# COOS HEALTH & WELLNESS
# PUBLIC HEALTH DIVISION
# ANNUAL REPORT 2015 -16

# Contents

# FROM THE PUBLIC HEALTH DIRECTOR

It is with great pleasure and a great sense of accomplishment that I am presenting to you the 2015-16 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 2015-16;

2. The second part takes a look at ***the health of our county and of our communities***. This year we decided to explore our health indicators in more depth and look at the trends since our 2013 Community Health Assessment;

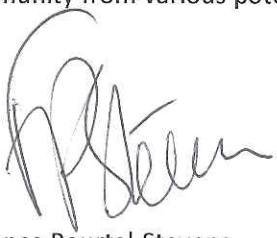
3. The third part of the report focuses on ***the Public Health system*** and the work we contributed to Public Health Modernization in the State of Oregon as well as all the preparation work we have done to get ready to apply for National Public Health Accreditation;

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;

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: AN OVERVIEW

A day with Public Health in Coos County

CHW Public Health Division at a glance

2015-16 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.

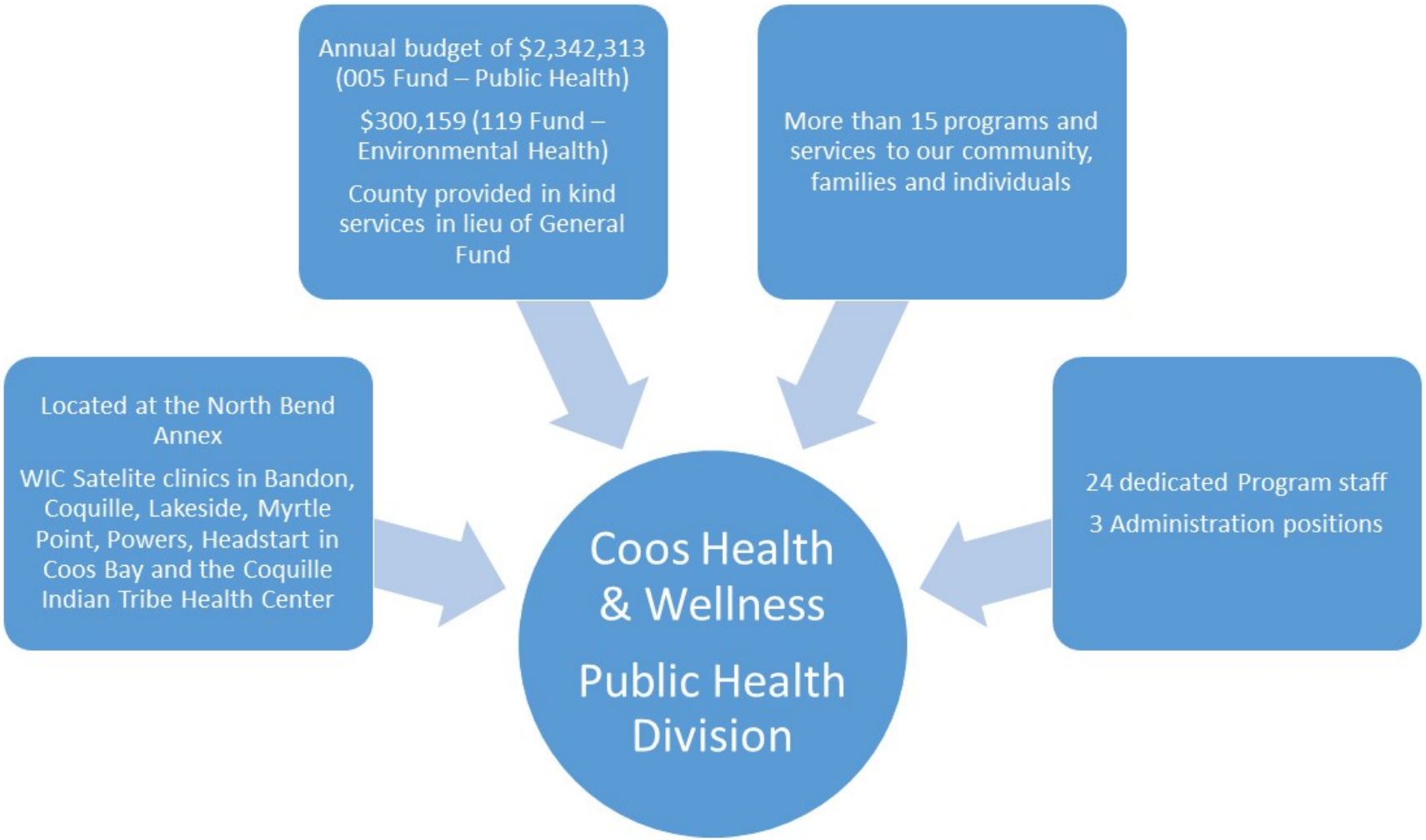
**READY FOR ANYTHING:** It is the end of your workday, as you are driving home the radio news is reporting on a disease outbreak across the country, thankfully local public health is coordinating with hospitals, schools, and emergency preparedness managers to be prepared.

**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



# 2015-16 Accomplishments at a glance

## Annual Report 2015- 2016

- 8 Drinking Water Surveys completed
- 717 Restaurant Inspections done
- 44 Pool Inspections done
- 86 RV Park Inspections done
- 178 Tourist accommodation inspections done
- 1,043 Communicable Disease Investigations conducted
- 633 STD tests performed
- 258 Pregnancy Tests done
- 190 Pregnant Women assisted through Oregon Mothers Care
- 1,157 Immunizations Administered
- 968 Family Planning Visits for 513 patients
- 1,400 contacts with families about their OHP
- 2,773 WIC participants served and 90 WIC Satellite Clinics held
- 2,086 Nurse Home Visits completed 167 families & children served
- 18 Breastfeeding Classes Held

# PART II –
# THE HEALTH OF COOS COUNTY

# Overall Health Outcomes

Coos County completed a Community Health Assessment (CHA) in 2013 that helped measure where the community was in regards to various aspects of health. As part of Coos Health & Wellness's efforts to serve the everchanging population's needs, many of the data points found in the 2013 assessment have been updated to reflect the newest data available.

Not all the data used in the Community Health Assessment was able to be put into this report due to a lack of new data. All the data that was updated came from the same source as what was used for the CHA to ensure validity.

All of the following data shows many health advances being made in Coos County, and also sheds light on aspects still needing our attention. Coos County is making great strides towards better health outcomes and Coos Health & Wellness is at the forefront of the public health efforts.

# Demographics and Health Indicators

## Table 1: Demographics

| Demographics | Coos County 2011 | Coos County 2015 | Oregon 2015 |
|---|---|---|---|
| ***Total Population*** | ***62,791*** | ***63,121*** | ***4,028,977*** |
| Population Under 18 Years of Age | 19.10% | 18.60% | 21.40% |
| Population 65 Years and Over | 21.80% | 24.60% | 16.40% |
| White Alone | 91.40% | 90.40% | 87.60% |
| White Alone, Not Hispanic or Latino | | 85.40% | 76.60% |
| Black or African American Alone | 0.50% | 0.80% | 2.10% |
| American Indian and Alaska Native Alone | 2.70% | 2.90% | 1.80% |
| Asian Alone | 1.10% | 1.30% | 4.40% |
| Native Hawaiian & Other Pacific Islander Alone | 0.20% | 0.20% | 0.30% |
| Two or More Races | 4.10% | 4.30% | 3.70% |
| Hispanic or Latino | 5.60% | 6.30% | 12.70% |

Source: U.S Census Bureau Oregon, Coos County Quick Facts, 2015 U.S Census Bureau, 2011 Oregon, Coos County Quick Facts

The demographics of Coos County have not changed significantly from 2011. The total population increased slightly as well as the percentages of minority groups. The majority of the population, at 90.4%, identifies as white alone. Coos County has a higher percentage of people who identify as white than Oregon as a state, although only by about 3%.

The population of Coos County is getting older, seeing as the percentage of the population 65 years and over went up by about 3%. The state of Oregon's 65 and over population is only 16.4%, so Coos County has a much larger older population than the average with 24.6%.

# Births Indicators

## Table 2: Birth data

| Births | Coos County 2011 | Coos County Number 2015 | Coos County Percentage 2015 | Oregon 2015 |
|---|---|---|---|---|
| Total Births | 577 | 614 | | 45,656 |
| Births to Women 20+ Years Old | 90.50% | 575 | 93.60% | 94.90% |
| Births to Women 18-19 Years Old | 7.70% | 30 | 4.89% | 3.75% |
| Births to Girls 10 to 17 Years Old | 3.10% | 9 | 1.47% | 1.30% |
| Births to Unmarried Mothers | 45.60% | 280 | 45.60% | 35.89% |

Source: Oregon Health Authority, Oregon Birth Data, 2015 Oregon Health Authority, Vital Statistics, 2011

## Table 3: Prenatal Care

| Prenatal Care | Number 2011 | Coos County 2011 | Number 2015 | Coos County 2015 | Oregon 2015 |
|---|---|---|---|---|---|
| Inadequate Prenatal Care | 44 | 7.70% | 50 | 8.20% | 5.70% |
| First Trimester Care | 419 | 72.90% | 497 | 81.20% | 79% |

Source: Oregon Health Authority - Annual Report I, 2015. Oregon Health Authority - Annual Report I, 2011

The birth data shows promising changes in Coos County. The percentage of births to women ages 18 to 19, as well as ages 10 to 17, have decreased greatly. The percentage of births to girls ages 10 to 17 decreased by more than half. While the percentages are still higher than the state data, they are close to reaching those averages.

However, the percentage of women who had inadequate prenatal care went up, and is significantly higher than the state average. On the other hand, the percentage of mothers receiving first trimester care increased, and is actually higher than the state average. These birth indicators show encouraging changes in Coos County and these changes will hopefully start to create better outcomes.

# Mortality Indicators

## Table 4: Leading Causes of Death in Coos County

| Coos County's Leading Causes of Death | Number of Deaths 2011 | Number of Deaths 2015 | Trend |
|---|---|---|---|
| Cancer | 208 | 227 | ↑ |
| Heart Disease | 188 | 167 | ↓ |
| Chronic Lower Respiratory Diseases | 60 | 56 | ↓ |
| Unintentional Injuries | 52 | 51 | ↓ |
| Cerebrovascular Disease | 37 | 43 | ↑ |
| Alzheimer's Disease | 25 | 38 | ↑ |
| Alcohol-Induced | 18 | 38 | ↑ |
| Diabetes | 31 | 29 | ↓ |
| Suicide | 14 | 18 | ↑ |
| High Blood Pressure | 17 | 17 | = |

Source: Oregon Health Authority, Leading Causes of Death by County of Residence, 2015. Oregon Health Authority, Annual Report, 2011

## Table 5: Causes of Death and Years Life Lost

| Causes of Death | YLL 2011 | YLL 2015 | Trend |
|---|---|---|---|
| Cancer | 1,250 | 1,323 | ↑ |
| Unintentional Injuries | 759 | 785 | ↑ |
| Heart Disease | 690 | 727 | ↑ |
| Alcohol Induced | 237 | 694 | ↑ |
| Suicide | 214 | 412 | ↑ |
| Diabetes | 288 | 205 | ↓ |
| Chronic Lower Respiratory Disease | 256 | 182 | ↓ |

Source: Oregon Health Authority - Years of Potential Life Lost Before Age 75 By Cause and County of Residence, 2015. Oregon Health Authority - Annual Report, 2011

Tables 4 and 5 show an increase in the number of deaths in most of the leading causes of death. They also show an increase in the number of years of life lost. Cancer has remained the leading cause of death with 227 deaths in 2015. Alcohol-induced deaths have greatly increased, from 18 deaths in 2011 to 38 in 2015. Alcohol-induced deaths accounted for 694 years of life lost in 2015, which is a large jump from the 237 years of life lost in 2011.

Table 6 shows that the number of fetal deaths in both Oregon and Coos County decreased. Table 7 shows that deaths caused by unintentional injury show a mix of increases and decreases. Motor vehicle, falls, poisoning by drugs and water transport all decreased. Poisonings by "other" sharply increased from 1 to 7 while drowning and fire also increased.

## Table 6: Fetal Deaths

| Fetal Deaths | Coos County | Oregon |
|---|---|---|
| Total Number of Fetal Deaths 2015 | 1 | 186 |
| Total Number of Fetal Deaths 2014 | 3 | 191 |
| Total Number of Fetal Deaths 2011 | 3 | NA |
| Total Number of Fetal Deaths 2007-2009 | 7 | NA |

Source: Oregon Health Authority, Fetal Deaths by Age of Mother and County of Residence, 2014 & 2015. Oregon Health Authority, Annual Report, 2011

## Table 7: Unintentional Injury Deaths in Coos County

| Unintentional Injury | Number of Deaths 2011 | Number of Deaths 2015 |
|---|---|---|
| Motor Vehicle | 16 | 13 |
| Falls | 20 | 18 |
| Poison - Drugs | 6 | 3 |
| Poison - Other | 1 | 7 |
| Drowning | 0 | 3 |
| Water Transport | 1 | 0 |
| Fire | 1 | 2 |

Source: Oregon Health Authority - Unintentional Injury Deaths for Selected Causes by County of Residence, 2015. Oregon Health Authority - Annual Report, 2011

# Mental Health Indicators

## Table 8: Adult Suicide Rates

| Suicides | Coos County 2003-2010 | Coos County 2015 | Oregon 2015 |
|---|---|---|---|
| Number | | 18 | 761 |
| Rate per 100,000 | 29.4 | 28.6 | 19 |

Source: Oregon Health Authority - Selected Leading Causes of Death with Rates, Oregon Residents, 1996-2015. Oregon Health Authority -Selected Causes of Death by County, Oregon Residents, 2015. Oregon Health Authority - Injury & Violence Prevention Program, 2003-2010

## Table 9: Suicidal Ideation and Attempts in Teens

| Suicidal Ideation and Suicide Attempts -Teens | Coos County 8th Grade 2011 | Coos County 11th Grade 2011 | Coos County 8th Grade 2015 | Coos County 11th Grade 2015 | Oregon 8th Grade 2015 | Oregon 11th Grade 2015 |
|---|---|---|---|---|---|---|
| Self-Reporting Seriously Considering Attempting Suicide in the Past 12 Months | 17.70% | 11.30% | 15.30% | 14.80% | 16.20% | 16.30% |
| Self-Reporting Actually Attempting Suicide in the Past 12 Months | 11.10% | 1.40% | 7.60% | 6.80% | 8.20% | 6.20% |

Source: Oregon Health Authority - Oregon Healthy Teens Survey 2015. Oregon Health Authority - Oregon Healthy Teens Survey 2011

## Table 10: Psychological Distress in Teens

| Psychological Distress - Teens | Coos County 8th Grade 2012 | Coos County 11th Grade 2012 | Coos County 8th Grade 2016 | Coos County 11th Grade 2016 | Oregon 8th Grade 2016 | Oregon 11th Grade 2016 |
|---|---|---|---|---|---|---|
| Youth that Exhibit Psychological Distress During the Past 30 Days Based on Mental Health Inventory-5 | 12.0% | 11.4% | 15.6% | 20.7% | 12.1% | 14.7% |

Source: Oregon Health Authority – Oregon Student Wellness Survey, 2012. Oregon Health Authority – Oregon Student Wellness Survey, 2016.

