



2019-20

Annual Report – Public Health

Green spaces **Vaccines**
On-time high school graduation
Health equity Strong families
Tobacco-free communities Clean Reproductive rights
Living wage Air
Prevention Access to clean water
 Food security Safe and affordable housing Healthy school meals
City planning Menu nutrition labels
 Expanded pre-school
 Gun control Public health funding
Address climate change Affordable health care
Injury prevention Work site wellness
 Physical education **Behavioral health**



Report published in December 2020

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Letter from the Public Health Administrator

Dear Coos County Residents,

It is an honor to serve you as your Public Health Administrator. Since my arrival in October of 2020, I have been in awe of the Coos community and the beautiful scenery of our surroundings. We are so fortunate to have access to so many nearby activities and amazing resources to ensure our community stays healthy and safe. Every morning I wake up I am motivated to help the residents succeed by improving the quality of life in Coos County.

2020 has faced us with many challenges and changes and I want to report to you that our Public Health Department has answered the call. Our staff has worked diligently and tirelessly to slow the spread of COVID-19 by adapting our roles and learning new skills. We have formed new partnerships within the community to address the needs and concerns of our residents and have done our best to protect the economic vibrancy of our community by providing research and education to our local businesses. We are so thankful for everyone who has stepped up in these trying times to support public health initiatives, our businesses and the entire healthcare workforce who have sacrificed so much to ensure our safety.

This report highlights example of the work we performed in service to our County for fiscal year 2019-2020.

Although Public Health has shifted its focus to COVID-19 response and education, our many programs have continued to operate to provide much needed services in our community for our residents. Public Health services tend to operate behind the scenes in the healthcare realm. Our Women, Infants and Children (WIC) program ensures healthy nutrition and education for babies and mothers. Our environmental health team works in coordination with our food establishments to ensure the food your served is safe. Our Home Visiting program provides in home consultation to parents. Our public health clinic tracks and slows the spread of communicable diseases in the county and our prevention services reduces the use of tobacco, alcohol and problem gambling.

I am pleased to present the many accomplishments that our dedicated public health team has achieved this past year. For additional information on programs and services, please visit:

<https://cooshealthandwellness.org/>



Sincerely,

Anthony Arton
Anthony.arton@chw.coos.or.us

Public Health: Prevent, promote, and protect the health of Coos County residents where we live, learn, work and play

The Numbers at a Glance



8 Drinking water system surveys completed



184 Pregnant women assisted through Oregon Mothers Care



36 Contamination alerts responded to



Family planning visits for 458 patients



42 pool inspections done



1052 Immunizations administered



510 Restaurant inspections



1,301 families served and 6 WIC Satellite clinics held in the county



68 RV Park inspections done



130 animal bites reports



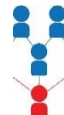
197 Tourist accommodation inspections done



Team helped with 3052 applications for the Oregon Health Plan



203 Pregnancy tests done



388 Communicable disease reports and investigations



222 STD tests done



1,412 Nurse home visits completed 107 families & children served

Communicable Diseases Control

Communicable Diseases Reports and Investigations

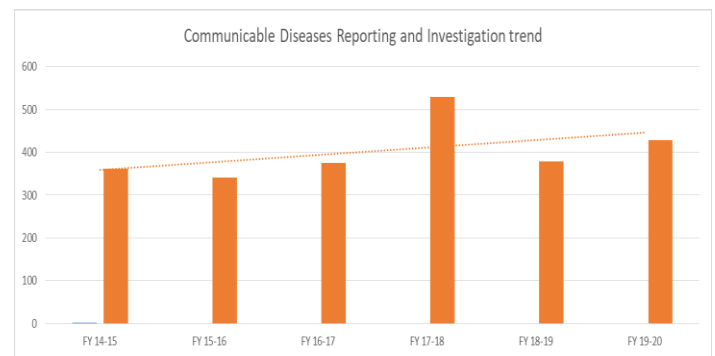
Our team ensures the surveillance and investigation of more than 60 different types of communicable diseases and conditions during the year. This work is mandated by Oregon law. This program is geared to prevent the spread of communicable diseases such as salmonella, influenza, hepatitis, HIV, and tuberculosis,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

The main goal is the protection of the population against communicable diseases and disease outbreaks. Communicable diseases are a danger to everyone. Some have been controlled with vaccinations, while others are resistant to drug treatment.

Disease prevention and control is a cooperative effort involving health care providers, laboratory personnel, local and state health

department personnel and members of the community. This includes collecting and investigating disease reports and providing treatment to exposed individuals and families as needed.

2019-20 Confirmed and presumptive cases needing investigation	388
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Communicable Diseases Trends

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

Diseases	FY 15-16	FY 16-17	FY 17-18	FY 18-19	FY 19-20
Sexually Transmitted Diseases					
Chlamydia	147	144	198	111	155
Gonorrhea	48	45	87	43	38
Syphilis	1	2	4	11	2
HIV	2	5	6	3	3
Food borne illnesses					
Campylobacteriosis	9	19	15	11	17
Salmonella	4	8	7	9	4
Environmental related diseases					
Elevated Blood Lead Level	1	5	10	10	7

Other communicable diseases					
Hepatitis C	115	122	173	162	136
Tuberculosis (latent included)	1	0	0	3	1

Sexual Health: Testing and Treatment

Sexually transmitted infections (STIs) constitute the bulk of the communicable diseases reports we receive and investigate in the community.

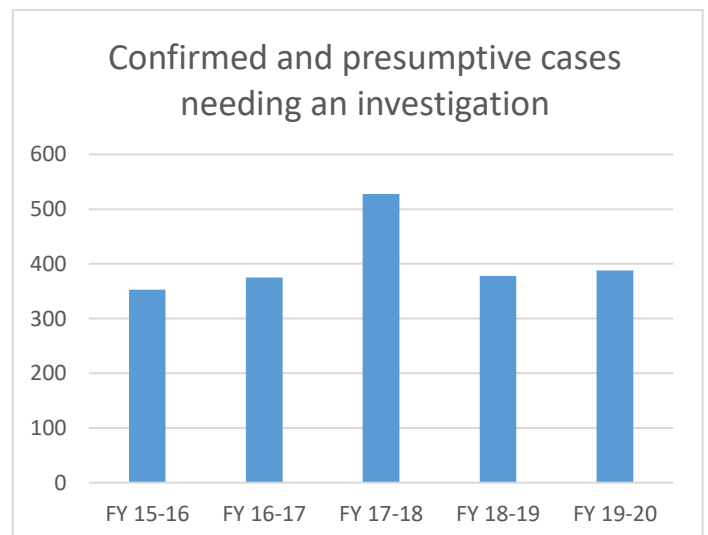
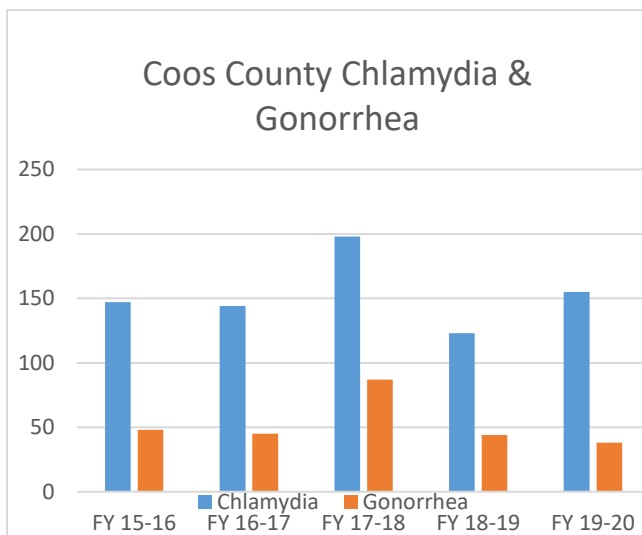
For sexually active community members, a few steps are important to keep in mind in order to prevent STIs exposure and transmission:

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

The Public Health Division offers testing and treatment services for sexually transmitted infections such as Gonorrhea, Chlamydia and HIV. Being regularly tested for STIs is an

important prevention step along with partner treatment. Expedited Partner Therapy (EPT) is the clinical practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescriptions or medications to the patient to take to his/her partner without the health care provider first examining the partner.

HIV Alliance in Roseburg sends a team twice a month to our facility and provides free and confidential HIV, Hepatitis C, and Syphilis testing. 24 tests were provided FY 2019-20. When a patient tests positive to any of these diseases, HIV Alliance can directly enroll them into the many case management services and resources they have available.



Quick facts:

- Untreated chlamydia can cause pelvic inflammatory disease (PID) and infertility or tubal pregnancy in women.
- Gonorrhea can cause serious complications. These include pelvic inflammatory disease that sometimes leads to infertility or tubal pregnancy in women. Untreated gonorrhea during pregnancy can cause premature delivery.

School Exclusion

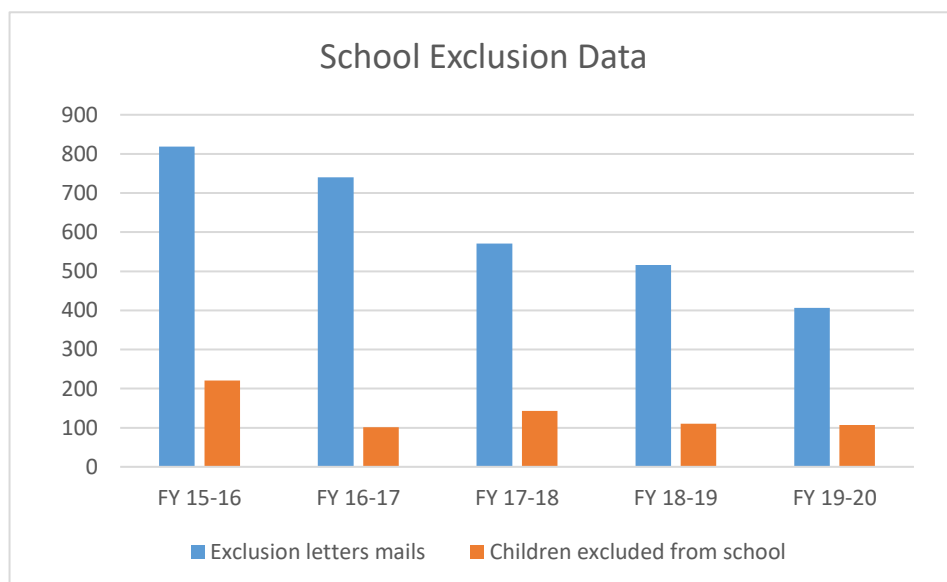
Vaccinations are required by law for children who attend public and private schools, preschools, child care facilities, and Head Start programs in Oregon. The Public Health Division is mandated to work with these facilities to ensure that every child is up to date on their immunizations by “school exclusion day” each year in February (third Tuesday of February). The public health team works to get reports from these facilities on children’s vaccination status, and mail letters to parents about their children’s immunization records and the type of vaccines that must be completed before exclusion day. **The graph below shows a decrease in the number of exclusion letters mailed to parents of children whose immunizations are not up to date.**

What is nonmedical vaccine exemption?

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

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

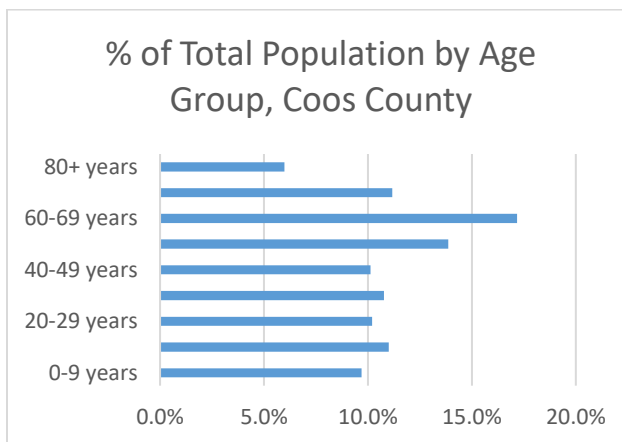
- Watch an online vaccine education module and submit a certificate of completion.
- Talk to a health care provider and have them sign a Vaccine Education Certificate.



Sexually Transmitted Infections

Summary on Sexual Health Indicators for Youth in Coos County

First, for context, here is the population breakdown by age for the county. The total population for the county is most recently estimated to be about 63,308 by the U.S. Census Bureau. Those between the ages of 10-19 make up about 11% of that figure (just under 7,000), while those between 20-29 represent about 10.2% (nearly 6,500). The “older” age brackets, particularly from age 50 through 69, have a disproportionately large share of the county’s overall population. See the graph below.



The following narrative and visuals offer discussion and data regarding sexually transmitted infections and pregnancy.

Sexually Transmitted Infections

There has been a significant rise in sexually transmitted infections (STIs) over the course of the last decade. The STIs that *must* be reported to local health departments by state law are chlamydia, gonorrhea, syphilis, HIV, and some versions of hepatitis. There are also other STIs that are not part of the mandatory state

reporting rules, such as human papilloma virus (HPV, also known as genital warts) and others. The Centers for Disease Control and Prevention (CDC) estimates that HPV is actually the most common infection and that about a quarter of the US population has it or has had it.

Symptoms for many STIs may range from nonexistent to severe, with the potential to impact the long-term health of those infected. Complications can be very painful, and some infections (even ones without symptoms) can cause infertility or even cancer.

For this reason, lab testing for STIs is extremely important. Specifically, screening — the act of testing an individual when they do not show signs of infection or disease — is critical. Since individuals often become infected but do not experience symptoms, opportunities for medical providers to discuss and inquire about reproductive health behaviors with patients are quite valuable. Due to recommended gynecological evaluations, providers are more likely to have these opportunities with girls/women. It is no surprise, then, that the most commonly reported STIs usually have a high proportion of females.

On a related note, this is a good time to briefly discuss public health’s role in the control of communicable disease control. For most STIs that are reportable, we attempt to contact sex partners of cases in order to facilitate testing, treatment, and the potential identification of more partners. These attempts are handled discreetly, and interviews are confidential. Still, there is hesitancy. Individuals that test positive are often reluctant to divulge sex partners. Even in cases where they do provide partner information, those partners themselves do not always wish to cooperate — even with the promise of confidentiality.

