



2022

Annual Report – Public Health



Together
Inspiring Healthier
Communities



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Letter from the Public Health Administrator	4
The Numbers at a Glance	5
Health Equity	6
Racism Is a Public Health Crisis.....	9
Communicable Disease Control.....	13
Communicable Disease Reports and Investigations	13
Communicable Disease Trends.....	
Sexually Transmitted Infections	1
Chlamydia & Gonorrhea	9
Syphilis.....	11
HIV.....	11
Immunizations	11
School Exclusion	11
Immunizations	4
Access to Preventive Clinic Services	5
Healthy Communication for Youth	19
Reproductive Health Clinical Services Transition.....	19
Coos County Reproductive Health Coalition.....	19
Coos Sex Talk	20
Sexually Transmitted Infection (STI) Prevention	20
Oregon Health Plan	22
Oregon Mothers Care	22
Environmental Health.....	23
Field Inspections.....	23
Drinking Water Systems.....	24
Lake Sampling.....	24
Mosquitos.....	24
Animal Bite Reports.....	24
Maternal Child Health	24
Home Visiting Programs	24
Women, Infants and Children.....	26
Breastfeeding Promotion.....	29
Alcohol, Tobacco, and Other Drug Prevention Services.....	28
Public Health Emergency Preparedness	30

Vital Statistics	32
Death and Birth Certificates	32
Community Health and Collaborations	33
Community Collaborations and Coalitions	33
Community Health Improvement Plan	33
County Health Rankings Data	36
Fiscal Report	36

Letter from the Public Health Administrator

Dear Coos County Residents,

As we put the pandemic into the rearview mirror, we are excited to look ahead to the future and rebuild our programs and outreach efforts to the community. Despite the pandemic and the constant change in healthcare, we continue to deliver amazing services and help our community thrive. The latest county health rankings have seen Coos County move up to the 21st spot (out of 36 counties) in Oregon. This is a result of a county-wide approach led by many of our community partners to increase access, prevent injuries/illness, and increase quality of life. Our rankings will continue to improve as our community residents embrace active approaches to managing their personal health and advocate for healthy county-wide opportunities.

This has been a positive year for our staff and programs. We utilized 2022 to reset and rebuild many of our programs so that we can move forward with refreshed energy and morale. Here are a few of the highlights/accomplishments I am proud of from this prior year:

- Our Home Visiting-Babies First program was awarded over \$100,000 in grants and donations to ensure a smooth transition back into full capacity. This allowed the program to maintain a full-time registered nurse on staff that otherwise may have had to be cut due to a lack of funding. Once the program returns to full capacity, this position will be self-sustaining.
- Received a nearly perfect score on the public health department's triennial review from Oregon Health Authority. This audit is a program-by-program process completed every three years to ensure compliance with all federal and state regulations. We are proud of our high marks and excellent service delivery.
- Limited Monkeypox infection to only 1 positive case in the county and helped vaccinate exposures and high-risk individuals to prevent spread.
- Began the first Restoring Hope Equity Festival for Coos County. This festival helps improve access to care and improves the education of healthcare services to the general public. There were 250 attendees in this first year! We look forward to helping sponsor and improve this event for years to come.

We are very much heading in the right direction towards making Coos County a safe, healthy, and thriving community. We live to serve our public, so please do not hesitate to reach out if you need guidance or have questions.

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

Sincerely,

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



The Numbers at a Glance

12 Drinking water system surveys completed	153 Pregnant women assisted through Oregon Mothers Care
10 Contamination alerts responded to	Received 137 animal bite reports
34 pool inspections completed	3,560 Immunizations provided
589 Restaurant inspections and 88 temporary restaurant inspections completed	1,073 families served
48 RV park and organizational camp inspections completed	Supported completion of 3,038 applications for the Oregon Health Plan
115 Tourist accommodation inspections completed	8,408 Communicable disease reports and investigations
258 STD tests completed	778 Nurse home visits completed - 73 families & children served
13,420 Rapid antigen COVID-19 tests distributed throughout Coos County	2,779 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

Health Equity

Health equity is defined as all residents having the opportunity to attain their highest level of health. Barriers to resources that support a healthy life, create inequities that adversely affect neighborhoods, communities, and the broader society. This is an issue for the individual, but also a public health concern.

There are non-medical factors called the social determinants of health (SDOH) that impact health outcomes. These factors combine with the existence of historical and current discrimination, and social injustices that all convene to impact the health outcomes of Coos County community members. Research shows that SDOH can be more important than health care or lifestyle choices in influencing health. For example, numerous studies suggest that SDOH account for between 30%-55% of health outcomes.

Social determinants of health (SDOH) include settings in which people are born, grow, work, live, play and age, that shape the conditions of daily life. For example, people may not be able to make a living wage or they may live in an area where nutritious foods are not available. These factors may lead to purchasing foods of poor quality that contribute to the development of chronic conditions such as diabetes, hypertension, obesity, and heart disease.

Social Determinants of Health

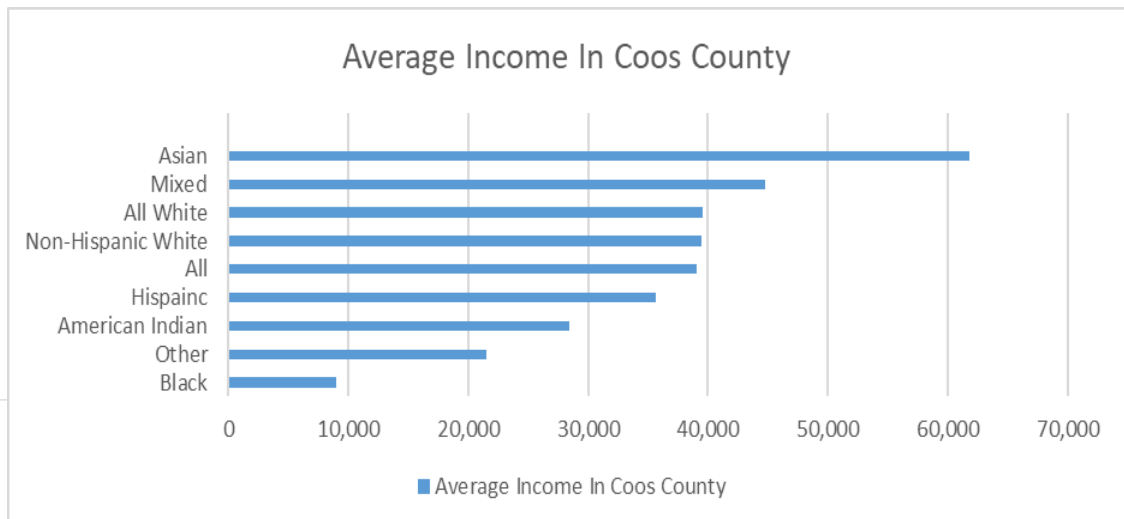




Systemic, structural, and policy changes need to be implemented to positively impact the health and wellbeing of our county residents. One of the most modifiable ways to create health equity is to incorporate cultural and linguistic sensitivity that is respectful and responsive to the needs of all individuals.

