



2020-  
2021

# Annual Report – Public Health



Together  
Inspiring Healthier  
Communities



Report published in  
January 2022

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## Letter from the Public Health Administrator

Dear Coos County Residents,

I want to say how appreciative I am to be a part of the Coos community and how honored I am that I get to serve in this position and work alongside our amazing staff, volunteers and community organizations. My greatest source of pride is seeing how our teams and partners respond to adversities and challenges. It gives all of us an opportunity to serve you and have a positive impact; in addition, a chance to grow and learn from times like this. I have witnessed many of our staff develop and overcome challenges this year by adapting new skills or rise to the occasion.

This year has seen many highs and lows. Unfortunately, most of our time has been spent managing and working towards mitigating COVID, but I am proud to report that much progress has been made within our department and our services. Some tough decisions were made in relation to programs and how they are managed, new partnerships formed in the community, and I hope my philosophy in leadership and culture building is taking a hold in Public Health.

Here are a few of the highlights/accomplishments I am proud of from this prior year:

- Formed the Vaccine Distribution Committee and Equity Sub-committee with various healthcare partners in Coos County including FQHC's, tribal governments, hospitals, pharmacies and other healthcare clinics. That led to one of the most efficient distribution of the vaccine in Oregon as evidenced by our being one of the first counties to move into next phases/populations. Also led to one of the highest equity numbers in the state and highest vaccination percentage of population in all of Southern Oregon.
- Trained staff and volunteers in drive-through vaccine "point of distribution" (POD) operations. CHW improved efficiency from 5 minutes a vehicle down to 2 minutes.
- Proud to report that only 4 fulltime staff members left the Public Health Division during this year out of 20 FTE positions for an 80% retention rate during a very stressful and challenging year.
- Created new positions that combined job duties from other positions, leading to reduced labor spending while creating performance efficiency.

I am very much looking forward to continuing on my professional journey in Coos County for years to come. I am blessed to be here and make a difference in this wonderful community.

For additional information on programs and services, please visit: <https://cooshealthandwellness.org/>



Sincerely,

Anthony Arton

[Anthony.arton@chw.coos.or.us](mailto:Anthony.arton@chw.coos.or.us)

## The Numbers at a Glance



**10 Drinking water system surveys completed**



**153 Pregnant women assisted through Oregon Mothers Care**



**16 Contamination alerts responded to**



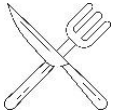
**Family planning visits for 474 patients**



**13 pool inspections done**



**5,834 Immunizations provided**



**293 Restaurant inspections**



**1,245 families served**



**34 RV Park inspections done**



**Received 137 animal bite reports**



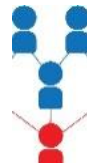
**115 Tourist accommodation inspections done**



**Team helped with 3,038 applications for the Oregon Health Plan**



**273 Pregnancy tests done**



**2,430 Communicable disease reports and investigations**



**155 STD tests done**



**1,202 Nurse home visits completed 66 families & children served**



**25,000 Rapid antigen COVID-19 tests distributed throughout Coos County**



**5,294 COVID-19 vaccines administered by Coos Health & Wellness, contracted entities, and volunteers**



**43 Rooms provided for isolation/quarantine purposes**



**127 Grocery deliveries made to individuals under isolation/quarantine**

## Communicable Diseases Control

### Communicable Diseases Reports and Investigations

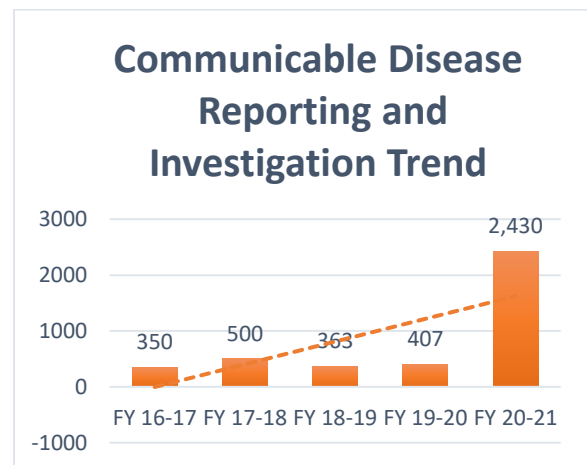
Our team ensures the surveillance and investigation of more than 60 different types of communicable diseases and conditions during the year. This work is mandated by Oregon law. This program is geared to prevent the spread of communicable diseases such as salmonella, influenza, hepatitis, HIV, and tuberculosis,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

Covid-19 is also considered a communicable disease and its investigation and reporting is mandated by Oregon law. This year the significant increase in the number of investigations due to Covid-19 created staffing needs in communicable disease investigation and reporting program.

Communicable diseases are a danger to everyone. There are several strategies to help protect the population from infectious diseases and disease outbreaks. Vaccinations and medical interventions are two strategies with strong track records. Additional public health strategies include disease investigation, contact tracing, and isolation/quarantine when indicated.

Collecting and investigating disease reports and providing treatment to exposed individuals, families and/or organizations requires a cooperative effort involving health care providers, laboratory personnel, local and state health departments, and members of the community. The current COVID-19 pandemic has highlighted the importance of all these entities to work together to help mitigate the spread of COVID-19 in our county.

2020-21 Confirmed and presumptive cases needing investigation	2,430
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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 16-17	FY 17-18	FY 18-19	FY 19-20	FY 20-21
<b>Sexually Transmitted Diseases</b>					
Chlamydia	144	198	111	155	126
Gonorrhea	45	87	43	38	31
Syphilis	2	4	11	2	8
HIV	5	6	3	3	2

Diseases	FY 16-17	FY 17-18	FY 18-19	FY 19-20	FY 20-21
<b>Food borne illnesses</b>					
Campylobacteriosis	19	15	11	17	17
Salmonella	8	7	9	4	4
<b>Environmental related diseases</b>					
Elevated Blood Lead Level	5	10	10	7	5
<b>Other communicable diseases</b>					
Hepatitis C	122	173	162	136	92
Tuberculosis (latent included)	0	0	3	1	0
COVID-19	0	0	0	44	2145

### Sexual Health: Testing and Treatment

Sexually transmitted infections (STIs) no longer constitute the bulk of the communicable diseases reports we receive and investigate in the community. COVID-19 represents the majority of investigations at this time.

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

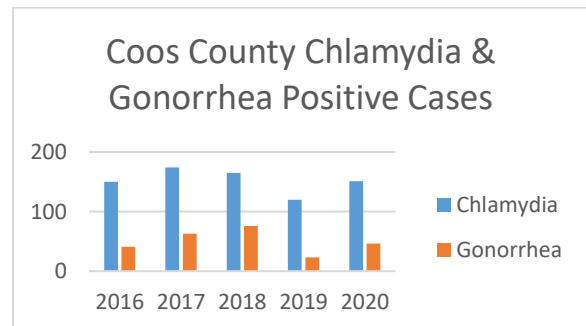
- Use of condoms
- Regular testing
- Reducing the number of sexual partners
- Vaccination against Human Papillomavirus (HPV)
- Mutual monogamy

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 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. Seventeen HIV test and 16 Hepatitis C tests were provided during FY 2020-21.