The adult suicide rate in Coos County decreased by about one point, but is significantly higher at 28.6 per 100,000 than Oregon which is at 19 per 100,000.Looking specifically at teens, the percentage of 11th graders in Coos County seriously considering attempting suicide increased, while the statistics on this for 8th graders decreased. Both age group percentages are lower than the state's. The percentages of 11th graders who actually have attempted suicide within the past 12 months increased sharply from 1.4% to 6.8%. The 8th graders percentage went down by about 3.5%.

Coos County is seeing more 11th graders self-reporting a serious consideration for attempting suicide as well as large increase in the number of students who actually are attempting suicide. Along the same line, there is a great increase, up from 11.4% to 20.7%, of 11th graders exhibiting psychological distress during the past 30 days. 8th graders have also increased by almost 4%. Both grades have significantly higher percentages than Oregon as a whole.

# Common Morbidities

## Illness and Injury Indicators

### Table 11: Most Prevalent Chronic Conditions in Adults

| Selected Chronic Conditions | Coos County 2008-2011 | Coos County 2010-2013 | Oregon 2010-2013 |
|---|---|---|---|
| Angina | 7.70% | 5.90% | 4.10% |
| Arthritis | 28.40% | 35.40% | 26.60% |
| Asthma | 13.10% | 13.30% | 10.30% |
| Diabetes | 11% | 11.50% | 9.00% |
| Heart Attack | 7.30% | 5.10% | 4% |
| Stroke | 5.70% | 4.60% | 2.90% |

Source: Oregon Health Authority - Chronic Diseases among Oregon Adults, by County, 2010-2013. Oregon Health Authority - Arthritis in Oregon Report, 2011. Heart Disease and Stroke in Oregon, 2010. The Burden of Asthma in Oregon, 2010. The Burden of Diabetes

The prevalence of chronic conditions remained somewhat stagnant, except for the increase in arthritis, which went up 7%. Angina, heart attack, and stroke all decreased. Coos County shows a higher prevalence for all the selected chronic conditions than the state of Oregon.

The three tables below show the rates of sexually transmitted infections in Coos County and in Oregon. Chlamydia is by far the most prevalent, and has increased greatly. The rate in Coos County in 2013 was 284.4 and in 2014 it jumped to 322.7. The rate of Chlamydia is lower than Oregon as a whole; although a significantly higher rate of 15-19 year olds are affected by Chlamydia in Coos County than the state average. Coos County had a rate of .0 for Syphilis, and that had gone down from 1.6 in 2013. Gonorrhea has also increased at an alarming rate. In 2013 the rate was 17.7 and in 2014 it was 57.8.

## Table 12: Chlamydia Incidence Rates

| Chlamydia Incidence Rates per 100,000 | Coos County 2013 | Coos County 2014 | Oregon 2014 |
|---|---|---|---|
| 15-19 Years of Age | 1,775.50 | 2,092.60 | 1,559.10 |
| 20-24 Years of Age | 2,021.70 | 2,197.50 | 2,137.50 |
| 25-29 Years of Age | 826.4 | 1,040.70 | 1,045.2 |
| 30-39 Years of Age | 124.4 | 310.9 | 405.1 |
| 40-49 Years of Age | 89.8 | 44.9 | 115.6 |
| 50-59 Years of Age | .0 | 20.0 | 33.4 |
| Male | 119.6 | 156.5 | 251.7 |
| Female | 414.3 | 484 | 526.7 |
| Total | 284.4 | 322.7 | 390.9 |

Source: Oregon Health Authority - Chlamydia by County and Quarter of Report, 2014. Chlamydia by County and Quarter of Report, 2013

## Table 13: Early Syphilis Incidence Rates

| Early Syphilis Incidence Rates per 100,000 | Coos County 2013 | Coos County 2014 | Oregon 2014 |
|---|---|---|---|
| 15-19 Years of Age | .0 | .0 | 5.3 |
| 20-24 Years of Age | .0 | .0 | 19.0 |
| 25-29 Years of Age | .0 | .0 | 19.9 |
| 30-39 Years of Age | .0 | .0 | 22.7 |
| 40-49 Years of Age | .0 | .0 | 16.3 |
| 50-59 Years of Age | 10.0 | .0 | 11.6 |
| Male | 3.3 | .0 | 19.0 |
| Female | .0 | .0 | 1.7 |
| Total | 1.6 | .0 | 10.3 |

Source: Oregon Health Authority – Oregon Early Syphilis Cases, Proportional Morbidity and Incidence by County, 2013 and 2014

## Table 14: Gonorrhea Incidence Rates

| Gonorrhea Incidence Rates per 100,000 | Coos County 2013 | Coos County 2014 | Oregon 2014 |
|---|---|---|---|
| 15-19 Years of Age | .0 | .0 | 85.0 |
| 20-24 Years of Age | 117.2 | 380.9 | 205.2 |
| 25-29 Years of Age | 153.0 | 367.3 | 204.2 |
| 30-39 Years of Age | 31.1 | 155.5 | 119.1 |
| 40-49 Years of Age | .0 | 15.0 | 44.2 |
| 50-59 Years of Age | .0 | .0 | 21.5 |
| Male | 22.8 | 68.5 | 78.0 |
| Female | 12.7 | 47.4 | 39.0 |
| Total | 17.7 | 57.8 | 58.4 |

Source: Oregon Health Authority – Oregon Gonorrhea Cases, Proportional Morbidity and Incidence by County, 2013 and 2014

The table below shows that hospitalizations for falls in adults have remained fairly steady in Coos County. Women seem more prone to falls than males, seeing as female data is consistently higher than males throughout the age groups. Overall, falls seem to increase as age increases. This has the exception of males falling at a higher amount ages 75-84 than 85+.

## Table 15: Hospitalizations for Falls in Adults

| Hospitalizations for Falls | Coos County Male 2009-2011 | Coos County Female 2009-2011 | Coos County Male 2010-2012 | Coos County Female 2010-2012 | Oregon Male 2010-2012 | Oregon Female 2010-2012 |
|---|---|---|---|---|---|---|
| 55-64 Years of Age | 29 | 58 | 29 | 56 | 1307 | 1788 |
| 65-74 Years of Age | 33 | 77 | 37 | 77 | 1434 | 2312 |
| 75-84 Years of Age | 59 | 126 | 56 | 128 | 1892 | 4160 |
| 85+ Years of Age | 47 | 139 | 41 | 130 | 2021 | 5815 |

Source: Oregon Health Authority - Injury in Oregon, Appendix B: Injury Hospitalizations, 2010-2012. Oregon Health Authority, 2011

# Determinants of Health

## Socioeconomic Factors

### Table 16: Income

| Income | Coos County 2009-2011 | Coos County 2010-2014 | Oregon 2010-2014 |
|---|---|---|---|
| Median Household Income | $37,258 | $39,193 | $50,521 |
| All People Below Poverty Level | 17.60% | 19.8% | 15.4% |
| Below Poverty Level < 18 years of age | 22.90% | 22.9% | 22.1% |
| Below Poverty Level ≥ 65 years of age | 7.90% | 10.0% | 8.2% |

Source: U.S Census Bureau, 2010-2014 American Community Survey 5-Year Estimates. U.S Census Bureau, 2009-2011 American Community Survey

### Table 17: Education

| Education | Coos County 2007-2011 | Coos County 2010-2014 | Oregon 2010-2014 |
|---|---|---|---|
| High School Graduate or Higher | 87.40% | 88.60% | 89.50% |
| Some College, no Degree | 29.80% | 28.80% | 26.60% |
| Associate's Degree | 8.10% | 8.10% | 8.20% |
| Bachelor's Degree | 12.70% | 11.90% | 18.90% |
| Graduate or Professional Degree | 5.90% | 6.90% | 11.20% |

Source: U.S Census Bureau, 2010-2014 American Community Survey 5-Year Estimates. U.S Census Bureau, 2009-2011 American Community Survey

The median household income in Coos County rose, but is still much lower than the average. The percentage of people below the poverty line increased by about 2%, and is about 5% higher than Oregon's average. High school graduate or higher went up about 1% and is only about 1 percentage point below the average. The percentage of people who have higher education degrees is much lower in Coos County than the state average.

## Table 18: Disability and Health Insurance

| Disability and Health Insurance | Coos County | Oregon |
|---|---|---|
| Ages 18-64 with Disability | 7,048 | 297,936 |
| Ages 18-64 with Disability and Public Health Insurance | 4,252 | 159,421 |
| Ages 18-64 with Disability and No Health Insurance | 913 | 43,918 |

Source: U.S Census Bureau - 2011-2015 American Community Survey 5-Year Estimates, 2015

The Community Health Assessment states the health insurance coverage and disability as percentages while the new data from 2015 put them as whole numbers. 18% of Coos County was uninsured in 2010 and ages 18-64 with a disability and no health insurance was at 19%. Now there are 913 people in Coos County that fall in that category. In 2011 43.4% of the Southwest Region did *not* have dental insurance and ***now 70% of people do have dental insurance.*** The percentage of 8th graders who visited the dentist remained stagnant from 2008 to 2015 and the percentage of 11th graders went down by 3%. Both categories are lower than the state average.

## Table 19: Dental Insurance

| Dental Insurance | Southwest* | Oregon |
|---|---|---|
| Percentage of Individuals With Dental Insurance | 70% | 74.20% |

*Southwest includes Coos, Curry, and Josephine Counties
Source: Oregon Health Insurance Survey, 2015

## Table 20: Dental Visits

| Dental Visits | Coos County 8th Grade 2008 | Coos County 11th Grade 2008 | Coos County 8th Grade 2015 | Coos County 11th Grade 2015 | Oregon 8th Grade 2015 | Oregon 11th Grade 2015 |
|---|---|---|---|---|---|---|
| Percentage of Youth Who Saw a Dentist or Dental Hygienist in the Past 24 Months | 81% | 87.70% | 81.40% | 84.70% | 82.70% | 86% |

Source: Oregon Health Authority - Oregon Healthy Teens Survey, 2015. Oregon Health Authority - Oregon Healthy Teens Survey, 2008

# Access to Safe Places to Live, Work, and Play

## Table 21: Violent Crime

| Community Safety - Violent Crime | Coos County 2007-2009 | Coos County 2010-2012 | Oregon 2010-2012 | Benchmark 2010-2012 |
|---|---|---|---|---|
| Violent Crime Rate per 100,000 Population (Defined as homicide, forcible rape, robbery, and aggravated assault) | 133 | 244 | 249 | 59 |

Source: 2016 County Health Rankings (Data for 2010-2012). 2012 County Health Rankings (Data for 2007-2009)

## Table 22: Child Abuse

| Child Abuse | Coos County 2011 | Coos County 2015 | Trend | Oregon 2015 |
|---|---|---|---|---|
| Victim Count | 292 | 309 | ↑ | 10,402 |
| Victim Rate per 1,000 | 24.3 | 26.8 | ↑ | 12.1 |
| Incidents of Mental Injury | 0 | 0 | | 240 |
| Incidents of Neglect | 154 | 184 | ↑ | 5,949 |
| Incidents of Physical Abuse | 18 | 27 | ↑ | 1,008 |
| Incidents of Sexual Abuse | 14 | 20 | ↑ | 831 |
| Incidents of Threat of Harm | 190 | 159 | ↓ | 5,215 |
| Number of Children in Foster Care | 255 | 264 | ↑ | 7,544 |
| Foster Care Rate per 1,000 | 21.2 | 22.9 | ↓ | 8.8 |

Source: Oregon Department of Human Services - 2015 Child Welfare Book. Oregon Department of Human Services - 2011 Child Welfare Book

The violent crime rate has gone up dramatically in Coos County and is over four times the benchmark rate. Child abuse victim count and victim rate have gone up. The rate in Coos County is 26.8 while the rate in Oregon as a whole is 12.1. The foster care rate has also increased, and is over twice that of the state average.

# Behavioral Factors Influencing Health Outcomes

## Table 23: Tobacco Use in Adults

| Tobacco Use - Adults | Coos County 2011 | Coos County 2015 | Oregon 2015 |
|---|---|---|---|
| Tobacco-Linked Death Number | | 257 | 7,670 |
| Percentage of Total Deaths that are Tobacco Linked | 25% | 28.70% | 21.50% |

Source: Oregon Health Authority - Annual Report Volume II - Tobacco-Linked Deaths by County of Residence, Oregon, 2015. Oregon Health Authority - Annual Report Volume II - Oregon Tobacco Facts & Laws 2011

## Table 24: Tobacco Use in 8th and 11th Graders

| Tobacco Use - 8th & 11th Graders | Coos County 8th Grade 2007/2012 | Coos County 11th Grade 2007/2012 | Coos County 8th Grade 2015 | Coos County 11th Grade 2015 | Oregon 8th Grade 2015 | Oregon 11th Grade 2015 |
|---|---|---|---|---|---|---|
| Smoked Cigarettes in the Past 30 Days | 8.50% | 11.40% | 3.30% | 10.30% | 4.30% | 8.80% |
| Any Tobacco Use (Including Vaping Products) in the Past 30 Days | | | 11.80% | 24.90% | 12.30% | 23.70% |
| Male Youth Smokeless Tobacco Use in the Past 30 Days (chewing tobacco, snuff, dip, or snus) | 4.80% | 17.20% | 2.90% | 16.20% | 3.20% | 9.10% |

Source: Oregon Health Authority - Oregon Healthy Teens Survey 2015. Oregon Health Authority - Oregon Healthy Teens Survey 2007-2008. State of Oregon Student Wellness Survey – 2012

The percentage of total deaths that are linked to tobacco increased over 3% in Coos County and is about 7% higher than the state average. The rate of 8th and 11th graders smoking cigarettes in the past 30 days dropped. Although, there are a large percentage of 8th and 11th graders reporting “any tobacco use (including vaping products)” which is only a bit higher than the state average. Smokeless tobacco use has also decreased, though it still remains much higher in Coos County than Oregon as a whole.

