreaks can still occur.

Who we serve

Our clinic is open Monday to Friday from 8 am to 5 pm and serves adults and children of all ages. The clinic is able to serve anyone,

e.g. uninsured, individuals and families with the Oregon Health Plan, Medicare and various commercial insurance plans.

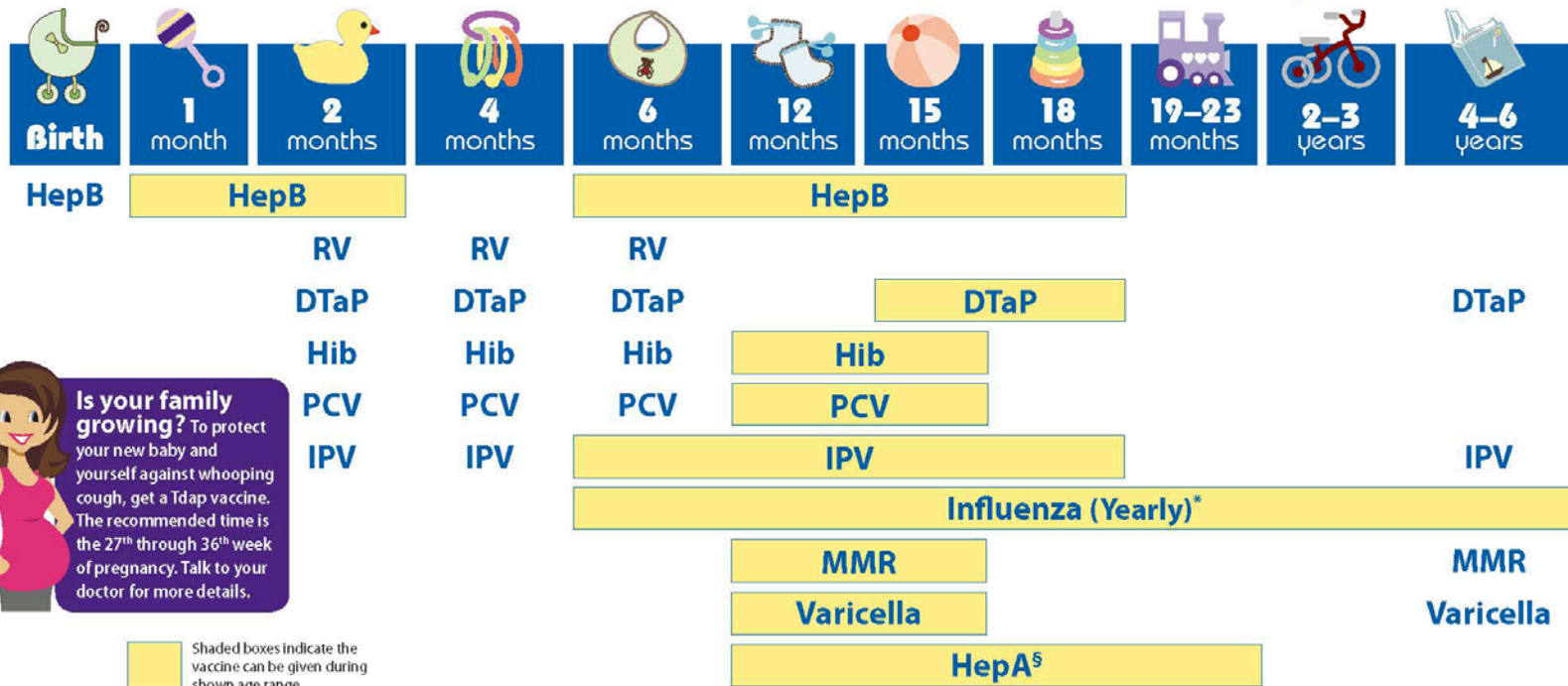
Serving people who are covered by insurance plans helps us generate the funds necessary to ensure services for people and families who could not afford them otherwise.

Our outcomes

In FY 16-17 we administered 1,261 immunizations to both children and adults. We also offered the Shots for Tots and Teens immunization clinic in collaboration with the Rotary Club.

On the following page is the 2017 Center for Disease Control and Prevention (CDC) recommended immunization schedules for children 0 to 6 year-old.

2017 Recommended Immunizations for Children from Birth Through 6 Years Old



Is your family growing? To protect your new baby and yourself against whooping cough, get a Tdap vaccine. The recommended time is the 27th through 36th week of pregnancy. Talk to your doctor for more details.

NOTE:
If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:

- * Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
- ^s Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.

If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.

SEE BACK PAGE FOR MORE INFORMATION ON VACCINE-PREVENTABLE DISEASES AND THE VACCINES THAT PREVENT THEM.

For more information, call toll free **1-800-CDC-INFO** (1-800-232-4636) or visit www.cdc.gov/vaccines/parents



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Key data from the Immunization program

Number of shots provided by Coos Health and Wellness Clinic

	FY 2013/14	FY 2014/15	FY 2015/16	FY 2016/17
Shot Provided through Shots for Tots	193	230	264	200
Routine Immunizations Administered	860	908	881	844
Seasonal Flu Shots Administered	485	317	276	417

Percentage of 2-year old in Coos County up-to-date with routine immunizations*

	CY 2014	CY 2015	CY 2016
Coos County	58%	57%	70%
State of Oregon	66%	68%	70%

*4 DTap, 3 Polio, 1 MMR, 3 Hepatitis B, 3 Hib, and 1 Varicella

In the past few years, the Oregon Immunization Program (OIP) had adjusted rates upward for presumed missing data in the state immunization registry, ALERT. For 2016 data, the program did a chart review with a selected sampling of clinics around the state and found that 97% of clinical shot records were in ALERT and that missing data impacted rates $\leq 1\%$. OIP did not adjust rates for the new 2014-2016 data.

Communicable diseases are becoming rare in the USA because of vaccinations.

We vaccinate to protect our future and the health of our community.

School exclusion data, Coos County

	FY 2013/14	FY 2014/15	FY 2015/16	FY 2016/17
Exclusion letters mailed	462	545	819	740
Children excluded	46	72	221	101

The increase in the FY 2015/16 exclusions was due mostly to the requirement that students with an old religious exemption on file submit new documentation of nonmedical exemption; therefore the decrease in the FY 2016/17 is due to the nonmedical exemptions already on file. The Oregon Health Authority expected to see the decrease this year.

HEALTHY ENVIRONMENTS

Environmental Health Services

Drinking Water Program

Environmental Health Services



What we do

Environmental Health promotes health and safety in the community through education and enforcement of public health regulations pertaining to food, pool, and lodging facilities.

Regulation of food service facilities (restaurants, mobile units, and temporary restaurants), pools and spas, and tourist facilities (hotels/motels, recreational parks, and organizational camps) is based on Oregon Revised Statutes (ORS), Oregon Administrative Rules (OAR), and contractual agreements with the Oregon Health Authority (OHA).

In addition, consultation and inspection services are provided to child care centers, school food services, and other minor institutions.

Who we serve

This program serves everyone in Coos County along with any visitors using our accommodation system, our restaurants and our pool systems.

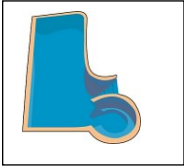
As of 1999, CHW took delegation for the licensing and inspection program for food, pool and lodging facilities.

Our resources

Environmental Health program staff in 2016 was comprised of 2.95 FTE including Program Manager Rick Hallmark, EHS, Office Support Joyce Hooper, and two Environmental Health Specialists Jan Carpenter and Peter Cooley.

Our outcomes

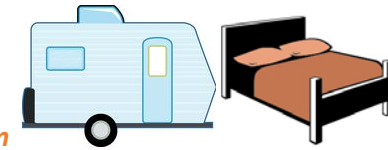
Public Pools and Spas Program



Recreational pool and spa waters with inadequate disinfection have long been recognized as a medium for the transmission of communicable diseases.

Control of disease-causing organisms can be achieved through adequate water sanitization and proper chemical balance. In addition, pool and spa users can be subject to a variety of accidents, such as slips and falls, drowning, dive and slide accidents, burns, electrocution, and entrapment. Risk of these injuries is minimized by CHW inspectors providing objective on-site consultations with pool and spa operators. CHW minimizes disease transmission associated with public recreational water through the enforcement of laws delegated from the Oregon Health Authority.

As well as during times of inspection, CHW plays an active role in the education of pool operators by providing an annual pool operators seminar each spring where the basics of pool safety and water quality management are discussed. For more advanced training, operators are referred to specialized training recognized by the state including the Certified Pool Operator Program, provided by the National Swimming Pool Foundation, and the Aquatic Facility Operator Program, provided by the National Recreation and Parks Association.



Tourist Facilities Program

The Tourist Facilities Program serves to prevent illness and injuries. In accordance with state law, CHW is delegated authority by OHA to conduct licensing and inspection activities of travelers' accommodations (hotels/motels, vacation rentals, bed and breakfasts), organizational camps, and recreation parks (RV parks, campgrounds).

Licensing of a vacation rental as a Travelers' Accommodation is an anomaly to CHW compared to most of the state. Among Oregon counties, Coos County is ranked 16 in regards to our population of a little over 62,000, but is ranked second for the number of Travelers' Accommodations licensed, with 136 of these being vacation rentals.



Food Facilities Program

State law provides several different licensing categories for the retail food service industry. There is a subject law used by CHW for each of the following categories: Full Service Restaurant, Limited Service Restaurant, Mobile Unit, Commissary, Single-event Temporary Restaurant, Seasonal Temporary Restaurant and Intermittent Temporary Restaurant. In addition to the regulatory work, CHW also provides education to food handlers.

Food Handler Training

Inspectors continually educate operators about safe food handling and all aspects of the regulations on routine and follow-up inspections at all food service facilities licensed by CHW. In addition to this, education opportunities are available to food workers at facilities licensed by CHW as well as food workers employed at facilities that are not licensed by CHW.

Education of food handlers is an important part of the CHW approach to food safety. Along with instruction provided during time of inspection, education is also provided via a 2 hour food handler certification courses given by any of the three Environmental Health Specialists and on a semiannual basis, full day instruction for restaurant manager certification courses.