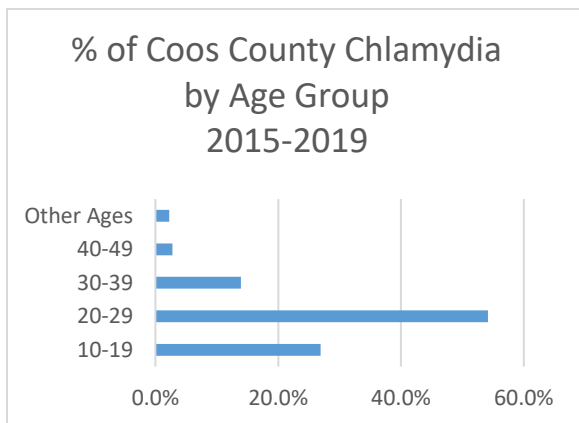
As we begin to look at related data, the discussion to this point has hopefully been

informative — but also provides some important context: the number of cases presented is the number of cases that have been reported, *not the number of infections*. The degree to which each of these infections are underreported depends on several factors, not the least of which is the likelihood of an infected person not experiencing symptoms.

Chlamydia

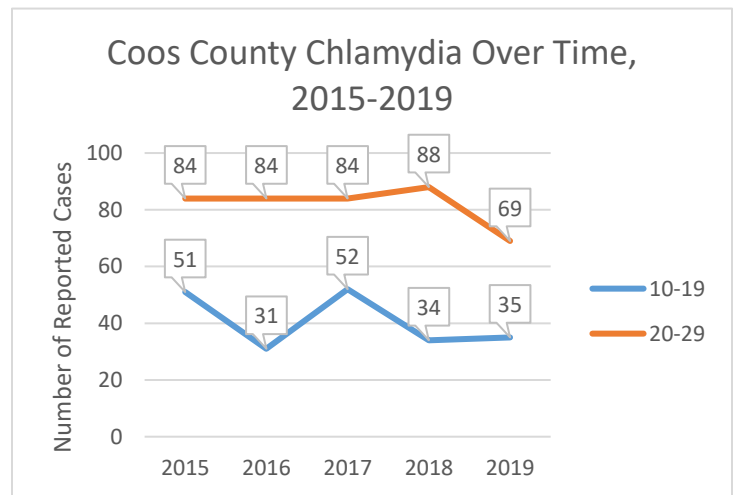
More often than not, this infection does not cause symptoms. This means that most of the cases we discover are initiated by the medical community and their proactive screening protocol with certain populations. It also means we may not detect the majority of infections.

That being said, chlamydia is the most commonly *reported* STI in most communities, and that is true in Coos County. There were 755 reported cases of chlamydia from 2015 to 2019. The vast majority of those cases occurred in the 10-19 and 20-29 age brackets, (about 27% and 54% of cases respectively). Again, it is likely there were significantly more infections than 755. That being said, the chlamydia data (# of cases by age group) for the last 5 years is represented by the graph below.



Because so few infections occur in older age groups, all those age 50 and over are collectively gathered into the category “Other Ages”. Still, compare the above graph with the population graph on the first page. The difference is probably not a surprise to many, but data demonstrates with more certainty that our younger generations are experiencing more than their “share” of infections.

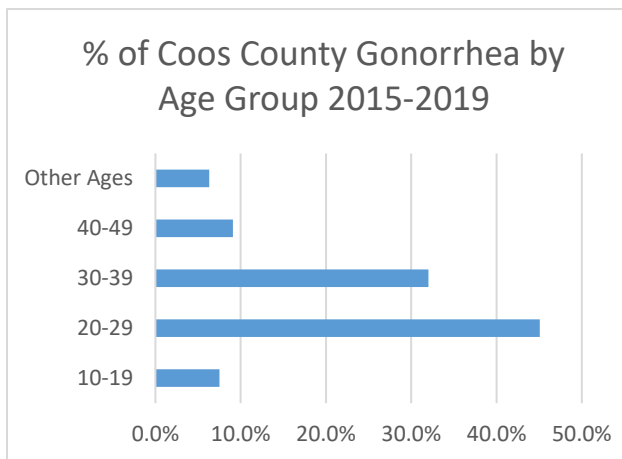
A significant rise in reported STIs over the last 10 years was mentioned earlier. This is not the case for chlamydia, which has actually decreased slightly overall and has had “peaks” and “valleys” depending on the year. See the graph for the number of reported cases over time for the two age groups of focus.



Gonorrhea

The second-most commonly reported STI is gonorrhea. This infection is less likely to occur without symptoms, and that is more variable based on the body site of infection and the person’s sex. There are still a significant number of asymptomatic cases, however. Overall, the number of total reported gonorrhea infections from 2015-2019 was 237.

Notice the difference in the following graph between the two infections in the distribution by age group. Those in the 10-19 age category were about 27% of the reported cases of chlamydia and the second-highest age group. However, they are only about 8% of the reported cases of gonorrhea and now the third-highest age-group. The category of 20- to 29-year-olds is still first (with about 48% of all reported cases), and the 30- to 39-year-olds have taken over the #2 spot with 34.2% of reported cases.



Why is there a difference between chlamydia and gonorrhea? The bacteria are transmitted in the same way, and the same behaviors increase the risk of infection. One is not more infectious than the other. Basically, it is an issue of how different groups of the population interact with each other and how endemic (common) the presence of infection for those groups. Recall the total number of reported cases for the last 5 years was 237. The previous 5-year period had a total of 59 cases and *none* were between the ages of 10-19.

It is usually not just age that defines subgroups of the population when it comes to sexual activity, but behaviors. Drug use and having multiple partners are going to increase the risk

of infection. If two groups do not interact much, the risk of transmission across groups is less likely. However, it is only a matter of time before the groups interact enough (or both interact with a 3rd group) for this to occur.

This is likely what is occurring for gonorrhea and the 10-19 age group. Eight percent of all cases over a 5-year period does not sound like much, but when that number was 0 for the 5 years before that? The infection has now slipped into a new group and efforts must be made to stop the spread.

Syphilis

This infection is much less common, but is much more difficult to diagnose and test for. It also has significant potential to cause major health concerns (especially for pregnant women). And it also is an infection that was quite uncommon until the recent surge of STIs generally. There had been only 3 reported cases from 2010 through 2014. Two of them were in their 40s and the other was in their 50s. From 2015 to the end of 2019, however, we've experienced 22 cases with most (13) of them in their 20s.

One of the cases was born with it, having been infected in utero. There are a number of serious birth defects that can result from congenital syphilis, and the complications include stillbirth. About 25% of children born to untreated or inadequately treated mothers with syphilis experience those complications.

There have been no reported cases of syphilis in anyone age 10-19 for the last 10 years, but if the rate of infection in the older age groups is not brought back down it is just a matter of time.

HIV

This infection is not as straightforward to discuss for several reasons. First, there are never symptoms of this infection, unless you

count the symptoms of opportunistic infections resulting from the suppressed immune system of the individual. The amount of time this might take from the point of contracting the virus can vary wildly, so discussing reported HIV cases in the context of comparisons over time is loaded with assumptions.

