



COOS  
COUNTY

# COMMUNITY HEALTH IMPROVEMENT PLAN 2013-2016



Planning for a Healthier Future | Coos County Steering Committee

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## **Steering Committee**

**Committee Chair. Dr. Nikki Zogg,**  
Director, Coos County Public Health

## **Steering Committee Members:**

**Stephen Brown, ND, MPH, Coos County  
Public Health Department**

Serves as the Tobacco Prevention Program Coordinator for Coos County. Expertise in public health prevention through policy, systems and environment change.

**Lynda Buford, Public Health Nurse and  
Accreditation Assistant, Coos County Public  
Health Department**

Serves as a nurse and accreditation assistant for local public health, and possesses experience in health assessments, public health education, public health and home health nursing.

**David Geels, LPC, Director, Coos County  
Mental Health Department**

Serves as Director of community mental health; providing services to low-income children and adults with chronic mental illness. Previously worked as Quality Assurance Manager.

**Linda Furman Grile, South Coast Hospice**

Serves as Executive Director for Community-based Hospice program; possessing expertise and skills in program and systems development. Hospice/End of Life (EOL) educator with a long-term care background as an Oregon Nursing Home Licensed Administrator assisting patients and families through EOL transitions as a group facilitator. Possesses strength and skill at grant writing, assessments, and team building.

**Melody Gillard-Juarez, ED, Grants Manager,  
Southern Coos Health District; Executive  
Director, Southern Coos Health Foundation**

Serves on the hospital Leadership Team working with clinical and non-clinical staff. Has expertise in grant proposals and grant-funded projects, community relations. Executive director of nonprofit Foundation in support of Southern Coos Hospital.

**Kelle Little, RD, CDE, Health and Human  
Services Administrator, Coquille Indian Tribe  
Community Health Center**

Provides administrative oversight for all Health and Social Service Programs including but not

limited to the Medical Clinic, Head Start, Indian Child Welfare, Prevention and Contract Health Services. Possess expertise in health care delivery and improving health status for American Indians and Alaskan Native people.

**Linda Maxon, Executive Director, Bandon  
Community Health Center**

Provides administrative oversight for all clinical operations, programs and community activity sites serving Medicaid, Medicare, Privately Insured, Private Pay/Uninsured patients. Possess expertise in non-profit leadership and senior-level human resources in non-profit, private and public entities.

**Reneé Menkens, RN, MS, Community  
Representative**

Serves as a community participant with a focus on the needs of mental health clients. Has expertise and interest in public health care for vulnerable populations and how Coordinated Care Organizations can improve the health of Coos County. Reneé is an instructor for Oregon Health and Science University School of Nursing and works as a RN in the Bay Area Hospital Acute Psychiatric Unit.

**Kay Metzger, Innovator Agent, Oregon Health  
Authority**

Serves as the liaison between the State of Oregon and Western Oregon Advanced Health to support the development of the Coordinated Care Organization and facilitate health system transformation. Twenty-two years experience working with the administration of Medicaid programs, specifically for seniors and people with disabilities.

**Stephanie Polizzi, MPH, RD, CHES, Oregon  
State University Coos County Extension  
Service**

Registered dietitian and health education specialist providing nutrition and wellness education in community venues. Specializes in disease prevention/reversal and provides teaching and resources to hospitals, clinics, schools and worksites in Coos and Curry. As Regional Health Education Coordinator, creates opportunity for professional development for health professionals or local students wishing to study in the health field.

**Kathy Saunders, MS, MPH, RD, LD**

Provides nutrition and public health expertise to clients and community stakeholders.

**Lonnie Scarborough, RN, BA, Western Oregon Advanced Health**

Have served in a Leadership role as a nurse for 25 years and has expertise in working with Hospitals, FQHC's, Rural Clinics, Home Health, and Long Term Care Facilities. Has expertise in developing and implementing successful quality programs and serves as Director of Quality and Accountability for WOA. H.

**Frances Smith, Past Administrator, Coos County Public Health Department**

Served as the administrator for local public health and contributed knowledge and expertise relating to community services available to low-income individuals and families and underserved populations.

**Sannie Warbis, RNC, BS, Interim Director of Quality, Bay Area Hospital**

Serves as the interim Director of Quality for Bay Area Hospital. In addition, she is involved in the prenatal task force, Cancer Coordinating Team, Readmissions Prevention Task Force, and on the Healthy Start Board and Institutional Review Board. Possesses 29 years of leadership nursing experience, and has expertise in teen pregnancy prevention, strategic planning, and needs assessment.

**Nikki Zogg, PhD, MPH, Director, Coos County Public Health Department**

Serves as the Administrator for local public health, and possesses an expertise in organizational leadership, quality improvement, strategic planning, health assessments, data collection and analysis, and biostatistics.

**WOAH Oregon Health Plan Members – Survey Participants**

A participant survey was mailed to 4,800 members. The survey collected information regarding satisfaction with Oregon Health Plan services. 656 surveys were returned.

**Plan Development Participants:**

**Barbara Bassett**, Prevention Coordinator, *Health and Human Services*

**Chris Beebe**, Senior Account Executive, *KCBY Television*

**Alison Booth**, Teen Parent Program Director, *Coos Bay School District*

**Kathy Cooley, RN**, Home Visiting Manager, *Coos County Public Health*

**Melissa Cribbins**, County Commissioner, *Coos County*

**Sonja Flowers**, Account Executive, *KCBY Television*

**Tom Holt, DDS**, *Coos Bay Dentist*

**Divneet Kaur**, Medical Student, *Bandon Community Health Center*

**Tim Novotny**, General Manager, *Bay Cities Ambulance*

**Kathleen Olson-Gray**, *Waterfall Clinic*

**Lindi Quinn**, Citizen, *Coos County Friends of Public Health and Women's Health Coalition*

**Gregory Saunders, MD, MPH**, *Community Representative*

**Dane Smith, DDS**, *Cavity Free Kids*

**John Sweet**, County Commissioner, *Coos County*

**Emily Thornton**, Reporter, *The World Newspaper*

**Kevin Urban**, Parks and Recreation, *City of Coquille*

**Plan Finalized:** September 2013  
**Plan accepted by WOA. H Community Advisory Council:** October 2013

**For Questions or Copies Contact  
Coos County Public Health Department  
1975 McPherson Ave.  
North Bend, OR 97459  
(541) 751-2420**



COOS COUNTY *Public Health*

**Nikki Zogg, PhD, MPH**  
*Public Health Director*  
1975 McPherson #1  
North Bend, OR 97459  
Phone: 541-751-2425  
Fax: 541-751-2653  
Email: [nzogg@co.coos.or.us](mailto:nzogg@co.coos.or.us)



September 1, 2013

**Call to Action:**

Coos County is the 28th healthiest county in Oregon; we can do better!

My vision for Coos County is a healthier future. Achieving this vision cannot be accomplished alone. There are five principles that I am personally devoted to and hope that others will devote to as well in an effort to achieve a healthier Coos County.

The Roadmap to a Healthier Coos County:

- ✓ Commit: stay focused on the desired end result, leverage resources accordingly and stay the course despite setbacks
- ✓ Collaborate: work together with those of similar interests and passion to achieve goals faster and more efficiently
- ✓ Innovate: develop and implement new strategies that foster an environment that promotes health; where the healthy choice is the easy choice
- ✓ Invest: commit resources to the right places and encourage citizens, employers, elected officials, clergy, educators and community leaders to invest in their health and the health of others
- ✓ Lead: make sure the right decisions happen, no matter how difficult, for the long-term greatness of the community

Those who do not think they have the time or resources to make a difference, think again!

you can  
**Make A Difference...**

- ✓ Feed someone a nutritious meal
- ✓ Support the development of a new park
- ✓ Focus on your family
- ✓ Graduate
- ✓ Ask for more bike paths, walking trails or a boardwalk
- ✓ Help your neighbor
- ✓ Work
- ✓ Check-in with your doctor and dentist
- ✓ Socialize
- ✓ Adopt a health policy (e.g., provide healthy food options at meetings)
- ✓ Be responsible and accountable
- ✓ Play