- **Valid food handler certification is necessary for employment at a restaurant.** Live instruction classes were offered 4 times in locations scattered around the county in 2016. The same certification is available online via Lane County health department in partnership with CHW for the costs of the training. A total of 1,095 online certifications were issued to Coos County residents in 2016.
- **ServSafe restaurant manager certification** is offered by CHW twice a year. ServSafe was developed by the National Restaurant Association’s Education Foundation. Two CHW inspectors are qualified to provide the instruction and administer the examination. In 2016, 24 students successfully passed the ServSafe exam.

NOTE:

CHW has a responsibility to investigate food-borne illness outbreaks occurring at virtually any institution in the county. CHW performs routine inspections at the licensed food establishments as per the laws noted in this section. In other food service institutions, unless there is a disease outbreak investigation, CHW has no presence unless a paid consultation is arranged by an institution’s management.

Examples of institutions where CHW has no regulatory presence include: Senior Care Institutions, Residential Style Care Facilities, Residential Style Group Homes, Hospitals with no public food service, Food Processing Plants and Grocery Stores.

In the case of a child care facility licensed by the Oregon Office of Child Care or a cafeteria kitchen of a public school governed by the Oregon Department of Education, CHW performs regulatory type inspections by special arrangement, but any enforcement action taken is at the discretion of the governing state agency.

Laws delegated to Coos Health & Wellness for the Food, Pool and Lodging licensing program

- OAR 333 - Division 12 Procedural Rules; and OAR 333 - Division 157 Inspection and Licensing Procedures.
- ORS Chapter 448 Pool Facilities; OAR 333 - Division 60 Public Swimming Pools and OAR Division 62 Public Spa Pools.
- ORS Chapter 446 Tourist Facilities; OAR 333 – Division 29 Travelers’ Accommodations Rules; OAR 333 - Division 30

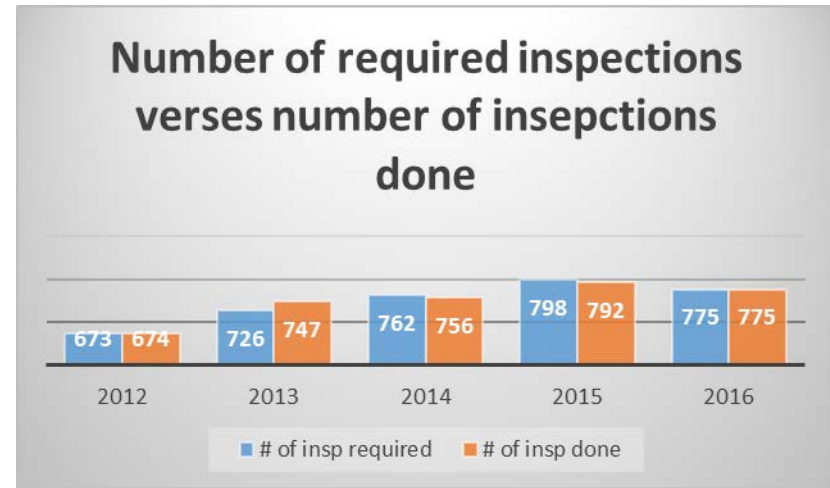
Organizational Camp Rules; OAR 333 - Division 31 Construction, Operation, and Maintenance of Recreation Parks.

- Oregon Revised Statutes Chapter 624 Food Service Facilities; Oregon Administrative Rules (OAR) 333 - Division 150 Food Sanitation Rule; OAR 333 - Division 158 Combination Food Service Facilities; OAR 333 - Division 160 Destruction of Food Unfit for Human Consumption; OAR 333 - Division 162 Mobile Units; OAR 333 - Division 170 Bed and Breakfast Facilities; and OAR 333 - Division 175 Food Handler Training.

Key Graphs and Tables

The following bar graph illustrates that CHW consistently achieves its goal to complete the standard for inspections required for licensed facilities each year. In 2016, where 775 inspections were required and 775 completed, 100% of the goal was met at the end of the calendar year.

The bar graph illustrates that in some past years, far more than the minimum numbers of inspections were performed. This is a result of one licensed facility changing ownership mid-year. In such a case another inspection is warranted, particularly when completely new staff or management is put in place.



Licensed Public Pools and Spa Inspections

	2012	2013	2014	2015	2016
Count of Licensed Pools and Spas	22	22	22	22	22
Semi-annual Inspections Performed	44	44	41	44	44
Semi-annual Inspections Required	44	44	44	44	44
Re-inspections Performed	2	0	0	1	5

Licensed Travelers' Accommodations (TA) Inspections

	2012	2013	2014	2015	2016
Count of Licensed TA	125	132	178	178	178
Annual Inspections Performed	124	132	177	178	173
Annual Inspections Required	125	132	178	178	178
Re-inspections Performed	5	0	0	0	0

Licensed RV parks and Organizational Camps

	2012	2013	2014	2015	2016
Count of Licensed RV/Camps	42	42	42	43	45
Semi-Annual Inspections Performed	84	84	82	86	86
Semi-Annual Inspections Required	84	84	84	86	90
Re-inspections Performed	5	0	0	0	4

Inspections for All Types Annually Licensed Food Service Facilities

Licensed Food Facility Count	214	231	225	242	235
Count of Routine Semi-Annual Inspections	415	482	444	477	472
Number of Routine Semi-Annual Inspections Required	416	461	456	484	466
Count of Re-inspections	193	234	216	240	198

Temporary Restaurant Inspections Conducted by Category

	2012	2013	2014	2015	2016
Single event (for profit)	109	71	73	75	73
Benevolent	227	205	0	0	0
Seasonal	0	0	41	34	40
Intermittent	0	0	0	0	0

In 2013, the Seasonal and Intermittent categories were created by statute. Prior to 2013, these were counted in the Single-Event category.

As state law does not require the inspection of Benevolent Temporary Restaurants, as of 2014, the Coos County Board of Commissioners directed CHW to make voluntary paid consultation and education the first option for benevolent sponsored food events

Food Handler Certificates Issued

	2012	2013	2014	2015	2016
Training Live	269	144	192	139	107
Training Online	933	777	757	1,130	1,095
Total	1,202	921	949	1,269	1,202
Success rate	100%	99%	100%	100%	99%

Restaurant Manager Certification Examinations Passed (ServSafe)

	2012	2013	2014	2015	2016
Food Handler	39	21	27	53	24
Food Service Manager	0	0	0	0	0

Count of Food Handler Exams by Language

	2012	2013	2014	2015	2016
English exams	269	141	192	139	107
Spanish exams	6	8	1	0	1
Chinese exams	4	0	0	0	0

2016 Licensed Facility Complaints

Type	Total Complaints	Total Resolved	Total in Progress
Food	31	5	26
TA	5	0	5
Pool/Spa	1	1	0
RV Parks	5	0	5

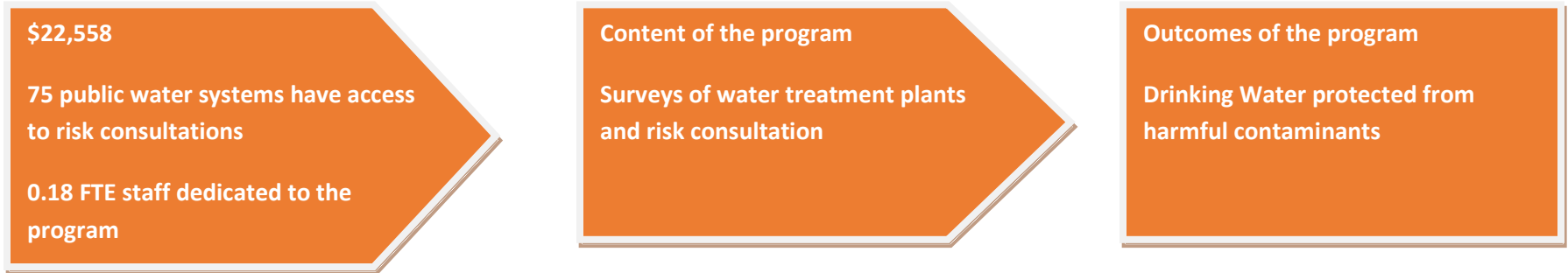
Inspections performed at school cafeterias or other Oregon Department of Education sponsored food service sites

	2012	2013	2014	2015	2016
Inspection count	38	51	56	47	45

Inspections performed at Head-start and/or Childcare Facilities

Year	2012	2013	2014	2015	2016
Inspection Count	10	18	21	20	18

Drinking Water Program



What we do



Separate from the facility inspection services, public water systems are surveyed and monitored, through contract with OHA, to help ensure that safe drinking water standards are met.

The goal of the Drinking Water Program is to prevent illness from public drinking water sources. State Drinking Water Services (DWS) has an inventory of seventy-five (75) public water systems (PWS) in Coos County. While the state’s DWS retains authority to enforce Oregon law relative to the state’s waters, CHW contracts with DWS to provide direct oversight for fifty-seven (57) of the seventy-five public water systems in the county. Examples of oversight services include interpretation of rules for water system operators, on-site surveys of public water systems and consultation for water contamination alerts.

Who do we serve?

Approximately 80% of Coos County’s population of 62,282 receives potable water from a public water system.

Program outcomes

Surveys of each public water system are triaged to be performed every three to five years contingent upon system risk and population. A survey is a comprehensive on-site review of the ability of the public water system to provide drinking water to the public that is safe for human consumption. When risks are identified, the Public Water System and the consulting Environmental Health Specialist work to identify a reasonable time frame for correction based on the risk to water consumers.

Nine drinking water systems were surveyed in 2016.

Water System Surveys Conducted Annually by CHW

2012	2013	2014	2015	2016
9	5	7	8	9

In addition to the system surveys, EH staff responded to 23 alerts. The alert system is designed to assure that a water system operator receives consultation from an Environmental Health Specialist when a sample result shows there is a safety threat to water system consumers from a contaminant.

When a water sample exceeds the maximum contaminant level (MCL) or other designated threshold, the laboratory performing the analysis reports the results to both the public water system and the state’s DWS. In turn, DWS provides an “alert” notice to CHW where an Environmental Health Specialist seeks to contact and consult with the water system operator to resolve the threat of contamination to consumers.

Water System ALERTS Responded to Annually by CHW

2012	2013	2014	2015	2016
20	14	22	16	23

Public Water Systems for which Coos Health & Wellness provides oversight are subject to laws which Oregon Drinking Water Services (DWS) enforces, including: Oregon Revised Statutes Chapter 448 Water Systems and Oregon Administrative Rule 333 - Division 61 Public Water Systems.