## Table 25: Alcohol Use in Adults

| Alcohol Use - Adults | Coos County 2006-2009 | Coos County 2010-2013 | Oregon 2010-2013 |
|---|---|---|---|
| Adult Males Who Have Had 5 or More Drinks of Alcohol on One Occasion in the Past 30 Days | 31.70% | 22.90% | 21.50% |
| Adult Females Who Have Had 4 or More Drinks of Alcohol on One Occasion in the Past 30 Days | 7.40% | 8.20% | 12.30% |

Source: Oregon Health Authority, BRFSS 2010-2013. Oregon Health Authority, BRFSS 2006-2009

## Table 26: Alcohol and Drug Use in 8th and 11th Graders

| Alcohol & Drug Use - 8th and 11th Graders | Coos County 8th Grade 2011 | Coos County 11th Grade 2011 | Coos County 8th Grade 2015 | Coos County 11th Grade 2015 | Oregon 8th Grade 2015 | Oregon 11th Grade 2015 |
|---|---|---|---|---|---|---|
| Reported Having Consumed at Least One Drink of Alcohol in the Past 30 Days | 33.90% | 51.40% | 13.30% | 31.90% | 11.90% | 29.10% |
| Reported Having 5 or More Drinks of Alcohol in a Row (Within a Couple of Hours) During the Past 30 Days | 13.20% | 29.80% | 4.90% | 19.10% | 5.30% | 16.50% |
| Reported Any Marijuana Use in the Past 30 Days | 8.90% | 21.40% | 9.90% | 15.60% | 8.80% | 19.10% |
| Reporting Using Prescription Drugs Without a Doctor's Orders Within the Past 30 Days | 3.90% | 7.90% | 3.90% | 7.50% | 4.10% | 6.60% |

Source: Oregon Health Authority - Oregon Healthy Teens Survey, 2015. Oregon Health Authority - Oregon Healthy Teens Survey, 2011

Adult males who reported having 5 or more drinks of alcohol in the past 30 days was significantly higher than females at 22.9% versus 8.2%. Males reporting binge drinking dropped by almost 10% while the percentage of females reporting binge drinking rose almost a full percent. 8th and 11th graders reporting of consumption of alcohol and drugs dropped significantly. In 2011 51.4% of 11th graders reported having consumed at least one drink in the past 30 days, and in 2015 only 31.9% reported that. Marijuana use increased by 1% in 8th graders but dropped by almost 6% in 11th graders. Prescription drug use remained mostly stagnant with only a .4% drop in 11th graders. It is extremely promising to see this large decrease in alcohol use in Coos County.

## Table 27: Teen Pregnancy and Sexual Activity

| Teen Pregnancy and Sexual Activity | Coos County 2011 | Coos County 2015 | Oregon 2015 |
|---|---|---|---|
| 8th Graders Who Reported They've Had Sexual Intercourse | 19.20% | 10% | 9.30% |
| 11th Graders Who Reported They've Had Sexual Intercourse | 55.40% | 44.50% | 41.10% |
| 11th Graders Who Reported Having Sexual Intercourse With Three or More Individuals in Their Lifetime | 23.40% | 24.30% | 35% |
| 8th Graders Who Used a Method to Prevent Pregnancy the Last Time They Had Intercourse | 82.80% | 84.60% | 76.70% |
| 11th Graders Who Used a Method to Prevent Pregnancy the Last Time They Had Intercourse | 89% | 91.30% | 89% |

Source: Oregon Health Authority - Oregon Healthy Teens Survey, 2015. Oregon Health Authority - Oregon Healthy Teens Survey, 2011

The percentage of both 8th and 11th graders reporting they have had sexual intercourse decreased by around 10%. The percentages now fall just above the state average. The percentages of 8th and 11th graders reporting using a method to prevent pregnancy remained fairly stagnant, while rising a bit, and remain higher than the state average. This is encouraging to see that 91% of 11th graders and 84.6% of 8th graders are reporting using a method to prevent pregnancy.

## Table 28: Obesity Rates

| Obesity | Coos County 2006-2009 | Coos County 2015 | Oregon 2015 |
|---|---|---|---|
| Adults | 27.30% | 28.90% | 29.20% |
| 8th Graders | 10.80% | 12.10% | 11.40% |
| 11th Graders | 10.90% | 16.30% | 13.20% |

Source: Oregon Health Authority - Health Risk and Protective Factors among Oregon Adults, by County, 2010-2013. Oregon Health Authority - Nutrition, Weight Status, and Physical Activity among 8th Graders, by County, Oregon 2015. Oregon Health Authority - Nutrition, Weight Status, and Physical Activity among 11th Graders, by County, Oregon 2015. Oregon Health Authority - Health Risk and Protective Factors among Adults, Oregon 2015. Oregon Health Authority - Nutrition, Physical Activity, and Weight Status among 8th and 11th Graders, Oregon 2015. Oregon Health Authority - Oregon Overweight, Obesity, Physical Activity and Nutrition Facts, 2011

## Table 29: Modifiable Risk Factors: Healthy Eating

| Modifiable Risk Factors | Coos County 8th Grade 2012 | Coos County 11th Grade 2012 | Coos County 8th Grade 2015 | Coos County 11th Grade 2015 | Oregon 8th Grade 2015 | Oregon 11th Grade 2015 |
|---|---|---|---|---|---|---|
| Consumed 5 or More Servings of Fruits or Vegetables Per Day | 21.70% | 16.60% | 23.80% | 18% | 23.40% | 19.50% |
| Had Breakfast Every day in the Past 7 Days | 46.10% | 34.10% | 43.30% | 32.70% | 42.90% | 36.20% |
| Drank Soda 4 to 6 Times in the Past 7 Days | | | 9.20% | 14.70% | 10.50% | 12.90% |

Source: Oregon Health Authority - Oregon Healthy Teens Survey, 2015. Oregon Health Authority - Oregon Overweight, Obesity, Physical Activity and Nutrition Facts, 2012

The obesity rates increased in adults, 8th, and 11th graders in Coos County from 2009 to 2015. The obesity rate in children is higher in Coos County than the state average. There was a slight increase in 8th and 11th graders reporting consuming 5 or more servings of fruit and vegetables daily, as well as a decrease in eating breakfast every day in the past 7 days.

Participation in physical education daily decreased sharply from 2012 to 2015. Only 46.1% of 8th graders reported participation and a mere 20.7% of 11th graders. There was a decrease in watching TV for more than three hours on an average day in both 8th and 11th graders. Coos County rates are lower than the state averages. On the other hand, playing video games or using the computer increased in 11th graders.

## Table 30: Modifiable Risk Factors: Exercise

| Modifiable Risk Factors | Coos County 8th Grade 2012 | Coos County 11th Grade 2012 | Coos County 8th Grade 2015 | Coos County 11th Grade 2015 | Oregon 8th Grade 2015 | Oregon 11th Grade 2015 |
|---|---|---|---|---|---|---|
| Participated in PE Daily | 88.30% | 37.40% | 46.10% | 20.70% | 56.60% | 20.60% |
| Watched TV for 3 or More Hours on an Average School Day | 26.80% | 19.80% | 23.10% | 16.30% | 24.00% | 20.50% |
| Played Video Games or Used the Computer for 3 or More Hours on an Average School Day | 50.40% | 38.20% | 42.90% | 43.30% | 45.90% | 42.30% |

Source: Oregon Health Authority - Oregon Healthy Teens Survey, 2015. Oregon Health Authority - Oregon Overweight, Obesity, Physical Activity and Nutrition Facts, 2012

# Environmental Factors

## Table 31: Physical and Built Environment

| Physical and Built Environment | Environmental Factor | Coos County 2013 | Coos County 2016 | Oregon 2016 | Benchmark 2016 |
|---|---|---|---|---|---|
| Air Pollution - Particulate Matter | Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) | 9.1 | 7.7 | 8.9 | 9.5 |
| Access to Exercise Opportunities | Percentage with adequate access to locations for physical activity | | 78% | 88% | 91% |
| Limited Access to Healthy Foods | Percentage of population who are low-income and do not live close to a grocery store | 5% | 5% | 5% | 2% |

Source: Coos County Health Rankings - A Robert Wood Johnson Foundation Program, 2016. Coos County Health Rankings - A Robert Wood Johnson Foundation Program, 2013

The air pollution in Coos County decreased and remains below the state average as well as the benchmark. Access to exercise opportunities is lower than the state average at 78%, while the benchmark is 91%. The percentage of the population who is low-income and does not live close to a grocery store has remained at 5% in Coos County and Oregon.

# PART III - PUBLIC HEALTH SYSTEMS

# Triennial Review
# Public Health Accreditation Preparation
# Modernization of Public Health in Oregon

# Triennial Review

**Every three years the Oregon Health Authority (OHA) reviews all Public Health programs and audits them for compliance with established standards and program elements**

**The Triennial Review for Coos County was conducted in March 2016**
**All public health programs contributed to it apart from the WIC program that is reviewed every two years**

**Outcomes of the review:**

**The Triennial Review went very well and we had only 4 compliance findings that were resolved within a month**

### What is the Triennial Review

A comprehensive review of all local county health departments is conducted every three years for most Public Health programs. These reviews assess compliance activities of local health departments, evaluate overall program effectiveness, and recommend modification to programs when required. The results of the review, including commendations, compliance findings, and recommendations are communicated to the Local Public Health Authority and the County Health Administrator. In September 2016, Danna Drum from OHA gave a presentation of the review and its findings during a Board of Commissioners session.

### Programs reviewed in FY 15-16

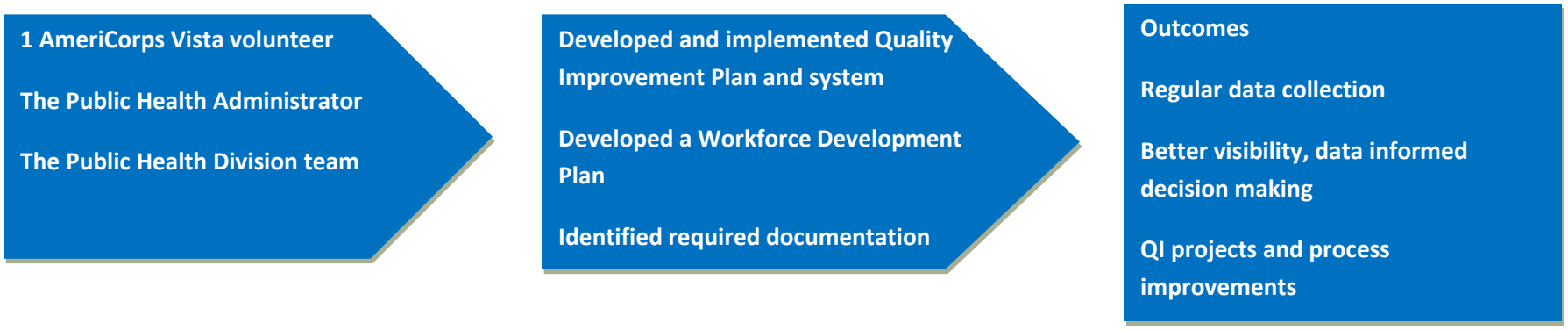
The review is based on contract between the county and the state. It aims to ensure compliance with state and federal regulations and requirements related to public health funding. 16 different areas were reviewed and the on-site portion of the review happened in March 2016. The review provides an opportunity to identify areas for improvement and areas of strength.

During the review, program staff from the Oregon Health Authority looked at our existing processes, policies and procedures, they also shadowed some of our programs.

Some of the areas of strengths identified were:

- Excellent customer service
- Tobacco-free campus policies
- Commitment to quality improvement
- Capable leadership, demonstrated teamwork
- Knowledgeable, experienced staff
- Strong reproductive health and nurse home visiting programs
- Community partnerships
  - Rotary Club (immunizations)
  - Health care providers, hospital, referral networks

# 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 2015-16, the Public Health Division of Coos Health & Wellness continued its preparation efforts towards obtaining Public Health Accreditation:

- We developed a Quality Improvement Plan and system and implemented various Quality Improvement Projects to look at our inefficiencies and how to improve our processes.
- We developed a large workforce development plan that consisted on an assessment of all PH division staff skill sets against a set of core Public Health competencies. From this assessment we identified and prioritized areas for staff development.
- We started the 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 applied to the Public Health associate Program (PHAP) of the Centers for Disease Control (CDC) to become a host site for a new graduate who will be working with us for two years while being fully paid for by the CDC. We were successful in our application!

- We reviewed the progress made on the various objectives of our organization Strategic Plan.

The Public Health Administrator is the lead on this project and was assisted by an AmeriCorps Vista volunteer. In 2015-16, Samantha Buckley did a lot of work to develop major plans that are required from PHAB.

**Next steps**

In FY 2016-17, we will continue our preparation efforts and we will be focusing on the following tasks:

- Apply for Public Health Accreditation
- Attend PHAB training
- Continue to select appropriate documentation
- Create and develop any missing documentation
- Start uploading and submitting documentation on ePHAB

# Oregon Public Health Modernization

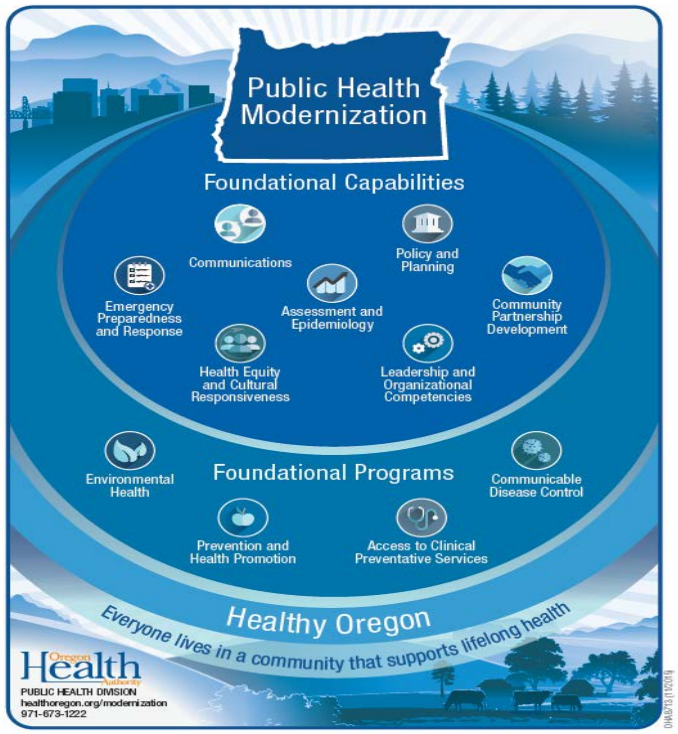
### The need for a modern Public Health System

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 2015-16

HB 3100 (2015) defined the work that needed to be undertaken by the Public Health System in order to define the scope of Public Health Modernization as well as the need for additional financial resources and the development of an accountability system.