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 PID that sometimes leads to infertility or tubal pregnancy in women. Untreated gonorrhea during pregnancy can cause premature delivery.

### School Exclusion

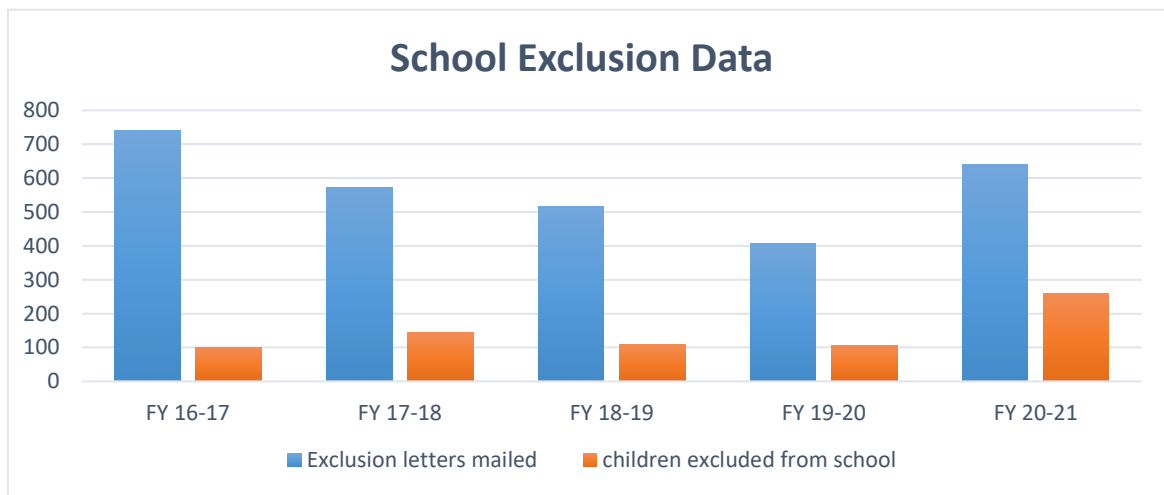
Vaccinations are required by law for children who attend public and private schools, preschools, child care facilities, and Head Start programs in Oregon. The Public Health Division is mandated to work with these facilities to ensure that every child is up to date on their immunizations by “school exclusion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

#### 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.

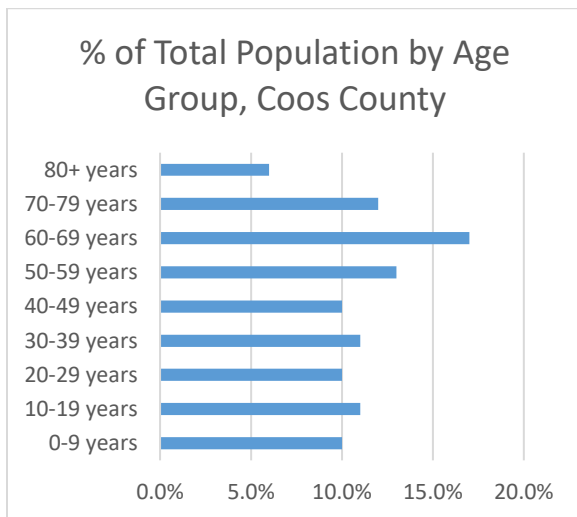




## Sexually Transmitted Infections

### 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 63,686 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% (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.

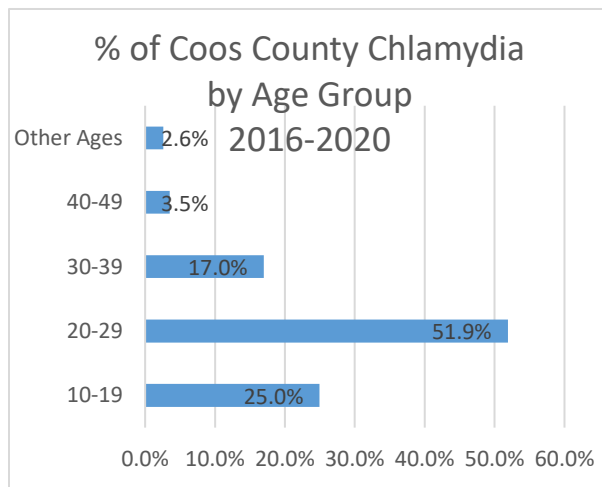
On a related note, this is a good time to briefly discuss public health’s role in the control of communicable disease control. For most STIs that are reportable, we attempt to contact sex partners of cases in order to facilitate testing, treatment, and the potential identification of more partners. These 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

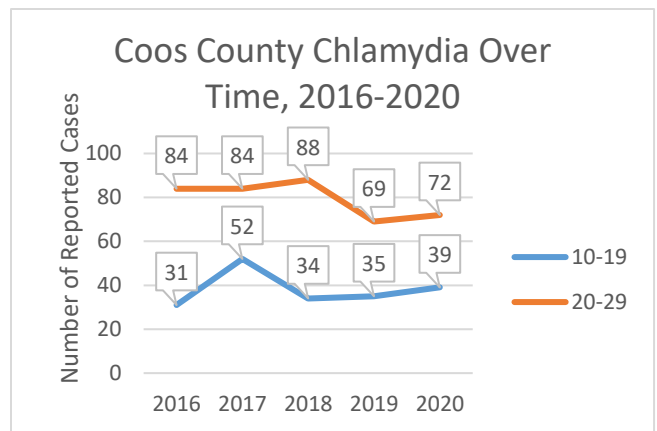
More often than not, this infection does not cause symptoms. This means that most of the cases we discover are initiated by the medical community and their proactive screening protocol with certain populations. It also means we may not detect the majority of infections.

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.

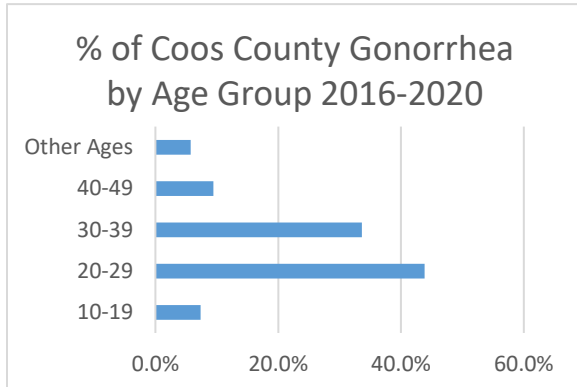


### Gonorrhea

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 25% of the reported cases of chlamydia and the second-highest age group.