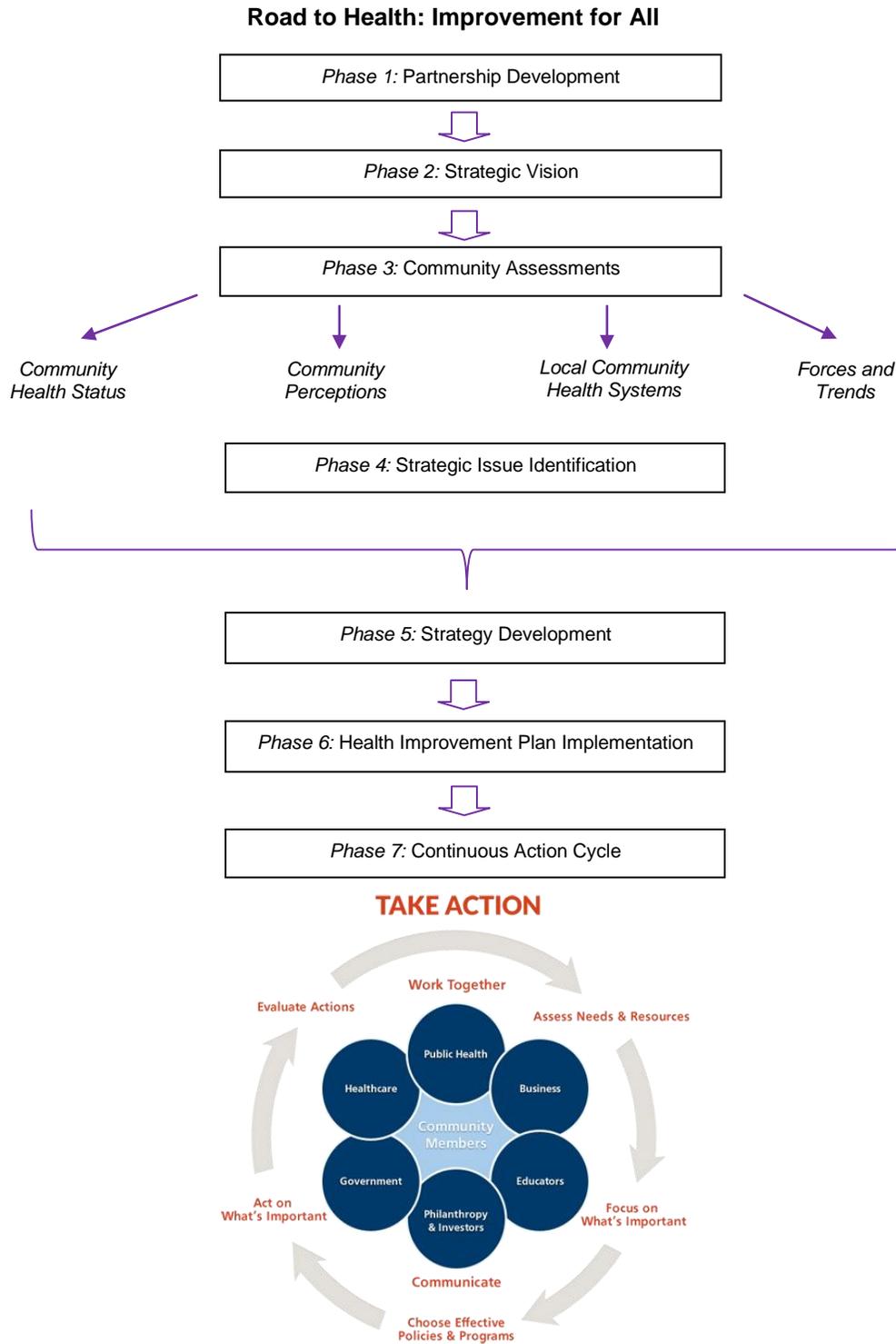
Dr. Nikki Zogg, Director  
Coos County Public Health

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# Community Health Improvement Planning Model

The Coos County Steering Committee was formed in 2013. The group members designed the following model to develop and implement a process that ensured both a tangible end product and a long-term sustainability plan.



# Health Priority Issues and Strategies

## Coos County Community Health Improvement Plan, 2013

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In June 2013, community leaders convened to (1) review local community health assessment findings, (2) review critical health priorities identified in the assessment, and (3) develop strategies, goals, objectives, measures timelines around the critical health priorities needing attention over the next three years. These community leaders represented several sectors of the community including hospitals, end of life care, clinics, mental health, public health, citizens, educators, city managers, elected officials and media.

The mission of the Coos County Community Health Steering Committee is: *to ensure people in Coos County live long, healthy and productive lives.*

The Steering committee reviewed current health data, and identified eight areas of concern: access to health care; chronic illness management; chronic illness prevention; dental health; fall prevention; maternal and child health; mental health; and socioeconomic disparities.

- **Access to Healthcare**
- **Chronic Illness Management**
- **Chronic Illness Prevention**
- **Dental Health**
- **Fall Prevention**
- **Maternal & Child Health**
- **Mental Health**
- **Socioeconomic Disparities**

# Issue 1: Access to Healthcare

## ***Why is this issue important to Coos County?***

Access to health services means the timely use of personal health services to achieve the best health outcomes. Access to healthcare impacts:

- ❖ Overall physical, social and mental health status
- ❖ Prevention of disease and disability
- ❖ Detection and treatment of health conditions
- ❖ Quality of life
- ❖ Preventable death
- ❖ Life expectancy

Disparities in access to health services affect individuals and society. Limited access to healthcare impacts people's ability to reach their full potential, negatively affecting their quality of life.

### **Barriers to accessing health services lead to:**

- ❖ Unmet health needs
- ❖ Delays in receiving appropriate care
- ❖ Inability to get preventive services
- ❖ Hospitalizations that could have been prevented

## ***What does the data say about Coos County?***

Access to healthcare continues to be a challenge for many Coos County residents. In Coos County, approximately 19% of residents are without insurance coverage. Among Coos County residents, 20.3% are Oregon Health Plan (OHP) eligible and of these, 87.8% are currently enrolled.

In addition, there is limited access to health services throughout much of the county, which results in delays in receiving appropriate care and preventive services. These delays likely impact the number of preventable hospital stays. The county rate of hospitalizations for ambulatory-care sensitive conditions is 67 per 1,000 Medicare enrollees. By comparison, the

rate in Oregon is 43. The national benchmark is 47. Coos Bay, Coquille/Myrtle Point, Powers and Bandon as well as neighboring cities just outside the county lines (i.e., Gold Beach and Reedsport), all have above average hospitalization rates for preventable conditions when compared to the state as a whole.

Coos County has worked towards creating an infrastructure that will support the current and anticipated health needs of the community. The county now has seven safety net clinics, which vary in the services they provide and the clients they serve. There is now improved access to some of the rural/frontier communities in the county; however, there is a constant need for qualified providers to staff the clinics. Identified threats to maintaining a qualified pool of providers include: provider shortage, costly recruitment, less competitive wages and competition with larger communities that tend to have more attractive communities/ amenities.

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer health care associated costs. Having a primary care provider (PCP) as a usual source of care is especially important. PCPs can develop meaningful and sustainable relationships with patients and provide integrated services while practicing in the context of family and community.

If individuals have timely access to the health services they need their overall health is better, they are more productive members of society, and the cost-burden they place upon themselves and the healthcare system is diminished.

## Community Health Improvement Plan: Access to Healthcare

Goals:	Objectives:	Community Resources	Measures (Outcomes/ Indicators)	Accountable Person(s)
<b>Goal 1:</b> Increase the proportion of persons with health insurance	<b>Objective 1.1:</b> By January 2014, improve access to enrollment opportunities for OHP eligible individuals/families.	Coquille Indian Tribe Community Health Center (CITCHC)	Number and type of access opportunities made	Kelle Little
	<b>Objective 1.2:</b> By September 2013, provide educational and enrollment opportunities for Cover Oregon (OR Health Care Exchange).	CITCHC, Western Oregon Advanced Health (WOAH), Coos County Public Health (CCPH), Bandon Community Health Center (BCHC), Oregon Coast Community Action (ORCCA)	Number and type of educational opportunities provided	Kelle Little, Lonnie Scarborough, Renee Hacker, Linda Maxon, Mike Lehman
	<b>Objective 1.3:</b> From 2013 to 2016, utilize outreach workers to enroll patients in insurance plans.	BCHC, Waterfall, CCPH, CITCHC	Percent of eligible OHP residents enrolled; Percent of privately insured	Linda Maxon, Kathy Laird, Kelle Little, Renee Hacker
<b>Goal 2:</b> Increase the proportion of persons with a usual primary care provider	<b>Objective 2.1:</b> By June 2014, decrease the proportion of unassigned patients leaving the hospital.	Bay Area Hospital (BAH), Southern Coos Hospital (SCH), Coquille Valley Hospital (CVH)	Number/percent of unassigned patients leaving the hospital	Melody Gillard-Juarez, Sannie Warbis, Donna Johnson
	<b>Objective 2.2:</b> By December 2013, identify and explain 1) limitations to assigning each resident a usual PCP and 2) characteristics of the population with unmet needs.	WOAH, Waterfall, BCHC, CCPH, Office of Rural Health, Oregon Health Authority (OHA)	Report completed	Lonnie Scarborough, Kathy Laird, Nikki Zogg, Linda Maxon
<b>Goal 3:</b> Increase the number of practicing primary care providers in Coos County	<b>Objective 3.1:</b> By June 2014, convene a group to address practitioner shortage and develop a recruitment package.	BCHC, Waterfall, WOAH, CITCHC, CCPH, SCH, BAH, CVH	Group convened and recruitment package completed	Linda Maxon
	<b>Objective 3.2:</b> From 2013 to 2016, increase provider capacity.	WOAH, Waterfall, BCHC, CITCHC, SCH	Ratio of patient to provider	Lonnie Scarborough, Kathy Laird, Kelle Little, Linda Maxon