The following is the progress that has been made towards HB3100 requirements:

### *Define foundational capability and programs – completed, December 2015*

The Public Health Modernization Manual outlines the core functions of the governmental public health system and articulates the separate but mutually-supportive roles for state and local public health authorities. Our local Public Health Administrator along with the other county administrators in the State, Oregon Coalition of Local Health Officials (CLHO) representatives and Oregon Health Authority staff spent a few months discussing and developing the content of the foundational programs and capabilities. They also defined what would be the State and local health departments' responsibilities towards their full implementation.

### *Establish the Public Health Advisory Board – completed, January 2016*

The Public Health Advisory Board has oversight for Oregon's governmental public health system and reports to the Oregon Health Policy Board. The Board has established two subcommittees: the Incentives and Funding Subcommittee, which is charged with informing the development of an equitable funding formula for local public health authorities; and the Accountability Metrics Subcommittee, which is leading the development of quality measures to track the progress of state and local public health authorities in meeting population health goals over time.

### *Conduct statewide public health modernization assessment – completed, April 2016*

Each state and local public health authority completed a comprehensive public health modernization assessment between January and April 2016.

Coos County Public Health dedicated countless hours assessing the current level of services it is providing against the foundational programs and capabilities identified in the Public Health Modernized system. We identified our strengths and gaps and discussed and proposed what it would take for our division to be able to fully implement a modernized system.

### *Publish the Public Health Modernization Assessment Report – completed, June 2016*

The findings from each state and local public health authority's modernization assessment was compiled into a summary report. The findings from this assessment were used to identify the timing and sequence of work over future biennia to fully modernize Oregon's governmental public health system. The main findings showed that there is disparity across the state and across local health departments when it comes to full implementation of the foundational programs and capabilities.

The assessment found that an additional $105M is needed annually for the public health system to fully implement a modernized public health system. This represents a 50% increase over current spending levels. However, we know that the system is underfunded,

and upgrading the system to implement foundational public health services will require significant, sustainable funding.

The priorities identified for the 2017-19 biennium 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 will be $15 million annually to assist with the implementation of these additional priorities.

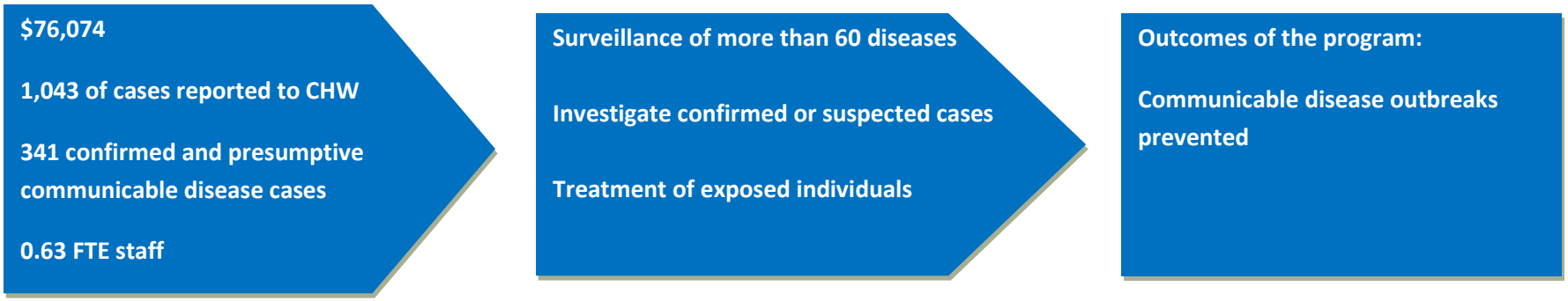
# PART IV –
# POPULATION BASED SERVICES:
# PROMOTING HEALTHY ENVIRONMENTS

# 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 in Oregon and specifically in Coos County such as salmonella, influenza, hepatitis, HIV, and tuberculosis among other diseases.

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 in need.

### Who we serve

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

### Our outcomes

Confirmed and presumptive disease cases decreased <1% from FY 14-15 to FY 15-16 (361 cases to 341 cases)

## Our biggest accomplishment

This year, our small team successfully dealt with 1,043 reports of communicable diseases. Out of these 1,043 reported, 341 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 |
|---|---|---|---|---|
| **Cases Reported to Coos Health and Wellness** | 778 | 776 | 1,025 | 1,043 |
| ***Confirmed Communicable Disease Cases** | 335 | 292 | 361 | 341 |

*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 |
|---|---|---|---|---|
| **Campylobacter** | 9 | 12 | 14 | 9 |
| **Giardia** | 5 | 5 | 2 | 2 |
| **Hepatitis B** | 3 | 2 | 8 | 4 |
| **Hepatitis C** | 83 | 88 | 104 | 113 |
| **Pertussis** | 29 | 0 | 3 | 2 |
| **Salmonella** | 7 | 4 | 11 | 4 |

**Table 3: Gastro-intestinal Illness Outbreaks Investigated**

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

# Immunizations

**$112,302**

**1,157 immunizations administered**

**0.96 FTE staff dedicated to the program**

**Vaccines for Children Program**

**Routine vaccines for adults and children**

**Seasonal flu shots**

**Number of 2 year olds who are up-to-date decreased by 2% from CY 2014 to CY 2015 (62% to 60%)**

### 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

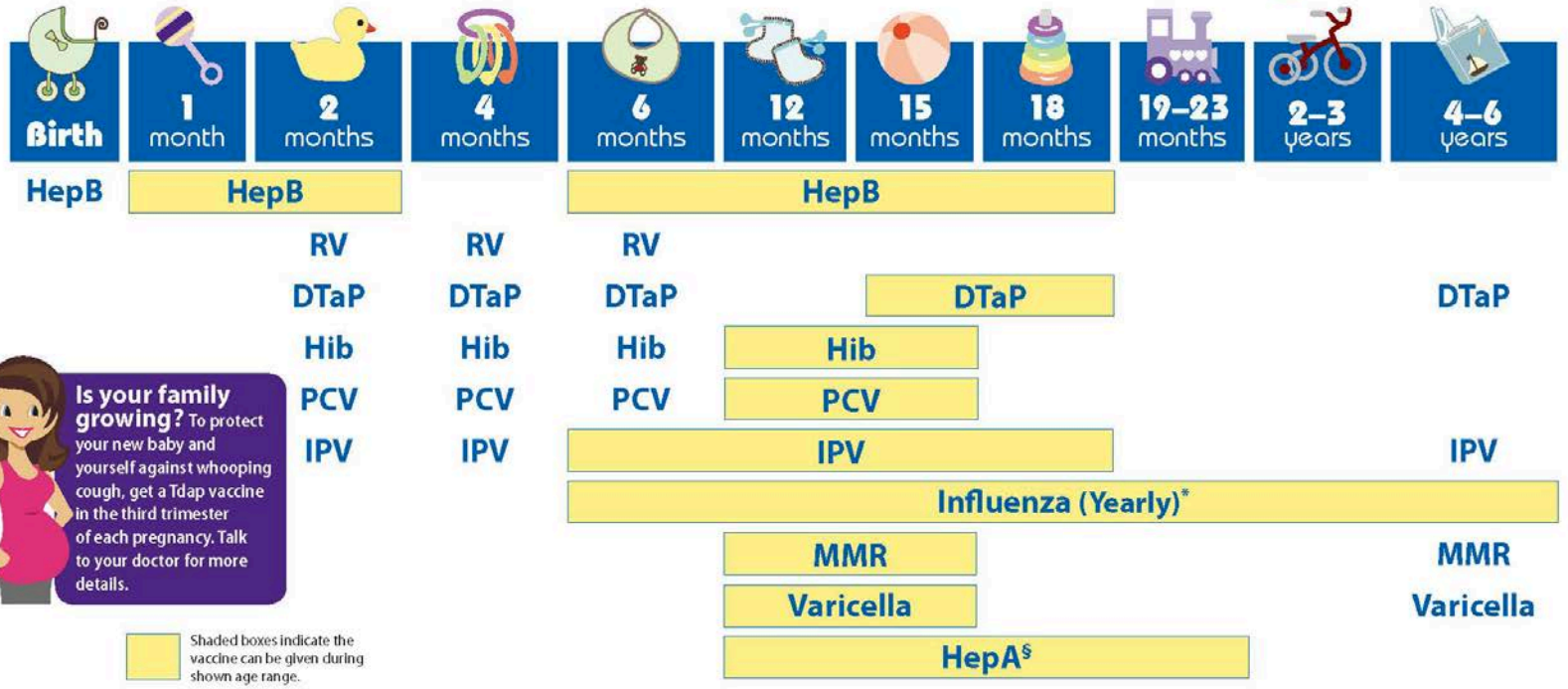
Our clinic is open Monday to Friday from 8 am to 5 pm and serves adults and children of all ages. The clinic is able to serve anyone, e.g. uninsured, individuals and families with the Oregon Health Plan, Medicare and various commercial insurance plans.
Serving people who are covered by insurance plans helps us generate the funds necessary to ensure services for people and families who could not afford them otherwise.

### Our outcomes

In FY 15-16 we administered 1,157 immunizations to both children and adults. We also offered the Shots for Tots and Teens immunization clinic in collaboration with the Rotary Club.

Below is the 2016 Center for Disease Control and Prevention (CDC) recommended immunization schedules for children 0 to 6 year-old.

# 2016 Recommended Immunizations for Children from Birth Through 6 Years Old




**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.

§ 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.*


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

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

AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

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

## Key data from the Immunization program

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

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

**Table 4: Number of shots provided by Coos Health and Wellness Clinic**

| | FY 2012/13 | FY 2013/14 | FY 2014/15 | FY 2015/16 |
|---|---|---|---|---|
| **Shot Provided through Shots for Tots** | 224 | 193 | 230 | 264 |
| **Routine Immunizations Administered** | 841 | 860 | 908 | 881 |
| **Seasonal Flu Shots Administered** | 527 | 485 | 317 | 276 |

**Table 5: Percentage of 2-year old in Coos County up-to-date with routine immunizations***

| | CY 2012 | CY 2013 | CY 2014 | CY 2015 |
|---|---|---|---|---|
| **Coos County** | 73% | 60% | 62% | 60% |
| **State of Oregon** | 69% | 68% | 72% | 75% |

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

Our rates have been pretty steady during the period 2013-2015 between 60 to 62%. During that time, one of the private clinics in the county had problems with data transferring from their electronic health records to ALERT – the State immunization database. Apparently, this has been resolved and hopefully 2016 data will be better.

**Table 6: School exclusion data, Coos County**

| | FY 2012/13 | FY 2013/14 | FY 2014/15 | FY 2015/16 |
|---|---|---|---|---|
| **Exclusion letters mailed** | 436 | 462 | 545 | 819 |
| **Children excluded** | 49 | 46 | 72 | 221 |

New legal requirements pertaining to school exclusion might explain the raise in school exclusion figures for FY 15-16. Anecdotally, schools have told us that this increase was due mostly to the requirement that students with an old religious exemption on file submit new documentation of nonmedical exemption in 2016. The Oregon Health Authority estimates that this affected approximately 30,000 students statewide. This was a one-time process, so OHA expects the number of exclusion orders to drop again this year.

# HEALTHY ENVIRONMENTS

## Environmental Health Services

## Drinking Water Program

## Mosquito Monitoring Program

# Environmental Health Services

**$300,159**

**475 food, pool and lodging establishments receive on-site health and safety inspections.**

**Services provided with 3.25 FTE**

**Semi-annual inspections of public pools, RV Parks and Food Service businesses**

**Annual inspections of overnight lodgings**

**Inspection of temporary food vendors at community festivals**

**Outcomes of the program:**

**Safe places for locals and visitors to:**

- **Eat**
- **Swim**
- **Lodge for the night**

## 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.

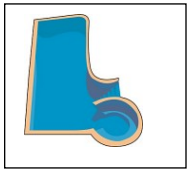
As of 1999, CHW took delegation for the licensing and inspection program for Food, Pool and Lodging facilities.

## What it costs

Environmental Health program staff in 2015 was comprised of 3.25 FTE including Program Manager Rick Hallmark, EHS, Office Support Joyce Chalmers, and two Environmental Health Specialists Jan Carpenter and Peter Cooley.

## Our outcomes

### *Public Pools and Spas Program*

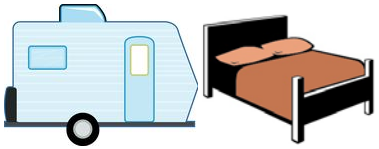


Recreational pool and spa waters with inadequate disinfection have long been recognized as a medium for the transmission of communicable diseases.

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 146 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 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 2015. The same certification is available on-line via Lane County health department in partnership with CHW for the costs of the training. A total of 1,130 on-line certifications were issued to Coos County residents in 2015.

- **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 2015, 53 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.