However, they are only about 7% of the reported cases of gonorrhea and now have dropped to the fourth-highest age-group, as 40 to 49 year old category now have the third highest rates (at 9.4%). The category of 20- to 29-year-olds is still first (with about 44% of all reported cases), and the 30- to 39-year-olds have taken over the #2 spot with 33.6% 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. 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 that it is likely to cause spread. It is the goal of our program to make every effort to reduce 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 6 reported cases from 2011 through 2015. Two of them were in their 20s, two in their 40s and the other two in their 50s. From 2016 to the end of 2020, however, we've experienced 24 cases with most (13) of them in their 20s.

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 28 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 (EH) program is predominately known for health inspections performed in the community (see table below). Although state law provides a minimum inspection frequency for licensed facilities, EH prioritization is always focused on businesses most susceptible to safety risks. Despite the pandemic, that priority was maintained through 2020 and was broadened to help other businesses and private citizens dealing with COVID-19. With the Oregon Health Authority waiving the expectation for inspections across the state for the year, EH identified a secondary goal to inspect lower risk facilities at least once.

Facility and License Type	OHA Required Inspections	Inspections Conducted	Re-inspections Done	Total
Restaurants	492	208	85	293
Temporary restaurants	upon application	14	2	16
Travelers' Accommodations	188	115	0	115
RV parks	66	33	1	34
Organizational Camps	5	1	0	1
Swimming Pools and Spas	42	10	3	13
Schools	as per Oregon Department of Ed	33	3	36
Daycares	upon application	17	0	17
<b>Total</b>	794	431	94	525

### Drinking Water Systems

Ten public water system surveys were completed by the Environmental Health (EH) Program in 2020. In the same time span the results in sampling found contaminants on 16 occasions. Each time EH consulted with the water system operator to identify and remediate any public health concern.

### Lake Sampling

Collaboration between Coos Health & Wellness and Tenmile Lake Partnership (TLP) has allowed TLP to perform a limited scope of monitoring for Blue-Green algae toxins (Anatoxin-A and Microcystin) at traditionally popular recreation areas on Tenmile Lakes in warm weather months. The sample results serve as an

objective measure of public health risk relating to toxins.

### Mosquitos

A CDC employee assigned to work with the Environmental Health (EH) Program for the summer of 2020 provided the resource to track the trapped-mosquito counts in areas of high interest

### Animal Bite Reports

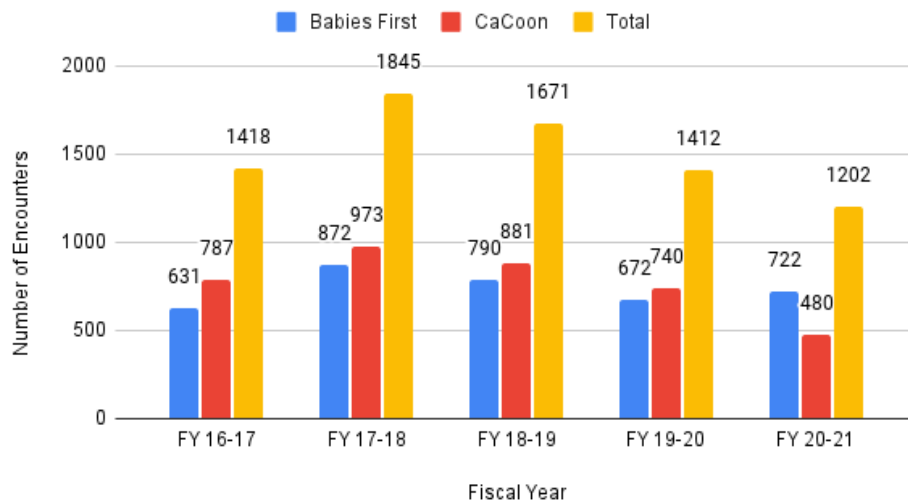
In consideration of rabies risk, Environmental Health (EH) program staff review animal bite reports submitted by community entities such as medical providers or law enforcement. The reports of 137 bites were reviewed in FY 2020-21

## 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.

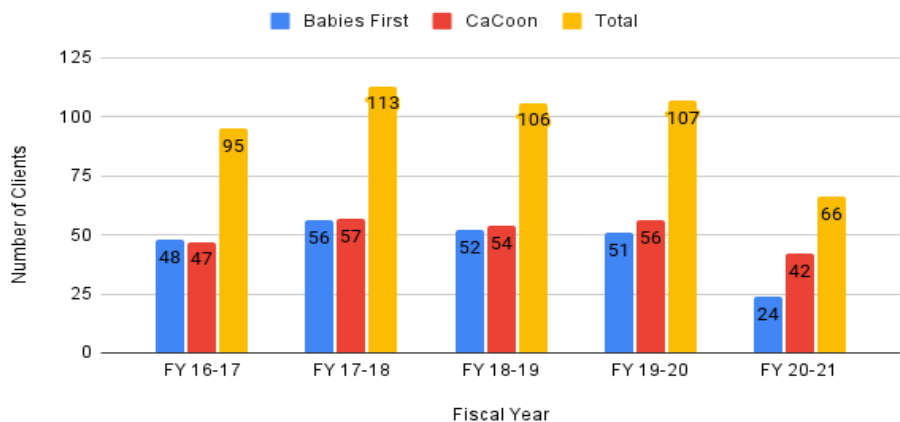
#### Home Visiting Encounters by Fiscal Year



FY 2020-21 encounters were impacted by the continued deployment of home visiting nurses to the COVID-19 response in addition to one nurse’s retirement

Despite of the continued deployment of Home Visiting nurses to the COVID-19 response, remaining home visiting staff were able to maintain services to a portion of our County’s children and families.

#### Enrolled Clients per Fiscal Year



Our Babies First! and CaCoon home visiting programs strive to reduce disparities in pregnancy outcomes, child growth and development and child injury in families that have been marginalized due to intersectionality of systemic racism, classism, and sexism and other social or medical factors and the general population.

This year, **public health home visitors partnered with 66 children/families.** Despite the significantly reduced staffing and transition to telehealth visits, the team was able to complete **1,202 encounters** in order to serve participating children and families.

All enrolled clients:

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

- Invited to participate in two virtual Group Connections events

Of the children and families served:

- 100% lived in poverty
- 56 raised by parent with limited or inadequate knowledge and/or supports
- 52 raised with parent with a child welfare history
- 24 raised by a parent with disability, chronic health condition, or mental illness
- 64 with chronic health conditions or disabilities
- 29 raised with a parent with recent history or current domestic violence
- 19 raised by a parent with less than a high school education
- 47 raised by a single parent
- 7 exposed to drugs as infant or fetus
- 30 experienced developmental delays
- 52 lived in unstable housing or experienced multiple moves
- 100% had two or more risk factors (medical, environmental, social, etc.)