In addition, the stigma attached to those with HIV is very real and can be very damaging. For this reason, there is an additional layer of confidentiality and statistics are suppressed in areas with low numbers of cases. There have been 19 newly diagnosed cases in Coos County since 2010, but we cannot drill down to age groups or other subgroups.

Environmental Health

Field Inspections

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

Facility and License Type	OHA Required Inspections	Inspections Conducted	Re-inspections Done	Total
Restaurants	510	514*	236	750
Temporary restaurants		118	13	131
Travelers' Accommodations	197	191**	0	191
RV parks	68	68	2	70
Organizational Camps	5	5	1	6
Swimming Pools and Spas	42	41	4	45
Schools		53	4	57
Daycares		22		22
Total	823	1013	260	1273

**The difference in Inspections Required and Inspections Conducted is due to changes in ownership, that warrant an additional inspection within the same semi-annual period.*

*** The difference in Inspections Required and Inspections Conducted is in-part due to facilities that closed prior to the annual inspection being completed.*

Drinking Water Systems

In 2019, 8 community water systems surveys were assigned to the Environmental Health Program and all were completed. Coos Health & Wellness was also notified of 36 contamination alerts of which all were responded to.

Lake Sampling

Collaboration between Coos Health & Wellness and Tenmile Lake Partnership (TLP) has allowed TLP to perform some sampling for Blue-Green algae toxins (Anatoxin-A and Microcystin) at 2 traditionally popular swimming areas on Tenmile Lakes (Wulfy Beach and North Lake Resort) between June and September. The sample results serve as an objective measure of public health risk caused by an evident bloom of Blue-Green algae.

Maternal Child Health

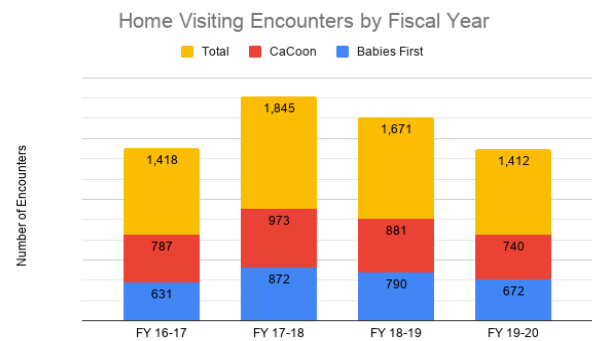
Home Visiting Programs

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

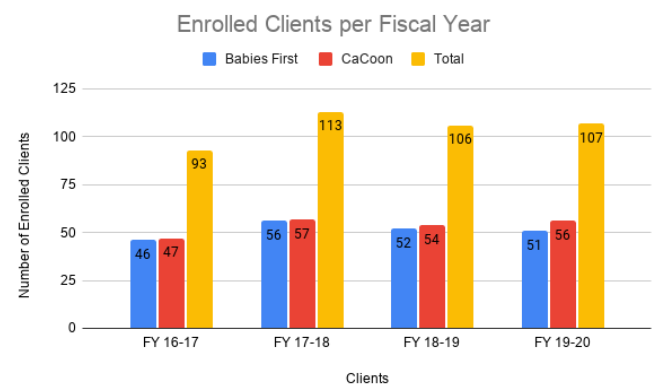
The home visiting team hired two nurses this year and was on track to meeting performance management targets until COVID 19 significantly disrupted the home visiting model, with the entire team mobilized to provide case investigation and other COVID-19 response-related activities. During lulls, the team worked to maintain a virtual relationship with enrolled families and hope to be able to visit with them, in person, at some point in the upcoming fiscal year.

Animal Bite Reports

In consideration of rabies risk, between July 1, 2019 and June 30, 2020, there were 130 animal bites reported to and reviewed by the Environmental Health staff.



Encounters are based on staff availability. In FY 17-18, we were fully staffed. FY 18-19 saw the loss of staff and onboarding of new nurses to our team. FY 19-20 decreases are reflective of staff being redeployed to work in the COVID-19 response.



Proportion of clients served in our Babies First vs CaCoon programs remains relatively stable over the past few years.

This year **107 children/ families were served** by the Home Visiting program. The team of 3 nurses and 1 Public Health Associate completed **1,412 encounters** in order to serve these children.

- 100% of families were **offered case management and collaboration services** with health care providers and social services to support the child/family's needs and goals.
- 100% of newly enrolled families received an initial **family – centered assessment**.
- 100% of families had at least one agreed-upon documented **goal** identified during the program year.
- 100% of families participated in development of an **Individualized Nursing Care Plan** based on child/family needs.
- 7 Group Connections events were held (prior to COVID-19) with 53 children, 57 caregivers, and 26 additional family members attending

Out of the 107 children served:

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

Women, Infants and Children



WIC is the Special Supplemental Nutrition Program for women, infants and children. We provide supplemental foods, health care referrals, and breastfeeding support and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum people, infants/children and dads, caregivers and grandparents with children under the age of five.



2019 Data

Coos County Health & Wellness

GROWING HEALTHY FUTURES

Participating in WIC supports the long-term health of women, infants, children and families. WIC is proven to support longer pregnancies and positive birth outcomes¹.

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

- **Stable, Responsive Relationships**
- **Safe, Supportive Environments**
- **Appropriate Nutrition²**

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



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

WHO WE SERVED



2,260

Women, infants and children who participated in WIC

42%

of all pregnant women served by WIC

1,301

WIC families served



65%

are working families

5 out of 7



participants are infants and children under five

BREASTFEEDING

93%

WIC moms start out breastfeeding

29%

WIC moms breastfeed exclusively for six months



PUBLIC HEALTH DIVISION

Special Supplemental Nutrition Program for Women, Infants & Children



2019 Data

Coos County Health & Wellness

ECONOMIC BENEFITS OF WIC

12 Local stores accepting WIC:

- 6 Independent stores
- 1 Local or regional chain
- 5 National chain stores
- 0 Pharmacy

\$904,704

Total dollars spent by this agency's participants at local stores

HEALTHY FOOD ACCESS

To be a WIC store, it must carry:

- At least 8 kinds of fresh fruits and vegetables
- Whole grain products
- Lowfat milk
- Lowfat yogurt
- Canned/dried beans



WIC FARM DIRECT NUTRITION PROGRAM

The Farm Direct Nutrition Program (FDNP) provides families with an additional source of nutritious food and education on selecting and preparing fresh produce.