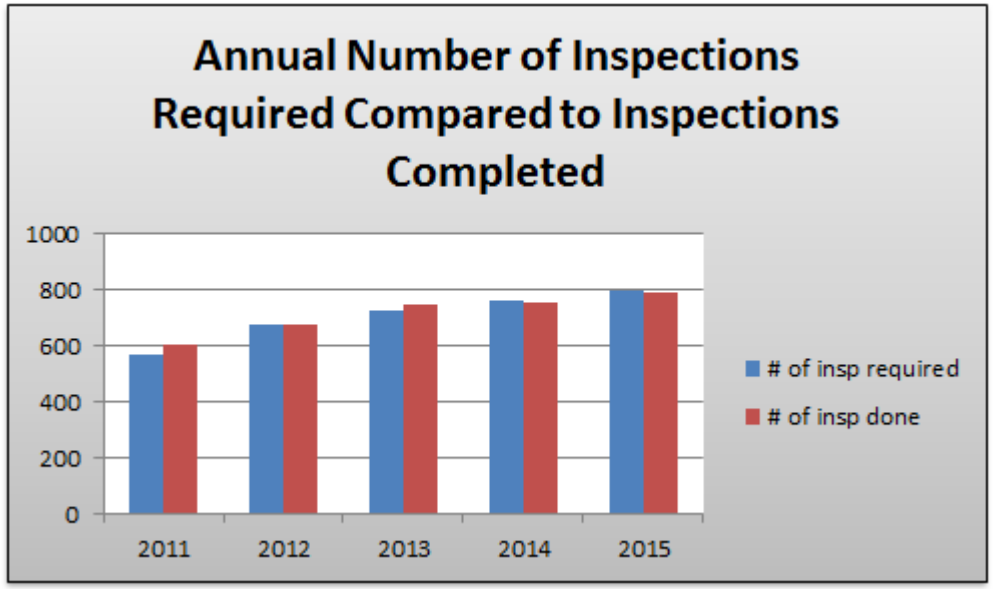
In the case of a child care facility licensed by the Oregon Office of Child Care or a cafeteria kitchen of a public school governed by the Oregon Department of Education, CHW performs regulatory type inspections by special arrangement, but any enforcement action taken is at the discretion of the governing 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 2015, where 798 inspections were required and 792 completed, the goal was not met (99.2% 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**

| | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|
| Count of Licensed Pools and Spas | 23 | 22 | 22 | 22 | 22 |
| Semi-annual Inspections Performed | 47 | 44 | 44 | 41 | 44 |
| Semi-annual Inspections Required | 46 | 44 | 44 | 44 | 44 |
| Re-inspections Performed | 0 | 0 | 0 | 0 | 0 |

**Licensed Travelers' Accommodations (TA) Inspections**

| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|---|
| **Count of Licensed TA** | 112 | 113 | 125 | 132 | 178 | 178 |
| **Annual Inspections Performed** | 112 | 117 | 124 | 132 | 177 | 178 |
| **Annual Inspections Required** | 112 | 113 | 125 | 132 | 178 | 178 |
| **Re-inspections Performed** | 3 | 5 | 5 | 0 | 0 | 0 |

**Inspections for All Types Annually Licensed Food Service Facilities**

| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|---|
| **Licensed Food Facility Count** | 215 | 218 | 214 | 231 | 225 | 242 |
| **Count of Routine Semi-Annual Inspections** | 458 | 470 | 415 | 482 | 444 | 477 |
| **Number of Routine Semi-Annual Inspections Required** | 425 | 421 | 416 | 461 | 456 | 484 |
| **Count of Re-inspections** | 233 | 244 | 193 | 234 | 216 | 240 |

**Temporary Restaurant Inspections Conducted by Category**

| | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|
| **Single event (for profit)** | 78 | 109 | 71 | 73 | 75 |
| **Benevolent** | 123 | 227 | 205 | 0 | 0 |
| **Seasonal** | 0 | 0 | 0 | 41 | 34 |
| **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

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

| | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|
| **Inspection count** | 50 | 38 | 51 | 56 | 47 |

**Inspections performed at Head-start and/or Childcare Facilities**

| Year | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|
| **Inspection Count** | 31 | 10 | 18 | 21 | 20 |

**Food Handler Certificates Issued**

| | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|
| **Training Live** | 270 | 269 | 144 | 192 | 139 |
| **Training Online** | 946 | 933 | 777 | 757 | 1,130 |
| **Total** | 1,216 | 1,202 | 921 | 949 | 1,269 |
| **Success rate** | 100% | 100% | 99% | 100% | 100% |

**Restaurant Manager Certification Examinations Passed (ServSafe)**

| 2011 | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|
| 34 | 39 | 21 | 27 | 53 |

**Count of Food Handler Exams by Language**

| | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|
| **English exams** | 270 | 269 | 141 | 192 | 139 |
| **Spanish exams** | 14 | 6 | 8 | 1 | 0 |
| **Chinese exams** | 0 | 4 | 0 | 0 | 0 |

# Drinking Water Program

**$22,498**

**75 public water systems have access to risk consultations**

**0.2 FTE staff dedicated to the program**

**Content of the program**

**Surveys of water treatment plants and risk consultation**

**Outcomes of the program**

**Drinking Water protected from harmful contaminants**

## 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. Approximately 80% of Coos County's 62,282 residents receive potable water from a public water system. 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 real risk to water consumers.

Eight drinking water systems were surveyed in 2015.

**Water System Surveys Conducted Annually by CHW**

| 2011 | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|
| 8 | 9 | 5 | 7 | 8 |

In addition to the system surveys, EH staff responded to 16 alerts. The alert system is designed to assure that a water system operator receives consultation from an Environmental Health Specialist regarding sample results showing 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. The efficiencies of the alert system will often result in the contact from CHW as a first notice of the contamination to a public water system operator.

**Water System ALERTS Responded to Annually by CHW**

| 2011 | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|
| 22 | 20 | 14 | 22 | 16 |

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:

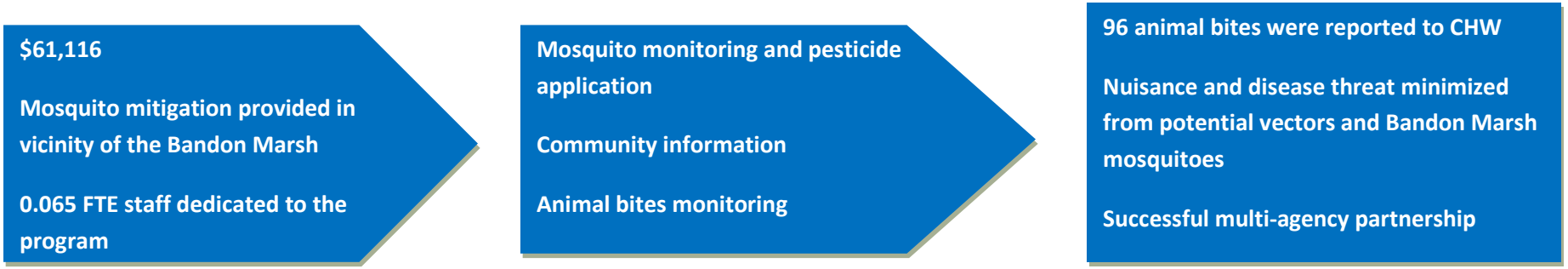
- Pat wanted to know if her coffee maker actually boiled the water.
- John asked if he could have a UV light installed on his water line to take care of water contamination.

- Gary, a bartender, wanted to know how he could best provide clean water for his customers in the restrooms for hand washing.
- Sid called to see if his dishwasher was hot enough to produce safe clean dishes.

EH staff took the responsibility to make contact with every 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. What gratified EH staff was how many business operators really knew who to call for help in an Environmental Health emergency.

According to Rick Hallmark - our Environmental Health program manager, “these 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.”

# Mosquito & Vector Surveillance




### What we do

The Vector Surveillance portion of this report covers from July 2015 to June 2016.

### Mosquito surveillance and control

Since the fall of 2013, Coos County has contracted intermittently with US Fish and Wildlife Service (USFWS) to minimize the Aedes dorsalis mosquito population escaping the breeding habitat on the Bandon Marsh and negatively affecting the nearby human population.

During the period covered by this annual report, one contract with USFWS expired at the end of September 2015. A similar contract was negotiated the following spring for the 2016 summer. During both mosquito seasons Coos County contracted with Vector Disease Control International (VDCI) to: 1) monitor adult mosquitoes both on and near the marsh, 2) monitor the population of mosquito larvae on the marsh and as needed apply the larvacide Bti.

### Animal bites

Some vector surveillance has traditionally been performed by EH staff, though as with many community issues dedicated funding to provide agency intervention does not exist.

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. An animal biting a human testing positive for rabies leads to CHW recommending prophylaxis as does circumstances suggesting a high risk for rabies where a specimen cannot be tested.
The presence of rabies was not detected by the State Public Health Lab in any animal specimen sent from Coos County. Ninety-six animal bites were reported to CHW in the year.

# OTHER PROGRAMS

## Public Health Emergency Preparedness

## Vital Records

# Public Health Emergency Preparedness

**$101,563**

**We serve Coos County**

**1.0 FTE**

**The PHEP Program Includes:**

**Assessment, Planning, Training, Exercises, and Response to emergencies**

**Outcomes of the program:**

**Ebola Mini Table Top**

**Cascadia Rising Exercise**

**Continued Quality Improvement Project**

**Medical Reserve Corps**

## What we do

The Public Health Emergency Preparedness (PHEP) program plans for and coordinates the public health response to natural or man-made disasters.

Coos Health & Wellness personnel are responsible for assisting Coos County in coordinating the response to any emergency or disaster with public health and 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 $101,563 and it covered the costs for one staff and operational expenses, as well as preparedness activities specific to Ebola.

## Our outcomes

*Ebola Mini Table Top*

The Public Health Leadership Team participated in a table top exercise to test its ability to use the existing emergency response procedures. The goal was to respond, plan, and exercise command and control during the initial response phase of a communicable disease outbreak. The team practiced what would occur in the first two hours after a hypothetical outbreak of Ebola. This exercise allowed the team to determine what was effective within the plan as well as what could be improved and make changes accordingly.

*Continuation of Quality Improvement Project*

In fiscal year 14/15, Coos Health & Wellness participated in a mass rescue operations functional exercise with the Coos County Medical Reserve Corps and the United State Coast Guard. This exercise was an eye opening experience that gave a lot of valuable feedback and lead to a Quality Improvement Project.

The Quality Improvement Project had extremely positive results including the creation of emergency information USB keys, checklists to determine when to activate the Emergency Operations Plan, and many important discussions regarding what we need to do to be better prepared.

Items such as emergency kits for all of the CHW cars, and equipment to create a shelter in an emergency including a portable toilet, camp cots, air mattresses, lanterns and water were all purchased as a result of group discussions. This project is vital for the Preparedness Program's participation in our on-going Accreditation efforts and demonstrates our dedication to continued improvement and growth.

*Cascadia Rising Exercise*

Cascadia Rising was a four day functional exercise that engaged participants from all levels of the government as well as various organizations in the private sector across Oregon and Washington.

Within Coos County the goals were straight forward: demonstrate the ability to organize, coordinate, and deliver targeted public health and medical services to disaster survivors. Coos Health & Wellness coordinated with other organizations to show their ability to direct and support the event, protect public health staff, and engage volunteers to support the public health agency's response.

*Bomb Threat*

Coos Health & Wellness experienced a potential bomb threat and issued a mandatory building evacuation in June of 2016. This afforded us the opportunity to practice our evacuation procedure. Through this event, we were able to make the evacuation procedure more clear, review with staff what worked well and what did not during the evacuation.

This will be a continual process of improvement, with a planned evacuation drill scheduled for next fiscal year, giving us another opportunity to move forward and improve our procedures.

*Emergency Preparedness Health Promotion Messages*

The Public Health Emergency Preparedness Coordinator has provided educational Op Ed pieces to the local newspaper and media on safely surviving summer heat, safely storing emergency supplies of food, and disinfecting water for use in an emergency.

*How to Develop a Disaster Plan*

In fiscal year 15/16 the Public Health Emergency Preparedness Program developed a training program and provided training for the Foster Care Providers in Coos County on how to do a risk assessment and write a disaster plan for their facilities. This program has been presented to elder care, developmentally disabled and child psychiatric foster care providers. This program has grown and changed in the last year, but continues to thrive.

### 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.

### Coos County Medical Reserve Corps

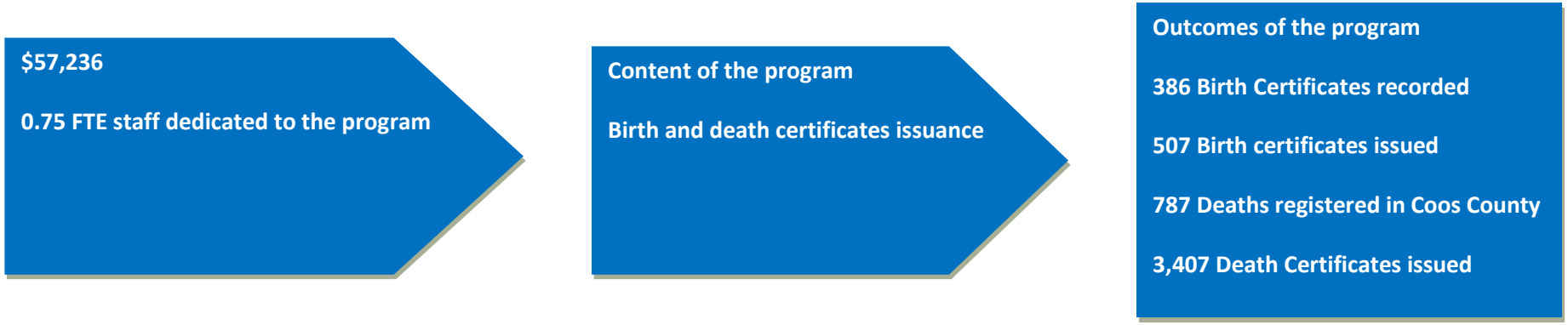
The Coos County Medical Reserve Corps (CC-MRC) is a team of volunteer licensed medical professionals and support staff who live and work in Coos County. The purpose of the CC-MRC is to provide a group of trained licensed and vetted healthcare providers who would be available during a healthcare or public 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 the Basic and Advanced Disaster Life Support courses, Disaster Burn Care: How to Care for Severely Burned Patients for up to 72 Hours, Psychiatric First Aid, and classes in triage and the incident command system. The CC-MRC provided 21 TDaP immunizations to community members at the Get Ready Coos Bay event in September 2015.