## 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.



# 2020 Data

## Coos County Health & Wellness

### GROWING HEALTHY FUTURES

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

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

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

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



<sup>1</sup> Engar, et al, Journal of Maternal and Child Health, 2017    <sup>2</sup> American Academy of Pediatrics, Policy statement, 2012

### WHO WE SERVED



# 2,223

Women, infants and children who participated in WIC

# 40%

of all pregnant women served by WIC

# 1,245

WIC families served

# 3 OUT OF 4



participants are infants and children under five

### BREASTFEEDING

# 93%

WIC moms start out breastfeeding

# 41%

WIC moms breastfeed exclusively for six months



# 2020 Data

## Coos County Health & Wellness

### ECONOMIC BENEFITS OF WIC

#### 14 LOCAL STORES ACCEPTING WIC:

- 7 Independent stores
- 1 Local or regional chain
- 5 National chain stores
- 1 Pharmacy

# \$866,958

Total dollars spent by WIC 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.

# 7 PARTICIPATING FARMERS

at local farmers markets and farm stands

# \$8,016

FDNP dollars paid to local farmers

#### WIC CLINIC SITES

- |          |              |          |                              |
|----------|--------------|----------|------------------------------|
| Bandon   | Coos Bay     | Coquille | Coquille Indian Tribe Center |
| Lakeside | Myrtle Point | Powers   |                              |

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**

<https://cooshealthandwellness.org/public-health/clinical-services/women-infants-and-children/>

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.



## Prevention

This year several prevention programs moved under the public health umbrella including Alcohol & Drug Prevention and Education Program (ADPEP), Tobacco Prevention & Education Program (TPEP) and Problem Gambling Prevention (PG). A new position was created to oversee all the prevention program.

# PREVENTION IN COOS COUNTY

Coos County's Prevention Program strives to Educate and Empower our *community* to build a an environment where everyone will have access to resources that promote well-being and happiness.

Work across the spectrum of prevention is an essential component of effective cost reduction to our community.

Substance abuse is clearly one of the most costly diseases in the United States. In 1999 substance abuse cost \$510.8 Billion across the Nation. Specifically, alcohol abuse cost the Nation \$191.6 billion. tobacco use cost the Nation \$167.8 billion. drug abuse cost the Nation \$151.4 billion.

If effective prevention programs were implemented nationwide, substance abuse initiation would decline for 1.5 million youth and be delayed for 2 years on average. It has been well established that a delay in onset reduces subsequent problems later in life.

The average evidence-based, effective school-based program in 2002 costs \$220 per pupil including materials and teacher training, and these programs could save an estimated \$18 for every \$1 invested in prevention programs.

### THE SPECTRUM OF PREVENTION



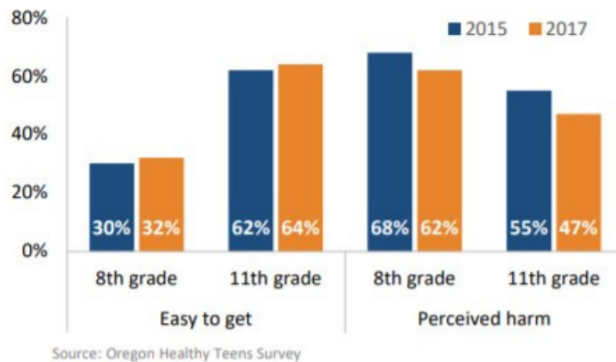
## ALCOHOL AND OTHER DRUG PREVENTION

Use and misuse of alcohol, nicotine, and illicit drugs, and misuse of prescription drugs cost Americans more than \$700 billion a year in increased health care costs, crime, and lost productivity. Every year, drug overdoses cause tens of thousands of deaths (nearly 70,000 in 2018), alcohol contributes to the death of more than 90,000 Americans, while tobacco is linked to an estimated 480,000 deaths per year. Drinking too much can also cause immediate harm such as injuries from motor vehicle crashes, violence, and alcohol poisoning. Drinking too much can, over time can cause chronic diseases, such as cancer and heart disease. Prevention programming can combat the economic impact of alcohol and other drug use. Research has shown that full implementation of school-based prevention programming can save Americans billions of dollars within 2 years. The *Alcohol and Other Drug Prevention Program* seeks to reduce the impact on our community by our work in these areas.

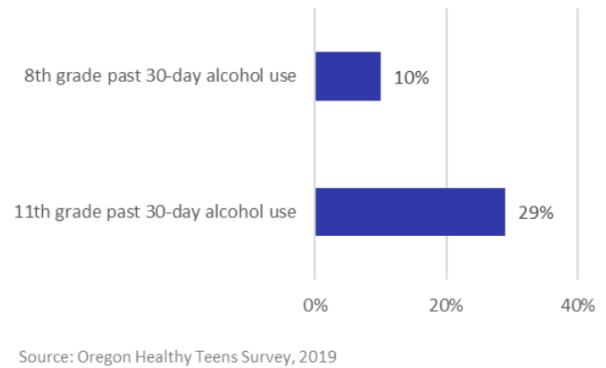
- Preventing and reducing alcohol misuse and abuse.
  - Youth in Coos County have high alcohol use according to state surveys. Many potential factors may impact youth alcohol use. To be prepared to address these factors in our community we need to understand the environment of our community. One potential factor that Coos County lacks data on is access points for alcohol. This project requires reviewing data that is found by mapping alcohol retailers and creating an action plan for Coos County based on the findings.
- Preventing and Reducing marijuana misuse and abuse.
  - Oregon youth perceive regular marijuana use as less harmful than smoking a pack of cigarettes a day, using e-cigarettes every day, binge drinking once or twice a week, consuming alcohol daily, or using prescription drugs not prescribed to them. This misconception can be addressed by increasing the awareness of the impact of marijuana on the developing brain. Coos County prevention will be working with other prevention partners across the county to educate youth and parents on the impacts of marijuana misuse.
- Support of harm reduction and opioid abuse reduction.
  - Coos County Prevention participates in several area activities that work to reduce the impact of opioid abuse in our community. These partnerships continue to provide information on how best to support work on reducing youth access and addressing the environments that can facilitate drug misuse in our community.