26 Participating Farmers

at local farmers markets and farm stands

\$10,844

FDNP dollars paid to local farmers

WIC CLINIC SITES

Coos Bay
Bandon

Coquille
Lakeside

Myrtle Point
Powers

Coquille Indian Tribe- Family Center

For more details about these numbers, please visit:

<https://www.oregon.gov/OHA/PH/HEALTHYPEOPLEFAMILIES/WIC/Pages/annual.aspx>

Contact your local WIC office
541-266-6705

www.co.coos.or.us/Departments/CoosHealthWellness/PublicHealth/WIC.aspx

Contact your local WIC office **971-673-0040**
www.healthoregon.org/wic

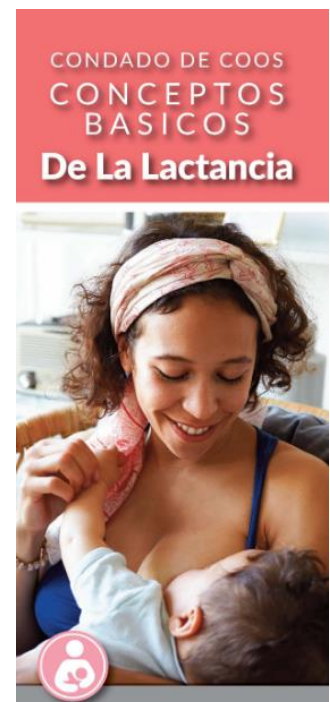
You can get this document in other languages, large print, braille, or a format you prefer. We accept all relay calls, or you can dial 711.

Revised 4/8/2020

Breastfeeding Promotion

Breastfeeding provides a wide array of benefits to the infant and the mother. This year, in our continued effort to support and promote breastfeeding initiation and duration we focused on the following activities:

- Distributing *Breastfeeding Basics* to community partners, in English and Spanish (also available at: CHW website)
- Updated the CC Breastfeeding friendly workplace toolkit to include less gendered language and a vocabulary update, updated Oregon breastfeeding laws, and links to updated resources (videos, booklets)
- Expanded our breastfeeding video outreach to Egyptian Theatre, and local clinics and hospitals
- Acquired supplies for a lactation station – a designated space at community events to help promote and normalize breastfeeding. Due to COVID-19, we weren't able to utilize this resource, but we'll be ready when we can!



Access to Preventive Clinic Services

Immunizations

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

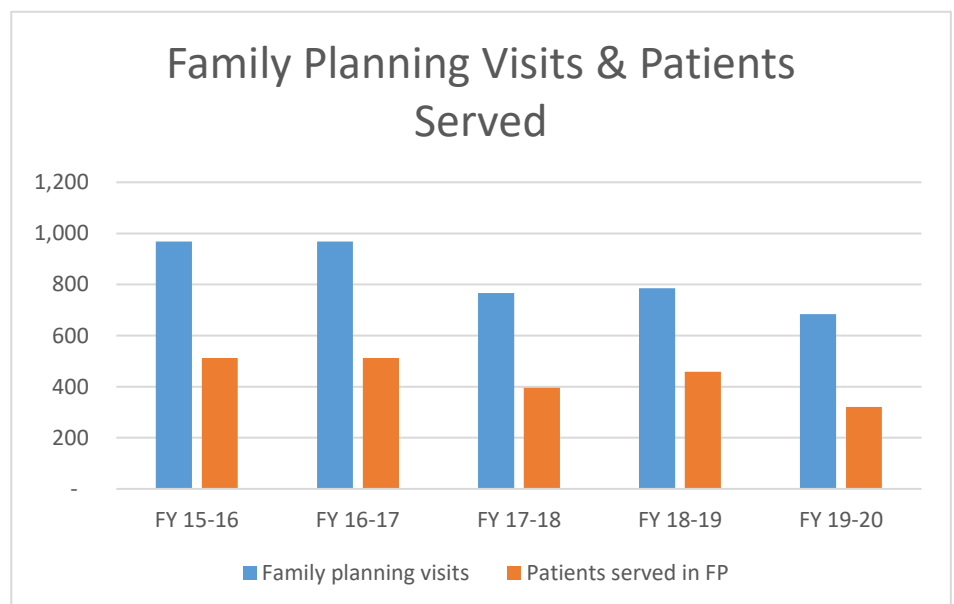
Type of vaccines administered	FY 17-18	FY 18-19	FY 19-20
Seasonal flu	243	287	318
Tdap	157	139	105
HepB	124	143	102
MMR (Measles, Mumps, Rubella)	105	111	50
HepA	103	102	64

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

Reproductive Health

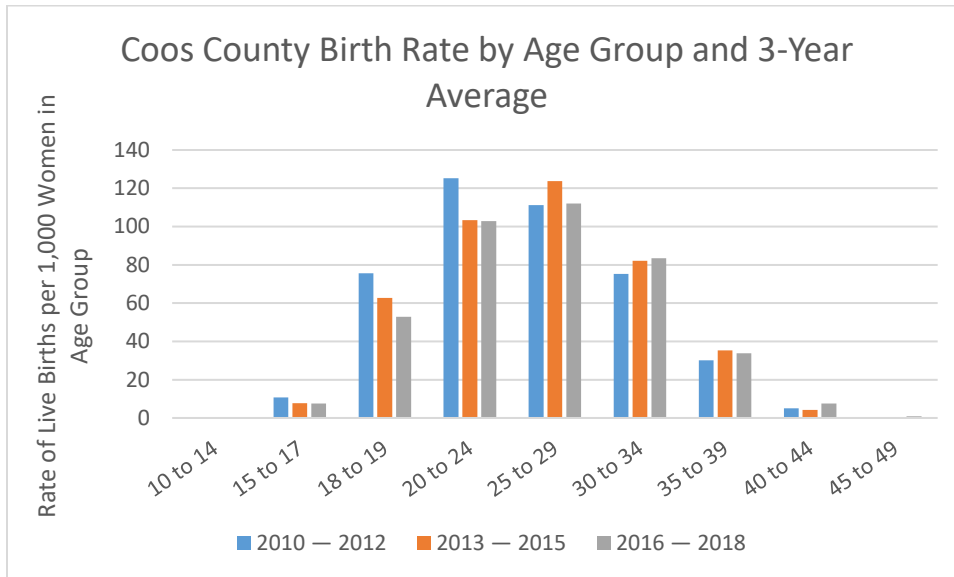
One of the services the Public Health department offers our community is access to reproductive and sexual health services. These preventative services include screening for breast and cervical cancer, access to contraceptive methods and family planning options, testing and treatment of sexually transmitted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

Over the years and possibly due to the expansion of the Oregon Health Plan (OHP) through the Affordable Care Act, we have served fewer people. One possible explanation is that people we used to serve are now able to have health insurance and go see a specialist and/or a primary care provider. Another explanation for this drop in services, is that our provider resigned at the beginning of the COVID-19 pandemic.



Pregnancy

Another important mission of public health is to reduce the number of unplanned pregnancies. The examination of birth rates for teens and those in their early twenties seem to show a downward trend in those rates over the last 10 years. State vital statistics demonstrate this in the chart below. With the relatively low number of births in the county, it is common to look at 3-year averages to correctly identify trends.



This poses a particularly interesting question when compared with rates of STIs. If birth rates are falling for some age groups while their rate of infection for STIs is climbing, is this the result of poor sexual health IQ? Whenever the fact that birth control does not protect against STIs is discussed, it is often accompanied with incredulous reaction. Of course it doesn't! Yet study after study has demonstrated a fraction of youth who have not made this connection.

There can be many factors that explain this disconnect, but ultimately it is clear that another resource of information and another angle for education is warranted. This is especially true of today's youth that have grown up accustomed to finding information at the touch of a button.