Members of the CC-MRC worked with the Community Emergency Response Team (CERT) and Coos County ARES/RACES during the Cascadia Rising Exercise in June of 2016. During the exercise the CC-MRC worked at the exterior of Bay Area Hospital to triage and care for casualties. They also worked to determine the flow of critical causalities into the hospital and the transportation of non-critical casualties to ancillary locations. This year was the most successful year yet, for the CC-MRC, as they prepared with the other organization prior to the exercise.

# 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, and 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 and help to 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 Vital Records office for six months after the event.

### Fee Change

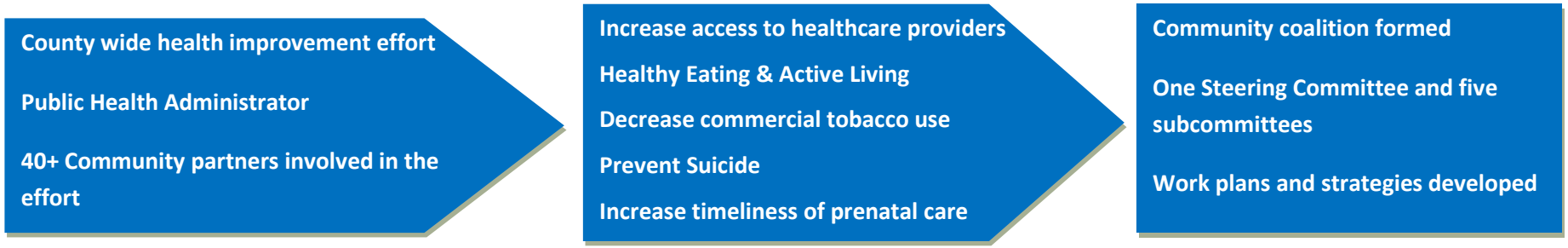
*Fees increased on 1/1/2016.* The last fee change was in 2003 and the Oregon Health Authority needed to adjust them to ensure services can be efficiently and sustainably provided to Oregonians.

# 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 are involved in this effort such as cities and county governments, healthcare providers, school districts, service and non-profit organizations, the business sector, and community members.

### 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?

There are no dedicated resources for this effort. CHW – with some financial contribution from our Coordinated Care Organization (CCO), Western Oregon Advanced Health (WOAH) - facilitated the revamping of the CHIP and its organizational structure. 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.
Some subcommittees have applied and secured grant funding to support their work plans implementation.

For example, the tobacco subcommittee secured a grant from the Knight Cancer Institute to work on a community assessment of what is being done in terms of tobacco prevention in the community.
The HEAL subcommittee received a grant from OHSU to also work on an assessment of what is being done in the community regarding healthy eating and active living and also what the community is interested in participating in.

### Biggest accomplishment

CHIP document was revamped and refocused. A clear governance and structure was developed and implemented. There is growing support and community involvement. All subcommittees developed a work plan for 2015-16 and are implementing them. Grant funding was secured for some subcommittees' work. The HEAL subcommittee and CHW spearheaded the application to become the second Blue Zones demonstration community in Oregon.

### Next steps

Communicating on the CHIP initiative; recruiting partners and community members to make an impact for a healthier future for all Coos County residents, and continuing to work on the implementation of all the activities each subcommittee decided to focus on for the coming year.

### CHIP coalition priorities and goals for 2017

*Access to healthcare strategies*

- Form learning collaborative for the Patient Centered Primary Care Home Program
- Work collaboratively across the community to encourage and support community trainings on the culture of poverty and trauma informed care

*Decrease commercial tobacco initiation and use strategies*

- Conduct Community Readiness Assessment to Address Youth Initiation of Tobacco Use Reach out to community partners and possible participants
- Develop Dashboard of Commercial Tobacco Use in Coos County
- Conduct Assessment of Potential Evidence Based Interventions (EBI) to Address Youth Initiation of Tobacco Use
- Select and Implement an EBI to Address Youth Initiation of Tobacco Use
- Apply for Additional Grant Resources

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

- Committee membership recruitment
- Implement best practices based on assessment findings
- Enhance infrastructure supporting safe walking and bicycling
- Support Blue Zones initiative

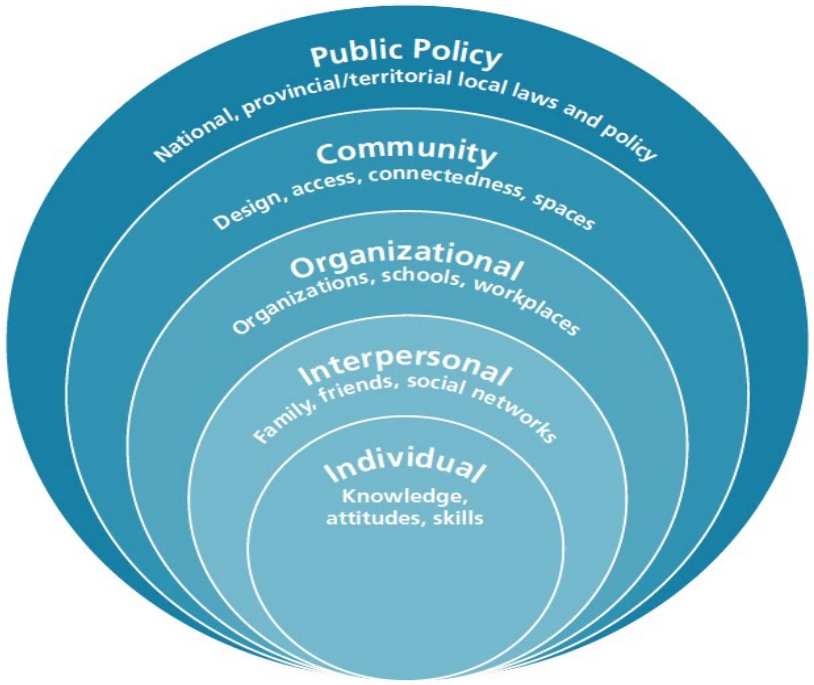
*Prevent suicide strategies*

- Implement Youth Move program in Coos County
- Veteran focus program to be determined
- McCullough Bridge Suicide Prevention
- Conduct outreach to publicize suicide resources
- Youth Mental Health First Aid
- Adult Awareness for Youth Suicide Risk
- Youth Suicide Reporting and Response

*Increase the timeliness of prenatal care strategies*

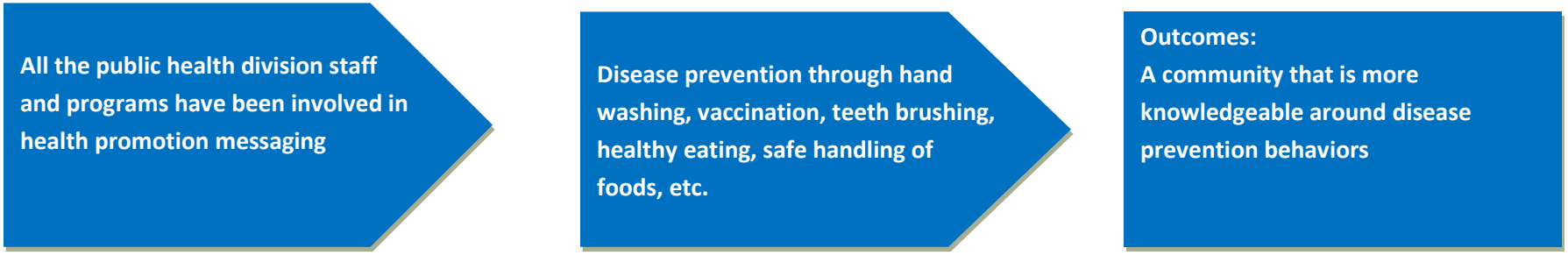
- Launch One Key Question in pilot practices
- OKQ training for pilot providers and other interested providers
- OKQ data collection
- Develop and distribute the OKQ community resources booklet
- Work plan monitoring for the promotion of oral health in pregnant women

These priorities and strategies have been developed with the Social Ecological Model of Prevention in mind:




A Social-Ecological Model for Physical Activity - Adapted from Heise, L., Ellsberg, M., & Gottemoeller, M. (1999)

# Health Promotion Messages




### What we do

The Public Health Division of Coos Health & Wellness is a trusted in our county when it comes to providing 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 already existing events, such as breastfeeding month or public health week. We also were mindful of aligning 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 were sending 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 2015 | Heat preparedness | PHEP |
| August 2015 | Breastfeeding promotion | WIC |
| September 2015 | Preparedness month | PHEP |
| October 2015 | Literacy, Flu, Hand washing | Home Visiting and clinic |
| November 2015 | Safe Turkey cooking | Environmental Health |
| December 2015 | Flu vaccination week | Clinic |
| January 2016 | Transition to eWIC | WIC |
| February 2016 | Healthy relationships & STD | Clinic |
| March 2016 | Mosquitoes and vector control | Environmental Health |
| April 2016 | WIC | WIC |
| May 2016 | Farmer's Market | WIC |
| June 2016 | Hearing protection | Home Visiting |

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

# PUBLIC HEALTH CLINIC

## Reproductive and Sexual Health Services

# Reproductive & Sexual Health Services

**$331,049**

**581 community members received services pertaining to Reproductive and Sexual Health**

**2.60 FTE staff**

**Community provider volunteers**

**Family planning and Birth Control**
**STD Testing**
**STD Treatment**
**Breast Cancer Screening**
**Cervical Cancer Screening**

**In 2015, 13.5% (vs 13.6% statewide) of female clients were assisted with prevention of an unintended pregnancy due to CHW's provision of birth control 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 2015, 13.5% (vs 13.6% 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 581 clients in 2015.

### 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

**Table 7: Number of Unintended Pregnancies Prevented**

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

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.

**Table 8: STD Testing Performed at Coos Health and Wellness clinic**

| | FY 2013/14 | FY 2014/15 | FY 2015/16 |
|---|---|---|---|
| **Chlamydia tests performed/# positive** | 360/33 (9%) | 313/38 (8%) | 293/25 (9%) |
| **Gonorrhea tests performed/# positive** | 360/5 (1%) | 323/5 (2%) | 293/7 (2%) |
| **Herpes tests performed/# positive** | 34/16 (47%) | 14/6 (43%) | 21/15 (71%) |
| **Syphilis tests performed/# positive** | 35/1 (3%) | 6/0 (0%) | 26/0 (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 over the past 3 years. Gonorrhea has been increasing over this same period in the Northwestern US as a whole. 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).*

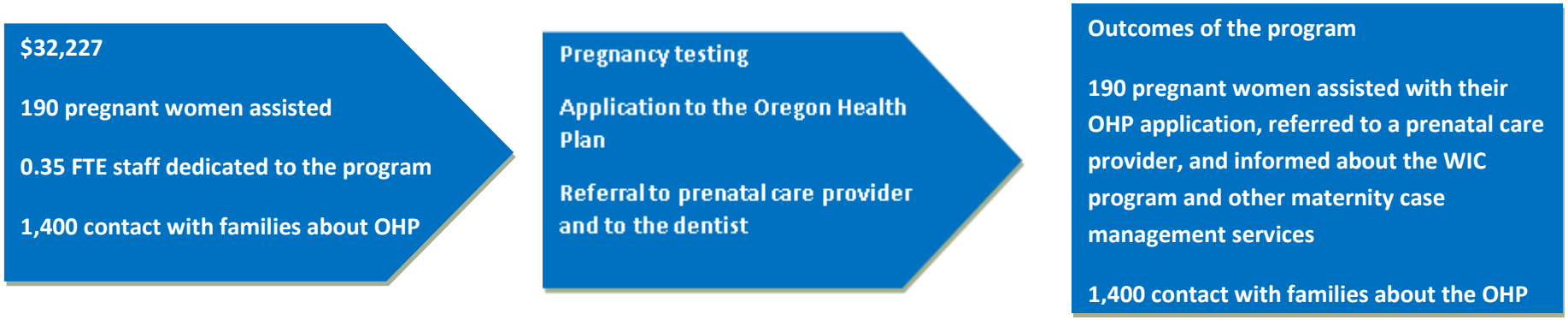
# MATERNAL AND CHILD HEALTH SERVICES

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 2015-16 was lower than the number of people we served the previous year.

**Table 9: Number of pregnant women assisted with OHP**

| | FY 12/13 | FY 13/14 | FY 2014/15 | FY 15/16 |
|---|---|---|---|---|
| **Pregnant women assisted with OHP** | 211 | 192 | 217 | 190 |

Source: OMC data, Coos County 2015-16

### Our biggest challenge

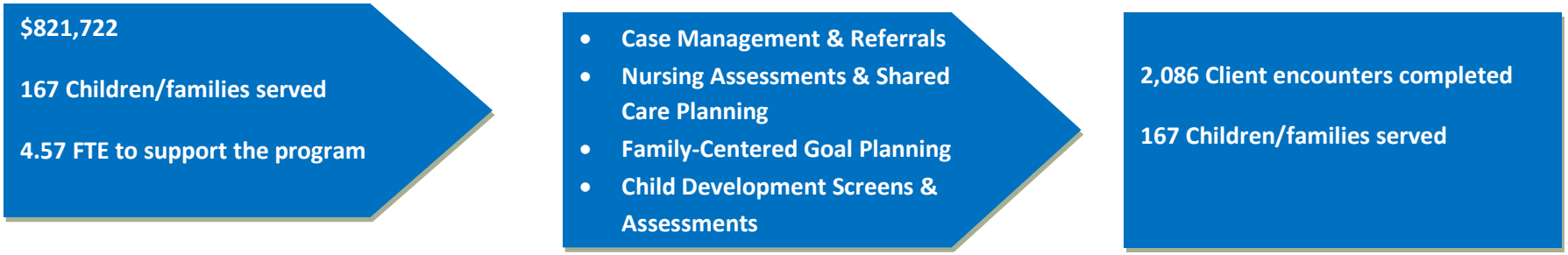
Some of the challenges we are facing are related to lack of funding, time and resources that could be allocated to this program.

*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, assistsing people in need of medication and therefore coverage, and people who are referred to additional services in the community.

# Public Health Nurse Home Visiting




### 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 required by children generally) age birth up through 20 years of age. The overarching goals are to: 1) Promote the development of effective care teams, which center on the child/family, 2) Increase family knowledge, skills, and confidence in caring for their children and youth with special health care needs, and 3) Promote effective and efficient use of the healthcare system.

**Parents As Teachers:** Eligible families may dual-enroll and take advantage of this Federally 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 earliest and best teachers, and 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.
- Child growth and development and other assessments occur on scheduled and as needed basis. The frequency of visits are based on the nursing assessment and family's needs and desires and are flexible to meet the changing needs of families.