Story from the field

Late one Sunday, more than 20 restaurants inspected by the Environmental Health (EH) staff were affected when a municipal water system issued a boil water notice due to a mechanical failure at the water system treatment plant. As the failure was investigated it became evident that the boil water notice would be

in place for several days as replacement equipment was not immediately available.

Because potable water is a must for a restaurant to assure safe food service, all EH staff came in to consult with community restaurants. As EH staff arrived, messages from concerned food service operators were already waiting:

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

EH staff took the responsibility to make contact with every food service business inspected by CHW of the municipality affected and helped them recognize what issues needed to be addressed in order to keep customers safe. EH staff was gratified that business operators knew who to call for help in an Environmental Health emergency.

According to Environmental Health Program Manager Rick Hallmark, “People were calling us to make sure that their food processes were safe. Despite the calamity, the fact that they knew they could call us shows that we are effectively communicating to our local food service operators.”

Vector Surveillance

We are not tracking either the dollar amount or the FTE spent on this activity. It is absorbed by the EH non-licensing program.

Community information
Animal bite monitoring

123 animal bites were reported to CHW
Nuisance and disease threat minimized from potential vectors

What we do

Some vector surveillance has traditionally been performed by EH staff. As with many community issues, dedicated funding to provide agency intervention does not exist. EH staff can also serve as a limited resource to consult with an agency providing vector surveillance within a geographic district in the county.

Animal Bites

CHW works with physicians, medical facilities, law enforcement, animal control and the public to screen for the risk of rabies resulting from animal bites to humans. At the direction of the County Board of Commissioners, as of 2014, the county no longer charges a victim of an unprovoked bite the shipping and handling charges to send a specimen to the state lab for rabies testing. Rabies prophylaxis is always recommended for a person that has been bitten by an animal where the animal is proven to be carrying rabies based on lab results. Prophylaxis is also recommended when the animal cannot be tested and there is a suspected bite.

The presence of rabies was not detected by the State Public Health Lab in any animal specimen sent from Coos County. One hundred twenty three animal bites were reported to CHW in the year.

YEAR	2012	2013	2014	2015	2016
Bat	0	0	0	3	0
Cat	33	12	23	28	38
Dog	81	57	62	59	82
Human	0	1	1	0	0
Rabbit	1	0	1	1	1
Raccoon	1	1	0	0	0
Other*	2	0	2	5	2

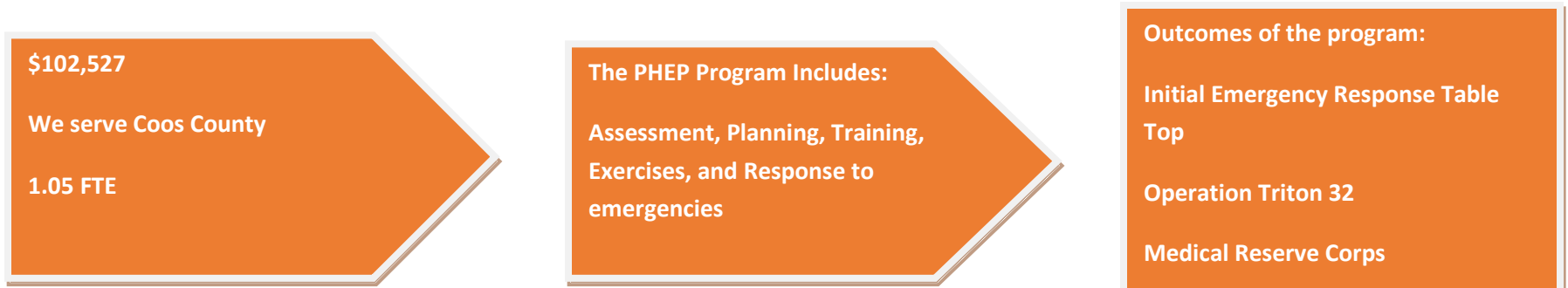
*Other: alligator, bear, ferret, horse, rodent, squirrel or unknown.

OTHER PROGRAMS

Public Health Emergency Preparedness

Vital Records

Public Health Emergency Preparedness



What we do

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. Funding for the Public Health Preparedness Program comes from the federal government-the Center for Disease Control and the Health Resources and Services Administration.

Who we serve

The people, healthcare community, and public health system of Coos County.

What it costs

The budget we received from the Oregon Health Authority was for \$87,258.00. These funds covered the costs for one staff and operational expenses, as well as preparedness activities specific to Ebola.

Our outcomes

In FY 15/16, CHW Public Health staff completed a Baldrige Performance Excellence survey to determine areas of improvement for the upcoming year. One weakness identified was in staff preparedness and safety.

In order to improve our outcomes regarding preparedness and safety, the PHEP program focused heavily on staff trainings around internal procedures and building safety. The PHEP program also

utilized performance standards to ensure that the goal of increasing staff safety was being met. The PHEP Program's performance standards include completing 2 evacuations in a year, and completing a minimum of 4 trainings or exercises for staff. This year we completed the following training and exercises.

Great Shakeout

In FY 16/17 CHW participated in the Great Oregon Shakeout, a nationwide earthquake drill, for the first time. Staff were encouraged to participate by following the national standard of drop, cover, and hold on. This entails dropping to the floor, getting under a desk or table, and holding on until the end of the drill. CHW earthquake policy includes evacuating the building after an earthquake, which will be incorporated into future Shakeout exercises.

Evacuation Drills

After a bomb threat in FY 15/16 resulted in the spontaneous evacuation of the North Bend Annex, it became obvious that the evacuation procedure needed an update. Feedback was collected, and a new procedure was created that moved staff accountability point, and created a more efficient system of accountability.

CHW is dedicated to ensuring the safety of all of their clients and staff in the event of a disaster, by performing regular evacuations of the building. The evacuation drill in the winter of 2016 was successful, with everyone evacuating the building in 12 minutes.

Active Shooter Trainings

In the FY 16/17 CHW completed a mandatory active shooter trainings utilizing the Alert, Lock Down, Inform, Counter, Evacuate

(ALICE) program. The training was offered over the course of three days, offering staff flexibility to fit it into their busy schedules. The training started with an educational presentation by Eric Gleason, certified ALICE instructor. Staff were trained on the most effective ways to create barriers utilizing furniture in the building. Staff also completed a walked through the North Bend Annex to discuss various building specific situations and how to handle them.

Initial Incident Response Tabletop with Leadership

Over the course of FY 15/16, Public Health Leadership noticed a gap in their understanding of the actions to take in the immediate aftermath of an incident. In order to better prepare our leadership staff, the PHEP program prepared a table top to utilize the initial incident response checklist to help guide the initial actions of leadership after a disaster. The tabletop resulted in various changes to the initial incident response checklist.

Fire Extinguisher Trainings

CHW requires all staff to be up to date on fire extinguisher training. In FY 16/17 all staff who were not up to date were required to attend a fire extinguisher training at North Bend Fire Department. Staff were shown a presentation and allowed to practice putting out a controlled fire with an extinguisher.

Emergency Preparedness Health Promotion Messages

The Public Health Emergency Preparedness Coordinator has provided educational Op Ed pieces to the local newspaper and media on what to expect in the event of an earthquake, how to make a cost effective go-bag, and September Preparedness Month. The PHEP Program focused on offering messages in multiple formats. **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. The purpose of the CC-MRC is to provide a group of trained licensed and vetted healthcare providers who would be available during a healthcare or public health emergency to supplement the staff at Coos Health & Wellness, as well as the healthcare community of Coos County.

There are 50 members in the CC-MRC including physicians, nurses, pharmacists, Emergency Medical Technicians, occupational therapists, nursing and medical assistants, as well as non-licensed support staff. Training events provided for the CC-MRC included disaster and mass casualty.

Operation Triton 32

Operation Triton 32 was a multi-day exercise that spanned between Coos and Curry County. The goal of the Triton 32 exercise was for the CC-MRC to fully integrate with other local emergency responders and have efficient communication throughout the exercise with each other, and with other agencies.

This exercise included multiple organization over Coos and Curry Counties. For the CC-MRC, the scope included working with North Bend Fire Department (NBFD), ARES/RACES, Community Emergency Response Team (CERT), Bay Area Hospital, and Southern Coos Hospital to form a functional casualty collection point. The casualty collection point was located at North Bend High School. CC-MRC was incorporated into NBFD incident command structure. Both organizations worked together to triage paper patients. A handful of paper patients were also brought into the casualty collection point

via helicopter. A helicopter landing zone was successfully set up and utilized during this exercise.

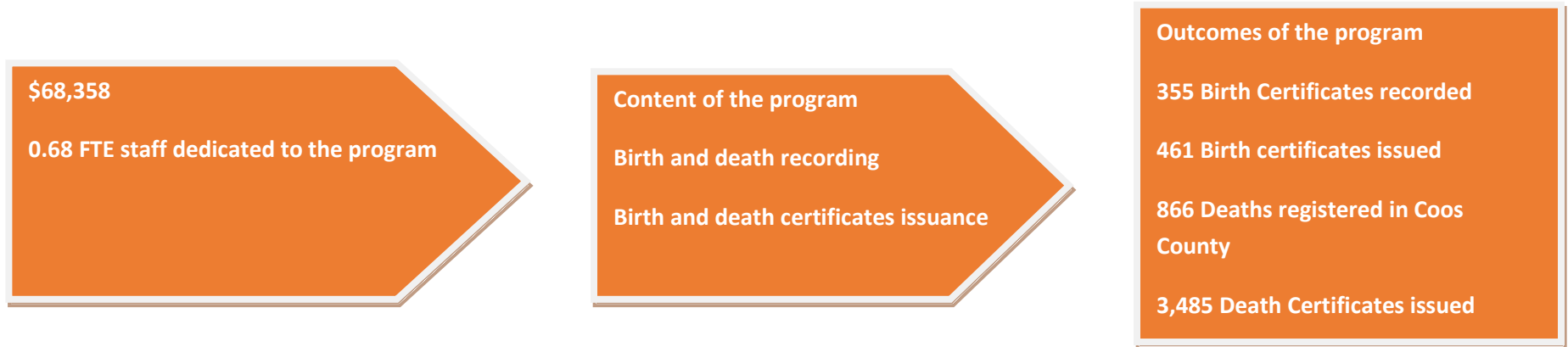
ARES/RACES organized Ham radios to allow communication between the casualty collection point and various locations throughout the county including Bay Area Hospital, and Cape Blanco Airport.