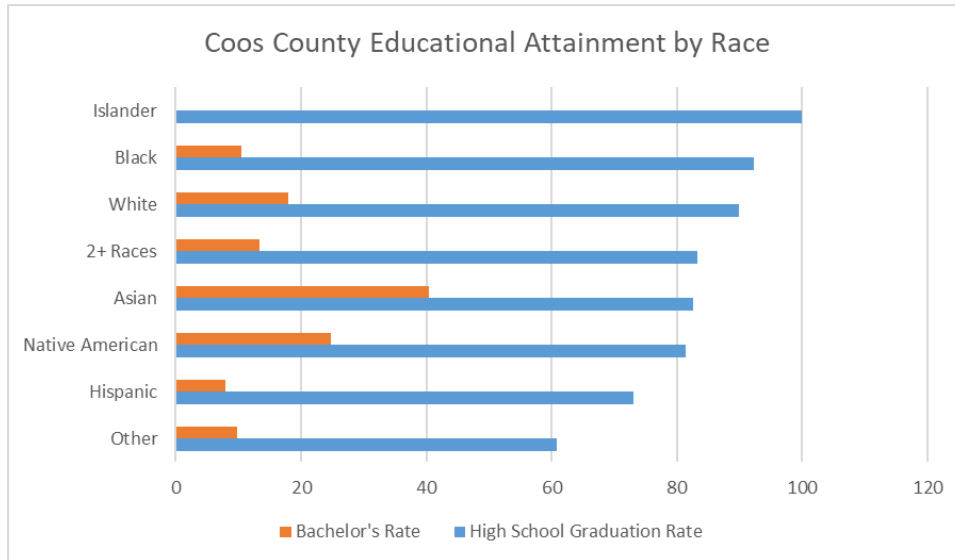
During 2022, we continued to put additional resources towards creating an environment that addresses inequities, injustices and a lack of sensitivity in the following ways:

- Reviewed Coos Health & Wellness' (CHW) annual staff cultural agility assessment to make it more comprehensive of the many ways inequities can influence the environment of CHW.
- Provided regular digital staff education on the topic of cultural sensitivity
- Collaborated with community partners to hold the first community wide Health Equity Health Fair. In an effort to reduce barriers to care and improve overall health outcomes, multiple healthcare services were offered at no cost to participants in a single location. Services we provided included:
 - STI testing
 - Blood pressure screenings
 - Haircuts
 - Oregon Birth Certificates
- Continued to infuse the Office of Disease Prevention and Health Promotion's Healthy People 2030's equity focused objectives into our services
- Continue to incorporate culturally and linguistically appropriate services (CLAS) standards into our policies and procedures in the form of:
 - Policy Equity Lens development
 - Ongoing review and modification of client-facing documents to increase inclusiveness
- Offered language assistance to our Spanish speaking community members
- Our Health Equity and Outreach Specialist continues to provide trainings, implements CLAS standards into CHW's internal structure, identifies and modifies inequitable systems that are currently in use, and addresses equity related concerns as they are identified or arise.
- Sustained an active 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
- Attend monthly South Coast's Regional Health Equity Committee meetings to identify community needs and gaps and to build partnerships.
- Worked to create a more trauma informed and inclusive environment by adding additional signage in our building and having a local artist paint calming murals on our lobby walls.



Below are two social determinants of health examples of discrepancies in educational attainment and income by race and ethnicity.

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



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

Racism Is a Public Health Crisis

Recent experiences have revealed 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 experienced 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.

We are working hard 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 include them in designing, implementing and evaluating policies, practices and services to ensure cultural and linguistic appropriateness. (<https://www.mass.gov/info-details/health-equity>)

Excess Deaths Among Black Americans

A recent study using data from 1999 to 2020 found:

Black Americans had an **excess 1.63 million deaths** relative to White Americans due to premature mortality

Representing losing more than 80 million years of potential life in comparison

Leading drivers of differences:

- Heart disease
- Cancer in males

The Pandemic's Impact:

Excess mortality **increased** to levels not seen in **two decades**

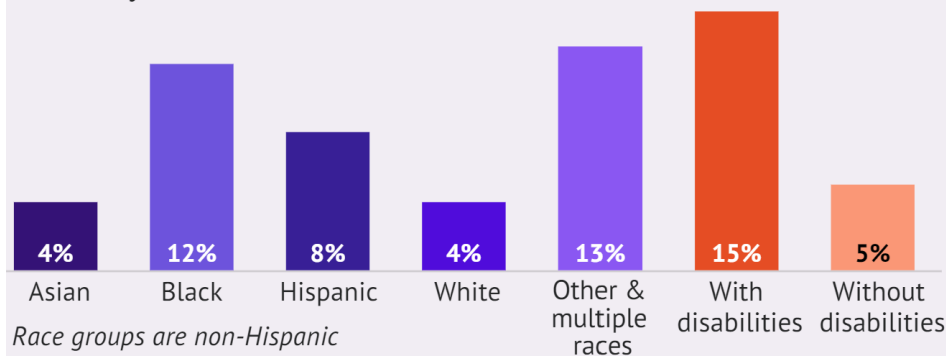
Note: The difference in mortality and years of potential life lost rates were calculated between the Black population and the White population in the US.

Source: Caraballo C, Massey DS, Ndumele CD, et al. Excess Mortality and Years of Potential Life Lost Among the Black Population in the US, 1999-2020. *JAMA*. 2023.

You can learn more about the data used to create this graphic from <https://nihcm.org/publications/excess-deaths-among-black-americans>

Disparities in Food Insecurity

Percentage of adults who lived in families experiencing food insecurity:



Adults with **disabilities** were **3x** more likely to experience food insecurity than adults without disabilities

Source: "Adults Living in Families Experiencing Food Insecurity in the Past 30 Days: United States, 2021," Weeks, Julie D.; Mykyta, Laryssa; Madans, Jennifer H; National Center for Health Statistics (U.S.), 04/20/2023, Data brief; no. 465.

<https://nihcm.org/publications/disparities-in-food-insecurity>

The Uneven Burden of Maternal Mortality in the U.S.

What does maternal mortality mean in the U.S.?

Maternal mortality impacts women and any person who can become pregnant

There are 3 commonly used measures of maternal deaths in the U.S. While they all capture some aspect of maternal deaths, they are not equivalent



Pregnancy-associated mortality

Deaths during pregnancy and up to one year postpartum, irrespective of cause.



Pregnancy-related mortality

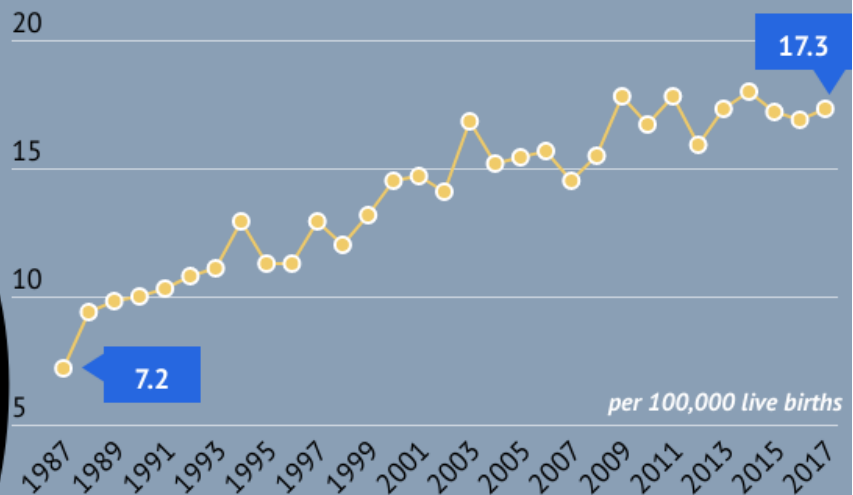
Deaths during pregnancy and up to one year postpartum that are related to pregnancy, initiated by pregnancy, or the physiologic effects of pregnancy.