	<b>Objective 3.3:</b> By December 2014, explore opportunities for establishing local internships for RNs, NPs, PAs and MDs.	BCHC, CITCHC	Number of new opportunities for internships	Linda Maxon
	<b>Objective 3.4:</b> By June 2015, improve monetary reimbursement for providers	BCHC, Waterfall, WOA	Salaries increased or additional incentives provided	Linda Maxon, Kathy Laird, Lonnie Scarborough
	<b>Objective 3.5:</b> By December 2013, explore private grant opportunities, and state and federal programs that provide training to local residents wanting to pursue healthcare practitioner careers and loan repayment options.	BCHC, Waterfall, WOA	# of education assistance programs offered to local residents # of loan repayment programs identified	Linda Maxon, Kathy Laird, Lonnie Scarborough
	<b>Objective 3.6:</b> By June 2014, expand use of J1 waivers for foreign-trained providers.	BCHC, Waterfall, WOA	Capability to accept J1 waivers expanded	Linda Maxon, Lonnie Scarborough, Kathy Laird
<b>Goal 4:</b> Increase the proportion of persons who obtain necessary medical care	<b>Objective 4.1:</b> From 2013 to 2016, ensure timely access (e.g., 30 days for routine appointments) to PCPs.	WOA, Waterfall, BCHC, CCPH, CITCHC	Timeliness from scheduling an appointment to being seen	Lonnie Scarborough, Kathy Laird, Nikki Zogg, Linda Maxon, Kelle Little
	<b>Objective 4.2:</b> By June 2014, ensure all OHP consumers with a chronic condition have an assigned Care Manager.	WOA	% of consumers with chronic conditions assigned a Care Manager	Lonnie Scarborough
	<b>Objective 4.3:</b> By June 2014, explore the feasibility of a Community Paramedic Program or a similar home visiting program.	CCPH, Bay Cities Ambulance, WOA	Feasibility determined	Nikki Zogg, Tim Novotny, Lonnie Scarborough
	<b>Objective 4.4:</b> By June 2014, identify a group to take on the development of a plan that addresses gaps in primary care and specialty care access, taking into consideration visiting specialists, telehealth, etc.	BAH, CVH, SCH, CITCHC, Office of Rural Health @ OSU, Bay Clinic, North Bend Medical Center (NBMC), BCHC, Waterfall, WOA, CCMH	Plan developed and implemented	Nikki Zogg, South Coast Health Alliance

	<b>Objective 4.5:</b> By June 2016, increase the number of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services.	WOAH, CCPH, CITCHC	Number increased	Nikki Zogg
<b>Goal 5:</b> Increase access to urgent care services	<b>Objective 5.1:</b> By June 2015, add at least one urgent care clinic in Coos County.	BAH, NBMC	One urgent care established	Sannie Warbis, Melody Gillard-Juarez, Lonnie Scarborough, Kathy Laird
	<b>Objective 5.2:</b> Promote increased access to urgent care or urgent care-like clinics to ensure appropriate utilization.	BAH, NBMC	New capacity promoted throughout community	Barb Bauder, Pam (NBMC)
<b>Goal 6:</b> Explore healthcare system models that improve health in rural communities	<b>Objective 6.1:</b> By September 2013, establish a county-wide advisory group that can make recommendations for new and innovative healthcare delivery models.	Coos County HHS, WOAH Clinic Advisory Panel	Recommendations made by advisory group	Barb Bassett, Nikki Zogg, Tracy Muday
	<b>Objective 6.2:</b> By June 2014, utilize telehealth technology in Coos County to fill service gaps.	SCH, CVH, BAH, CITCHC, Clinics	Telehealth implemented for some specialty areas	Melody Gillard-Juarez, Sannie Warbis, Kelle Little, Colleen Todd
<b>Goal 7:</b> Increase public transportation throughout the county	<b>Objective 7.1:</b> By June 2016, develop a taskforce to address public transportation gaps throughout the community.	CCPH, Coos County Area Transit, BAH, SCH, WOAH, CVH, CITCHC, APD	Public transit gaps identified and addressed	Coos County Area Transit
	<b>Objective 7.2:</b> From 2013-2016, continue to provide taxi vouchers for discharge and to improve compliance to appointments at BAH.	BAH, WOAH, BCHC, CITCHC	Taxi vouchers still in budget	Sannie Warbis, Lonnie Scarborough, Linda Maxon, Kelle Little
	<b>Objective 7.3:</b> By June 2014, address liability of volunteer drivers to transport patients to and from appointments.	WOAH	Liability issues identified and resolved	Lonnie Scarborough

## Issue 2: Chronic Illness Management

### *Why is this issue important to Coos County residents?*

Chronic conditions, often preventable, take the lives of over 500 Coos County residents each year. Cancer, heart disease, chronic lower respiratory diseases, cerebrovascular disease and diabetes are among the leading causes of these deaths. In addition, chronic diseases often lead to life-long disability. Diabetics alone are up to 80% more likely to develop a physical disability than non-diabetics. Certain behaviors, habits or addictions often cause these diseases, and include tobacco use, obesity, eating habits, physical inactivity and alcohol use.

**25%: THE PROPORTION OF DEATHS DUE TO CIGARETTE SMOKING EACH YEAR IN COOS COUNTY**

These preventable conditions can also have a negative impact on unborn children; often resulting in premature birth, low birth weight, stillbirth and infant death.

### *What does the data say about Coos County?*

According to the 2013 Robert Wood Johnson, County Health Ranking Study, Coos County ranks 28th (with 33rd being the worst) for overall health in Oregon. Much of this ranking is based on weights and measures for chronic disease morbidity and social determinants of health that influence the prevalence of chronic diseases.

In 2011, alone, 5,326 years of life were lost (YLL) in Coos County. YLL is an estimate of the average years a person would have lived if he or she had not died prematurely. 208 residents died from cancer in 2011. A great majority of these deaths were considered premature and equated to about 1,250 years of life lost (YLL). Heart disease was the second leading cause of death. 188 people died in 2011 from diseases of the heart and approximately 690 years of potential life were lost prematurely.

### Top 3 Leading Causes of Death in Coos County, 2011

Cause	#	Rate per 10,000
<b>Cancer</b>	208	32.9
<b>Heart Disease</b>	188	29.8
<b>Chronic Lower Respiratory Diseases</b>	60	9.5

These years of life lost have a significant impact on families and the community. Not only are there costs to the health care system, but there is also a cost to the local economy and employers. For example, a smoker costs a private employer an extra \$5,816 per year compared with a nonsmoker.

A healthy workforce is essential to the success of a community, but this is compromised when the burden of chronic disease is so high.

### *Chronic conditions by percent affected*

Chronic Conditions	Coos County	Oregon
Arthritis	28.4%	25.8%
Asthma	13.1%	9.7%
Heart Attack	7.3%	3.3%
Angina (chest pain)	7.7%	3.4%
Stroke	5.7%	2.3%
Diabetes	11.0%	6.8%
High Blood Pressure	28.5%	25.8%
High Cholesterol	41.8%	33.0%

Rates of chronic conditions far exceed the county as a whole when looking at certain subsets of the population. Those living in poverty have higher rates of diabetes, asthma, chronic bronchitis, etc. and few resources to manage their illnesses. Unfortunately, existing resources to assist persons with managing existing chronic illnesses are limited in Coos County. That being said, more individuals are insured than in the past and there are more safety net clinics and points of access than in previous years.

In addition, the developing capacity for targeted care management may also provide opportunities for improving the self-management of chronic illnesses.