Health Emergency Response Team (HERT)

The Health Emergency Response Team is a coalition of healthcare providers and responders made up of hospitals, clinics, state, local, and tribal representatives, faith-based organizations, and other agencies and organizations interested in the disaster preparedness of our healthcare community. This coalition meets monthly and is facilitated by the Coos Health & Wellness Public Health Emergency Preparedness Program. It provides 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.

The HERT participated extensively in the Triton 32 exercise with numerous other community partners including local fire, the Community Emergency Response Team (CERT), and the Coast Guard, among others.

Vital Records



What we do

One of the ten essential functions of public health is to collect and analyze health data. Vital records of birth and death information are a main source of data and health information. Many details related to a population’s health are noted at the time of birth and death by the attending medical providers.

Data that can be found on birth certificates include:

- When prenatal care began
- Any medical risk factors for the mother
- Weight gain during her pregnancy

Data that can be found on death certificates include:

- Immediate cause of death and other significant conditions contributing to death

This data is collected and compiled by the state. It give us a picture of the health of our county and the state as a whole.

Who we serve

Vital Records serves everyone who is born or deceased in Coos County and their families.

What are the program resources?

Coos Health and Wellness has 0.75 FTE staff dedicated to serving our community with Vital Records services.

Need Vital Records?

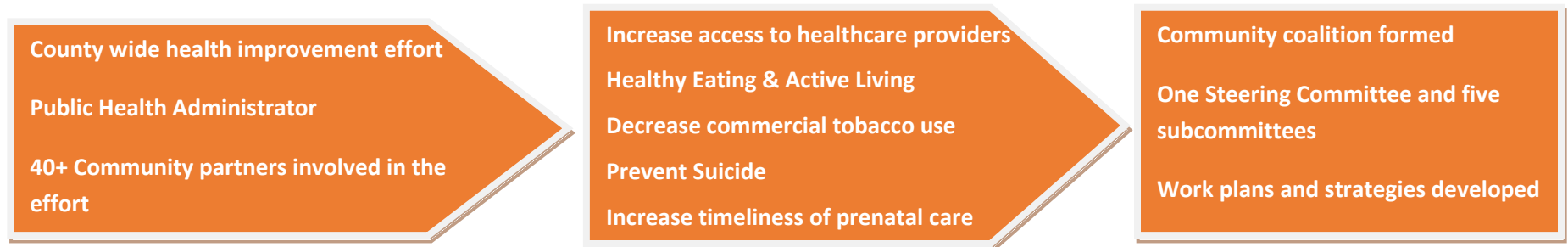
Birth and death certificates of people who were born and/or passed away in Coos County are available for purchase from the county’s Vital Records office for six months after the event.

COMMUNITY HEALTH

Community Health Improvement Plan (CHIP)

Health Promotion Messaging

Community Health Improvement Plan



What is the CHIP?

The Coos County Community Health Improvement Plan (CHIP) is a county-wide, multi-sector collaborative and evidence-based effort that aims to improve health outcomes in Coos County.

Various sectors, geographies, and areas of our county such as cities and county governments, healthcare providers, school districts, service and non-profit organizations, the business sector, and community members are involved in this effort.

Who do we serve?

The CHIP focuses on the entire Coos County population.

Vision: Coos County residents choose to live healthier, happier lives.

Mission: The CHIP Coalition promotes healthy behaviors and works for a healthier future for all Coos County Residents.

What are our resources?

In FY 2016-17 resources were dedicated to the CHIP work by our Coordinated Care Organization (CCO), Western Oregon Advanced Health (WOAH). The CCO granted some funding to subcommittees that submitted a grant funding request for CHIP related activities. Both the Prenatal Subcommittee and the Suicide Prevention Subcommittee of the CHIP Coalition received grant funding to support their activities.

The CHIP is overseen by a Steering Committee and its annual plans are implemented by five subcommittees. These committees are led and chaired by community leaders.

Biggest accomplishment

This fiscal year, the CHIP Steering Committee decided that it was time to look at the health of our community and its contributing factors through the undertaking of a new Community Health

Assessment. The CHA Subcommittee was created in June 2017 to that intent.

A very big undertaking this year was the application led by the Healthy Eating Active Living (HEAL) Subcommittee to become a Blue Zones Community. The HEAL group gathered support and enthusiasm across community sectors and were able to bring about 80 influential community partners to the table to make the case for Coos County to be chosen to become a Blue Zones community. Unfortunately, we found out early 2017 that we were not chosen.

CHIP coalition priorities and goals for 2018

Access to healthcare strategies

- Continue with the Patient Centered Primary Care Home learning collaborative and add a mock up audit component
- Hold recognition dinner in March 2018

Decrease commercial tobacco initiation and use strategies

- Explore possibility of getting involved into the NOT program

Healthy Eating and Active Living for obesity prevention and reduction in Coos County strategies

- Continue with implementation of the Healthy Bytes Initiative pilot project
- Recruit new members to the committee

Prevent suicide strategies

- Recruitment of committee members
- Finalized call boxes on the bridge
- Identify new youth targeted project

Increase the timeliness of prenatal care strategies

- Engage more primary care providers into the implementation of the One Key Question (OKQ) screening program
- Collect data on the OKQ implementation
- Distribute OKQ booklets
- Monitor the implementation of dental referral process at both Bay Clinic and North Bend Medical Center

Health Promotion Messages

All the public health division staff and programs have been involved in health promotion messaging

Disease prevention through hand washing, vaccination, teeth brushing, healthy eating, safe handling of foods, etc.

Outcomes:

A community that is more knowledgeable around disease prevention behaviors

What we do

The Public Health Division of Coos Health & Wellness is trusted to provide disease prevention and health promotion messaging to our community throughout the year. Therefore, we continued our efforts to promote health and prevent diseases through our health promotion “campaign” that used various media such as: Public Service Announcements (PSA), Op-Ed articles in the World newspaper, and TV commercials.

Our biggest accomplishment

This year, the Public Health division decided to continue promoting health in the community through the implementation of our health promotion messages program. We developed a health promotion messaging calendar for the year. Our calendar was inspired by pre-existing events, such as breastfeeding month or public

health week. We also aligned our health promotion messaging with the seasons.

We submitted a food safety article around Thanksgiving, and a hand washing message at the start of the fall and throughout “flu season”. We partnered with The World newspaper and other media outlets to ensure that the health promotion articles we sent out would be published in the paper.

Also, thanks to our Health Promotion division we were able to develop some video and TV commercials on the topics of breastfeeding, the importance of vaccination, how to safely fry a turkey, and the importance of a good handwashing hygiene to prevent microbes and diseases transmission.

Health Promotion Messages published in 2015-16

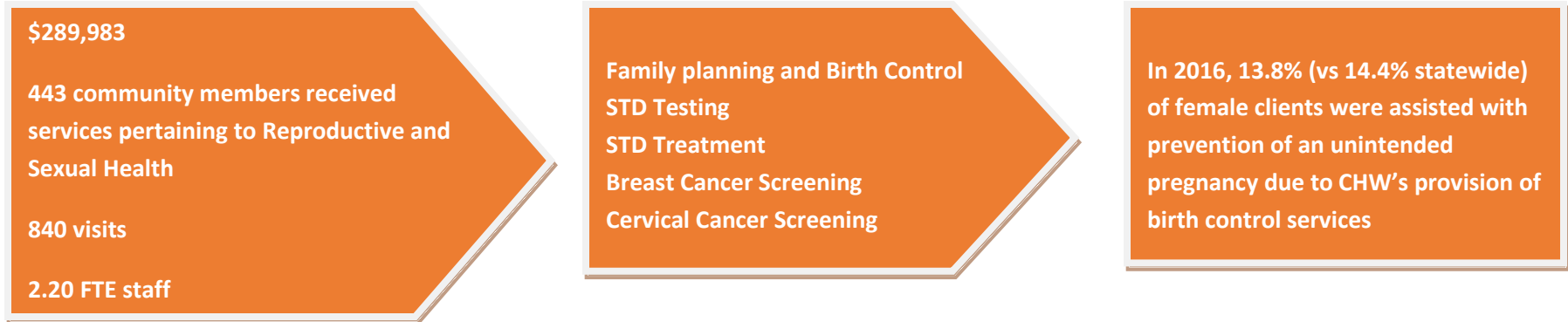
Month	Topic	Program responsible
July 2016	Heat Injury Protection	PHEP
August 2016	Breastfeeding promotion	WIC
September 2016	Preparedness month SIDS Awareness	PHEP Home Visiting
October 2016	Flu Shots	Clinic
November 2016	Food Handling	Environmental Health
December 2016	NA	
January 2017	Mold in residential homes	Environmental Health
February 2017	Healthy relationships & STD	Clinic
March 2017	Emergency Go-Kits Under \$50	PHEP
April 2017	National PH Week	All
May 2017	WIC at the Farmer's Market	WIC
June 2017	Enjoying the Summer (Water quality and Sunscreen)	Environmental Health

PART V - DIRECT SERVICES:
PROMOTING HEALTHY FAMILIES AND
HEALTHY PEOPLE

PUBLIC HEALTH CLINIC

Reproductive and Sexual Health Services

Reproductive & Sexual Health Services



What we do

We provide women health services and annual exams, family planning services, birth control and STD testing/treatment. We also promote healthy sexual relationships, assure access to comprehensive sexual and reproductive health services, including birth control, women health services and annual exams, and STD testing. Reproductive and sexual health is important to overall health. The right information can help reduce unintended pregnancies, prevent disease and ensure safe and nurturing sexual relationships.

Reproductive and sexual health services include:

- Family planning and birth control counseling
- Women Health services and annual exams
- Breast and cervical cancer prevention
- Testing and treatment of sexually transmitted diseases

Breast & Cervical Cancer Prevention Program (BCCP)

The Oregon Breast and Cervical Cancer Program (BCCP) helps low-income, uninsured, and medically underserved women gain access to lifesaving screening programs for early detection of breast and cervical cancers.