### Perceived ease of access and harm

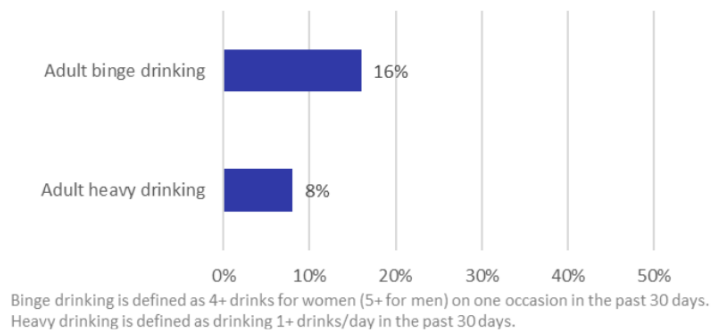
Figure 6. Perceived ease of access and harm among Oregon youth, 2017



### Youth Alcohol Use, Coos County (2019)



### Excessive Alcohol Consumption, Coos County (2014-2017)



## PROBLEM GAMBLING PREVENTION

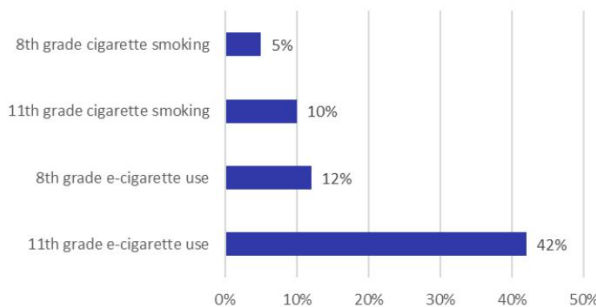
Problem gambling and gambling disorders have life-long effects including a high cost to individuals, families, healthcare systems, and our community. Prevention services for problem gambling focus on avoiding or reducing the emotional, physical, social, legal, and financial consequences of problem gambling for the individual, family, and community. There are clear windows of opportunity to prevent gambling disorder and related problems before they occur.

- Problem gambling prevention messaging Increase awareness in Coos County that gambling can be problematic for some people but that there is help for those experiencing problem gambling and for their families.



## TOBACCO PREVENTION

Youth Tobacco Use, Coos County (2019)



Source: Oregon Healthy Teens Survey, 2019

**Tobacco continues to be the number 1 leading cause of preventable death in Oregon. Coos County residents' smoking rates are currently some of the highest across Oregon. It impacts our county economically in medical costs, lost income due to illness or early death exceeds \$40,000,000 per year. The Tobacco Prevention and Education Program seeks to reduce the impact on our community by our work in these areas.**

- Preventing and reducing tobacco use

Preventing youth access to tobacco can create a significant reduction in tobacco use over time. 90% of adults smokers began smoking before the age of 18. In 2019 45 % of 11th graders reported using nicotine within the last 30 days. We are concerned that this astounding increase in use may reverse many years of reducing rates of tobacco use in our community.

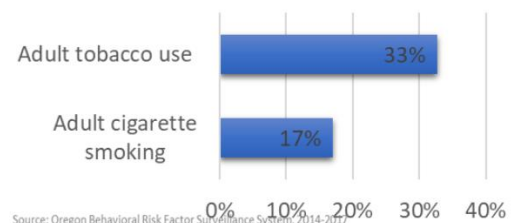
- Promote smoke-free environments and communities

Creating and maintaining areas in our community that do not allow smoking supports those who have already quit smoking, those who are trying to quit smoking, and protects our children from exposure to smoking.

- Encourage tobacco users to quit

Coos County Prevention maintains a list of cessation resources available on our website.

Adult Tobacco Use, Coos County (2014-2017)



Source: Oregon Behavioral Risk Factor Surveillance System, 2014-2017

## Access to Preventive Clinic Services

### Immunizations

The Public Health Division offers immunizations for both adults and children. In fiscal year 2020, we provided 5,834 immunizations. See breakdown, below, for the main immunizations we provided:

Type of vaccines administered	FY 17-18	FY 18-19	FY 19-20	FY 20-21
Seasonal flu	243	287	318	227
Tdap	157	139	105	43
HepB	124	143	102	46
MMR (Measles, Mumps, Rubella)	105	111	50	34
HepA	103	102	64	38
COVID-19				5,294

The number of immunizations we have been able to provide to our community greatly 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.

### 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

### Reproductive Health

This year we made a difficult decision to end reproductive health clinic services due to budgetary constraints, lack of providers, and the presence of other reproductive health services in the county. We chose to focus our efforts on reproductive health education for our County. Additionally, we supported our clients to transition to other reproductive health providers for continued care.

### Coos Sex Talk

One source of reliable and accurate information, and another angle for education, is the Coos Sex Talk website ([thecoossextalk.org](http://thecoossextalk.org)). This website is a fact based website for frank discussions of myriad sexual topics. This website is a resource to help prevent unplanned pregnancies, promote sexual health,-reduce sexually transmitted infections, and educate the young people about the local services and resources that are available to them.



Check it out at:

[thecoossextalk.org](http://thecoossextalk.org)

## Oregon Health Plan and Oregon Mothers Care



We play 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. During COVID-19, our team had to stop accepting applications in person. We were not able to assist at satellite points such as the Coos

County jail, the Devereux Center, the WIC program and the Department of Human Services either. We were able to expand service to accept application over the phone to increase access during COVID-19 restrictions.

People assisted with the Oregon Health Plan:

FY 17-18	FY 18-19	FY 19-20	FY 20-21
3,767	3,532	3,052	3,038

**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 **158** 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
- Offering additional 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 2020-21:

### Staff

Phillip Nel, our PHEP manager left in Spring of 2021 and Russ Johnston was able to fill in part time to maintain PHEP services. He assisted in the POD (Point of Distribution) Site Supervisor and as liaison with our community partners during COVID-19 response. Michael Burton completed his AmeriCorps service and became the Preparedness Assistant. Michael continued to organize volunteers through the MRC (Medical Reserve Core), Friends of Public Health, and CERT (Community Emergency Response Team).

### Incidents

The COVID-19 Pandemic has impacted the whole world. All of the PHEP program efforts have been directed to the County's pandemic response including organizing and running vaccination drive-thru clinics partnering with Coos Bay Fire Department. Vaccination strike teams worked tirelessly targeting businesses, farmer's markets, large international commercial ships, large-scale drive thru clinics, populations of greater risk, and homebound individuals. Teams were sent into houseless communities for testing and vaccinations. Partnerships with Bay Cities Ambulance and Bay Area Hospital were formed to supply rapid testing during the highest outbreak of COVID-19. The PHEP program served as the supplier of

all BinaxNOW rapid testing for the entire county. Managing space and supplies for the pandemic became the responsibility of the PHEP program. The PHEP program continues to be front and center during the on-going response to COVID-19.

### Training

Much on the job training occurred during the pandemic. Volunteers had to quickly learn the incident command system and take on new roles during the POD vaccination efforts. Michael Burton provided fit testing for entities who did not have the training or ability. Medical Reserve Corps continued to do their best by holding zoom trainings, however during the height of the pandemic, training took on a lesser role. During the quieter moments, training became precedent. Grants were obtained to provide top-notch training for the MRC and other community volunteers.

### Community Partnerships

Below are examples of the numerous community partnerships that the PHEP program was involved in during FY 2020-21:

- *US Coast Guard Continuity of Operations Exercise*

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.