**Who we serve**

The following demographics represent the 167 children and their caregivers served in this fiscal year:

- 36 children raised by a parent with a disability, chronic health condition, or mental illness
- 36 children raised by a parent with less than a high school education
- 100% of children living in poverty
- 49 children raised by a parent with a recent history/current substance abuse issue
- 37 children experienced homelessness or unstable housing
- 6 children raised in a household where the parent was recently or currently incarcerated
- 70 children raised in a household with recent or current domestic violence
- 37 children with a recent history or current experience of child abuse or neglect
- 13 children raised by a teen parent
- 64 children with chronic health conditions or disabilities
- 3 children raised in a household where English is not their first language
- 7% of children are multi-racial, 5% American Indian, <1% Asian, 3% African American, 89% White (11% 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: birth – 19 years

## What does it cost?

Both 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 15-16, it cost $821,722 to provide these services to 167 children and their caregivers in our county.

A recent report by the Pew Center on the States (http://www.pewcnteronthestates.com/homevisiting) indicates that public investment in quality programs not only fosters stronger families but that, over time, "well designed and well implemented, home visiting programs can return up to $5.70 per taxpayer dollar invested by reducing societal costs associated with poor health and academic failure." Using this return on investment, we calculate that our best-practice and evidence-based services saved Coos County 4.6 million dollars!

## 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. 98% of newly enrolled families received an initial **family – centered assessment** within 90 days of enrollment
3. 98% 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 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 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; and 8) preparedness for youth transition to adult health care, work, and independence, if appropriate to age

Near the conclusion of this fiscal year, caregivers were given the opportunity to reflect on their parenting. Parents reported a

- 20% increase in their ability to meet their child's social and emotional needs

- 20% increase in their understanding of child development and how this affects their parenting responses
- 16% increase in their ability to regularly support their child's development through play, reading, and shared time together
- 16% increase in their ability to establish routines and set reasonable limits and rules
- 17% increase in use of positive discipline techniques
- 12% increase in their ability to make their home safe
- 16% increase in ability to set and achieve goals
- 18% increase in their ability to deal with the stressors of parenting and life in general
- 25% increase in feeling supported as a parent

This fiscal year, our program also benefited from a visit from Oregon Health Authority as part of the triennial review process. We are pleased to announce that we were in 100% compliance. Notable strengths included:

- "Impressive coordination with local partners."
- Staff "expertise in Public Health structure and processes and goals of Nurse Home Visiting programs"
- Screenings performed above that required of the State
- Consistent and thorough documentation
- On-going provision of staff /workforce development opportunities
- Accredited program with continued use of evidence-based home visiting Parents As Teachers model

### Client Satisfaction Survey Results

Families were asked to complete a customer satisfaction survey as part of the Coos Health & Wellness Public Health customer satisfaction survey. Over the course of this fiscal year, 177 caregiver responses were collected.

- *99% of families report their home visitor discussed topics that were useful to them*
- *99% 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*
- *98% felt they received clear and understandable information*
- *98% of families report they felt comfortable discussing their concerns with their home visitor*
- *97% of families report feeling that their home visitor listened to them*
- *97% of families reported receiving a quality service*

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. A far distant theme that emerged was to have "more visits" and extended Group Connections.

Several themes emerged in response to the question, “What did you like most about your visit today?”
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, child development, and navigating “the system” was clearly communicated
- Support in reaching child and family goals
- Referrals to community services and activities

“I have had an incredible experience with this staff. [PHN] attends parent visitors to support me and the child which I’m sure is more than what’s required. [PHA] always offers useful information to assist me in positive productive parenting.”

“I was very welcomed for the first visit. I also felt heard and positive feedback that brought routes to my solutions for example my sons hearing I feel that my home visitor was great”

### Group Connections

Another year of facilitating Group Connections has come to an end. We have made several changes to our playgroups. In response to participant feedback, we added an “Arts and Crafts” group that meets once a month. In this new group, children are able to make a variety of projects while still working on fine motor skills, socialization, and language! Parents get to watch and support their child’s creativity. This is also an opportunity for staff to show parents that messy play can be contained, that art projects can happen at no/low-cost, and that the process of making a craft is more important than the final product. Making crafts featuring the child’s hand, foot, or finger prints are a favorite in this group with many parents reporting using these crafts as birthday or holiday gifts for family members.

In December, we held a Group Connections at the North Bend Lanes bowling alley. As you can imagine, this was a huge hit with our families, and we were able to hold a second event in August as well. In July, we held our first Group Connections event at a local park, where we helped children and families become familiar and comfortable accessing the “Free Summer Lunch Program” offered by the school district. Many families reported they were unfamiliar with this service and, now that they have experienced it, have returned and invited others to join them. What a great way to support the children in our community!

At the beginning of our groups, we greet our families and ask them to sign in. Nearby, we have handouts promoting various community resources. Linking families to these community resources is an important aspect of our groups. It helps families be aware and engage in their community regardless of income level.

Another goal of ours is to decrease social isolation. Often times, we encounter families who are geographically or socially isolated or hesitant to leave the comfort zone that is their home. Group Connections provides a safe place for families to meet. It has been fun watching the returning families become more comfortable with each other. We tend to have a diverse collection of family members including foster parents, grandparents, caregivers, etc. Families see

a value in this supportive environment and will travel from Coquille, Bandon, and Myrtle Point to attend our groups.

During Group Connections we also promote physical activity! Outdoor-In is the perfect, safe place for young kids to run around and explore their environment. This is a wonderful opportunity for parents to become involved in their child's play. As we know, when parents play with their children it enhances a variety of developmental area's including gross motor, social-emotional, language, and problem-solving. A parent recently told one of the home visitors "Thank you for having these groups. We love coming here (Outdoor In)."

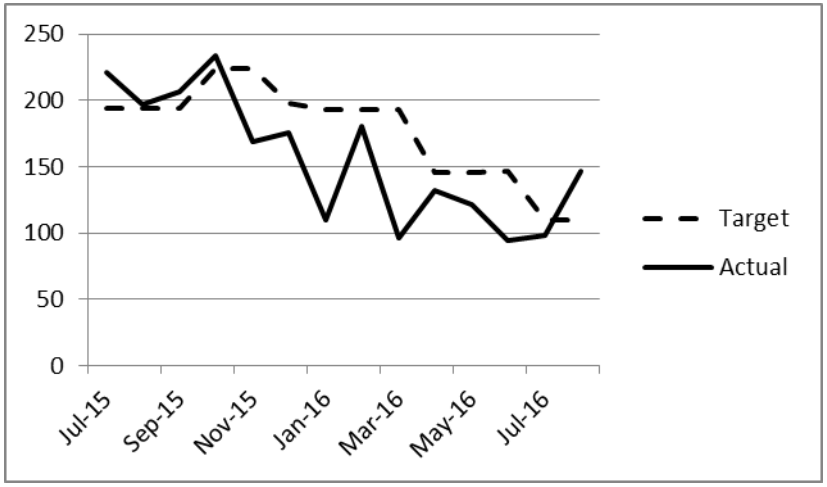
By the Numbers:

- 29 Group Connections held during FY 15-16
- 161 net children attended (ages 2 months – 11years)
- 154 net adults attended attendance
- $25.40 average cost per group

## Key data on the Home Visiting Quality Improvement Project

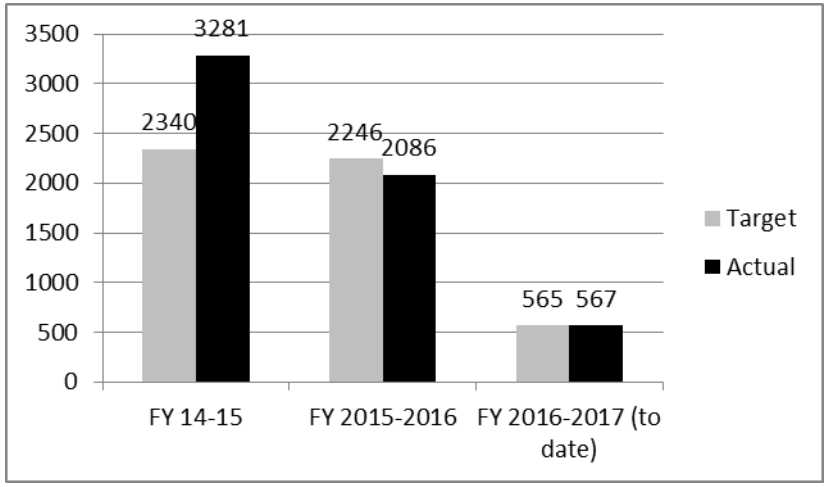
**Quality Improvement Projects**: This year our team tackled two quality improvement projects. The first project focused on increasing billable encounters. With the continued reduction in staff due to retirements and other personal reasons, coupled with reduced financial support, increasing our productivity was essential to the long-term financial stability of our home visiting programs. We are a small but mighty team. Our greatest challenge is that any prolonged absence (through vacation or other reason) creates a void that is difficult for the remaining staff to absorb. This generates significant swings in our productivity numbers.

Target* vs Actual Home Visiting Encounters (based on available FTE)




At the end of this fiscal year, however, we were at 93% of our target productivity and we have continued the positive trend into the next fiscal year.

Fiscal Year Target vs Actual Home Visiting Encounters (based on available FTE)




Our team also tackled a data entry project. As public health nurses, we found it difficult to believe that we were not assessing and developing plans of care or screening children's health and developmental statuses. Our group felt the root cause of this discrepancy was due to data entry errors. Over the course of the year, we worked closely with our IT Department to develop easier data entry processes and provide clearer direction in how to enter the data. Our last data report indicated that our efforts were successful in capturing the work that we are doing in the field "on paper." Our next step will be to simplify the reporting process.

# Women, Infants and Children (WIC)

**Our operations**
**$366,201**
**2,773 women, infants and children**
- **1,852 Infants and children under 5**
- **823 Pregnant, breastfeeding and postpartum women**

**What we do**

**Nourishing Foods**
**Nutrition Education**
**Community Referrals**
**Prenatal and Breastfeeding Support**

**Outcomes of the program**

**Increased rates of breastfeeding**
**Reduced risk for preterm birth and low birth-weight babies**
**Improved school readiness**
**Decrease childhood food insecurity**

### 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 15-16**

| Number of Person(s) in Household | Annual Gross Household Income |
|---|---|
| 1 | $21,780 |
| 2 | $29,472 |
| 3 | $37,176 |
| 4 | $44,868 |
| 5 | $52,560 |

**Our 15-16 Outcomes**

**Oregon WIC Annual Report/Fact Sheets**

We serve 52% of the pregnant women in Coos County. 92% of our WIC moms start out breastfeeding and 35% breastfeed exclusively for 6 months.

Over $1 million dollars was 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 $4,751 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

Our biggest challenge is operating with a small staff. Per quarter we see 1,500 – 1,600 individuals and our staff has been very flexible at managing the ebb and flow of our clinic. We have very little flexibility in terms of alternative staff to fill in when a staff member is out. This tends to limit our focus to the day to day operations of the clinic. Additional tasks and trainings can take much more organization and time management to schedule since we have to maintain our caseload and provide enough appointments to serve our assigned caseload.

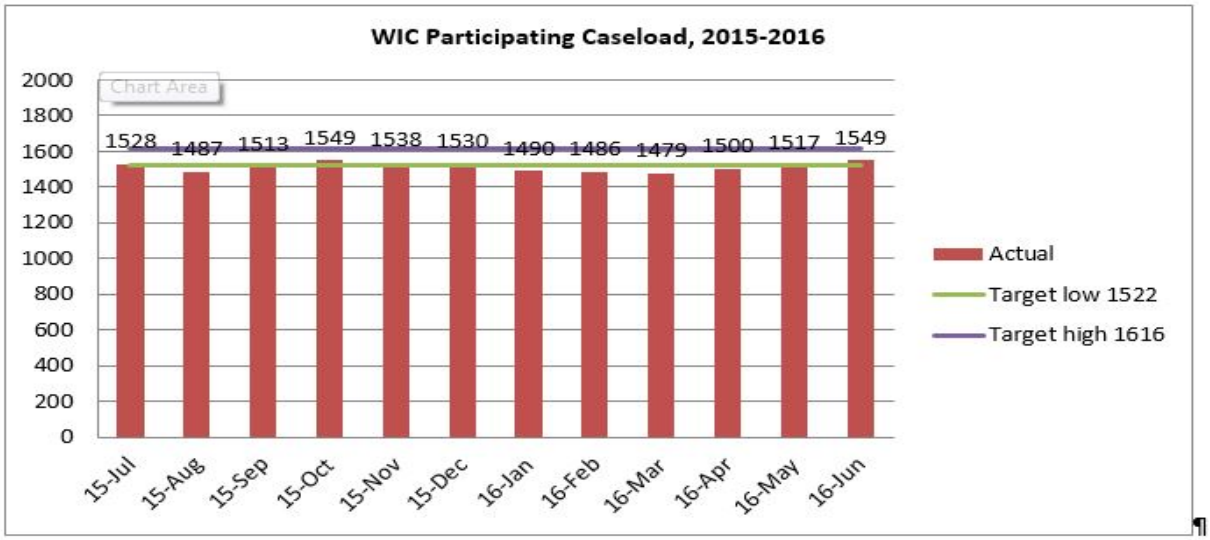
## What's New

WIC began a new era by offering families a safe, simple and convenient way to shop for WIC foods using an electronic benefit transaction card instead of the traditional paper voucher. This new way of shopping is called "eWIC." With the new system, WIC families are now able to:

- Use their eWIC card to buy healthy WIC foods as they need them;
- Easily track their monthly food balance;
- Use our new WIC Shopper smart phone app to look up their food balance and scan product barcodes to check if a food is WIC-eligible.

## 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 end the fiscal year at 99% of our assigned caseload (1,549). Besides the consistent, steady and hard work of our staff, we credit eWIC to aiding in helping us retain participants and providing a better customer experience.