## Community Health Improvement Plan: Chronic Illness Management

Goals:	Objectives:	Community Resources	Measures (Outcomes/Indicators)	Accountable Person(s)
<b>Goal 1:</b> Improve management of chronic illnesses in Coos County	<b>Objective 1.1:</b> By June 2014, ensure 80% of OHP eligible individuals/families are enrolled.	WOAH, Waterfall, BCHC, CCPH, CITCHC	% of eligible OHP individuals enrolled	Lonnie Scarborough
	<b>Objective 1.2:</b> By June 2014, have systems in place to increase capacity for assigning persons with chronic conditions to care managers.	WOAH, Waterfall, BCHC	Systems in place in each organization	Lonnie Scarborough, Kathy Laird, Linda Maxon
	<b>Objective 1.3:</b> By June 2015, establish a cancer navigator/survivorship program through BAH.	BAH	Cancer navigator/survivorship program in place	Sannie Warbis
	<b>Objective 1.4:</b> From 2013 to 2016, work with community partners (e.g., SNF's, critical access, assisted living, etc.) to decrease hospital readmissions.	BAH, SCH, CVH, WOA	Hospital readmission rates	Sannie Warbis, Melody Gillard-Juarez, Lonnie Scarborough
	<b>Objective 1.5:</b> From 2013 to 2016, home health and hospice organizations will collaborate and partner with care managers to decrease hospital readmissions and improve management of chronic illnesses.	Home Health Agencies, BAH, SCH, CVH	Collaboration and partnering reported	Linda Furman-Grile, Sannie Warbis, Melody Gillard-Juarez
	<b>Objective 1.6:</b> From 2014 to 2016, increase provider awareness of Adverse Childhood Experiences research.	WOAH, BCHC, Waterfall	Efforts made to increase provider awareness	Kathy Cooley
<b>Goal 2:</b> Develop a communication system that prevents patients from falling through the cracks within the Coos County health system	<b>Objective 2.1:</b> By September 2013, establish a county-wide advisory group that can make recommendations for new and innovative healthcare delivery models.	SCH, CVH, BAH, WOA, Waterfall, BCHC, SWOCC, OSU Extension, CITCHC	Group established and working towards developing and implementing new healthcare delivery models	See Issue 1: Goal 6: Objective 6.1
	<b>Objective 2.2:</b> By June 2014, assess gaps in existing resources and streamline chronic illness management programs (e.g., Living Well,	WOAH, OSU Extension, CHIP, CITCHC	Chronic illness management programs examined	Theresa Muday, Gregory Saunders, Kathy Saunders,

	Walk with Ease, CHIP, etc.).		in Coos County and streamlined where appropriate	Stephanie Polizzi, Kelle Little
	<b>Objective 2.3:</b> By June 2014, conduct a gap analysis and develop a plan to address shortfalls in federal and state support for end-of-life care.	Adults and People with Disabilities, Adult Protective Services, Home Health, Hospice	Gap analysis completed and plan developed	Linda Furman-Grile
	<b>Objective 2.4:</b> By December 2014, build and implement support systems for elderly who are at risk for falling through the cracks and are no longer have access to supportive care that was previously available to them.	Adults and People with Disabilities, Adult Protective Services, Home Health, Hospice	Support systems mapped and adopted by stakeholders	Mike Marchant
	<b>Objective 2.5:</b> By June 2014, determine if family members can continue to get training and payment through the state to provide in home care to family members unable to care for themselves.	Adults and People with Disabilities, Adult Protective Services, Home Health, Hospice	Determination made	Mike Marchant
	<b>Objective 2.6:</b> By June 2016, decrease hospital admissions and emergency department visits through alignment of supportive care systems.	Adults and People with Disabilities, Adult Protective Services, Home Health, hospice, BAH, SCH, CVH	Hospital readmission number/rate	Lonnie Scarborough, Sannie Warbis
	<b>Objective 2.7:</b> By December 2013, explore feasibility of a Community Paramedic Program in Coos County to decrease emergency department, clinic, and hospital readmission rates; provide transitional care from hospital/clinic to home, enhancing continuum of care, decrease non-essential ambulance transports, etc.	CCPH, Bay Cities Ambulance	Feasibility study completed	Nikki Zogg, Tim Novotny
<b>Goal 3:</b> Improve end-of-life housing and services	<b>Objective 3.1:</b> By March 2014, identify existing advocacy groups and resources to address inadequate housing for individuals at end-of-life or with debility.	Housing Authority, Veterans Administration, Churches, Aging and People with Disabilities	Existing advocacy groups and resources identified	Linda Furman-Grile

	<b>Objective 3.2:</b> By March 2014, work with agencies to identify resources to increase housing (e.g., Green House Project) for those at end-of-life, with debility, or chronically ill.	State Agencies, Housing Authority	Additional resources for increasing housing availability identified	Linda Furman-Grile
<b>Goal 4:</b> Increase school nursing capacity	<b>Objective 4.1:</b> By September 2015, increase the proportion of elementary, middle and senior high schools that have a registered school nurse (nurse-to-student ratio of at least 1:750) or other healthcare worker (e.g., non-traditional health worker or SBHC staff).	Schools, Nursing Association, CCPH, SWOCC, Waterfall	Proportion of nurse-to-student increased	South Coast Education Service District
	<b>Objective 4.2:</b> By June 2014, determine if there is a system in place for teachers to refer students to school nurses, school-based health centers, or community resources for chronic illness management concerns.	Schools, Teachers, Waterfall, CCPH	Determination made	South Coast Education Service District
	<b>Objective 4.3:</b> From 2013 to 2016, identify students with chronic illnesses and refer to school nurses, school-based health centers, or other resources for assessment.	Schools, teachers, CCPH, school nurses, Waterfall	Referral system in place	South Coast Education Service District
<b>Goal 5:</b> Improve health outcomes among persons with chronic illnesses	<b>Objective 5.1:</b> From 2013 to 2016, increase provider knowledge about whole food plant-based diets.	Kaiser Healthcare System, OSU Extension	Education (e.g., CME) provided to clinicians	Stephanie Polizzi
	<b>Objective 5.2:</b> By June 2015, explore implementation of Complete Health Improvement Program (CHIP) in Coos County.	BAH, CVH, SCH, Churches, WOA, CCPH	Implementation determined	Stephanie Polizzi, Greg and Kathy Saunders
	<b>Objective 5.3:</b> From 2013 to 2016, utilize policy, systems, and environmental (PSE) framework to develop and implement policies that make the healthy choice the easy choice for Coos County residents.	CCPH, City/County Officials, Schools, Worksites, Churches, CITCHC	Number and description of policies adopted	Nikki Zogg
	<b>Objective 5.4:</b> By December 2013, explore options to develop a Coos County Public Health or other health organization endorsement/seal of approval program and website that promotes healthy places/living by acknowledging	Chambers of Commerce, Coos County Friends of Public Health (CCFoPH), CCPH, Local Businesses, City Managers, Media	Determination made to develop program and website	Nikki Zogg

businesses/organizations that contribute positively to the health of the Coos County residents and visitors.

**Objective 5.5:** By June 2014, determine what healthcare providers in Coos County will adopt and implement a Fruit & Vegetable Prescription Program that connects low-income individuals with local, farm fresh foods.

Healthcare Providers,  
CCPH, WOA, BCHC,  
Waterfall/SBHC, CITCHC

Number of providers  
adopting and  
implementing a Fruit  
& Vegetable  
Prescription Program

Nikki Zogg

## Issue 3: Chronic Illness Prevention

### *Why is this issue important to Coos County residents?*

Preventing chronic illness is an important issue to all Coos County residents because when we do not individually or collectively take measures to stay healthy, the costs are huge.

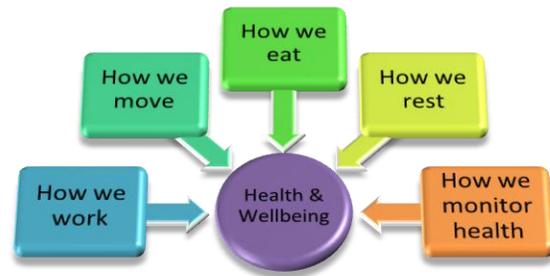
There is a human cost to chronic illness. Not only are there years of life lost due to premature death, but there is also a decline in the quality of life. Chronic conditions often result in decreased mobility, affecting employment, play and the ability to complete essential tasks like grocery shopping, banking and going to church.

**1,250: THE YEARS OF LIFE LOST IN COOS COUNTY EACH YEAR DUE TO PREMATURE DEATHS FROM CHRONIC ILLNESSES**

There is also an economic cost to chronic conditions. Having a chronic condition typically results in being on more medications, requiring medical devices or regular monitoring, more frequent doctors visits, hospitalizations, days of lost work; and higher insurance and medical costs than those who do not have a chronic condition.

Fortunately, there are many things that we can do individually and as a community to decrease the risk for chronic conditions. Creating an environment that promotes healthy living is key to the community's success in preventing chronic conditions. By being a healthy community we increase productivity and economic growth.

Everything that we do, from how we monitor our health to how we work, impacts our health and wellbeing.



### *What does the data say about Coos County?*

Coos County is a physically active community! However, much of our infrastructure does not support our desire to be physically active. There are few pathways that connect housing developments to essential services, and the sidewalk systems lack connectivity to many areas where essential services are located.



Coos County is also a great community for cycling, but the lack of safe bike paths and connected bikeways for potential commuters and students traveling to and from school discourages this activity. Furthermore, destinations such as grocery stores, restaurants, schools, parks, and churches lack racks for securing bikes.



In addition, access to affordable healthy foods continues to be a challenge. Approximately, 5% of low-income residents do not live close to a grocery store. School nutrition is also a concern

as well as the quality of items available in food pantries.