- *Coos County Medical Reserve Corps (MRC)*

Two members of the MRC worked alternating shifts at 305 Laclair to assist with the management of the inventory. Multiple members of the MRC worked on the hygiene kit program to distribute hygiene resources to individuals experiencing homelessness. Medical Reserve Corps members continued to show up to meetings while they were still held, attend trainings when they were available, and read the newsletters when they were put out. The MRC was critical in providing volunteers to run large scale POD's vaccinating upwards of 800 people a day every weekend for months. MRC members also provided weekly vaccination opportunities at local farmer's markets and also boarded large commercial ships to vaccinate international crew members.

- *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. Friends of Public Health also assisted with all POD's monitoring all drive-thru vaccination clinics for adverse reactions after patients received their vaccination.

- *CERT*

CERT was on site at all POD drive thru vaccination efforts managing traffic flow, parking, set up and tear down during the pandemic response rain or shine. CERT also helped provide building locations in Charleston during vaccination efforts.

- *Coos Bay Fire Department*

Coos Bay Fire Department kindly allowed the use of their fire bays for all major drive-thru vaccination efforts, allowing storage of gear and provided staff to do check-in's at the often stressful entry point for drive-thru vaccination events.

- *Bay Cities Ambulance*

Bay Cities Ambulance provided exceptional help to our community during the COVID-19 response including providing targeted testing and vaccinations for Long Term Care Facilities, individuals experiencing a lack of housing, and homebound individuals.

- *Bay Area Hospital*

The PHEP program partnered with Bay Area Hospital providing thousands of tests for a much needed rapid testing of COVID-19 during the highest outbreak period.

There are truly too many partners to list and extensive efforts have been made to honor all those who have served during the pandemic with certificates and awards.

- *Fit Testing*

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.

- *Grant Writing*

Phillip Nel and Russ Johnston both did extensive grant writing this year. As a result, the PHEP/MRC has acquired a large number of supplies for disaster response.

## 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 during FY 2022-21:

Birth certificates recorded by Coos County	323
Birth certificates issued by the county	439
Deaths registered in Coos County	950
Death certificates issued by the county	3,857

## 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 adversely affect neighborhoods, communities, and the broader society, thus making the issue not only an individual concern, but also a public health concern. In Coos County and beyond, there are non-medical factors called the social determinants of health (SDOH) along with the existence of historical and current discrimination and social injustices that drastically impact the health outcomes of community members. The SDOH encompass settings in which people are born, grow, work, live, and age that shape the conditions of daily life. For example, if people are not able to make a living that can pay for nutritious foods, or live in an area where nutritious foods are not available, they will end up purchasing foods of poor quality that contribute to diabetes, hypertension, obesity, and heart disease to name a few.

Simply promoting healthy behaviors will not impact an individual's health if they experience

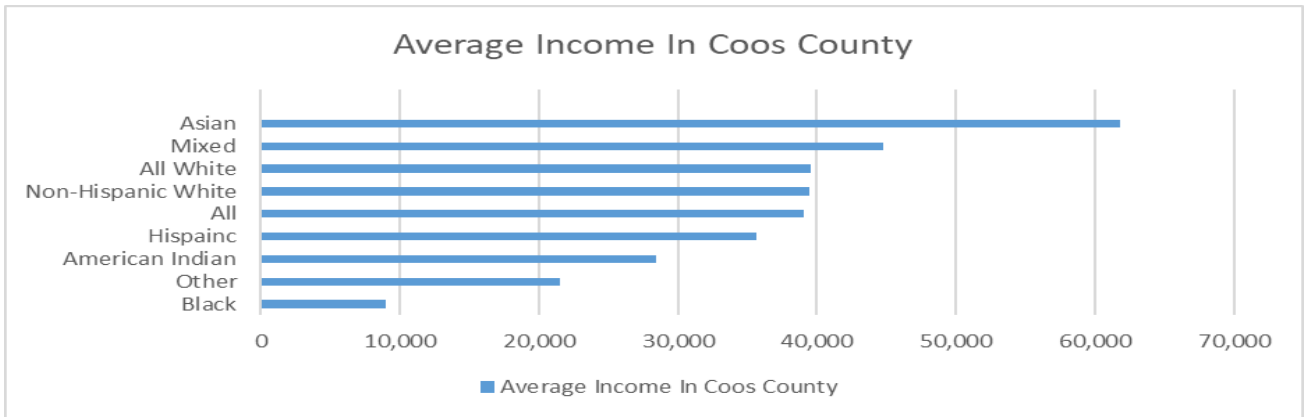
### Social Determinants of Health



one or more of these factors. One of the most modifiable ways to create health equity is to incorporate cultural and linguistic sensitivity that is respectful and responsive to the needs of all individuals. During FY 2020-21 we have continued to, and have put additional resources towards creating an environment that addresses inequities, injustices and a lack of sensitivity in the following ways:

- Annual staff cultural agility assessment to identify where more training is needed

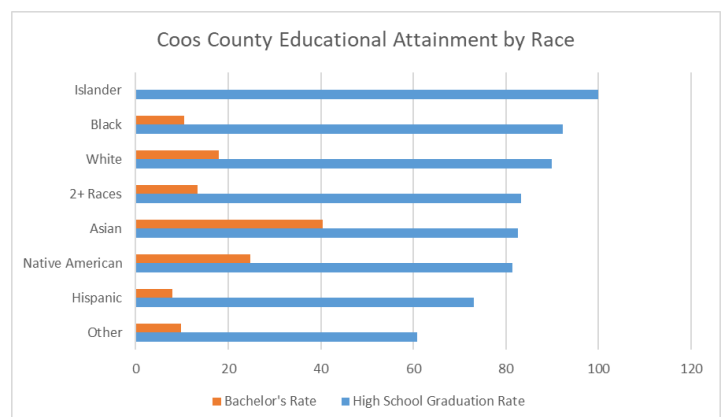




- Monthly digital staff education on the topic of cultural sensitivity
- Partnered with AmeriCorps to reduce barriers to care
- Developed a subcommittee on the vaccine distribution committee to specifically address the equitable distribution of vaccines in Coos County
- Infusing the Office of Disease Prevention and Health Promotion’s Healthy People 2030’s equity focused objectives into our services
- Incorporating culturally and linguistically appropriate services (CLAS) standards into our policies and procedures in the form of:
  - Development of an equity policy
  - Reviewing and modifying client-facing documents to increase inclusiveness
  - Modifying internal hiring process to reduce identifiers
  - Including equity focused interview questions
- Offering language assistance to our Spanish speaking community members
- Creating a position with the title of “Health Equity and Outreach Specialist” to provide trainings, implement CLAS standards into CHW’s internal structure, identify and modify inequitable systems that are currently

in use, and to address equity related concerns as they are identified or arise.