WIC Participating Caseload, 2015-2016
Chart Area
2000
1800
1600
1400
1200
1000
800
600
400
200
0
1528
1487
1513
1549
1538
1530
1490
1486
1479
1500
1517
1549
15-Jul
15-Aug
15-Sep
15-Oct
15-Nov
15-Dec
16-Jan
16-Feb
16-Mar
16-Apr
16-May
16-Jun
Actual
Target low 1522
Target high 1616

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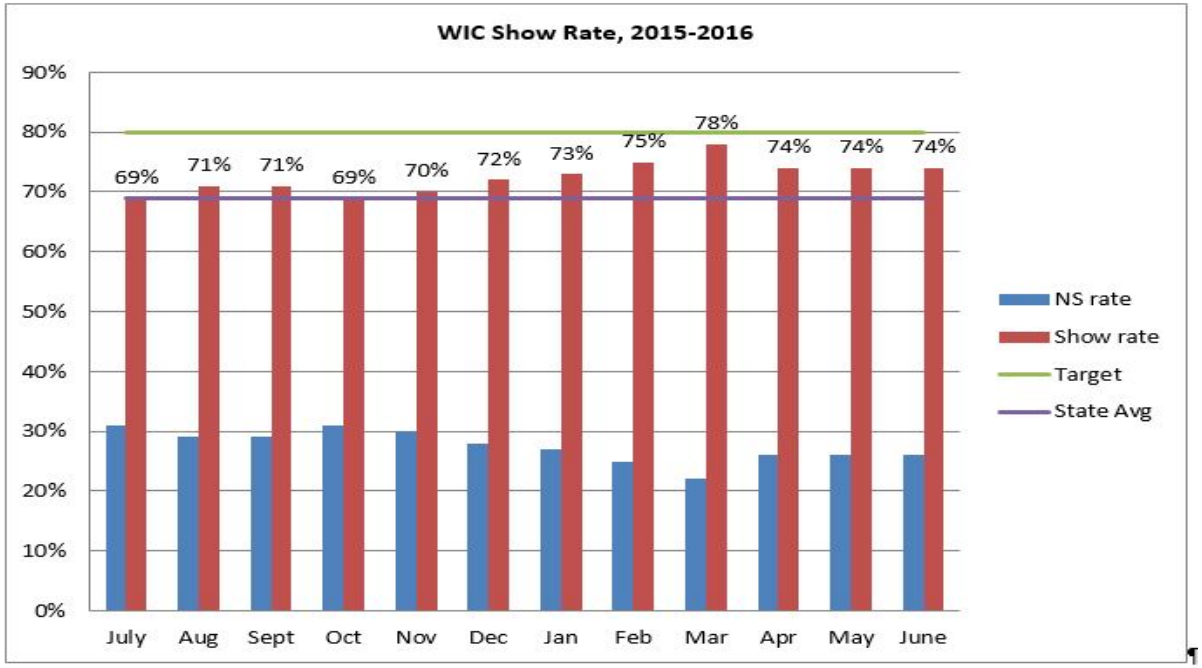
WIC Show Rate, 2015-2016
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
69%
71%
71%
69%
70%
72%
73%
75%
78%
74%
74%
74%
July
Aug
Sept
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
June
NS rate
Show rate
Target
State Avg

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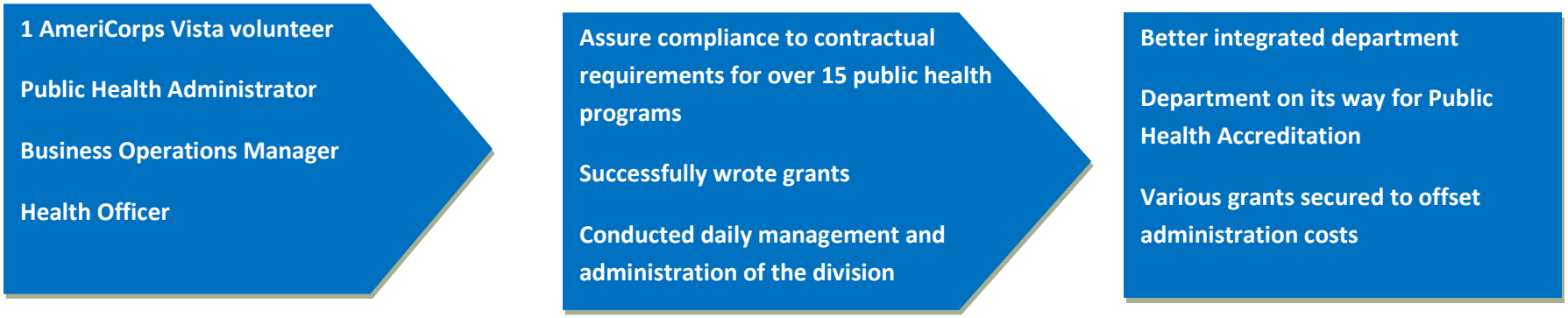
# PART VI –
# PUBLIC HEALTH ADMINISTRATION AND RESOURCES

# Public Health Administration




In fiscal year 2015-16, 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 one Commissioner serving as the liaison to the Department.

The support staff functions under the overall umbrella of CHW, but FTE supporting the Public Health Division is included in this annual report. 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 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 follow in the fiscal report.)

The 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.
- Conducted a division wide Public Health skills and competencies assessment that led to the development of a Workforce Development Plan and of the conduct of specific trainings.

**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 three subcommittees of the CHIP e.g. Prenatal subcommittee, Commercial Tobacco Prevention subcommittee, 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;
- 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.

# Our team

| Program Positions | Regular Staff | FTE of Regular | No. of Extra | FTE of Extra Help* | Total No. Staff | Total FTE |
|---|---|---|---|---|---|---|
| ***Nursing Services Manager*** *(Nurse supervision of Home Visiting)* | 1 | 1.00 | | | 1 | 1.00 |
| ***Clinic Services*** | | | | | | |
| Nurse Practitioner | | | 1 | 0.20 | 1 | 0.20 |
| Registered Nurse | 2 | 1.60 | | | 2 | 1.60 |
| Public Health Aide *(Clinic Services, OHP Outreach, Case Management)* | 2 | 2.00 | | | 2 | 2.00 |
| ***Home Visiting Services*** | | | | | | |
| Registered Nurse | 3 | 3.00 | | | 3 | 3.00 |
| Public Health Associate | 1 | 0.50 | | | 1 | 0.50 |
| ***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*** *(Billing, Switchboard, Clinic & Reception, Vital Records, Administrative Assistance)* | 3 | 3.00 | | | 3 | 3.00 |
| **Total Staff and FTE** | | | | | **24** | **20.9** |

# 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 2015-16**

**Cash and in kind expenses for fiscal year 2015-16 for Public Health totaled $2,342,313.** The in kind 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 a generous time donation throughout the year from two local physicians. The placement of an AmeriCorps VISTA greatly facilitated the work of Public Health in its effort to pursue Public Health Accreditation.

**Expenditures for the Environmental Health Licensing Program totaled $300,159.** Exempt staff in the licensing program donated time to meet the demands of the program. The integration of CHW also benefited the Environmental Health program with 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 one-half of the revenue used to provide public health services to the citizens of Coos County, accounting for a combined 58.87% of funding for the Department. Of the federal funds, 33.24% was program-specific funding, 59.16% was from Medicaid fee-for-service, and 7.60% 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, and Family Planning.

### *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 11.25% 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, treatment of sexually transmitted infections, and immunization activities. The funds still did not cover the salary and benefits of one full time public health nurse.

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

### *Fees*

In addition to the federal Medicaid fees for service, fees were also collected from clients and third party insurance. More individuals were covered under the Affordable Healthcare Act; however, many citizens in the community were still 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 family planning 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 Family Planning program, coupled with the inability to recruit or share an additional part time Nurse Practitioner, continued to result in 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 (2) local physicians provided additional women's health services! The Public Health Division, and its clients, greatly appreciates 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 2015-16, 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.

### Contracts, Grants and Donated Funds

A variety of smaller contracts were awarded in fiscal year 2015-16, primarily with a focus on the Community Health Improvement Plan activities, prevention activities and pursuit of Public Health Accreditation.

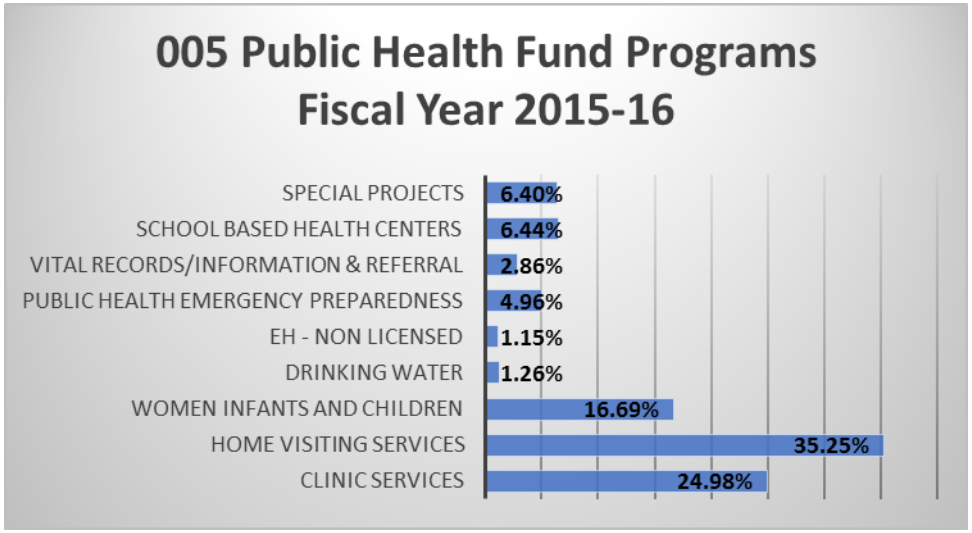
While the funds for the Tobacco Prevention and Education Program are received through the State's contract with CHW's Public Health Division, this program functions under the Health Promotion Division. Therefore, staff and expenses are no longer reflected in this report.

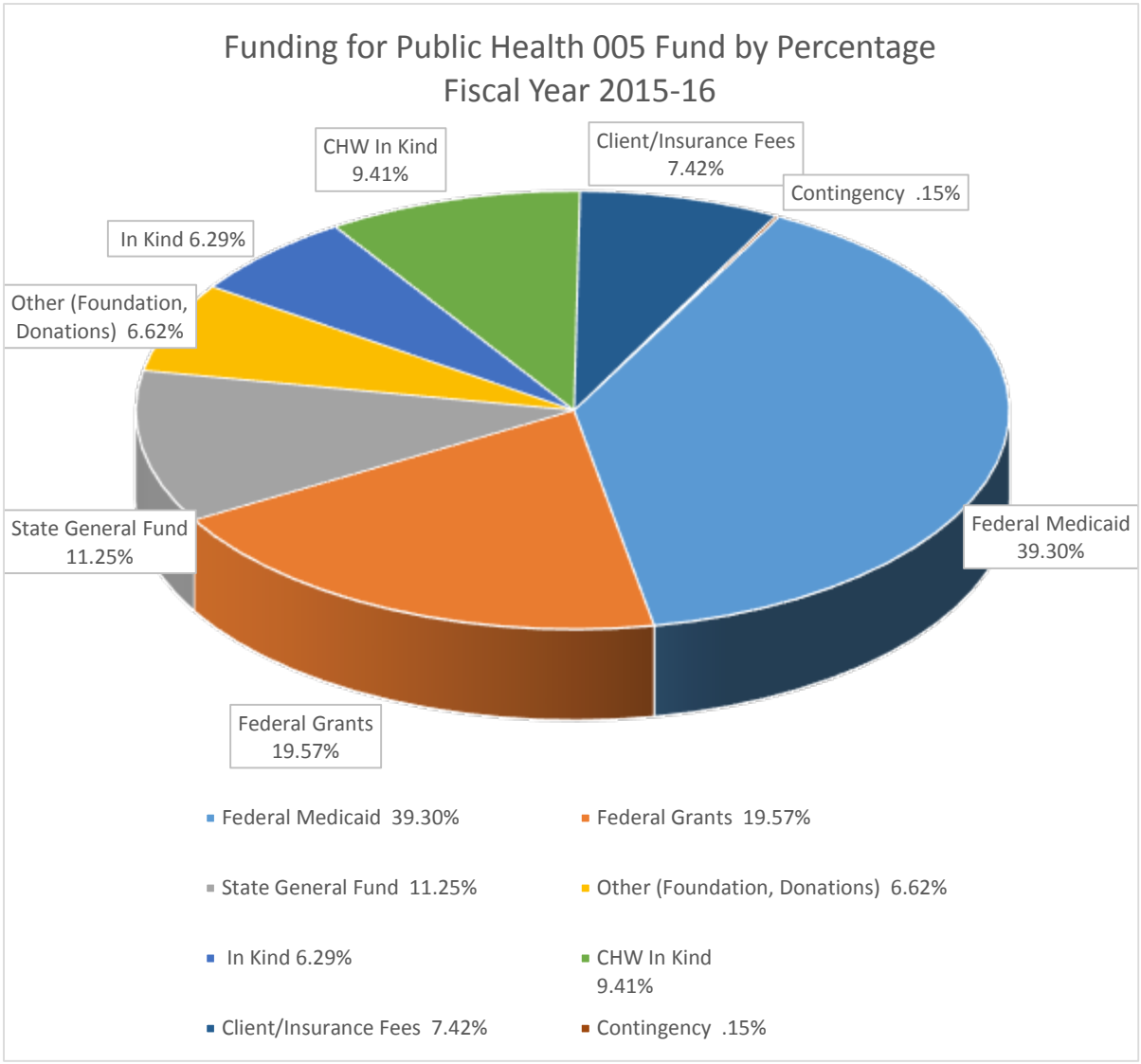
Coos County Friends of Public Health (CCFoPH), which formed in January 2008, continued its work to promote health in Coos County. CCFoPH held the 6$^{th}$ *Purses for Nurses* fundraiser, in October 2015, to support women's health services at CHW. In addition, CCFoPH continued to seek grant opportunities 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 two special Saturday 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 received by the Public Health Division is listed below.

A big **thank you** is extended to these 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 2015-16
CHW In Kind 9.41%
Client/Insurance Fees 7.42%
Contingency .15%
In Kind 6.29%
Other (Foundation, Donations) 6.62%
State General Fund 11.25%
Federal Medicaid 39.30%
Federal Grants 19.57%
Federal Medicaid 39.30%
Federal Grants 19.57%
State General Fund 11.25%
Other (Foundation, Donations) 6.62%
In Kind 6.29%
CHW In Kind 9.41%
Client/Insurance Fees 7.42%
Contingency .15%