Maternal mortality

Death while pregnant or within 42 days of the end of pregnancy, irrespective of the duration & site of pregnancy, from any cause related to pregnancy or its management.

Pregnancy-related mortality in the United States has been steadily increasing for decades

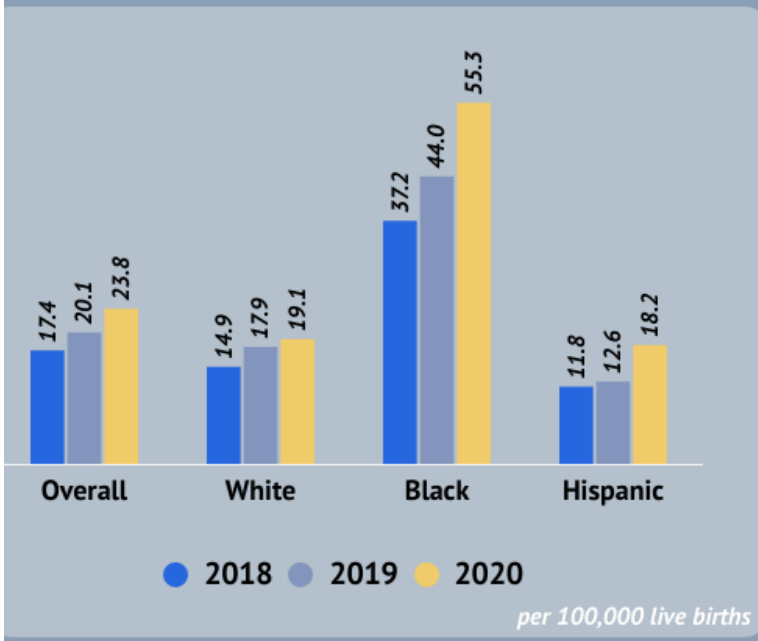


Among 11 high-income countries, the U.S. has the **highest** maternal mortality rate, and is the only one where maternal mortality is **increasing**

Racial and ethnic disparities continue in maternal mortality

Maternal mortality

In 2020, the maternal mortality rate for Black women was about **3x** the rate for non-Hispanic White women



Multiple factors contribute to these disparities, such as:



Leading causes of maternal death for Black women

Mortality rates for these leading causes are **5x** higher for Black women than for White women

Postpartum cardiomyopathy
heart failure during the end of pregnancy or during postpartum period

Preeclampsia and Eclampsia
high blood pressure during pregnancy and/or seizures that occur during a pregnancy or shortly after

Mortality rates for these causes were **2.3x** and **2.6x** higher for Black women than for White women

Obstetric embolism
when amniotic fluid or fetal material enters the mother's bloodstream

Obstetric hemorrhage
any kind of excessive bleeding related to pregnancy during labor or postpartum

<https://nihcm.org/publications/the-uneven-burden-of-maternal-mortality-in-the-us>

Communicable Disease Control

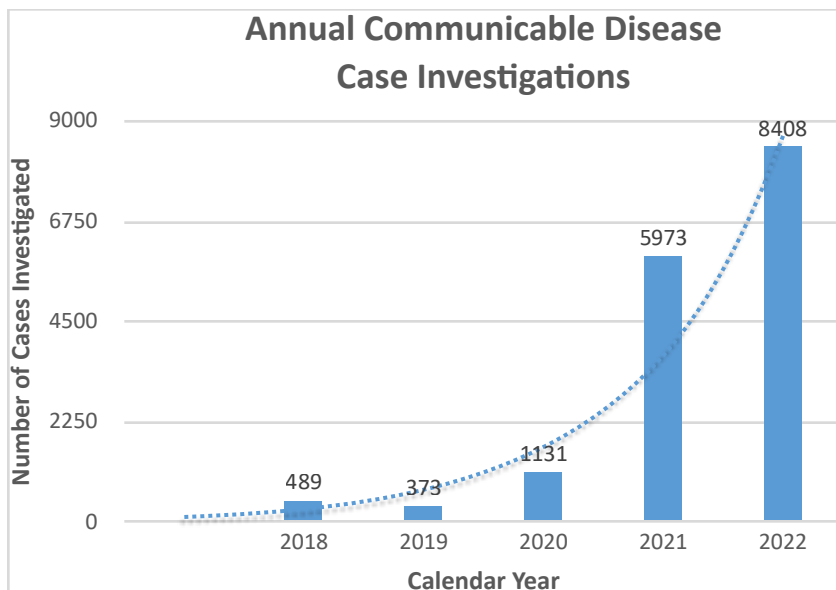
Communicable Disease Reports and Investigations

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. 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 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.



2022 Confirmed and presumptive cases needing investigation	8,408
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Communicable Disease Trends

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

Disease	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022
Sexually transmitted diseases					

Disease	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022
Chlamydia	165	124	151	107	103
Gonorrhea	76	25	46	31	33
Syphilis	8	5	5	11	19
HIV	8	3	3	0	3
Food borne illnesses					
Campylobacteriosis	9	14	12	29	20
Salmonella	11	7	5	1	3
Environmental related diseases					
Elevated Blood Lead Level	10	4	10	3	8
Other communicable diseases					
Hepatitis C	174	169	109	99	53
Tuberculosis	2	0	1	0	1
COVID-19	0	0	769	5670	8140

Sexually Transmitted Infections

Sexually transmitted infections (STIs) constitute the bulk of the communicable diseases reports we receive and investigate in the community. Public Health has a new Disease Intervention Specialist (DIS). The DIS provides testing for Chlamydia, Gonorrhea, Syphilis, and HIV. For any positive cases, the DIS can treat the positive case and partners for Chlamydia, Gonorrhea, and Syphilis. If a case is positive for HIV, the DIS would refer the patient to HIV Alliance.

HIV Alliance in Roseburg sends a team once a week to our facility and provides free and confidential HIV, Hepatitis C, and Syphilis rapid testing. 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.

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

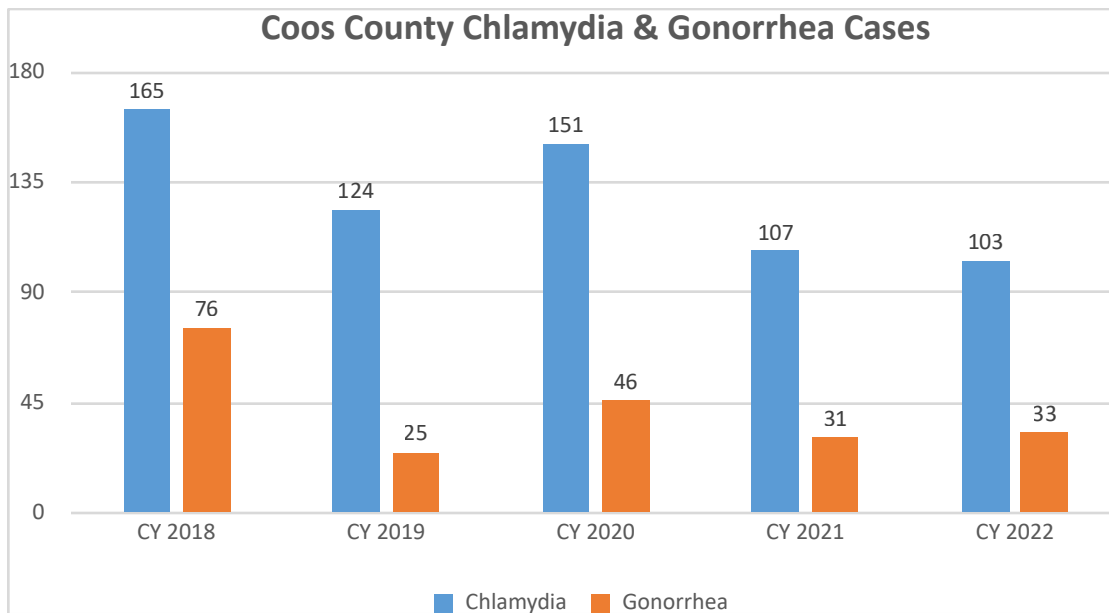
There has been a significant rise in sexually transmitted infections (STIs) over the course of the last decade. The STIs that *must* be reported to local health departments by state law are Chlamydia, Gonorrhea, Syphilis, and HIV. There are also other STIs that are not part of the mandatory state reporting rules, such as human papilloma virus (HPV). 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.