One Key Question

Sexual and reproductive health information is not exclusive to women. People who are not women access these same services. This year, we updated our booklet, "Would you Like to Become Pregnant in the Next Year?" to include gender neutral language. We also included a nutrition section that included daily intakes,

supplements, updated list of food pantries, and gestational diabetes. We included birth support information (classes/doulas), expanded upon postpartum depression, and included local places to get active, domestic violence, marijuana use, and links to other breastfeeding resources

Coos Sex Talk

One source of information, and another angle for education, is the Coos Sex Talk website (thecoossextalk.org). This is a fact based website for frank discussions of myriad sexual topics. Public Health has presented a STI primer to school superintendents to promote the Coos Sex Talk website, something that would be blocked on school networks. This website is a resource to help prevent unplanned pregnancies, promote sexual health, and reduce sexually transmitted infections.



Oregon Health Plan and Oregon Mothers Care



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

outreach at various locations in Coos County. We work in partnership with the Coos County jail, the Devereux Center, the WIC program and the Department of Human Services to allow for better access to services.

People assisted with the Oregon Health Plan:

FY 16-17	FY 17-18	FY 18-19	FY 19-20
1,857	3,767	3,532	3,052

Oregon Mothers Care (OMC) is a state-wide program that ensures that prenatal care is made available to all women in the county.

Our Case Managers assisted 184 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. Finding certain problems early and treating those problems can reduce risk factors and increase chances for a healthy pregnancy and birth. Dental care is also a key component of health during pregnancy. Expectant mothers can pass bacteria to their unborn child, increasing the risk for preterm birth and low birth weight. Seeing a dentist, and receiving care and regular cleanings can help eliminate the spread of bacteria to the unborn, increasing the chances of a healthier pregnancy and birth outcome.

Public Health Emergency Preparedness

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

Below are the activities we undertook in FY 19-20:

Staff

Phillip Nel and extending Volunteers in Service to America (VISTA) Michael Burton maintained their roles from the previous year. The advent

of COVID-19 did see a greatly increased participation in the part of Coos County Medical Reserve Corps (MRC) volunteers. Scott Murray has filled in for Phillip Nel in the Incident Management Team (IMT) Liaison position as extra help.

Incidents

Phillip Nel was onsite during an explosion of an icehouse in Charleston on December 20, 2019. Ultimately there was little to be done beyond assessing the damage and letting the fire crews do their work. The icehouse was a total loss.

Coos Health and Wellness's Emergency Operations Center (EOC) was activated in late

February to respond to the COVID-19 outbreak in the United States. Phillip Nel assumed the role of Liaison leader while Michael Burton worked briefly in Logistics before being reassigned under Phillip Nel in the Liaison section. Phillip Nel assumed responsibility of Coos County's Personal Protective Equipment (PPE) stockpile from March-July, housing them in the CHW owned property at 305 Laclair, before they were relocated to Coquille under oversight of the county sheriff's office. While under his supervision, Phillip Nel and Michael Burton issued PPE to relevant health agencies, ordered additional stock from the state, and reported the status of supply and demand to the Oregon Health Authority.

Phillip Nel, with the assistance of the Medical Reserve Corps, also cooperated with the Center for Disease Control to provide COVID testing at Charleston fisheries from May 26-28.

Training

Phillip Nel and Michael Burton offered training for all interested members of the public on being part of an Opioid Rapid Response Team (ORRT). Three training sessions took place in late 2019 – a training of trainers, a trainer session, and then a basic instructor's session.

Phillip Nel offered Casualty Collection Point training to members of the Medical Reserve Corps in early March. Michael Burton taught one session of Water and Sanitation Hygiene (WASH) to interested members of the public before COVID forced him to cancel his remaining in person classes.

Our Preparedness Program facilitated a three day ICS 2300 training titled *Intermediate Emergency Operations Center Functions* that was offered to staff from CHW, local public health agencies throughout Oregon, tribal partners, and Oregon Health Authority in February 2020. Completion of ICS 2200 Basic

Emergency Operations Center Functions was a required prerequisite.

Another training offered during this fiscal year was the *Stop the Bleed and Managing Catastrophic Haemorrhage*.

Staff were also offered monthly lunch and learn opportunities with topics such as: Packing a personal go bag and preparing for winter Emergencies

Additionally, both Michael Burton and Phillip Nel received fit test training.

Exercises

USCG COOP

Phillip participated, as an Exercise Controller, in a three day United States Coast Guard (USCG) North Bend Sector Functional Exercise to evaluate their Continuity of Operations (COOP) plans to fully evacuate all USCG facilities and relocate to an alternative site location

Operation Lodestone Arago

Operation Lodestone Arago (christened by Michael Burton and Phillip Nel) entered its early planning stages in late 2019 and early 2020. However, due to the COVID outbreak, all additional planning had to be cancelled, and the entire exercise soon followed suit. This exercise would have used Coos County and its agencies as a "ground zero" for a simulated catastrophic event, with the Incident Command in Bend trying to manage the situation based on the in-person reports from Coos County.

Community Partnerships

The PHEP made extensive use of the Coos County MRC during its disaster response to COVID-19. Both PHEP employees also received Public Health Superstar awards from Friends of Public Health.

- *Coos County Medical Reserve Corps (MRC)*

Two members of the MRC worked alternating shifts at 305 Laclair to assist with the management of the inventor. Multiple members of the MRC worked on the hygiene kit program to distribute hygiene kits to the homeless. Medical Reserve Corps members continued to show up to meetings while they were still held, training (such as the CCP training) when they were available, and read the newsletters when they were put out.

- *Friends of Public Health*

An organization dedicated to the education and recognition of public health in the community, Friends of Public Health nominated and subsequently awarded the title of Public Health Superstars to Michael Burton and Phillip Nel for their work in better preparing the community for disaster preparedness and revitalizing the Coos County Medical Reserve Corps. Two of their members also occasionally assisted with construction of hygiene kits.

Other Activities

Coos County’s PHEP is currently one of the only reliable places to administer fit testing on the

southern Oregon coast. As a result, dental hygienists, law enforcement, and social workers have been flocking to the PHEP office to receive fit testing, as is mandated by federal law.

Michael Burton currently administers the fit tests.

Phillip Nel has done extensive grant writing this year. As a result, the PHEP/MRC has acquired a large number of manikins for casualty simulation, board games for mandatory R&R during disaster response, radio equipment, and various miscellaneous pieces of hardware such as a chainsaw and several generators. Most notably, Phillip Nel managed to fund a 14 foot trailer for storage of supplies as well as 5000 lbs of equipment for an Army Surplus Modular Field Kitchen.

Phillip also received grant funding for the development of an Opioid Rapid Response Team. He sourced equipment for the \$24,867 OHA/MRC Opioid Grant’s MRC Opioid Rapid Response Team project as well as for the \$42,000 Hospital Preparedness Program (HPP) Grant’s MRC Training and Medical Surge Team project.

Vital Statistics

Death and Birth Certificates

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

The table below illustrates the number of deaths registered and the number of certificates issued between 7/1/19 – 6/30/20.