- Creating an internal equity committee that is representative of all divisions of the populations we serve to advance and sustain governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources
- Attending monthly South Coast Equity Committee meetings to identify community needs and gaps and to build partnerships
- Distributing educational prompts surrounding gender sensitivity to CHW employees to create an environment that is welcoming to all



<https://worldpopulationreview.com/us-counties/or/coos-county-population>

<https://statisticalatlas.com/county/Oregon/Coos-County/Household-Income> - Average in Oregon is \$53,270

## Racism Is a Public Health Crisis

The COVID-19 pandemic has exposed how marginalized populations are undeniably and disproportionately impacted by the social determinants of health. Higher rates of Black/African American, Hispanic/Latino, American Indian and Alaska Native populations are experiencing higher hospitalization rates in the US compared to White populations. Here at CHW we recognize this emergent pattern and are actively working to improve access to care for those who face any barriers. We continue to stand united with our LGBTQ+ community and communities of color to reduce stigmas and unjust burdens placed upon them in efforts to improve health equity and address systemic racism.

Moving forward one of our visions is to increase our partnerships with groups that are representative of the diverse populations that make up Coos County. With these partnerships we hope to not only build community, but also work with them to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.



( <https://www.mass.gov/info-details/health-equity> )

## Breastfeeding Promotion

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

- Continued distribution of *Breastfeeding Basics* to community partners, in English and Spanish (also available at: CHW website). We put an emphasis on the distribution of these materials to local clinics and hospitals to ensure that they are available to new mothers who, due to the pandemic do not have the option of attending informational breastfeeding classes that would otherwise be available to them.
- Updated the *Coos County Breastfeeding Friendly Workplace Toolkit* to include less gendered language and a vocabulary update, updated Oregon breastfeeding laws, and links to updated resources (videos, booklets). We also worked with these businesses to help them establish workplace policies that ensure breastfeeding friendly workplaces.
- While the pandemic has limited our ability to set up the Lactation Station at Farmer's Market events, we are looking forward to changes in the social distancing requirements so that we will be able to offer this amenity at Farmers Markets, festivals, the County fair, and other community events in the future.
- Supported the International Latch On and hosted a virtual event.



# 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.

### COVID-19 Response

A bright spot from this pandemic has been our ability to further strengthen as well as create new partnerships within our community as we come together to meet the needs of our citizens.

Public Health continues to divert staff from their regular jobs, hire new staff, and focus the majority of our efforts to manage the response. As we enter the second year of the pandemic, we participated in the following activities:

- Homeless Task Force
- School-Public Health collaborations
- Wildfire Task Force
- Elderly and People in Poverty Task Force
- School Reopening Advisory Group
- Domestic Violence and Child Abuse Task Force
- Hospital and Clinic Task Force
- Community Partner meetings
- Health Care Liaison meetings
- Reopening Advisory Group
- Vaccine Equity, Prioritization and Administration Committee
- Regional Emergency Response meetings
- Vaccine Administration Point of Dispensing events at Coos Bay Fire, Port of Coos Bay, and other sites
- Press Briefings
- Town Halls
- Public information partner meetings
- Mid event debriefings
- Community Partner Meetings

- Incident Management Meetings
- Coordination with Community Based Organizations such as Coos Elderly Care for wrap around service coordination
- Receipt and distribution of personal protective equipment and COVID-19 testing supplies to partners
- Event consultations
- Case investigation and contact tracing
- COVID-19 drive through testing events



When we pause to reflect on the volume of work that has occurred during the COVID-19 response, we're grateful for our staff and community partners. Together, we have had the strength to continue this hard work and manage through the yo-yo effect of good news followed by bad news. This is the real meaning of our motto, "Together, Inspiring Healthier Communities."

## 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:



## 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/2021/rankings/coos/county/outcomes/overall/snapshot>

	Coos County	Trend	Top U.S. Performers*	Oregon	Rank (of 35)
<b>Health Outcomes</b>					24 ↑
<b>Length of Life</b>					25 ↑
Premature death (per 100,000)	8,500	↓	5,400	5,900	
<b>Quality of life</b>					25 ↓
Poor or fair health	21%		14%	18%	
Poor physical health days	5.2		3.4	4.7	
Poor mental health days	5.4		3.8	4.8	
Low birth weight (<2,500 grams)	6%		6%	7%	
<b>Additional Health Outcomes</b>					
Life expectancy	76.8		81.1	79.9	
Premature age-adjusted mortality (per 100,000)	430		280	300	
Child mortality (per 100,000)	30		40	40	
Infant mortality (per 1,000 live births)	--		4	5	
Frequent physical distress	16%		10%	15%	

Frequent mental distress	17%		12%	15%	
Diabetes prevalence	14%		8%	10%	
HIV prevalence	122		50	198	
	<b>Coos County</b>	<b>Trend</b>	<b>Top U.S. Performers*</b>	<b>Oregon</b>	<b>Rank (of 35 counties in Oregon)</b>
<b>Health Factors</b>					<b>29 ↑</b>
<b>Health Behaviors</b>					<b>31</b>
Adult smoking	22%		16%	16%	
Adult obesity (BMI >30)	38%	↑	26%	29%	
Food environment index	7.3		8.7	7.8	
Physical inactivity	25%	↑	19%	17%	
Access to exercise opportunities	77%		91%	88%	
Excessive drinking	20%		15%	19%	
Alcohol impaired driving deaths	37%		11%	31%	
Sexually transmitted infections	258.3		161.2	464.0	
Teen births	24		12	17	
Food Insecurity	16%		9%	12%	
Limited access to healthy foods	5%		2%	5%	
Drug overdose deaths	13		11	13	
Motor vehicle crash deaths	19		9	11	
Insufficient sleep	34%		32%	33%	
<b>Clinical Care</b>					<b>29 ↓</b>
Uninsured	9%	↓	6%	8%	
Primary care physicians	1,110:1		1,030:	1,060:1	

Dentists	1,090:1	↑	1,210:1	1,210:1	
Mental health providers	240:1		270:1	180:1	
Preventable hospital stays	4,232		2,565	2,799	
Flu vaccinations	46%		55%	44%	
Mammography screening	40%	↓	51%	42%	
<b>Social &amp; Economic Factors</b>					<b>26 ↑</b>
High school graduation	89%		94%	91%	
Some college	55%		73%	70%	
Unemployment	4.9%		2.6%	3.7%	
Children in poverty	22%		10%	14%	
Income inequality	4.5		3.7	4.6	
Children in single parent households	20%		14%	21%	
Social associations	12.7		18.2	10.2	
Violent crime (per 100,000)	170		63	249	
Injury deaths	118		59	75	
High school graduation	61%		95%	79%	
Median household income	\$49,500		\$72,900	\$67,000	
Children eligible for free or reduced price lunch	58%		32%	49%	
Homicides	5		2	3	
Suicides	25		11	19	
Firearm fatalities	19		8	13	
<b>Physical Environment</b>					<b>20 ↑</b>
Air pollution - particulate matter	6.0		5.2	6.4	