Chlamydia & Gonorrhea

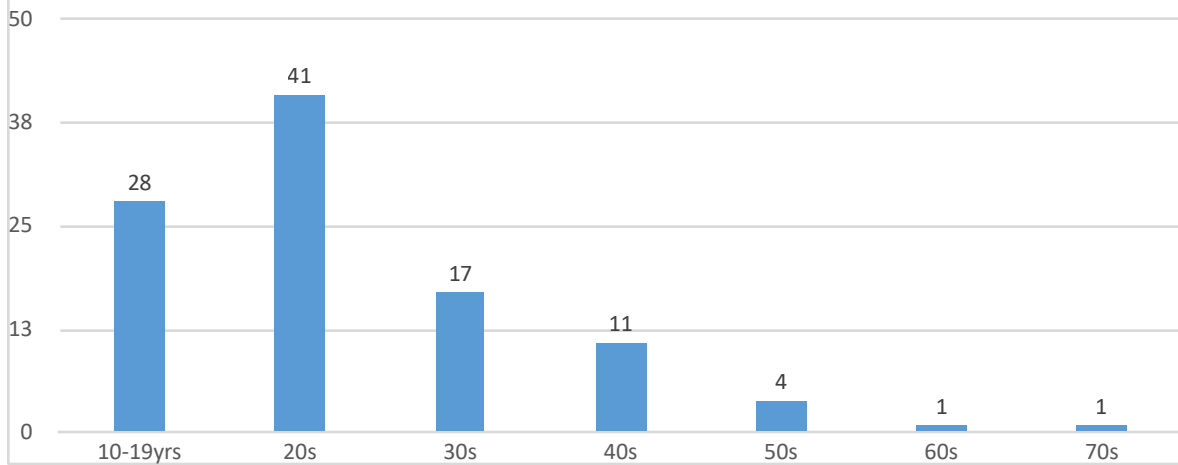
Chlamydia is the most commonly reported STI in most communities, and that is true in Coos County. More often than not, Chlamydia infections do not cause symptoms. This means that cases may go undetected.

The second-most commonly reported STI is gonorrhea. This infection is less likely to occur without symptoms. However, there are still a significant number of asymptomatic cases.

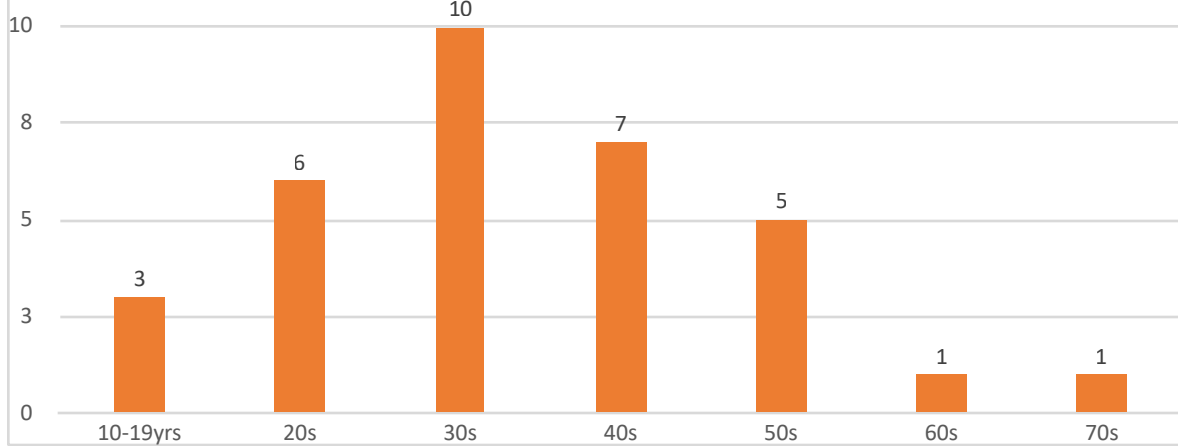
Untreated Chlamydia or Gonorrhea can cause pelvic inflammatory disease (PID) and infertility or tubal pregnancy in women. Untreated gonorrhea during pregnancy can cause premature delivery.