Birth certificates recorded by Coos County	315
Birth certificates issued by the county	396
Deaths registered in Coos County	813
Death certificates issued by the county	3,237

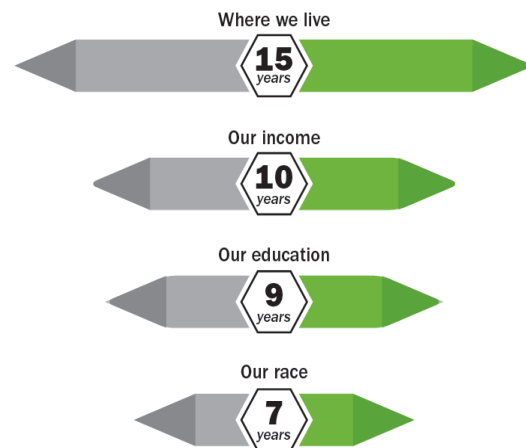
Health Equity

Health equity is defined as all residents having the opportunity to attain their highest level of health. Barriers to health equity create inequities that prevent individuals and communities from accessing these conditions to reach their full potential to live healthily and thrive. Healthcare and access to it are a privilege, not a right afforded to all, and is also a social determinant of health. The SDOH are conditions (social, economic, physical) in the environments in which people are born, live, learn work, plan, and worship, which affects a wide range of health functioning, and quality-of-life outcomes. Access to quality primary and secondary education, clean drinking water and air to breathe, good jobs with a living wage, and safe outdoor spaces to exercise are just some examples of SDOH. In part, these conditions explain why some communities have healthier outcomes and higher life expectancy than others.

This is the second year that we have had an Americorps member working with us to help move the dial on health equity. In the fall of 2019, public health staff attended 18 hours' worth of cultural agility training, to lay baseline knowledge of equity-related content. Staff have continued to have on-going conversations with more trainings scheduled for FY 20-21. Additionally, for the first six months of the COVID-19 response, the Incident Management Team created a situational/equity unit leader position. The function of this role was to maintain an awareness of possible areas that would perpetuate inequity, as well as identify possible areas of equity-related concern, participate in relevant to ensure equitable approaches, listen to statewide COVID-19 equity calls, offer opportunities to demonstrate a more equitable response or approach, and

draft a resolution to declare racism as a public health crisis.

Within the U.S., we have shocking differences
in life expectancy based on...



Even our most advantaged people
**live shorter lives than
peers in other countries.**

The COVID-19 pandemic has worsened, and in some cases, exposed the health economic and social inequities present and deeply embedded into American society; and Coos County, Oregon is no exception. Coos County has a population of around 63,000, which is 86% non-Hispanic white, with 17.1% living in poverty, and 41.4% being over the age of 55 years. While Black and African American county residents make up only 0.7% of the total population, they experience poverty at 2.6 times the rate of a white county resident Coos County's Indigenous residents account for 2.1% of the population and 27% live in poverty, compared to 16% of their white counterparts. The median household income is \$40,848, and 5,446 residents are designated low-income by the Health Services and Resource Administration, which means they live in a household with an

income below 2 times the federal poverty level. A centuries-long history of systemic racism, disinvestment in upstream drivers of health, and generational poverty are the driving forces of many inequities seen in our community and county.

We trail other high-income countries in most areas affecting health – for example:



We have less focus on prevention

Nearly 50% of Americans suffer from preventable, chronic disease, yet only 3% of health care spending is on prevention and public health programs.



More education = better health

The U.S. ranks 21st in high school graduation rate.



More People in poverty = poor health

The U.S. has higher rates of poverty, greater income inequality and less economic mobility than other high-income countries.



We are overfed and under nourished

- Americans eat the most calories and 2/3 are overweight or obese.
- 37% of U.S. adults eat vegetables less than once a day.
- 16 million children go to sleep hungry.



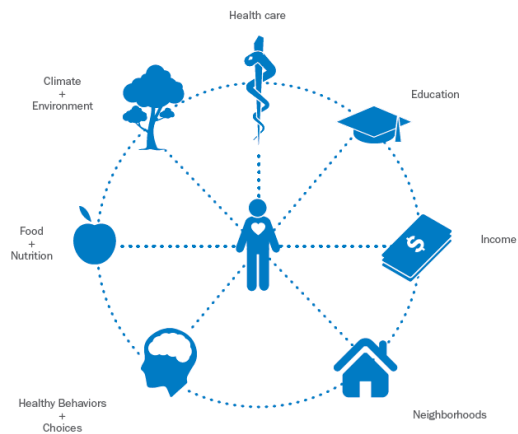
Where we live matters

- Where we live should be safe and have accessible places to walk, exercise and play.
- Gun homicides are 20 times higher than in peer countries.
- Nearly 50% of Americans live in communities with unhealthy levels of air pollution.

Racism Is a Public Health Crisis

Coos Health & Wellness stands behind its motto, “Together, Inspiring Healthier Communities” with inclusive care for all members of our community. It is important to understand the impact society has on those not given an equal chance in the world they live in. We strive to improve access to care for those who struggle to make their way in a society that diminishes their work. That is why we applaud the US Supreme Court’s decision to rule that the language of the Civil Rights Act of 1964, which prohibits sex discrimination, applies to discrimination based on sexual orientation and gender identity. Coos Health & Wellness stands united with our LGBTQ+ community and communities of color to ensure the best care possible. We are determined to reduce the stigma and burden unjustly placed on discriminated population and strive to be a partner in inspiring our community to improve health equity and address systemic racism together.

Social, environmental and individual factors influence our health as well as the opportunity to make healthy choices.



And inequities in these factors have **greater impact** on the health of **people of color.**

Community Health and Collaborations

Community Collaborations and Coalitions

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

Regional Collaboration with Curry and Douglas Counties

Public Health Modernization efforts continued this fiscal year with Coos, Curry and Douglas counties partnering to 1) create a regional epidemiology network to standardize work and mutually support county epi efforts, 2) work with health care partners to improve communicable disease reporting and control, 3) improved two-year-old and adolescent immunization rates, 4) looking at how diseases are affecting our populations and which populations may be more at risk, and 5) identify and review data sources, identifying disparities for focus, research and identify systematic policies that could potentially address them, and prepare policy recommendations. Building on the information from last fiscal year, our collaboration had identified an opportunity to train communicable disease investigators to control sexually transmitted diseases, especially gonorrhea, using best practices for partner elicitation, referral, and treatment. The training was developed and ready to implement but was put on pause due to the arrival of COVID-19.