For many years, health programs have focused on individual behavior, assuming that if you teach people what will make them healthy, they will find a way to do it. While individual choice is paramount to being healthy, public health professionals now realize that it is not enough to know how to be healthy; individuals need practical, readily available healthy options around them.

A framework for creating a culture of health in Coos County is referred to as *policy, systems, and environmental (PSE) change*. PSE is a way of modifying the environment to make healthy choices practical and available to all community members. By changing policies, systems and/or environments, communities can help tackle health issues like obesity, diabetes, cancer and other chronic diseases.

Where people live affects how they live; they simply cannot make healthy decisions if healthy options are not available to them. Policy, systems and environmental change makes healthier choices a real, feasible option for every community member by looking at laws, rules and environments that impact our behavior. By creating an infrastructure that allows for the healthy choice to be the easy choice the community enables positive, confident and healthy behavior.

PSE Examples	
<b>Policy</b>	Increasing tobacco tax, passing a law allowing residents to plant community gardens in vacant lots, schools establishing a policy that prohibits junk food in school fundraisings drives
<b>Systems</b>	Creating a community plan to account for health impacts of new projects, creating a certification system for school bake sales to ensure they are in line with school wellness policy
<b>Environmental</b>	Municipality undertakes a planning process to ensure better pedestrian and bicycle access to main roads and parks; community development includes neighborhood corridors with pedestrian accommodations meeting the needs of seniors (e.g., adequate benches and ramped sidewalks)

## Community Health Plan: Chronic Illness Prevention

Goals:	Objectives:	Community Resources	Measures (Outcomes/Indicators)	Accountable Person(s)
<b>Goal 1:</b> Decrease tobacco initiation and use	<b>Objective 1.1:</b> By January 2014, develop a strategic plan that takes a comprehensive approach to addressing tobacco initiation and use in Coos County.	CCPH, WOA, BAH, SCH, CVH, American Cancer Society, School Wellness Committees, City/County Parks, City/County Officials, CITCHC	Strategic plan completed	Stephen Brown, Nikki Zogg
	<b>Objective 1.2:</b> By March 2014, develop a policy agenda that decreases youth exposure to tobacco products and decreases likelihood for initiation and use.	CCPH, School Wellness Committees, Youth Programs/Organizations, Teen Parent Program, The Network for Public Health Law, CITCHC	Policy agenda developed	Stephen Brown
	<b>Objective 1.3:</b> From 2013 to 2016, advocate for smoke-free ordinances for city and county parks and provide consultation to city and county officials.	CCPH, City/County Parks, The Network for Public Health Law	Number of consultations provided and policies adopted	Stephen Brown
<b>Goal 2:</b> Increase opportunities for physical activity	<b>Objective 2.1:</b> By January 2014, develop a strategic plan for addressing physical inactivity.	CCPH, City/County Parks & Recreation, Roads Departments, CITCHC	Strategic plan completed	Nikki Zogg
	<b>Objective 2.2:</b> By December 2013, explore funding options for the development of a Rails to Trails project; connecting Coquille to Myrtle Point.	CCPH, Coos County Parks & Recreation, City of Coquille, City of Myrtle Point, CITCHC	Funding options identified	Nikki Zogg
<b>Goal 3:</b> Improve nutrition	<b>Objective 3.1:</b> By January 2014, develop a strategic plan for addressing poor nutrition/malnutrition.	Oregon Family Nutrition Program/OSU Extension, CCPH, School Wellness Committees, SWOCC, MOMS, CCPH, BAH, SCH CVH, WOA, BCHC, Food Banks, Churches,	Strategic plan completed	Nikki Zogg, Stephanie Polizzi, Kathy Saunders

	Elected Officials, SNAP, WIC		
<b>Objective 3.2:</b> From 2013 to 2016, continue to support breast feeding programs and workplaces that support breastfeeding moms.	CCPH, WIC, OSU Extension, BAH, CVH, SCH, midwives, CITCHC	Percent of moms reporting breastfeeding	Kourtney Romine
<b>Objective 3.3:</b> From 2013 to 2016, advocate to parents and day care providers to decrease screen time among youth.	CCPH, WIC, Head Start, CITCHC After School Program, ORCCA	Number and type of advocating efforts; day care providers adopting screen time policies	Nikki Zogg, Mike Lehman
<b>Objective 3.4:</b> By June 2015, develop and implement a community-wide plan that identifies innovative ways to increase access to Farmer's Markets and improve affordability for low-income families.	OSU Extension, CCPH, CITCHC	Plan developed and implemented	Nikki Zogg, Stephanie Polizzi
<b>Objective 3.5:</b> By June 2014, increase access to the Complete Health Improvement Program (CHIP) throughout the county.	BAH, CVH, SCH, Churches, WOAHA, CCPH, Greg & Kathy Saunders	Opportunities to access CHIP increased	Greg & Kathy Saunders, Stephanie Polizzi
<b>Objective 3.6:</b> By June 2015, improve nutrition standards and donations in food banks.	Kathy Saunders, OSU Extension, CCPH, CITCHC	New nutrition standards adopted	Nikki Zogg, Kathy Saunders, Stephanie Polizzi
<b>Objective 3.7:</b> By June 2014, mobilize community resources such as EAT and FEAST to improve access to healthy, affordable food options.	CCPH, OSU Extension, Kathy Saunders, CITCHC	Access to healthy, affordable food increased	Nikki Zogg, Kathy Saunders, Stephanie Polizzi
<b>Objective 3.8:</b> By June 2014, explore feasibility of implementing Farm-to-School programs throughout the county.	CCPH, Schools, Local Farmers, Elected Officials	Determination made	Nikki Zogg
<b>Objective 3.9:</b> By June 2014, explore feasibility of expanding community gardens in schools, and planting orchards on schools grounds.	Schools, CCPH, elected officials, Coquille Valley Seed Library, OSU Extension	Determination made	Nikki Zogg

<b>Goal 4:</b> Increase the number of policies for the built environment that enhance access to and availability of physical activity opportunities	<b>Objective 4.1:</b> By June 2014, identify funding opportunities to staff a full-time health policy analyst position that specializes in policy, systems and environmental health.	CCPH, WOA, BCHC, Waterfall, BAH, SCH, CVH, CITCHC	Funding identified and being pursued	Nikki Zogg
	<b>Objective 4.2:</b> From 2013 to 2016, increase the proportion of trips made by walking/bicycling.	CCPH, City/County Managers, Media, Workplaces, CITCHC	Trips made by walking/bicycling increased	Nikki Zogg
	<b>Objective 4.3:</b> From 2013 to 2016, emphasize and promote public parks and open spaces in land use planning.	CCPH, City/County Managers, Elected Officials, Businesses	Public parks and open spaces integrated into new land use plans	Nikki Zogg
	<b>Objective 4.4:</b> From 2013 to 2016, emphasize and promote a variety of recreational and civic facilities in land use planning.	CCPH, City/County Managers, Elected Officials, Businesses	Number of new recreational and/or civic facilities added or in process of being added	Nikki Zogg
	<b>Objective 4.5:</b> From 2013 to 2016, promote a pedestrian and bike-friendly community.	CCPH, City/County Managers, Elected Officials, Chambers of Commerce, Businesses, Workplaces, Media	Number of new bikeways and walk/bike paths	Nikki Zogg
	<b>Objective 4.6:</b> From 2013 to 2016, increase mode choices (e.g., bike, walking, transit, boat/kayak) and route choices (connectivity of routes) to increase travel options and reduce reliance on automobile travel.	CCPH, City/County Managers, Elected Officials, Businesses/Developers, Coos County Area Transit, CITCHC	Number of new alternative transportation options	Nikki Zogg
<b>Goal 5:</b> Promote and support a viable recreation and tourism program that encourages physical activity	<b>Objective 5.1:</b> By December 2015, explore options to promote use of logging roads for running or mountain biking.	Visitor's Convention Bureau, Chambers of Commerce, Oregon's Adventure Coast, Elected Officials, city/county management	Inclusion in city/county planning for recreation opportunities	Nikki Zogg
	<b>Objective 5.2:</b> By December 2014, explore opportunities to increase kayaking and canoeing	Visitor's Convention Bureau, Chambers of	Inclusion in city/county planning for	Nikki Zogg