2022 Chlamydia Cases in Coos County by Age

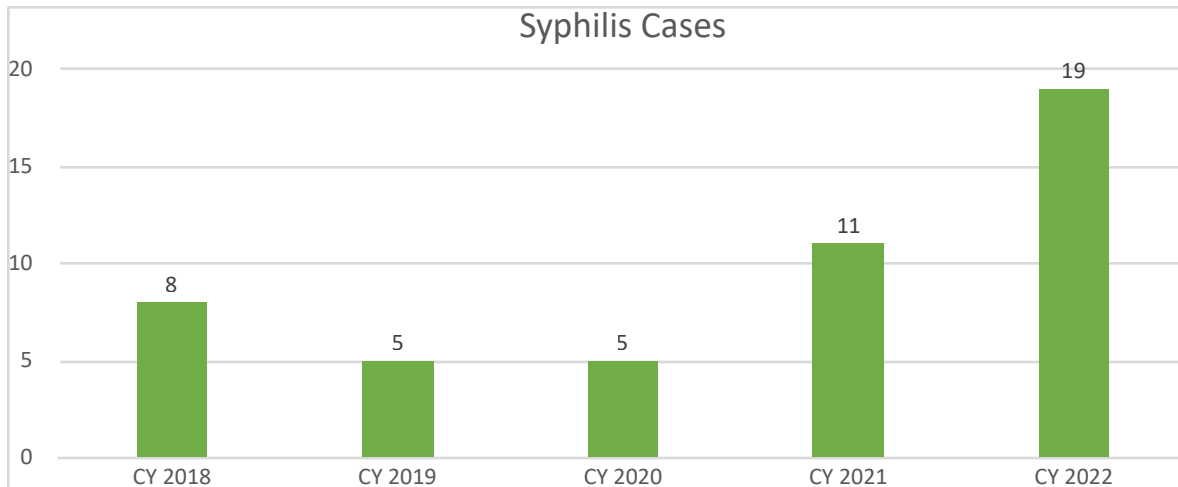


2022 Gonorrhea Cases in Coos County by Age



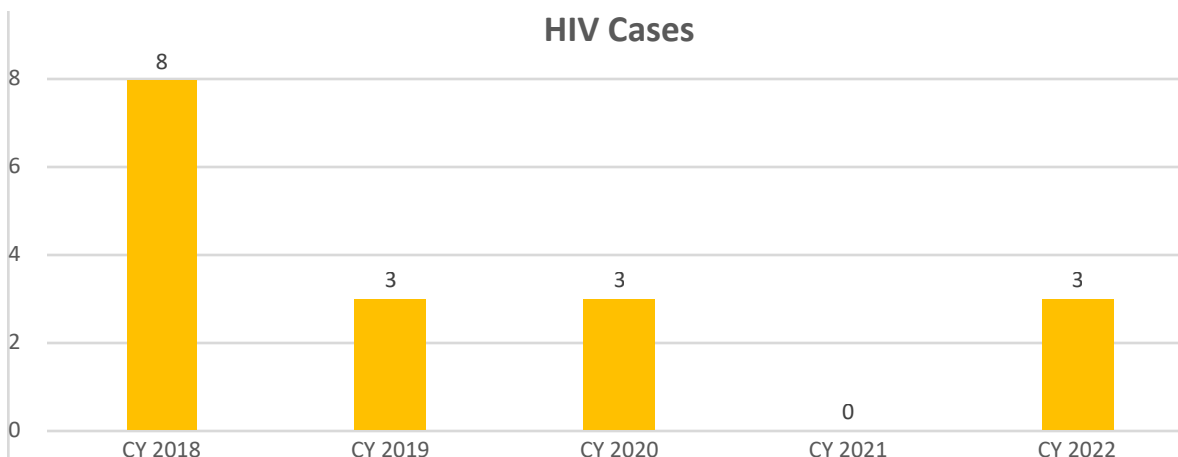
Syphilis

In both Oregon and Coos County, the rates of individuals diagnosed with syphilis has been increasing. Syphilis is a treatable and curable infection. Left untreated, syphilis can be passed on to other sexual partners and pregnant individuals with syphilis can pass the infection on to their babies. Untreated, syphilis can cause serious health problems (blindness, deafness, changes to your mental state, stillbirth, and even death) Testing is the only way to know if someone is infected with syphilis and involves a small blood draw or finger prick



HIV

HIV (human immunodeficiency virus) is a virus that attacks the body's immune system. If HIV is not treated, it can lead to AIDS (acquired immunodeficiency syndrome). There is currently no effective cure. Once people get HIV, they have it for life. But with proper medical care, HIV can be controlled. People with HIV who get effective HIV treatment can live long, healthy lives and protect their partners.

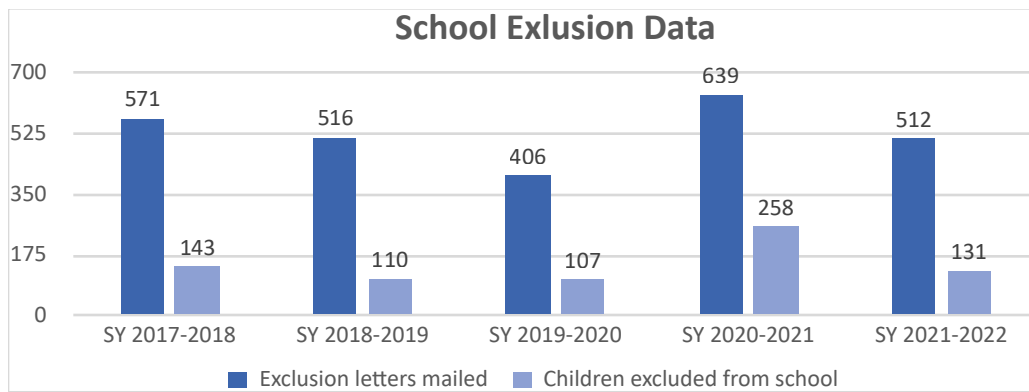


Immunizations

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.

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 or talk to a health care provider and have them sign a Vaccine Education Certificate.



Immunizations

The Public Health Division offers immunizations for both adults and children. In 2022, we provided 3,560 immunizations. See breakdown, below, for the main immunizations we provided:

Type of vaccines administered	CY 2019	CY 2020	CY 2021	CY 2022
Seasonal flu	307	257	302	300
Tdap	117	86	61	113
Hepatitis B	131	82	49	33
MMR	104	33	33	53
Hepatitis A	97	51	28	38
COVID-19	0	0	7658	2779

Access to Preventive Clinic Services

Healthy Communication for Youth

A healthy relationship depends on the ability to listen to others, speak up for one's self, and hold a mutual respect of values, beliefs and boundaries. This last year, we began a collaboration with Acting Up for Kids and Teens' after school program to pilot a program for youth between the ages of 6 and 14. This program's foundation is based upon healthy communication, as well as social emotional learning.

Each participant learns interpersonal communication skills that help them connect and build relationships, resolve social conflict, advocate for themselves, and make healthy choices. The youth are able to put the skills they learn into practice through acting and role-play, which internalize these skills in a fun and engaging way.

Our goal is to provide youth with the opportunity to learn how to effectively navigate the challenges that relationships present before they are romantically involved. Without these skills, youth are more likely to give into sexual pressure, which increases the risk of contracting an STI, having unintended pregnancies, and other unfavorable outcomes that affect their lifelong health and wellbeing.



Through surveys of participants, their guardians, and feedback from the Acting Up staff, the program has been a great success! All the participants have shown increased confidence in their ability to speak up for themselves.

Participants have also gained a deeper understanding of what consent is and how it applies to all their relationships.

In our efforts to make health and wellness accessible to all people, we based program qualification off income. We believe that a family's socioeconomic status should not determine the health outcomes of their children.

Reproductive Health Clinical Services Transition

Reproductive health services are now available throughout the county meaning that we are confident that access to care is not compromised by our reduction of services in 2021.

We reached out to our previous reproductive health patients to assess any barriers to care that they may have experienced in their transition from us to another provider. The majority of the respondents did not experience any barriers. The barriers reported were based upon a lack of overall providers, staff turnover, insurance obstacles and a lack of knowledge about their service or financial options. Based out of these results we offered reimbursement to anyone who had out-of-pocket costs as a barrier to receiving care.

Coos County Reproductive Health Coalition

In an effort to overcome the barriers reported in our follow up survey of previous reproductive health patients, we took the lead in forming the Coos County Reproductive Health Coalition (CCRHC). This is a collaborative group of reproductive health care providers, advocates and other wrap around services throughout the county. The mission of this group is to work to improve access to reproductive health care for all



community members in efforts to reduce health disparities. This group works to formulate ways to educate the community about their options, and streamline access to care.