Coos Health and Wellness is a contracted provider for the BCCP program, and is allowed a limited enrollment every year. The number of enrollments allowed per county is based off a percentage of women ages 40-64 who are without health insurance. The number of women enrolled has decreased since the implementation of the Affordable Care Act as more women are eligible for Medicaid, or have purchased private health insurance through the health insurance marketplace, which covers women’s health exams and mammograms.

The services of the BCCP program include:

- Pelvic exam,
- Pap test,
- Clinical breast exam,
- Instruction in self-breast exam, and
- Referral and voucher for a mammogram.

Why we do it

Reproductive and sexual health services are offered to families and individuals to help them plan for a family, to prevent unintended pregnancies, and the spread of sexually transmitted diseases.

Who do we serve?

We serve women and men of any age in need of services.

Our outcomes

In 2016, 13.8% (vs 14.4% statewide) of female clients who prevented unintended pregnancy owed it to the availability of birth control services and options in our community.

Our accomplishment

Various methods of birth control, STD services, and cancer screening were provided to 450 clients in 2016.

Our biggest challenge

There is still a need for health care providers in the community. Our clinic also lacks funding to be able to provide and offer a wider range of birth control methods to those who can’t afford them, such as the patch and the implant, as these methods are more expensive.

Key data for the Reproductive and Sexual Health program

Number of Unintended Pregnancies Prevented

	Calendar Year (CY)	CY 11	CY 12	CY 13	CY 14	CY 15	CY 16
Coos Health and Wellness Clinic	137	122	112	120	78	62	

The reproductive health clinic at CHW achieves this result by providing birth control methods to men and women of child bearing age who do not intend to become pregnant. The various methods we offer are: the pill, the ring, the shot and various intro uterine devices. All these methods are considered long-lasting contraceptive methods.

STD Testing Performed at Coos Health and Wellness clinic

	FY 2013/14	FY 2014/15	FY 2015/16	FY 2016/17
Chlamydia tests performed/# positive	360/33 (9%)	313/38 (8%)	293/25 (9%)	270/26 (10%)
Gonorrhea tests performed/# positive	360/5 (1%)	323/5 (2%)	293/7 (2%)	270/1 (<1%)
Herpes tests performed/# positive	34/16 (47%)	14/6 (43%)	21/15 (71%)	7/3 (43%)
Syphilis tests performed/# positive	35/1 (3%)	6/0 (0%)	26/0 (0%)	13/0 (0%)

Chlamydia is a common sexually transmitted disease (STD) that can infect both men and women. It can cause serious, permanent damage to a woman’s reproductive system, making it difficult or impossible for her to get pregnant. Chlamydia can also cause a potentially fatal ectopic pregnancy (pregnancy that occurs outside the womb). A pregnant woman with Chlamydia can give Chlamydia to her baby during childbirth. The initial damage that Chlamydia causes often goes unnoticed. However, Chlamydia can lead to serious health problems.

Gonorrhea is an STD that can infect both men and women. It can cause infection in the genitals, rectum, and throat. It is a very common infection, especially among young people ages 15-24 years. A pregnant woman with gonorrhea can give the infection to her baby during childbirth. Untreated gonorrhea can cause serious and permanent health problems in both women and men.

Herpes is a common sexually transmitted disease (STD) that any sexually active person can get. Most people with the virus don’t have symptoms. It is important to know that even without signs of the disease, it can still spread to sexual partners.

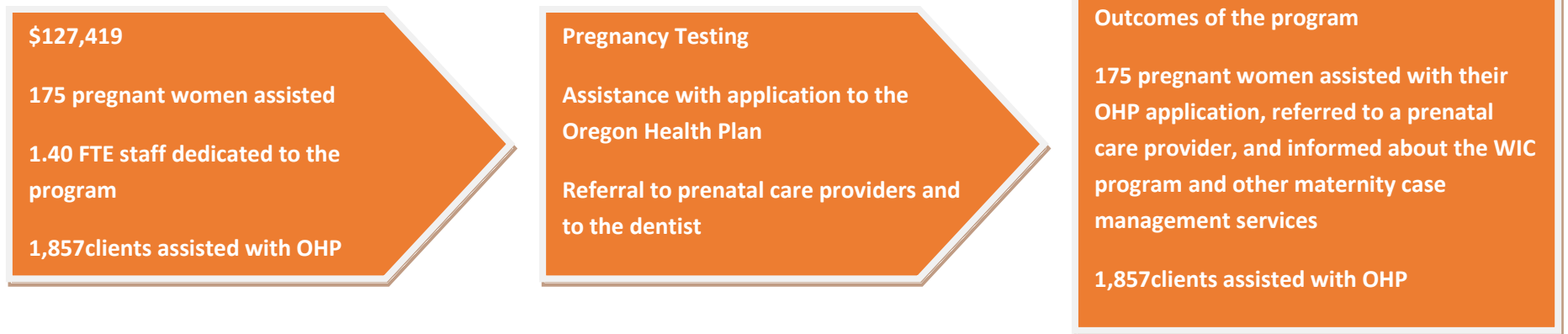
Increases in gonorrhea have been substantial in southern Oregon and the Northwestern US as a whole over the past 4 years. All infectious diseases are subject to natural ebbs and flows, but other factors that very likely contribute are drug use, increasing numbers of online hookups with relatively anonymous partners, and perhaps declines in public health infrastructure that limit the number and extent of case investigations and attempts to find and treat partners.

Sexually Transmitted Diseases are spread by having unprotected vaginal, anal, or oral sex with someone who has the disease.
To avoid transmission of STDs, it is recommended that partners are tested and condoms are used regularly during sexual intercourse (including oral sex).

MATERNAL AND CHILD HEALTH SERVICES

Oregon Mothers Care (OMC) and OHP enrollment
Public Health Nurse Home Visiting Program
Women, Infants and Children (WIC)

Oregon Mother Care /OHP enrollment



What we do?

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 Manager assists 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 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.

Who we serve

Many women do not receive early prenatal care because they:

- Do not have health coverage or cannot afford care

- Do not know what services are available to them
- Find ‘the system’ to access care confusing or overwhelming

Our outcomes

The number of women we served in FY 2016-17 was lower than the number of people we served the previous year.

Table 4: Number of pregnant women assisted with OHP

	FY 13/14	FY 2014/15	FY 15/16	FY 16/17
Pregnant women assisted with OHP	192	217	190	175

Source: OMC data, Coos County 2016-17

Our biggest challenge

Some of the challenges we are facing are related to lack of funding, time and resources that could be allocated to this program.

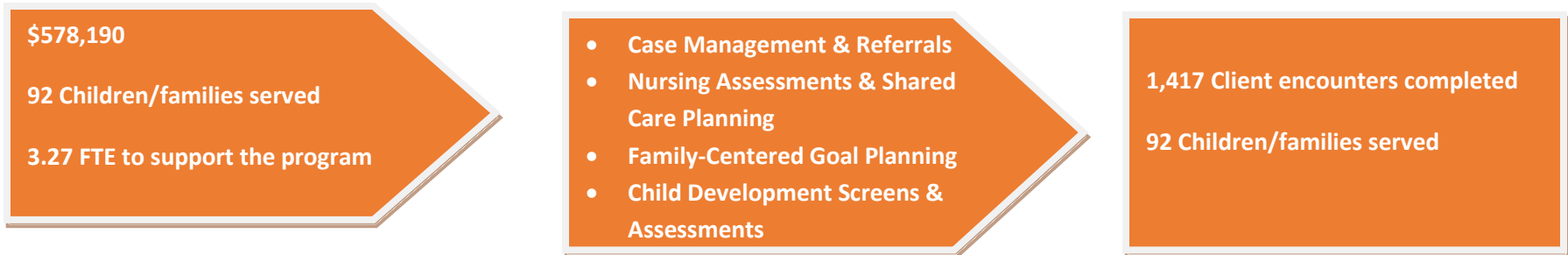
If you are pregnant and need assistance enrolling on the Oregon Health Plan, please call Renee Hacker at 541-751-2438

The OHP enrollment assistance program

Our case manager also assists any family in the county who needs assistance enrolling in the Oregon Health Plan and/or renewing their enrollment. The assistance provided to families goes from helping with fill out the application and ensuring that all necessary documents have been joined to the application, an address change, calling the State number to ensure the necessary changes have been applied, assisting people in need of medication and therefore coverage, and people who are referred to additional services in the community.

In 2016-17 we received a grant from the State of Oregon to increase outreach to our community and assist with enrollment to the Oregon Health Plan. We provided outreach to various communities and were able to hire another assister with Spanish speaking abilities.

Public Health Nurse Home Visiting



The case for home visiting

According to Zero To Three, “Some of our nation’s costliest social problems—like child abuse and neglect, school failure, poverty, unemployment, and crime—are rooted in early childhood.”

Research shows that home visiting can be an effective method of delivering family support and child development services and enrollment in “quality home visiting leads to fewer children in social welfare, mental health, and juvenile corrections systems, with considerable cost savings for states.”

<https://www.zerotothree.org/resources/144-the-research-case-for-home-visiting>

Our high quality, voluntary home visiting program matches parents with trained professionals to provide information and support from birth through 20 years with emphasis on families with children in their first five years of life (a critical time in a child’s development) or children with newly diagnosed special health care needs.

What we do

Babies First! is a nurse home visiting program that serves families with children birth through four years of age who are at risk for growth and/or developmental delays. The overarching goal for Babies First! is to prevent poor health and early childhood development delay in infant and children. Public Health Nurses provide in home services such as an overall assessment, health screenings, case management, and health education to help families make sure their children are healthy while they grow and learn.

CaCoon serves children with special health needs (those who have, or are at risk for a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that are generally required by children) ages birth through 20 years of age. The overarching goals are to:

- 1) Promote the development of effective care teams, centered on the child/family
- 2) Increase family knowledge, skills, and confidence in caring for their children and youth with special health care needs
- 3) Promote effective and efficient use of the healthcare system.

Parents As Teachers: Eligible families may dual-enroll and take advantage of this federal and Oregon recognized best practice parenting program for families with children under the age of 5 years. The overarching goals are that:

- 1) Children learn, grow, and develop to reach their full potential
- 2) Parents are their children's earliest and best teachers
- 3) Children are fully ready to learn by the time they reach school age.