	opportunities in Coos County.	Commerce, Oregon's Adventure Coast, Friends of the South Slough Reserve, Elected Officials, city/county management	recreation opportunities
<p><b>Goal 6:</b> Increase the proportion of elementary, middle and senior high schools that provide comprehensive school health education to prevent health problems</p>	<p><b>Objective 6.1:</b> By September 2015, increase the proportion of schools that provide comprehensive school health education to prevent health problems in tobacco use and addiction.</p> <p><b>Objective 6.2:</b> By September 2015, increase the proportion of schools that provide comprehensive school health education to prevent health problems in alcohol use and other drug use.</p> <p><b>Objective 6.3:</b> By September 2015, increase the proportion of schools that provide comprehensive school health education to prevent health problems related to unhealthy dietary patterns.</p> <p><b>Objective 6.4:</b> By September 2015, increase the proportion of schools that provide comprehensive school health education to prevent health problems related to inadequate physical activity.</p> <p><b>Objective 6.5:</b> By September 2015, increase the proportion of schools that provide comprehensive school health education to promote personal health and wellness in personal hygiene (e.g., hand hygiene; oral health; growth and development; sun safety; benefits of rest and sleep; ways to prevent vision and hearing loss; and importance of health screenings/checkups).</p> <p><b>Objective 6.6:</b> By September 2015, increase</p>		<p>South Coast Education Service District, Superintendents</p> <p>South Coast</p>

	the proportion of schools in Coos County that follow their district-wide Wellness Policy.			Education Service District, Superintendents
	<b>Objective 6.7:</b> By September 2015, increase the number of schools who provide 30 minutes active play for K-12, 5 days per week.			South Coast Education Service District, Superintendents
<b>Goal 7:</b> Improve opportunities for healthy worksites	<b>Objective 7.1:</b> By June 2014, provide healthy food choices in cafeterias at hospitals, schools and other worksite cafeterias.	BAH, CVH, SCH, School Districts, OSU Extension	Healthy food choices available	Sannie Warbis, Stephanie Polizzi
	<b>Objective 7.2:</b> By June 2016, provide a gym for employees at BAH.	BAH	Gym available to staff	Sannie Warbis
<b>Goal 8:</b> Improve linkage between post-secondary education programs at SWOCC to workforce needs of the community	<b>Objective 8.1:</b> By June 2014, develop a taskforce to identify training and education needs of the Coos County healthcare delivery system.	CCPH, WOA, BAH, SCH, CVH, SWOCC	Taskforce formed, training and education needs identified	Nikki Zogg
	<b>Objective 8.2:</b> By June 2016, leverage resources to implement training and education programs at SWOCC that meet the needs of the public health and health care delivery system in Coos County.	CCPH, SWOCC, Local Businesses, Chambers of Commerce	Linkages formed between education system and local business/industry	Nikki Zogg

## Issue 4: Dental Health

### ***Why is this issue important to Coos County residents?***

The health of the mouth and surrounding craniofacial (skull and face) structures is central to a person's overall health and well-being. Oral and craniofacial diseases and conditions include:

- Dental caries (tooth decay)
- Periodontal (gum) disease
- Cleft lip and palate
- Oral and facial pain
- Oral and pharyngeal (mouth and throat) cancers

Dental caries is the most common infectious disease affecting humans and is caused by bacteria colonizing the tooth surfaces. Dental caries can cause pain, small pits or holes in teeth, food deposits between teeth, sensitivity to hot and cold foods and beverages, bad breath, a bitter taste in the mouth, swelling of the gums, and facial swelling. Fortunately, dental caries can be prevented.

People who have the least access to preventive services and dental treatment have greater rates of oral disease.

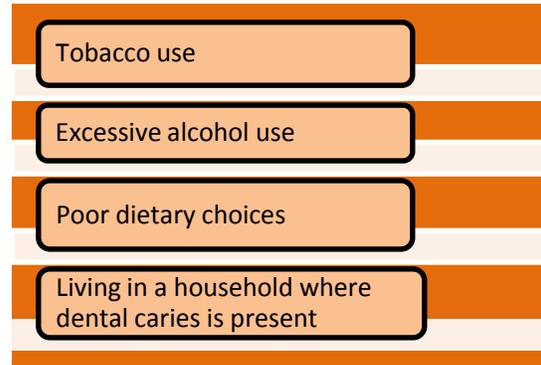
### ***What does the data say about Coos County?***

In Coos County, approximately 40% of adults do not have dental insurance. More than 600 adults visited the Bay Area Hospital Emergency Department for dental services in 2012; the majority of these being Medicaid patients.

Historically, children have had limited access to preventive dental services resulting in nearly half of all children ages 6 to 9 years of age having at least one cavity. In addition, 1 out of every 5 of this age group has untreated tooth decay and 1 out of 7 has rampant tooth decay.

Between the capacity of dentists in Coos County, the school-based dental sealant program, and donated dental services, there is fairly good access to dental services for children. The school-based dental sealant program, Ready to Smile, applied sealants to 10,194 teeth in 2012-2013.

Health behaviors that can lead to poor oral health include:



Tobacco use among adults in Coos County far exceeds the amount of use across the state. Over 28% of Coos County residents smoke, while just 17% smoke statewide.

31.7% of adult males in Coos County report binge drinking (i.e., 5 or more drinks of alcohol on one occasion), while just 18.7% report binge drinking across the state. Interestingly, less women report binge drinking in Coos County than statewide.

Poor dietary choices can be influenced by cost, access, and cultural norms. In Coos County, over half (54.5%) of children are eligible for free or reduced school meals and 28% participate in the summer food program. Approximately, 30% of residents received Supplemental Nutrition Assistance Program benefits. Healthier foods are typically more costly than unhealthy foods and fast food restaurants tend to have cheaper meals, which often results in those living with poverty choosing to eat unhealthier foods in order to afford other basic needs such as housing or fuel. Lastly, belief systems, multigenerational poverty and eating habits have created barriers for improving nutrition in subsequent generations.

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, touch, chew, swallow, and make facial expressions to show feelings and emotions.

## Community Health Improvement Plan: Dental Health

Goals:	Objectives:	Community Resources	Measures (Outcomes/Indicators)	Accountable Person(s)
<b>Goal 1:</b> Prevent caries by reducing the proportion of dental caries experience in primary or permanent teeth	<b>Objective 1.1:</b> By December 2013, implement a WIC-Dental linkage.	Coos County Public Health (CCPH), Advantage Dental, Dental providers	WIC-Dental linkage operational	Nikki Zogg
	<b>Objective 1.2:</b> From 2013 to 2016, develop a standardized process and tool to annually measure caries incidence among youth.	Ready to Smile (RTS), Oregon Community Foundation, Advantage Dental, Pacific Northwest Evidence-based Practice Center, Practice-based Research in Oral Health Network	Process and tool developed; Incidence rates	Dane Smith, Cecilee Shull
	<b>Objective 1.3:</b> From 2013 to 2016, maintain existing programs that provide preventive services to youth.	Oregon Community Foundation, Advantage Dental, Free Dental Day providers, schools	Programs remain in existence	Dane Smith/Nikki Zogg
	<b>Objective 1.4:</b> By June 2016, increase the proportion of children and adolescents who have received dental sealants on their molar dentition.	RTS, CCPH, Dental providers, parents, OHP	Number sealants placed, annually, decrease in dental decay/caries	Dane Smith, Nikki Zogg
	<b>Objective 1.5:</b> By June 2016, decrease caries risk at home by educating parents about risk factors in the home.	CCPH, RTS, Dental Providers, Parents	Decrease in dental decay/caries	Nikki Zogg
	<b>Objective 1.6:</b> By June 2016, increase risk countermeasures during in-office dental preventive service visits.	OHP Dentists	OHP metrics	Advantage Dental
	<b>Objective 1.7:</b> During school year 2015/2016, conduct study to assess caries among 6th and 7th grade students in Coos and Curry Counties.	RTS, Volunteers, Schools, Pacific Northwest Evidence-based Practice Center, Practice-based	Rate of caries among 6th and 7th grade students	Dane Smith, Cecilee Shull