Coos Sex Talk

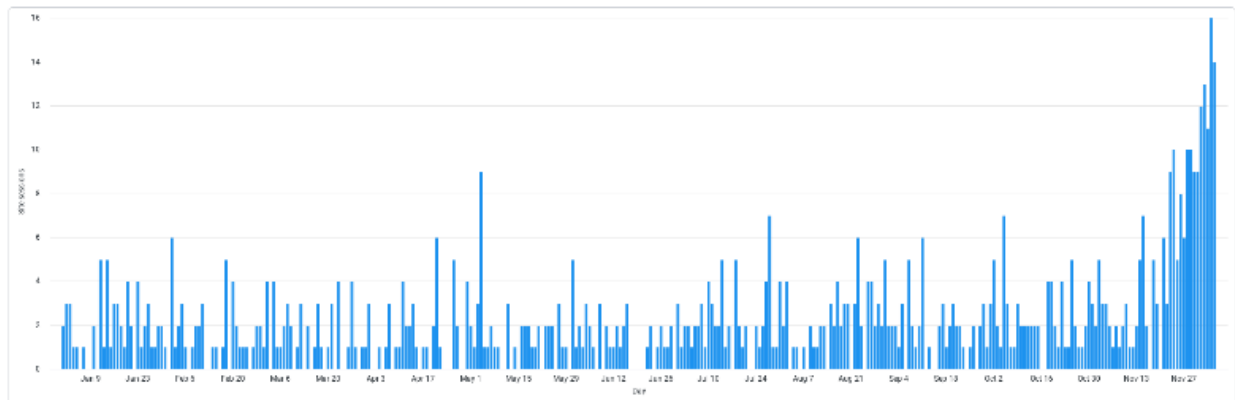
One source of reliable and accurate information, and another angle for education, is the Coos Sex Talk website (thecoossextalk.org). This website is a fact-based website for frank discussions of myriad sexual topics. This website is a resource to help prevent unplanned pregnancies, promote sexual health,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

This last year we promoted this website through numerous avenues, including community events, social media, posters in local high schools, in our free condom distributions, and many more. Our metrics display a steady increase in views, which shows that people in our area are gaining this valuable reproductive health information.



Traffic Over Time (split, bar chart)

Select a time period this year to second Group by is day Select a measure is sessions Split by is none Exclude bots is Yes



Generated by Locker on December 7, 2022 at 9:59 PM UTC

Sexually Transmitted Infection (STI) Prevention

Condom use is a highly effective way of reducing the spread of STIs and other associated conditions. We offer free condoms at our front desk, through outreach events and through the promotion of Oregon Health Authority and Once Condom’s collaboration to provide free, discreet condom delivery to a person’s home (www.onecondoms.com/pages/oregon).

This last year we distributed 8,780 condoms at our outreach events alone. Below is a summary of Coos County’s online condom orders to homes. This totals 12,380 condoms that were dispersed to community members. This number does not reflect the thousands that were also given away at our front desk, SOCC, the Devereux Center, and Coalbank Village.

Select a County or Oregon

Coos

Select a Year

2022



Total Orders

13,150

Total Condoms

263,000

Order Year(s) 2022

Coos Orders

180



Coos Condoms

3,600

Another aspect of STI prevention that we are involved in is the promotion of STI testing. We have partnered with Take Me Home (www.takemehome.org) to provide free at home STI testing. People who reside in Coos County can order a test online that will show up discreetly to their doorstep. The tests cover chlamydia, gonorrhea, syphilis, Hepatitis C and HIV. Any positive test results are reported to our communicable disease department for follow up about treatment options for the client and their partner(s).

Oregon Health Plan



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

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.

Environmental Health

Field Inspections

The Environmental Health (EH) program is known for health inspections in the community as reflected in the table below. Although state law provides a minimum inspection frequency for licensed facilities such as food service, tourist accommodations and public pools, prioritization of work is primarily risk based. When there is a question of available resources an inspection of a traditional food service facility would be higher priority than most other work.

Licensed Facility Inspections	Count
Annual Food Service	412
Reinspections	177
Temporary Restaurant License	68
Reinspections	20
Pool & Spa	29
Reinspections	5
RV Parks & Organization Camps	45
Reinspections	3
Licensed Facility Reviews and Complaint Investigations	Count
Food Service Plan Reviews	36
Food Service Complaints	23
Other Licensed Facility Complaints	4
Additional Community Work	Count
Public Water System Surveys	12
Safe Drinking Water Alerts	10
Community Complaints	58

Drinking Water Systems

12 public water system surveys were completed by Environmental Health (EH) Program staff in 2022. In the same time span the results in routine sampling found contaminants on 9 occasions. In each instance EH consulted with the water system operator to identify and remediate any public health concern.

Lake Sampling

Collaboration between Coos County and Tenmile Lake Partnership (TLP) has allowed TLP to perform some monitoring for cyanobacteria blue-green algae toxins (Anatoxin-A and Microcystin) at traditionally popular recreation areas on Tenmile Lakes. Considering limited sampling over the vast water bodies, Oregon Health Authority did not issue a recreational-use health advisory in 2022 for Tenmile Lakes. The sampling work represents an on-going measurement of public health risk posed by the blue-green algae toxins.

Mosquitos

With a goal to create a more complete inventory of mosquito species and better awareness of arbovirus mosquito carriers in Coos County, EH invited volunteers to trap mosquitoes for identification. 2022 was another year without a lab confirmed report of mosquito borne disease in Coos County.

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, veterinarians or law enforcement. The reports of 151 bites were reviewed in FY 2021-22

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.

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.

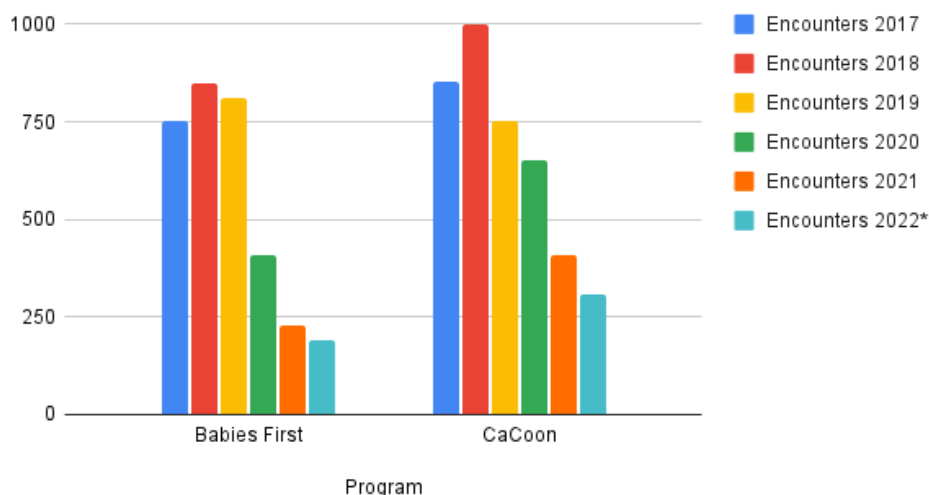
Visit encounters for both Babies First! and CaCoon home visiting programs saw a dramatic decrease during the 2020-2022 calendar years due primarily to the reassignment of home visiting team to the COVID-19 response, reduction of services to children/families with urgent need, and subsequent nursing staff resignations and retirements.

2022 represented an opportunity for the Home Visiting team to regroup and recover from the COVID-19 work. We began by taking an in depth look at our charting requirements - identifying redundancies that had accumulated over time, identifying and incorporating myriad screening and assessments to meet new practice requirements, and ensuring that our program policies/procedures were updated to align with Oregon Health Authority’s (OHA) and Oregon Center for Children and Youth with Special Health Needs’ expectations. Our efforts set the stage for the initial work of converting to an electronic health record (EHR). The process has been lengthy as no “canned” EHR exists that meets the needs of our home visiting program, but the finish line is in sight. It is our expectation that transitioning from traditional paper charts to an EHR will result in staff efficiencies by streamlining documentation and work flows.