Community Health Improvement Plan

In 2019, the Public Health Division participated in the development of a Community Health Improvement Plan (CHIP). The 2019-2022 Coos County Community Health Improvement Plan (CHIP) is a community level plan that aims to improve the health of individuals, families and the community at-large. The CHIP is not a stand-alone document, it is based on and compliments the 2018 Community Health Assessment (CHA). The CHIP represents community wide priorities and strategies and serves as a broad umbrella plan for many individual organization health improvement efforts while also providing a structured focus for ongoing community wide efforts. The CHIP is community informed and focused on making meaningful changes through collaboration across many sectors and organizations. It is intended to address significant issues that influence health in Coos County. Best practices to implement the CHIP were reviewed. A community-wide reporting template was developed for all community partners to report on their efforts to address the four key focus areas below:

**Focus Areas for CHIP
Development**

Priority Areas, High-level strategies

Individuals & Families

Adversity, Trauma and Toxic Stress

Support efforts to mitigate trauma and increase resilience

Prevention

Support individual prevention services, including but not limited to chronic disease, healthy behaviors, early detection and screening

Health Equity

Inequities / gaps

Housing & Homelessness

Increase housing availability, increase quality and safety of housing and support projects that address homelessness

Food & Nutrition

Support efforts to decrease food insecurity and increase availability of healthy, nutritious food for all ages

Transportation

Support efforts to increase transportation options

Economic Stability

Support workforce development and employment programs
Increase knowledge about connection between income inequities and health

Access & Capacity

Health Care system

Access & integration of services

Support efforts to increase access to health services

Support continued integration of services across physical, behavioral health and oral health services

Behavioral Health & Addictions

Improve access, integration and delivery of behavioral health and addiction services

Support behavioral health and addiction prevention services

**Community Outreach &
Engagement**

Community Engagement

Coordination, collaboration and communication

Increase coordination, collaboration and communication between organizations working toward improving health of the community

County Data

How healthy is Coos County compared to other counties in Oregon and the USA? The rankings, below, provide a glimpse into how health is influenced by where we live, learn, work and play. It's a snapshot of how social, economic, and physical factors such as high school graduation rates, unemployment, access to healthy foods and healthy environments play a role in the health of our citizens. For more detailed information about these rankings see: <https://www.countyhealthrankings.org/app/oregon/2020/rankings/coos/county/outcomes/overall/snapshot>

	Coos County	Trend	Top U.S. Performers*	Oregon	Rank (of 35)
Health Outcomes					27 ↑
Length of Life					29 ↑
Premature death (per 100,000)	8,500		5,500	6,000	
Quality of life					20 ↑
Poor or fair health	16%		12%	17%	
Poor physical health days	4.3		3.1	4.2	
Poor mental health days	4.6		3.4	4.8	
Low birth weight (<2,500 grams)	6%		6%	6%	
Additional Health Outcomes					
Premature age-adjusted mortality (per 100,000)	430		270	300	
Child mortality (per 100,000)	40		40	40	
Infant mortality (per 1,000 live births)			4	5	
Frequent physical distress	13%		9%	13%	
Frequent mental distress	15%		11%	16%	
Diabetes prevalence	13%		7%	9%	

HIV prevalence	111		41	195	
	Coos County	Trend	Top U.S. Performers*	Oregon	Rank (of 35 counties in Oregon)
Health Factors					34 ↑
Health Behaviors					31 ↑
Adult smoking	17%		14%	16%	
Adult obesity (BMI >30)	39%	↑	26%	29%	
Food environment index	7.5		8.6	7.9	
Physical inactivity	27%	↑	20%	17%	
Access to exercise opportunities	77%		91%	88%	
Excessive drinking	17%		13%	19%	
Alcohol impaired driving deaths	44%	↑	11%	31%	
Sexually transmitted infections	272.4	↑	161.4	449.8	
Teen births	27		13	18	
Clinical Care					25 ↑
Uninsured	9%	↑	6%	8%	
Primary care physicians	1,230:1	↑	1,030:1	1,060:1	
Dentists	1,310:1	↓	1,240:1	1,250:1	
Mental health providers	250:1	↑	290:1	190:1	
Preventable hospital stays	4,350		2,761	2,944	
Flu vaccinations	41%		50%	41%	
Mammography screening	46%	↑	53%	43%	
Social & Economic Factors					34 ↑
High school graduation	57%		96%	77%	

Some college	56%		73%	70%	
Unemployment	5.4%		2.6%	4.2%	
Children in poverty	24%		11%	16%	
Income inequality	4.7		3.7	4.6	
Children in single parent households	34%		20%	30%	
Social associations	12.5		18.4	10.2	
Violent crime (per 100,000)	170		63	249	
Injury deaths	113		58	74	
Physical Environment					22 ↓
Air pollution - particulate matter	8.0		6.1	7.9	
Drinking water violations	YES				
Severe housing problems	18%		9%	19%	
Driving alone to work	77%		72%	72%	
Long commute - driving alone	18%		16%	29%	

Source: RWJF County Health Rankings 2020

↓↑: Trend is worsening over time

↑↓: Trend is improving over time

Fiscal Report

Overall Public Health

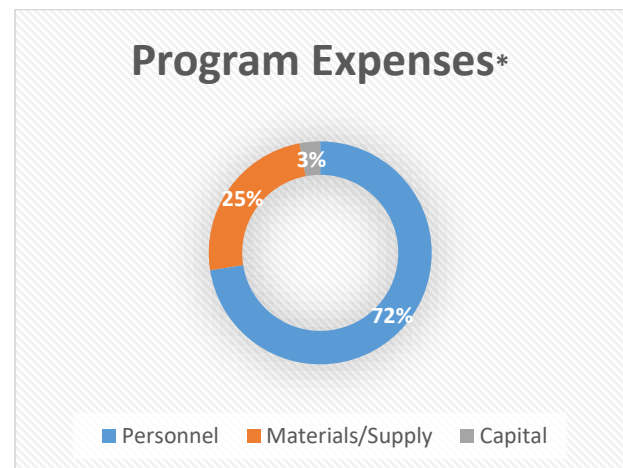
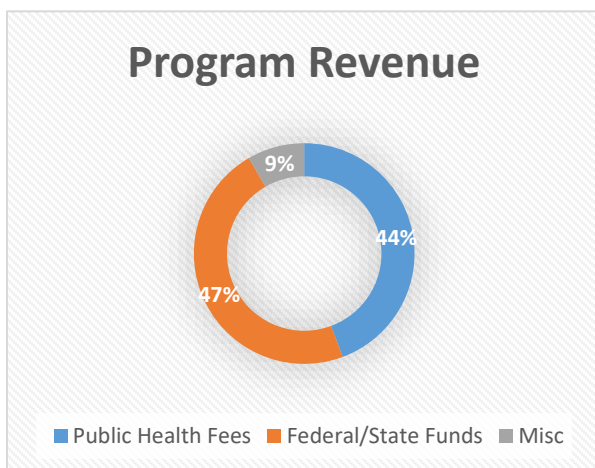
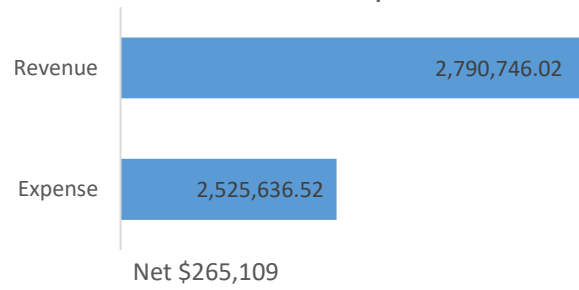
Program FTE: 20.4

Program Staff: 25

This includes:

- COVID-19 response and other communicable diseases prevention and protection
- Prevention and health promotion
- Environmental health
- Access to preventative services

Overall cost to operate



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

PH FUNDS RECEIVED FY 2019-20