		Research in Oral Health Network		
<b>Goal 2:</b> Reduce the proportion of untreated dental decay	<b>Objective 2.1:</b> From 2013 to 2016, monitor incidence of untreated dental decay	RTS, Advantage Dental	Incidence of untreated dental decay	Advantage Dental
	<b>Objective 2.2:</b> By June 2016, improve referral processes and timely visits for youth with existing dental decay	RTS, OHP dentists, parents, schools, Head Start, WIC, CITCHC	Percent of referral success, time from referral to appointment	Advantage Dental
<b>Goal 3:</b> Increase the proportion of adults who receive preventive interventions in dental offices	<b>Objective 3.1:</b> By June 2016, increase dental office capacity.	Advantage Dental, Cover Oregon, Oregon Coast Community Action (ORCCA), Dental Society	Provider-patient ratio	Dane Smith, Nikki Zogg
	<b>Objective 3.2:</b> From 2013 to 2016, assist OHP eligible clients in finding a dental provider.	Cover Oregon, OHP, CCPH, Waterfall, BCHC, WOA, CITCHC	Percent of eligible with an assigned provider	Advantage Dental/OHP
<b>Goal 4:</b> Increase opportunities for Medicare-eligible patients to receive dental care	<b>Objective 4.1:</b> By June 2016, ensure all Medicare recipients are assigned to a dentist.	Advantage Dental, Dental Society	Number/percent assigned	Dane Smith
	<b>Objective 4.2:</b> From 2013 to 2016, increase the number of dentists participating in OHP and private insurance programs.	Advantage Dental, Dental Society, OHP	Number/percent of dentists participating in OHP and private insurance	Advantage Dental/Office of Rural Health
<b>Goal 5:</b> Increase the proportion of children, adolescents and adults who used the oral health system in the past year	<b>Objective 5.1:</b> From 2013 to 2016, increase oral health literacy.	CCPH, Advantage Dental, Dental Society, Parents, Media	Increase in annual visits to dentist	Dane Smith
	<b>Objective 5.2:</b> By June 2016, implement targeted case management (TCM) following school and dental office screenings.	Advantage Dental, Dental providers, RTS	TCM implemented	Ready to Smile, Dental Society
	<b>Objective 5.3:</b> By June 2016, implement a process for adults to sign-up or self-refer for TCM.	Advantage Dental	Process implemented	Lonnie Scarborough
<b>Goal 6:</b> Increase the proportion of oral health programs at Coos	<b>Objective 6.1:</b> By December 2013, implement a WIC-Dental linkage program at CCPH.	Advantage Dental, CCPH, Dental providers	Program implemented	Nikki Zogg
	<b>Objective 6.2:</b> By June 2016, identify funding to	OCF, Advantage Dental,	Resources to sustain	Nikki Zogg

County Public Health and Waterfall Clinic	<p>sustain and increase existing programs (e.g., Ready to Smile, Free Dental Day, and Cavity Free Kids).</p> <p><b>Objective 6.3:</b> By June 2015, coordinate school-based activities to facilitate standardization, TCM, and the ability to follow youth through adulthood.</p>	<p>Dental Society, CCPH, Coos County Friends of Public Health, Waterfall</p> <p>RTS, OCF, Advantage Dental, Waterfall Clinic, CCPH</p>	<p>existing programs obtained</p> <p>Standardized process in place</p>	<p>Cecilee Shull, Dental Society</p>
<b>Goal 7:</b> Improve oral health education	<p><b>Objective 7.1:</b> By September 2015, increase the proportion of schools that provide comprehensive school health education to promote personal health and wellness in oral health and prevent dental caries.</p> <p><b>Objective 7.2:</b> From 2013 to 2016, increase oral health literacy.</p> <p><b>Objective 7.3:</b> By June 2014, convene a group to develop a common branding/marketing strategy (e.g., Cavity Free Kids, Cavity Free Coast) to educated and inform citizens.</p>	<p>Advantage Dental, CCPH, Ready to Smile, Schools and School Boards</p> <p>CCPH, Advantage Dental, Dental Society, Parents, Media</p> <p>CCPH, Advantage Dental, Dental Society, media, OCF</p>	<p>Number/percent of school providing comprehensive school health ed</p> <p>Increase in annual visits to dentist</p> <p>New branding strategy developed</p>	<p>Cecilee Shull</p> <p>Dane Smith</p> <p>Dane Smith</p>

## Issue 5: Fall Prevention

### ***Why is this issue important to Coos County residents?***

Most older adults want to remain in their communities as long as possible. Unfortunately, when they acquire disabilities, there is often not enough support available to help them.

Injuries from falls often cause severe disability among survivors. Injuries from falls lead to:

- Fear of falling
- Sedentary behavior
- Impaired function
- Lower quality of life

**Falls are the leading cause of death due to unintentional injury among older adults**

Each year, 1 out of 3 older adults falls. Early prevention and physical activity can help prevent falls and associated injuries. Unfortunately, less than 20% of older adults engage in enough physical activity, and fewer do strength training.

By providing resources to help older adults stay physically active, they have the ability to remain self-sufficient, healthy, and independent in their homes.

### ***What does the data say about Coos County?***

In 2011, falls were the leading cause of unintentional injury death in Coos County. Fall related deaths occurred at a rate of 31.7 for every 100,000 people. The national benchmark is 7.0 for every 100,000.

The majority of deaths related to falls in Coos County occurred in individuals 75 years of age or older. Women were two time more likely to die from falls than men.

**698: The number of falls resulting in hospitalization between 2009 and 2011 in Coos County.**

Unfortunately, in Coos County, there are few resources for older adults to assist them in staying physically active. In many areas, sidewalks are not connected or they are in need of repair or upgrading (e.g., sloped curbs at cross walks), access to paved walking paths is limited, and there are limited opportunities to exercise in community settings.

Exercise programs have shown success in preventing falls among older adults. Many programs have shown improvements in balance, strength, flexibility, and endurance.



Other successful methods to prevent falls include:

- **Exercise regularly:** exercises that focus on increasing strength in the legs, core, and hips are most beneficial
- **Home safety inspections:** remove falling hazards (e.g., rugs, cords, slippery surfaces, unsafe stairs) and install safety devices: such as grab bars railings, and improved lighting
- **Vision checks:** every two years
- **Medication reviews:** regular reviews by your physician and pharmacist will help eliminate any possible side-effects or interactions of medications
- **Annual medical check-ups:** stay up-to-date on health conditions and self-management

## Community Health Improvement Plan: Fall Prevention

Goals:	Objectives:	Community Resources	Measures (Outcomes/ Indicators)	Accountable Person(s)
<b>Goal 1:</b> Prevent fall-related injuries and deaths among adults aged 65 and older	<b>Objective 1.1:</b> By January 2014, identify funding opportunities for fall prevention programs.	SCH, BAH, Bay Cities Ambulance, Mill Casino	Funding opportunities identified	?
	<b>Objective 1.2:</b> By June 2014, establish a task force to develop and implement a comprehensive community-wide fall prevention plan.	Area Agency on Aging, Aging and People with Disabilities, Veterans Affairs, Bay Cities Ambulance, churches	Task force formed and plan developed and implemented	Laurie Austin
	<b>Objective 1.3:</b> By January 2015, seek grant funds to provide vitamin D vouchers to elderly.	BAH	Funding awarded and system in place to distribute vouchers	Sannie Warbis
	<b>Objective 1.4:</b> From 2013 to 2016, decrease emergency department visits due to falls among older adults.	BAH,SCH, CVH, Bay Cities Ambulance	Rate of decrease	Sannie Warbis, Melody Gillard-Juarez, Tim Novotny
	<b>Objective 1.5:</b> By June 2015, identify resources for home improvement and Lifeline Medical Alert System in homes to reduce risk for falls and debility or death due to inability to call for help.	Area Agency on Aging, Aging and People with Disabilities, Veterans Affairs, Bay Cities Ambulance, Churches	Resources identified and easily accessible to public	Laurie Austin, JJ McCloud

## Issue 6: Maternal and Child Health

### *Why is this issue important to Coos County?*

Improving the well-being of mothers and children is an important public health goal for Coos County. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system.

Pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children. Health risks include:

- ❖ Hypertension and heart disease
- ❖ Diabetes
- ❖ Depression
- ❖ Genetic conditions
- ❖ Sexually transmitted diseases
- ❖ Tobacco use and alcohol abuse
- ❖ Inadequate nutrition
- ❖ Unhealthy weight

The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and interconception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential.

### *What does the data say about Coos County?*

Coos County has relatively low fetal mortality rate, with an estimated rate of 3.6 deaths per 1,000 live births. These are better than the national benchmark of 5.6 fetal deaths per 1,000 live births. In addition, Coos County regularly reports a low birth weight rate that is better than both the national average and benchmark.

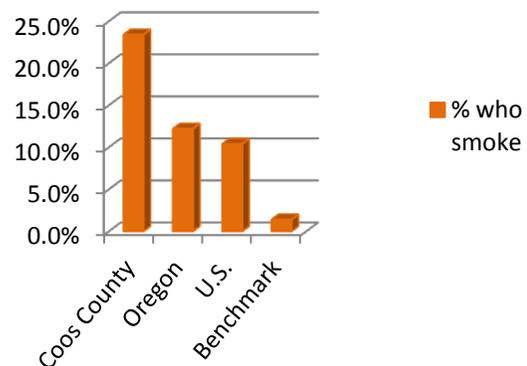
***Low birth weight affects 68 newborns for every 1,000 born in Coos County each year.***

In 2011, there were 577 reported births in Coos County. 90.5% of these were in women age 20 years or older and 3.1% of births occurred in women 10 to 17 years of age.

In Coos County, 72.9% of expectant mothers received prenatal care in the first trimester, while 0.3% received no prenatal care during pregnancy in 2011. While Coos County is better than the national average (70.8%) when it comes to receiving prenatal care in the first trimester, it falls short of meeting the national benchmark of 77.9%.