Our process: Assessment, plan, case management

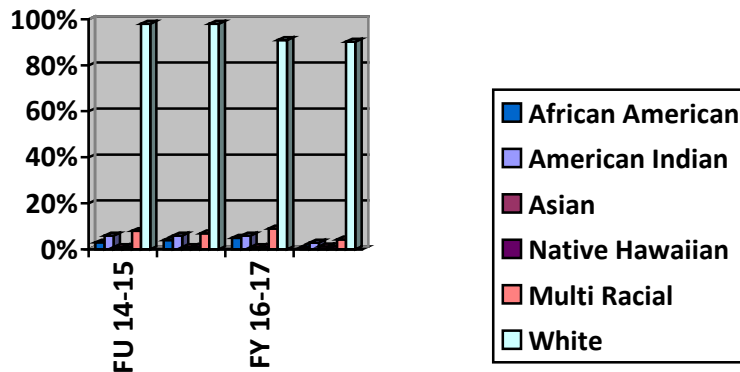
- Referrals are accepted from all sources.
- Families are contacted and offered services.
- Those who accept receive an initial intensive nurse case manager assessment focusing on the family's strengths and needs as well as the child's specific strengths and needs.
- A nursing plan of care and case management plan are developed with the family.

Who we serve

The following demographics represent the 92 children and their caregivers served in this fiscal year:

- 58 children raised by a parent with a disability, chronic health condition, or mental illness
- 27 children raised by a parent with less than a high school education
- 100% of children living in poverty
- 33 children raised by a parent with a recent history/current substance abuse issue
- 48 children experienced homelessness or unstable housing
- 3 children raised in a household where the parent was recently (within last year) or currently incarcerated
- 41 children raised in a household with recent or current domestic violence
- 51 children with a recent history or current experience of child abuse or neglect
- 8 children raised by a parent under 21 years of age
- 47 children with chronic health conditions or disabilities
- 3 children raised in household where English is not their first language
- 9% of children are multi-racial, 6% American Indian, 1% Asian, 5% African American, 91% White (16% Hispanic ethnicity). Note: Percentages do not total 100% due to rounding and identification as multiracial.
- 16% of children receiving SSI benefits
- Range of ages served: 1 month – 19 years

Breakdown of race served throughout the years



What does it cost?

All programs are covered by the Oregon Health Plan (OHP) and are provided at no charge to families who have OHP. While these services are free to recipients, it does cost Oregonians. Funding to support these services come from tax dollars that are redistributed in the form of State and Federal programs and grants. For FY 16-17, it cost \$578,190 to provide these services to 92 children and their caregivers in our county.

The PEW Charitable trusts looked at high quality home visiting programs targeting vulnerable families. It concluded that “when quality programs, carried out in local communities, are properly implemented, the lead to increased family self-sufficiency, lower health care costs, and reduced need for remedial education. For every dollar spent on these efforts, they save at least \$2 in future spending.” <http://www.pewtrusts.org/en/archived-projects/home-visiting-campaign>

Our outcomes

1. 100% of families offered case management and collaboration services with health care providers and social services to support the child/family’s needs and goals
2. 100% of newly enrolled families received an initial family – centered assessment within 90 days of enrollment
3. 100% of families had at least one agreed-upon documented goal identified during the program year
4. 100% of families participated in development of an Individualized Nursing Care Plan based on child/family needs that demonstrates evidence of patient/family centered care, cultural and linguistic responsiveness, provides for sufficient frequency, duration, and length of visits to achieve identified goals, anticipates and supports youth transitioning into adulthood, and supports family to coordinate care among other providers.
5. 100% of children/families offered all or some of the following screens/assessments, as appropriate: growth, development, hearing, vision, oral health, depression/anxiety, parent-child interaction, environmental learning opportunities, safety, and immunization status.
6. 100% collaboration with health and social services care team to assure comprehensive assessments are completed as part of a Case Management Plan of Care including assessments of:
 - 1) Child/family’s strengths, needs, and goals
 - 2) Child/family’s health-related learning needs
 - 3) Child’s functional status and limitations, including ability to attend school and school activities

- 4) Access to health care team members as well as social supports
- 5) Access to supportive medical and/or adaptive equipment and supplies
- 6) Family's financial burden related to care of child with special health needs
- 7) Assess housing and environmental safety and emergency preparedness
- 8) Preparedness for youth transition to adult health care, work, and independence, if appropriate to age

Parenting Outcomes

Caregivers were given the opportunity to reflect on their parenting. Parents reported the following outcomes:

- 15.4% increase in their ability to meet their child's social and emotional needs
- 26.8% increase in their understanding of child development and how this affects their parenting responses
- 7.6% increase in their ability to regularly support their child's development through play, reading, and shared time together
- 21.6% increase in their ability to establish routines and set reasonable limits and rules
- 14.4% increase in use of positive discipline techniques
- 11.8% increase in their ability to make their home safe
- 10% increase in ability to set and achieve goals
- 21.28% increase in their ability to deal with the stressors of parenting and life in general
- 27.2% increase in feeling supported as a parent

Parent comments included:

"I have been able to manage all my appointments better. And I'm able to take my son to events with the information I get...I also get a lot of useful information on teaching my son to do new things."

"I am now able to express when I need help with things."

The service has helped increase parents "motivation for meeting medical needs" and "getting more help for my child's needs."

Client Satisfaction Survey Results

Families were asked to complete at least one customer satisfaction survey during this fiscal year. Two surveys were offered. The first survey was as more general "picture" of customer satisfaction with questions that could apply across multiple Coos Health & Wellness Public Health programs. The second survey was specific to Home Visiting.

Over the course of this fiscal year, 46 responses were collected. The results are as follows (based on range of answers from "almost always" to "almost never"):

- 96% of families report their home visitor almost always considered their schedules before making appointments.
- 96% of families report they almost always or usually felt they decided on goals for their child/family in partnership with their home visitor.
- 96% of families report their home visitor almost always or usually helped them better understand how their child grows and learns.

- 96% of families report their home visitor almost always or usually helped them strengthen their relationship with their child.
- 89% of respondents felt their home visitor helped them learn and use positive methods of discipline
- 96% felt their home visitor almost always helped them be more confident as a parent.
- 96% felt their home visitor helped them explore ways to reduce child/family stress factors
- 100% felt their home visitor asked about issues that affected the well-being of the whole family
- 100% felt their home visitor referred them to resources and activities

The vast majority of responses to the question, “What can we do better?” reflected a general satisfaction with the current services with no suggestions for additional improvement. Distant themes that emerged were suggestions to hire additional staff and program promotion.

Several themes emerged in response to the question, “How have these home visits been especially helpful to you?” They are:

- The presence of a trusting and supportive relationship between parent and home visitor
- Information and services were tailored to the unique needs of the family
- Information about parenting and child development.
- Support in reaching child and family goals
- Referrals to community services and activities

“They have kept me on track and going [in] the right direction. [My home visitor] knows me well enough to call me out on it. If I needed more support, she upped her visits with me.”

“I have gained the confidence I needed. I was given support at time that were so greatly needed. [My home visitor] has gone above and beyond what is expected of her as a home visiting nurse.”

“We truly look forward to the days our home visitor comes...the information is relevant, and the support is a blessing.”

- *96% of families report their home visitor discussed topics that were useful to them*
- *96% of families felt their home visitor treated them in a welcoming and friendly manner*
- *96% of families report getting the information/services they wanted in one visit*
- *100% felt their home visitor almost always used words and information they could understand*
- *96% of families report they felt comfortable discussing their concerns with their home visitor*
- *100% of families reported satisfaction with their services*

Gro

Our parent-child interaction and parent support group meetings continue. We provided monthly opportunities for families with younger children on the first Tuesday of every month at Outdoor In. Approximately four times a year, we also provided opportunities for families with older children such as bowling at North Bend Lanes or painting pottery at The Pottery Company.

Group Connections is designed so that families can build social connections with one-another and increase their knowledge of ways to support their child's development, and to provide a safe and supportive environment where parents and children can interact.

By the Numbers:

- 33 Group Connections held during FY 16-17
- 114 net children attended
- 137 net caregivers and other family members attended
- \$27.58 average cost per group

Key data on the Home Visiting Quality Improvement Project

Quality Improvement Projects: This year our team completed our billable encounter project and moved into sustainability/monitoring phase. Despite our shrinking workforce, we were able to generate sufficient billable encounters to balance our budget.

Additionally, we completed our data entry project, making formatting changes and adding prompts to the forms to enable staff to better document the screenings we completed on enrolled

children. We will likewise, we will move into a sustainability/monitoring phase.

We also completed a Targeted Case Management project which included consultation with Oregon Health Authority and DMAP for clarification as to activities that are billable vs those that are required by our program contracts but not reimbursable. This resource is now being used as part of our orientation for new staff.

For Fiscal Year 17-18 our QI projects will focus on refining our Group Connections processes and selecting/implementing a more holistic Family Centered Assessment that will meet Parents As Teachers accreditation standards. Collaboratively, we are also working on a Regional Approach to Child Health QI project with agencies serving children with special health care needs. The goal will be to develop a universal referral form that can be scalable and completed electronically

Story from the field 1

One of our home visitor has had the opportunity to work with a child with special health care needs and her family through the CaCoon Home Visiting program for 9 months now. This child was born with a genetic disorder that has caused many delays and specialty health care needs. Although faced with many challenges, this family has made tremendous progress over the last nine months. Together, through CaCoon, we have been able to connect this child with as many local resources and providers as possible.

Barriers have not stopped this family from learning as much as they can through our program and utilizing this knowledge to provide the best possible outcome for their child. At the onset of services, this family was unaware of community resources and outreach. During our time together, however, they have established physical and occupational therapies and feeding services for their child, connected with other home visiting programs, enrolled in disabled services, and accessing free community resources and events.

Home visiting has been vital to this family and care coordination continues to help this child maintain the best outcome possible. The family reports they are happy with our service and have even recommended us to others!

Women, Infants and Children (WIC)



What we do

The WIC program is the Special Supplemental Nutrition Program for Women, Infants and Children. We provide vouchers for healthy foods to supplement our participant's diets, offer opportunities for nutrition education at every contact, refer to other community services and give breastfeeding support.

WIC services are based on four fundamental pillars that support critical areas of child development: nourishing foods, nutrition education, community referrals and breastfeeding support.