Drinking water violations	YES				
Severe housing problems	18%		9%	19%	
Driving alone to work	77%		72%	72%	
Long commute - driving alone	19%		16%	30%	
Home ownership	66%		81%	62%	
Severe housing cost burden	14%		7%	15%	
Broadband access	78%		86%	86%	

Source: RWJF County Health Rankings 2021

↓↑: Trend is worsening over time

↑↓: Trend is improving over time

# Fiscal Report

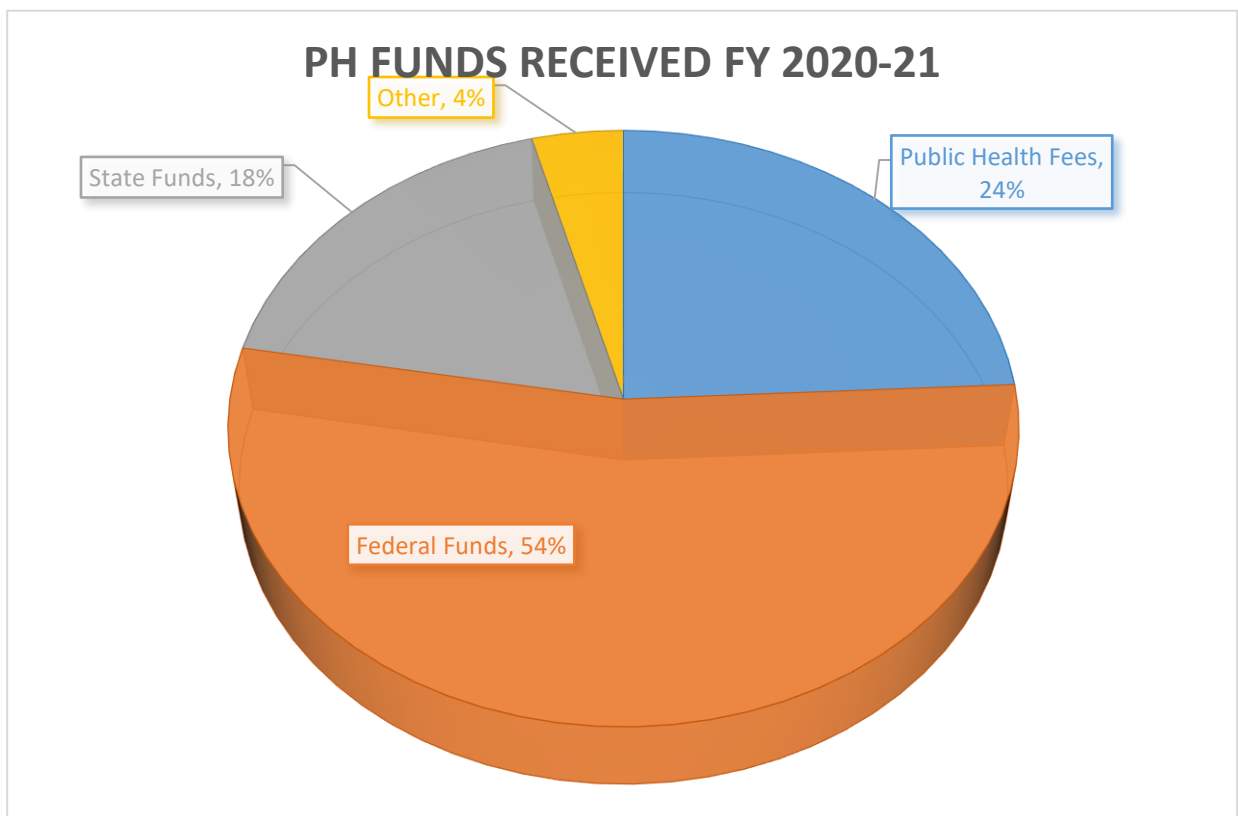
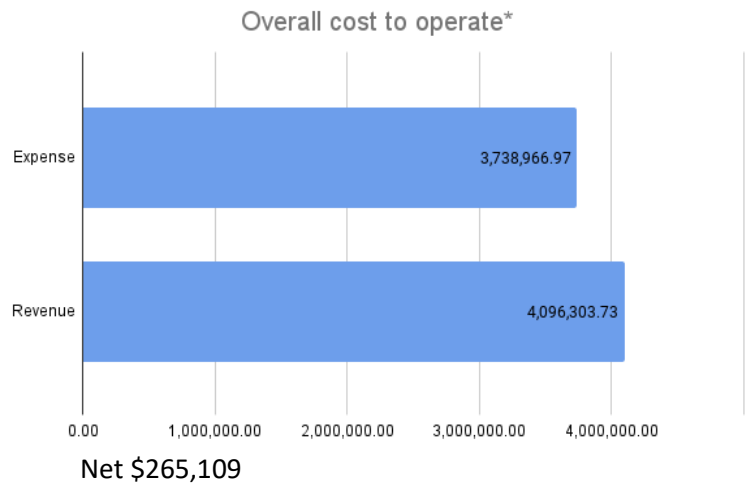
## Overall Public Health

Program FTE: 25.65

Program Staff: 29

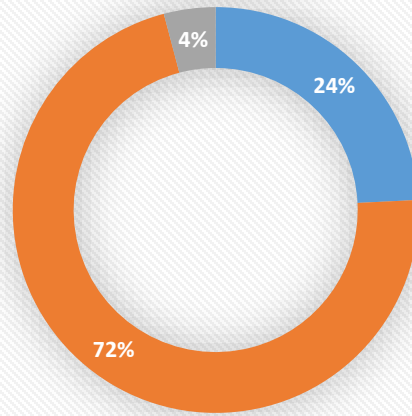
This includes:

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



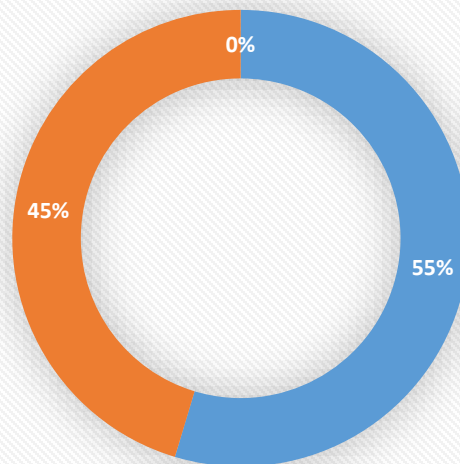
\* A portion of the net revenue is restricted and cannot be used outside the programs in which they were allocated. Additionally, some of the net revenue will continue to target the COVID-19 response.

## Program Revenue



■ Public Health Fees ■ Federal/State Funds ■ Misc

## Program Expenses



■ Personnel ■ Materials/Supply ■ Capital

\*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.