In 2022, we also completed Oregon Health Authority’s triennial review (passed with zero deficiencies), partnered with Coos County Friends of Public Health to seek recovery grant funds to help our program essentially start over, recruited and hired a bilingual registered nurse to fill a staff vacancy, and successfully concerted to OHA’s new data tracking system. Transition to OHA’s new data tracking system also enabled our program to offer services to eligible caregivers of children with special health needs, helping to fill a service delivery gap and support caregivers with their own health and social needs. This has been a goal for our team for several years and a bright spot in 2022!

We also resumed our outreach and community partnership work with the Home Visiting Systems Collaboration, Group Connections, Community Connections Network, and others. We plan to continue to rebuild our relationships with our community partners and expand our home visiting services to expectant parents, children, caregivers, and youth with special health needs living in Coos County in 2023.

Client Encounters



*Client encounters for 2022 include only those made between 1/1/22 and 8/19/22 due to transition to new State data system. Team at 60% staffing.

Client Demographics	
93%	White
5%	African American
0%	Native Hawaiian/Pacific Island

0%	Asian
5%	American Indian/Alaska Native
4%	Multiple Races
8%	Hispanic

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.

2022 OREGON WIC 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



1,899

Women, infants and children who participated in WIC

32%

of all pregnant women served by WIC

1,073

WIC families served



63%

are working families

3 OUT OF 4

participants are infants and children under five



BREASTFEEDING

89%

WIC moms start out breastfeeding

33%

WIC moms breastfeed exclusively for six months



PUBLIC HEALTH DIVISION
Special Supplemental Nutrition Program for Women, Infants & Children

2022 OREGON WIC DATA

COOS COUNTY HEALTH & WELLNESS

ECONOMIC BENEFITS OF WIC

14 LOCAL STORES ACCEPTING WIC:

- 8 Independent stores
- 3 Local or regional chains
- 2 National chain stores
- 1 Pharmacy

\$860,392

Total WIC dollars spent
by participants
at local stores

ALL STORES THAT ACCEPT WIC 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.

6
PARTICIPATING
FARMERS

at local farmers markets
and farm stands

\$7,244

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>

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.

Revised 3/9/2023

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 local businesses, in English and Spanish (also available at: CHW website). This year we put an emphasis on the distribution of these materials to local businesses to promote breastfeeding friendly workplaces through guidelines of what an acceptable breastfeeding space is comprised of, educating about current laws and regulations surrounding an employee's rights surrounding breastfeeding and through policy promotion and development.
- Providing a Lactation Station at community events such as the Coos County Fair and the Health Equity fair. This provides a safe, comfortable and relaxing space to breastfeed in situations where it may otherwise be a challenge.
- Promoted the benefits of breastfeeding on social media and on waiting room TV slides.



Alcohol, Tobacco, and Other Drug Prevention Services

PREVENTION

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

Prevention services target factors that are associated with an increased risk for substance use across the lifespan. Evidence-based prevention may look like any of the following strategies:

- Supporting effective policies and health-promoting laws.
- Decreasing the availability and marketing of harmful products.
- Supporting family and school-based intervention programs.
- Increasing community knowledge and understanding of issues related to substance use in our youth.
- Providing prevention and intervention programs and strategies for families and youth.
- Prevention work can also include improving access to stress management therapies
- Building community knowledge of the issue and increasing access to resources that support a health community.

The most effective programs are ones that work to reduce youth substance youth are a community-wide effort.

Our Prevention team recognizes the impact on Coos County from effective work in this field will last for many generations. If effective prevention programs are implemented, the age youth first use a substance would be delayed by 2 years on average. It has been well established that a delay in the onset of substance use reduces subsequent problems later in life. The average evidence-based, effective school-based program in 2002 cost \$220 per pupil including materials and teacher training, and these programs could save an estimated \$18 for every \$1 invested in prevention programs.

(SAMHSA report Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis)

ALCOHOL AND OTHER DRUG PREVENTION

Most adults in Coos County choose to use alcohol and marijuana responsibly.

However, these substances continue to have some negative impacts on our communities. Alcohol is the 3rd leading cause of preventable deaths in Oregon. Excessive alcohol use can lead to cancer, high blood pressure, heart disease, stroke, liver disease, and digestive problems and, mental health problems, including depression and anxiety. In Oregon, alcohol is indicated in 38% of all fatal traffic fatalities.

Alcohol and marijuana were the two most commonly reported substances involved in impaired driving in 2018, with 8% and 4.7% of the U.S. population aged ≥16 years reporting alcohol and marijuana respectively. The legalization of recreational marijuana and marijuana retailers increased the number of traffic accidents in Oregon by 9.2% and fatal crashes by 3.8%

Marijuana use also impacts our community with individual health risks. Smoked marijuana, regardless of how it is smoked, can harm lung tissues and cause scarring and damage to small blood vessels. Smoke from marijuana has many of the same toxins, irritants, and carcinogens (cancer-causing chemicals) as tobacco smoke. Smoking marijuana can also lead to a greater risk of bronchitis, cough, and mucus production, though these symptoms generally improve when marijuana smokers quit. People who use marijuana are more likely to develop temporary psychosis and long-lasting mental disorders, including schizophrenia (a type of mental illness where people might see or hear things that are not really there). The association between marijuana and schizophrenia is stronger in people who start using marijuana at an earlier age and use marijuana more frequently. Marijuana use has also been linked to depression; social anxiety; and thoughts of suicide, suicide attempts, and suicide.

(OHSU gap analysis) (<https://www.cdc.gov/alcohol/fact-sheets/alcohol-use>) (Changes_in_Traffic_Crash_Rates_After_Legalization_of_Marijuana_JSAD.pdf) (<https://www.cdc.gov/marijuana/health-effects/lung-health.html>) (<https://www.cdc.gov/marijuana/health-effects/mental-health.html>)

Community Outreach events are an opportunity to share information and knowledge about resources that can build our community's health and increase access to appropriate care. During 2022 the Prevention team attended 7 different community events and interacted with approximately 4000 people.

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.

Staff: In the spring of 2022 Cynthia Rodriguez filled the position as new PHEP manager. Cynthia Rodriguez was previously working as a COVID-19 Investigator and contact tracer. Michael Burton PHEP assistant left CHW to pursue his master's degree.

Incidents: As the COVID-19 Pandemic started to slow down many of the restrictions started to lessen. Covid-19 testing and vaccination efforts still continued. Free test kits were being distributed by libraries and COVID-19 vaccines were offered at the farmers market and available at CHW. The County only saw one case of Monkeypox and were able to assist and educate the individual. Vaccinations to protect against Monkeypox became available for those who qualified.

Trainings: One of the many lessons learned from COVID-19 is making sure we are prepared for the next pandemic and to use those lessons learned to update our plans and continue with training. Some of the trainings the PHEP program conducted with the public health staff during 2022:

- **Monkeypox Tabletop:** The CHW public health staff participated in a Monkeypox table top activity. Where a scenario was created to see what we would do when we had the first case of Monkeypox. Coming right out of the COVID-19 response the staff was well aware of the steps needed to respond and used the lessons learned from COVID-19.
- **Intro to ICS:** Another lesson learned from COVID-19 is not everyone fully understood the use of the incident command system (ICS). The PHEP manager created a presentation on the basics of ICS and why we use it, how it was used during the pandemic, and how it can be used for other emergency events.

Coos County Medical Reserve Corps:

The Coos County Medical Reserve Corps (MRC) continues to be an exceptional group of volunteers and vital to CHW. The MRC is a group of volunteers that are trained licensed and vetted healthcare providers who would be available during a public health emergency to help supplement and or assist the staff at CHW as well as the healthcare community of Coos County.