Nourishing Foods

WIC is unique among public health and food assistance programs in what it provides. Each item in the WIC food packages is scientifically evaluated by a national panel of experts to determine whether it is a good source of the nutrients most commonly deficient in the diets of pregnant women and young children. This prescriptive food package provides fruits and vegetables, whole grains, calcium and iron rich foods, all of which play an important role in ensuring healthy pregnancies and preventing obesity, heart disease, diabetes, and cancer.

The CDC and USDA jointly released a report on the decreased obesity rates among children enrolled in WIC from 15.9 percent in 2010 to 14.5 percent in 2014. Oregon was one of the 34 states that saw this decrease in obesity for 2-4 year old children.

Nutrition Education

Through nutrition education and counseling, our trained staff provides practical and tangible tools on topics such as healthy habits, family meals, parenting skills and more. Families also learn ways to increase physical activity, maximize their food dollars, and support their child’s growth and development.

Community Referrals

An essential pillar of WIC is the emphasis we put on connecting participants to community resources and making pivotal health-related referrals. WIC links families to education, health and social services, and so much more.

Prenatal and Breastfeeding Support

Research has demonstrated that there are several sensitive periods where the foods we eat and our environment can create cellular changes in our body that may influence our future health. The nutrient dense foods WIC provides to pregnant women supports the critical stages of fetal development.

Services in the postpartum period ensure that new mothers are provided with nutrients commonly depleted in pregnancy. WIC addresses another sensitive period by promoting exclusive breastfeeding. Cellular elements found only in breast milk create a healthy mix of microbes in the infant’s gut, which is linked to a healthier immune system.

Who we serve

The WIC program serves pregnant, breastfeeding and postpartum women, infants and children up to the age of 5 years old that are residents of Oregon, have a household income less than 185% of the poverty guidelines and have a nutritional need or risk such as gestational diabetes, underweight, allergies and anemia to name a few.

Income Guidelines 16-17

Number of Person(s) in Household	Annual Gross Household Income
1	\$21,984
2	\$29,640
3	\$37,296
4	\$44,964
5	\$52,620
6	\$60,276

Our 16-17 Outcomes

Oregon WIC Annual Report/Fact Sheets (2016)

We serve 45% of the pregnant women in Coos County. 91% of our WIC moms start out breastfeeding and 33% breastfeed exclusively for 6 months.

\$978,755 were spent by WIC participants at local retailers on healthy foods. Every year from May to October WIC runs an additional program called the Farm Direct Nutrition Program where we get a certain allotment of farmer's market coupons for WIC families. Up to two family members can get a set of vouchers valued at \$20 to spend at local farm stands and farmers markets. This year \$6,364 was paid to local farmers for fresh produce.

For every dollar spent on a pregnant woman in WIC, up to \$4.21 is saved in Medicaid for her and her newborn baby because WIC reduces the risk for preterm birth and low birth-weight babies by 25% and 44%, respectively.

Our biggest challenge and Quality Improvement

Over the last year our staff has worked to increase and maintain our assigned caseload. To do this we must serve 97-103% of our assigned caseload of 1,490. Through running monthly reports and providing follow-up calls to our participants we have been steadily improving our caseload and meeting that requirement. We ended the fiscal year at 99% of our assigned caseload (1,549). Besides the consistent hard work of our staff, we credit eWIC to aiding in helping us retain participants and providing a better customer experience.

Where do we operate?

WIC provides outreach to its participants. We have satellite clinics in North Bend, Bandon, Coquille, Coquille Tribe Community Health Center, Lakeside, Oregon Coast Community Action in Coos Bay, Myrtle Point and Powers.

Title V Projects - Breastfeeding Support and Adolescent Health Promotion



What we do

There is currently no peer support of breastfeeding in Coos County. There are some prenatal classes at Bay Area Hospital as well as the MOMS program. However, there is no clear informal way for women and families to seek breastfeeding support whenever they need it. There are many partners in the community that have been supportive of a breastfeeding peer support program. These partners are the Perinatal Taskforce, the OBGyns and pediatricians practices, the Breastfeeding coalition, early Head start, the MOMS program etc.

In FY 2016-17 we started a peer support breastfeeding group that was held once a month at the Coos Bay public library. Our WIC and Breastfeeding Coordinator was in charge of organizing this club. She provided information and support to families who needed it at the time. We also offered families the opportunity to weigh their babies if they wanted to.

For the Adolescent outreach, our objective was to increase outreach to key populations in the community. The rate for adolescent well visit in 2015 was 60.6% for 8th graders and 63.6% for 11th graders. (Source: 2015 Oregon Healthy Teens Survey, pg.16, Table When did

you last go to a doctor or nurse practitioner for a check-up or physical exam when you were not sick or injured?). We decided to raise awareness in the community on the importance of adolescent well visits and increase the rates of adolescent well visits in Coos County. We contacted various partners, developed talking points to be used by partners regarding the importance of adolescent well visits and developed and distributed educational materials to community partners and parents of adolescents.

Who we serve

This year the Title V funding we received focused on serving breastfeeding families and adolescents.

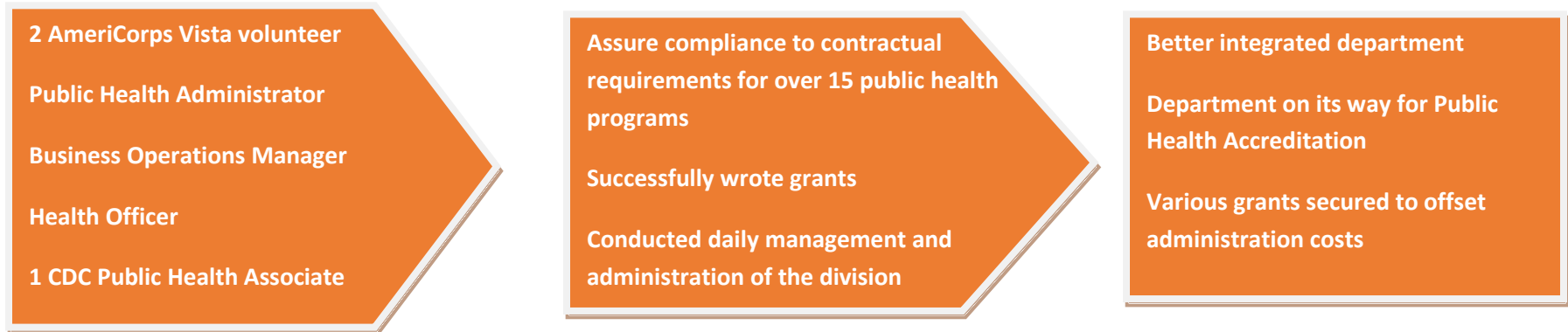
Our outcomes

We held a monthly 2 hour session of the Lactation Club, sent out public service announcement promoting the Club, outreached to partners and breastfeeding mothers to promote the Club.

We also did outreached to community partners to promote adolescent well visits. We developed and printed 3,900 educational brochures and distributed 2,100 copies to community partners and families with adolescents. This work was conducted in partnership with high schools in the county.

PART VI –
PUBLIC HEALTH ADMINISTRATION AND
RESOURCES

Public Health Administration



In fiscal year 2016-17, the Public Health Division functioned within the Coos Health and Wellness (CHW) Department. The Coos County Board of Commissioners continued to function as the County Board of Health, with Commissioner Sweet serving as the liaison to the Department.

The Public Health Administrator and the Business Manager continued to work to assure compliance to public health program standards, managed and supported 24 employees in their jobs, and managed the finances of the Public Health Division. Significant time was spent on budget development and fiscal monitoring of revenues and expenses according to county and federal requirements. (More details regarding the budget can be found in the fiscal report.)

Our Health Officer, an essential position for public health practices, signed off on all policies and protocols which were implemented under his authority.

The **administrative management duties** included the following activities:

- Personnel management, including scheduling, record keeping for payroll, and adherence to union contracts and state labor laws;
- Employee recruitment, hiring, training, supervision and annual performance evaluations;
- Materials management;
- Assured compliance to contractual requirements for over 20 public health programs, as well as adherence to local, state,

and federal laws, and assuring that employees who are in regulatory functions are administering laws appropriately;

- Continued preparations for Public Health Accreditation;
- Developed staff knowledge and skills on quality improvement (QI) principles, concepts and tools and implemented these through various QI projects throughout the division and the organization.

- Collaborated with community partners on applications and implementation of grant funded projects;
- Facilitated task forces and participated on local planning committees; and
- Gave presentations and met with county officials, as required by the county government system.

Public health management also interacted with the community on many levels:

- Facilitated the implementation of the Community Health Improvement Plan (CHIP);
- Participated in the work of four subcommittees of the CHIP e.g. Prenatal subcommittee, Commercial Tobacco Prevention subcommittee, Community Health Assessment, and Healthy Eating Active Living subcommittee;
- Developed informational and promotional materials, including web-based media;
- Responded to requests for information from the public and the news media on public health topics and programs;
- Advocated for action to improve the health of the community;
- Served on the Conference of Local Health Officials and on the Coalition of Local Health Officials;
- Wrote various grants to bring in additional program dollars;

Our team

2017-2018						
Position	Count	FTE	2017-2018	2018-2019	Count	FTE
Nursing Services Manager <i>(Nurse supervision of Home Visiting)</i>	1	1.00			1	1.00
Clinic Services						
Nurse Practitioner			1	0.20	1	0.20
Registered Nurse	2	1.50			2	1.50
Public Health Aide <i>(Clinic Services, OHP Outreach, Case Management)</i>	2	2.00			2	2.00
Home Visiting Services						
Registered Nurse	2	1.75			2	1.75
Public Health Associate (hired May 2017)	2	0.52			2	0.52
WIC Services						
WIC Program Coordinator	1	1.00			1	1.00
WIC Certifier/Interpreter/Intake	4	4.00			4	4.00
Registered Dietitian			1	0.20	1	.20
Environmental Health Services						
EH Program Manager	1	1.00			1	1.00
EH Specialist	2	1.40			2	1.40
EH Support Services	1	1.00			1	1.00
Prevention Services						
PH Preparedness Coordinator	1	1.00			1	1.00
Support Services <i>(Billing, Switchboard, Clinic & Reception, Vital Records, Administrative Assistance)</i>	3	3.00			3	3.00
Total Staff and FTE					24	19.57*
<p><i>* The composition of staffing changed for the Home Visiting Services, due primarily to retirement of Public Health Nurses and the inability to recruit nurses into the program. There were two community health worker type positions successfully recruited for, with a late hire date in the fiscal year.</i></p>						

Our Revenues and Expenses

According to the Conference of Local Health Officials in Oregon (CLHO), “The current public health funding system requires that each health department must deliver or assure ten mandated programs, which ***largely receive inadequate federal funding.***

As available, additional county general funds and competitive grant monies may be allocated to meet the requirements set by the state or determined by community need.

The system consists of 34 Local Public Health Departments in Oregon—27 county-based public health departments, one district health department and four non-profit public health agencies that have a strong link with the county.

Investments are largely focused on individual care instead of community prevention and capacity. Women, Infants, and Children (WIC), Family Planning, and School-Based Health Centers (SBHC), represent 56% of funding to local communities”.

Fiscal Report for 2016-17

Cash and in kind expenses for fiscal year 2016-17 for Public Health totaled \$2,060,952. The in kind donations includes the value of exempt staff working over 1.0 FTE to support the demands of the programs. Coos Health & Wellness (CHW) provided the Public Health Division with donated staff time and materials through clerical support, accounting support, and IT support. The clinical services – and our clients – benefited from the generous donation of time by two local physicians. The placement of an AmeriCorps VISTA and a CDC Public Health Associate accelerated the work of Public Health in its effort to achieve Public Health Accreditation.

Expenditures for the Environmental Health Licensing Program totaled \$361,418. Exempt staff in the licensing program donated time to meet the demands of the program. The program also benefited from CHW’s accounting support and IT support.

Type of Funds Used to Support Public Health Services

Federal Funds

Between federal grants, Medicaid Administrative Claiming, and Medicaid, the federal government provided over 60% of the revenue used to provide public health services to the citizens of Coos County. Of the federal funds, 44% was program-specific funding, 48% was from Medicaid fee-for-service, and 8% was from Medicaid Administrative Claiming (MAC).

These federal program-specific funds supported a variety of programs in Coos County, including: Safe Drinking Water programs, Public Health Preparedness and Disaster Planning, Women Infants and Children nutrition program (WIC), Maternal & Child Health programs, Immunizations, Reproductive Health, and Oregon Health Plan (OHP) enrollment assistance.

State Funds

The State provided General Funds specific to programs, as well as State Support for Public Health (SSPH) General Funds for mandated public health programs, comprising 10.29% of the funding for the Public Health Division. SSPH funds were used to help support communicable disease investigation and response, tuberculosis (TB) testing and case management, reproductive health services, and immunization activities. The SSPH funds continue to be less than the salary and benefits of one full time public health nurse.

The program-specific State General Funds supported public health programs in Coos County, including the School Based Health Centers at Marshfield High School and Powers, Immunizations, Maternal & Child Health programs, and the Safe Drinking Water program.

Fees

In addition to the federal Medicaid fees for service, fees were also collected from clients and third party insurance. Despite the increase in individuals with insurance under the Affordable Healthcare Act, many citizens in the community were without insurance coverage due to inability to pay their share and/or deductibles. Federal and state regulations require the treatment of certain communicable diseases, immunizations for children and adolescents, and Title X Reproductive Health services. However, CHW is restricted by federal and state regulations from charging or collecting fees from clients for these services, based upon their income and/or insurance status. Treatment must be provided for these mandated services regardless of ability to pay.

Limited funding for the Title X Reproductive Health program, along with the inability to recruit or share an additional part time Nurse Practitioner, resulted in another year with reduced hours for this clinic program. The employed Nurse Practitioner was available only 1 day a week to see clients. However, the **donated services** of two local physicians provided additional women's health services, and limited services to men! The Public Health Division, and its clients, greatly appreciate the time and expertise these individuals were willing to share with their community.

The Environmental Health Licensing program was funded by fees from facility owners.

Coos County Government Support

In FY 2016-17, the Public Health Division did not receive cash from the County General Fund. However, the County did provide the Public Health Division with in-kind contributions for rent, utilities, photocopying and fax. The value of this was reflected in the in-kind

portion of funding sources. The County also provided building maintenance, legal counsel services, human resources services, accounting services, and other Board administrative services. The value of these services to the Division, although significant, has not been identified by cost center; therefore this was not reflected in the fiscal accounting for the Division. *The Public Health Division was notified that, beginning in fiscal year 2017-18, the County will charge for these support services.*

Contracts, Grants and Donated Funds

A few smaller contracts were awarded in fiscal year 2016-17, primarily with a focus on the addressing the use of tobacco products and mosquito control in the Bandon Marsh.

While the funds for the Tobacco Prevention and Education Program are received through the State’s contract with CHW’s Public Health Division, this program functions under the Health Promotion Division. Therefore, staff and expenses are no longer reflected in this report.

Coos County Friends of Public Health (CCFoPH), which formed in January 2008, continued its work to promote health in Coos County. CCFoPH held its annual *Purses for Nurses* fundraiser, in October 2016, to support women’s health services at CHW. In addition, CCFoPH secured grant funds to support programs and services at CHW.

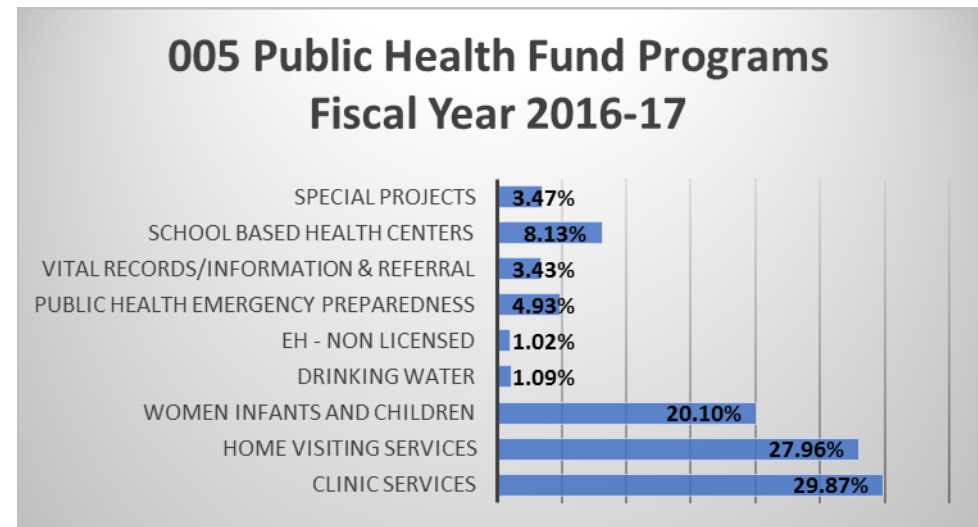
The Public Health Division received financial support from private donations, community partners and other grantors. The Bay Area Rotary Club continued their financial support to provide immunizations to eligible children in the community, including volunteering at clinics geared toward immunizations for schools and

daycare centers. Clinic programs were supported by donations and fundraising through the Coos County Friends of Public Health, including grants awarded by the Zonta Club of the Coos Bay Area. A list of grants/cash gifts received by the Public Health Division is listed below.

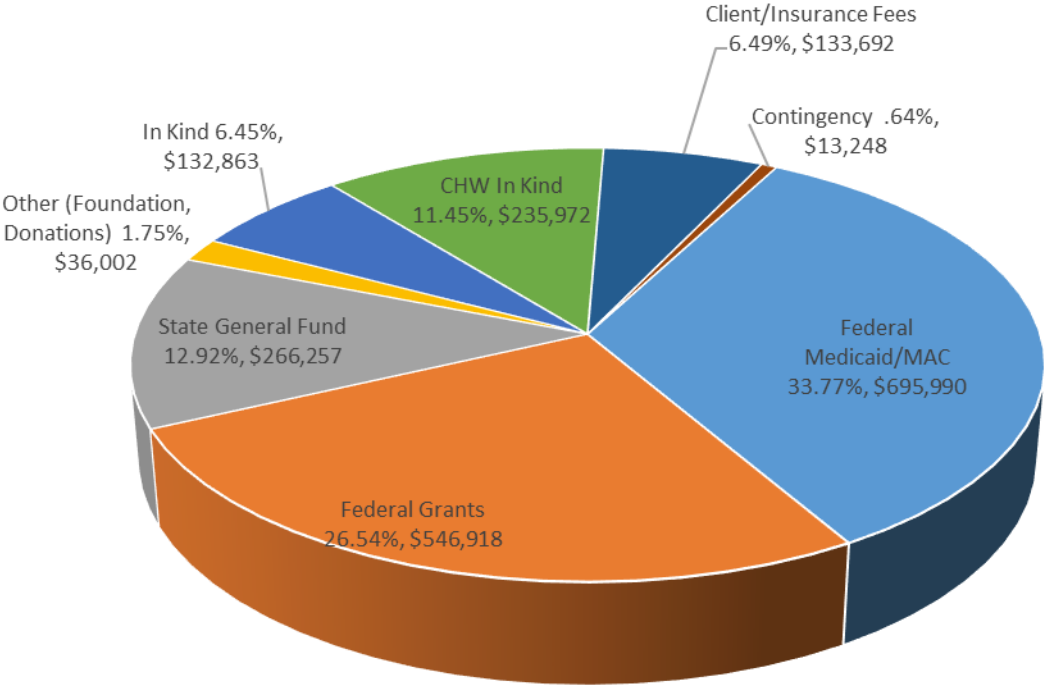
*Bay Area Health Foundation	\$5,000
*Coos County Friends of Public Health	\$22,676
Fundraising/donations	\$19,176
Zonta Club of Coos Bay Area Foundation Grant	\$3,500
* Dr. Gail McClave – Vaccine Storage	\$4,000

A big **thank you** is extended to these individuals, businesses, organizations, and foundations for their support of public health in Coos County.

A Snapshot of our resources by program area



Funding for Public Health 005 Fund by Percentage Fiscal Year 2016-17



- Federal Medicaid/MAC 33.77%
- Federal Grants 26.54%
- State General Fund 12.92%
- Other (Foundation, Donations) 1.75%
- In Kind 6.45%
- CHW In Kind 11.45%
- Client/Insurance Fees 6.49%
- Contingency .64%