During the 2022 Volunteer Recognition Awards by the state, we had one of the volunteers Kat Burgess receive the award of outstanding MRC volunteer and MRC Mentor Award. The MRC also received \$5,000 dollars from Advanced Health for their efforts during the COVID-19 response.

Community Events: Below are examples of the numerous community events that the PHEP program was involved in during 2022:

- *Coos County Fair:* Cynthia participated in attending the fair, where she along with other public health staff handed out educational materials and informational brochures for families that stopped by. Spoke with families and individuals about the importance of preparedness and how to prepare for an emergency event.
- *Farmers Market:* From June to September COVID-19 vaccines were offered once a month at the farmers market. With the help of the Medical Reserve Corps volunteers administering the vaccines.
- *Get Ready Coos Bay:* The PHEP program, along with the MRC participated in the Get Ready Coos Bay event held by the Coos Bay Fire Station. Where various organizations come together to educate and promote the public on being at least 2 weeks ready for any type of natural disaster that may occur.
- *Octoberfish Festival:* The PHEP program and MRC was asked to participate in the Octoberfish festival, where various organizations went to Charleston to promote their resources and they had a Salmon bake and all the proceeds went to the Charleston Food bank.
- *Bay Cities Ambulance:* Bay Cities Ambulance continued to provide exceptional help to our community even after COVID-19 started to slow down. They continued offering testing and vaccinations to Long Term Care Facilities and high risk individuals.

Vital Statistics

Death and Birth Certificates

Majority of deaths that occur in Coos County have to be registered by our County Registrar for Vital Records and all deaths are reported to the Oregon Health Authority Center for Health Statistics. 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 births and deaths registered and the number of certificates issued during 2022 calendar year:

Birth certificates recorded by Coos County	274
Birth certificates issued by the county	374
Deaths registered in Coos County	1,008
Death certificates issued by the county	4,128

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.

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

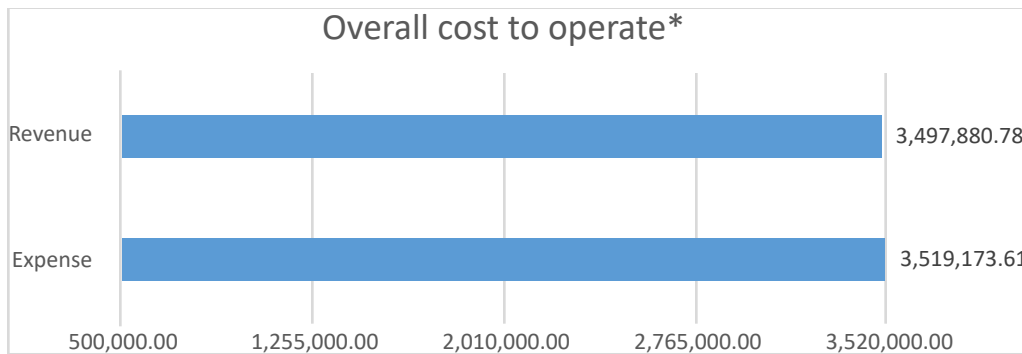
Coordination, collaboration and communication
Increase coordination, collaboration and communication between organizations working toward improving health of the community

County Health Rankings Data

How healthy is Coos County compared to other counties in Oregon and the USA? The County Health Rankings (found at: <https://www.countyhealthrankings.org/app/oregon/2021/rankings/coos/county/outcomes/overall/snapshot>) provides 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. The good news is that Coos County moved up in the rankings to 21st (out of 36) this past year.

Fiscal Report

Overall Public Health



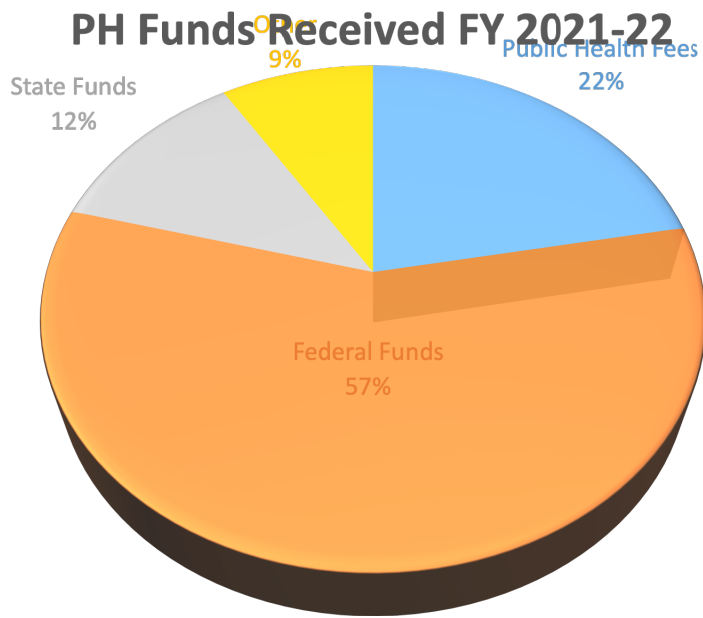
Net (\$21,293)

Program FTE: 25.2

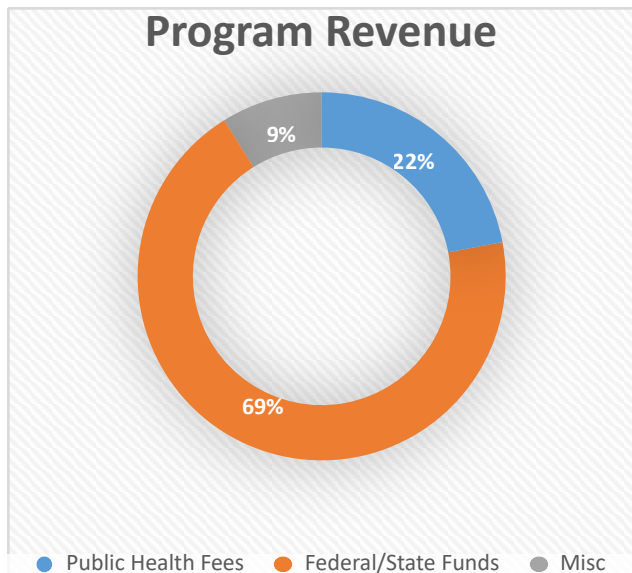
Program Staff: 28

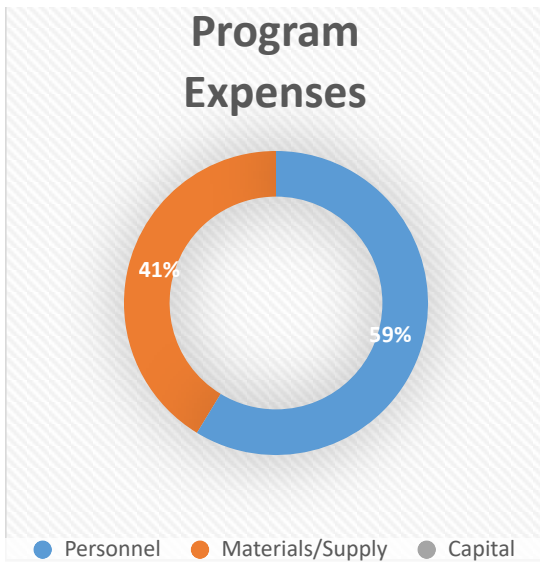
This includes:

- 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.





*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.