Smoking is detrimental to the health of both mothers and their fetuses. Nationally, 10.4% of pregnant women smoke. The national benchmark is 1.4%. In Coos County, 23.4% of pregnant women report smoking during pregnancy.

### **% of Pregnant Women Who Smoked**



Socioeconomics plays an important role in how children and women thrive in their community. In Coos County, 19% of children are living in single-parent households. The majority of these households benefit from the Women, Infants, and Children (WIC) program, which provides food vouchers and nutrition counseling to those pregnant moms and children from birth to 5

years of age living in poverty. On a positive note, 89.5% of the new moms on WIC start out breastfeeding, which exceeds the national benchmark of 81.9%.

Maternal and child health is an important issue to Coos County residents because their well-being determines the health of the next generation.

There are a few areas where Coos County residents can work to improve health outcomes among these populations. If a community effort could be made in the following areas our children would have a better, healthier future.

- ✓ ***Decrease tobacco use among pregnant and postpartum women***



- ✓ ***Improve access to prenatal care in the first trimester***



- ✓ ***Support a two-parent family model***



- ✓ ***Provide more opportunities for continuing education and jobs***



Those who have the skills and resources to address these issues (e.g., citizens, employers, local government, clergy, and teachers.) should do so, knowing that their efforts will result in a more vibrant community.

## Community Health Improvement Plan: Maternal and Child Health

Goals:	Objectives:	Community Resources	Measures (Outcomes/ Indicators)	Accountable Person(s)
<b>Goal 1:</b> Increase the proportion of pregnant women who receive early and adequate prenatal care	<b>Objective 1.1:</b> From 2013 to 2016, community care managers will enroll and assign new pregnant moms to a health care provider.	WOAH, Oregon Mothers Care, CCPH, CITCHC, Pregnancy Resource Center	Percent of moms receiving early (first trimester) prenatal care	Lonnie Scarborough
	<b>Objective 1.2:</b> By June 2014, identify barriers to prenatal care.	WOAH, CCPH, Prenatal Taskforce	Barriers identified	Lonnie Scarborough, Kathy Cooley, Carolyn Jacobsen
	<b>Objective 1.3:</b> By June 2014, seek funding from March of Dimes or other organizations to fund special projects that support the goal.	Perinatal Taskforce	Funding awarded	?
	<b>Objective 1.4:</b> From 2013 to 2016, increase targeted education to specific community groups about the benefits of early prenatal care based on identified barriers.	Perinatal Taskforce, Media	Education efforts enhanced	?
	<b>Objective 1.5:</b> By June 2014, expand and enhance coordination among existing rural health education and referral systems.	Perinatal Taskforce, WOA, BAH, CVH, SCH, CCPH, CITCHC, Health care Providers	Education and referral system evaluated and improved	Lonnie Scarborough
<b>Goal 2:</b> Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women	<b>Objective 2.1:</b> By June 2015, improve attendance of OHP patients to MOMS case management program.	BAH, ADAPT, WOA, CCMH, CCPH	MOMS able to be expanded	Sannie Warbis
	<b>Objective 2.2:</b> From 2013 to 2016, continue to screen pregnant women for tobacco use.	WOAH, Healthcare Providers, ADAPT	Screening increased	Lonnie Scarborough
	<b>Objective 2.3:</b> From 2013 to 2016, improve referral systems and attendance to Moms in Recovery.	ADAPT, CCPH, MOMs, Pregnancy Resource Center, Healthcare Providers	Systems improved	Kourtney Romine, Kathy Cooley

	<b>Objective 2.4:</b> From 2013 to 2016, expand ADAPT resources in the southern part of the county.	Community Corrections, ADPAT	ADAPT resources expanded	Deidre Lindsey, Mike Krim
	<b>Objective 2.5:</b> By December 2014, identify resources for postpartum support for moms who reduced or quit using tobacco during pregnancy.	Home Visiting Programs, WIC, Peer Breastfeeding program, BAH, CVH, SCH, MOMS, Family, Peers, Media	Resources identified and made available	Stephen Brown
<b>Goal 3:</b> Increase the proportion of pregnancies that are intended	<b>Objective 3.1:</b> By September 2015, increase the proportion of schools and youth organizations that provide health education to prevent unintended pregnancy among youth.	Schools, School-based Health Centers, Girls & Boys Club, youth groups, Coquille Indian Tribe After School Program	Number of schools and youth organizations providing education	Lena Hawtin
	<b>Objective 3.2:</b> From 2013-2016, increase family planning services and timely access to services.	Pregnancy Resource Center, WOA, Waterfall, BCHC, CCPH	Access opportunities increased	Lena Hawtin
	<b>Objective 3.3:</b> By December 2014, increase Pregnancy Resource Center information and education.	Pregnancy Resource Center, CCPH	Information & education enhanced	Lena Hawtin
<b>Goal 4:</b> Improve family support systems	<b>Objective 4.1:</b> By June 2014, increase opportunities for parents to enroll in Healthy Start, Babies First, CaCoon, and other home visiting programs.	CCPH, Relief Nursery, Teen Parent Program	Describe how opportunities were increased	Kathy Cooley
	<b>Objective 4.2:</b> From 2013-2016, increase proportion of children aged 0-17 years living with at least one parent employed year-round, full-time.	Healthcare Community, Faith-based Organizations, Employers, Media, Chambers of Commerce, Port Authorities	Percent of children 0-17 years living with at least one parent employed year-round, full-time	Nikki Zogg
	<b>Objective 4.3:</b> From 2013-2016, increase the proportion of households with two parents.	Healthcare community, Faith-based Organizations, Media	Percent of households with two parents	Nikki Zogg
	<b>Objective 4.4:</b> By June 2014, increase resources to parents experiencing perinatal	BAH, CCMH, CCPH, MOMS, Childcare	Describe how resources were	Carolyn Jacobsen. Jeana

	mood disorder.	Providers	increased	
	<b>Objective 4.5:</b> By December 2013, explore the feasibility of adding Nurse Family Partnership as an evidence-based community-wide resource for improving family support systems.	CCPH, WOAH	Feasibility determined	Nikki Zogg
<b>Goal 5:</b> Increase access to nutritious foods	<b>Objective 5.1:</b> By January 2014, increase enrollment of pregnant women in WIC to 90% of eligible residents.	CCPH	Percent enrolled	Kourtney Romine
	<b>Objective 5.2:</b> By June 2016, develop and implement the infrastructure to leverage existing resources to offer cooking classes in the community.	CCPH, OSU Extension, Faith-based Organizations, Culinary Institute	Community-wide cooking classes provided	Stephanie Polizzi
	<b>Objective 5.3:</b> By June 2014, seek opportunities to allow for WIC vouchers to be used for purchasing fruits and vegetables from vendors at open air markets (e.g., Farmer's Markets).	CCPH, State WIC, Open Air Markets/Vendors	Opportunities for increased access to fresh fruits and vegetables identified and implemented	Kourtney Romine
	<b>Objective 5.4:</b> By June 2016, increase the number of nutrition policies in child care settings.	CCPH, ORCCA/Head Start, Coquille Indian Tribe Head Start, OSU Extension, Coos Bay Teen Parent Program, South Coast Harbor	Number of policies adopted	Kourtney Romine, Rick Hallmark, Stephanie Polizzi, Mike Lehman, Kelle Little, Alison Booth, Laurie Potts
<b>Goal 6:</b> Decrease prevalence of communicable disease	<b>Objective 6.1:</b> From 2013 to 2016, increase HPV vaccine coverage in adolescents among VFC providers.	WOAH, BCHC, Waterfall, CCPH, CITCHC	HPV vaccine rates among VFC providers	Nikki Zogg, Lonnie Scarborough, Kelle Little
	<b>Objective 6.2:</b> From 2013 to 2016, increasing chlamydia and gonorrhea screening rates among sexually active youth 18 to 25 years of age.	WOAH, BCHC, Waterfall, CCPH, CITCHC	Chlamydia and gonorrhea screening rates	Nikki Zogg, Lonnie Scarborough, Kelle Little
	<b>Objective 6.3:</b> From 2013 to 2016, increase chlamydia and gonorrhea follow-up testing within 180 days following treatment.	CCPH, CITCHC	Follow-up testing rates	Nikki Zogg, Kelle Little

<b>Goal 7:</b> Ensure kids are ready to learn by kindergarten	<b>Objective 7.1:</b> By March 2014, determine if WIC can integrate/coordinate services with Early Learning Council/Hub.	CCPH, ORCCA	Determination made	Kourtney Romine, Mike Lehman
	<b>Objective 7.2:</b> From 2013 to 2016, increase coordination between existing and new programs to meet unique needs of families.	ORCCA, home visiting programs, Community Connections, families	Coordination increased	Mike Lehman
	<b>Objective 7.3:</b> By June 2016, increase affordable, quality childcare.	ORCCA, SWOCC	Affordability and quality increased	Mike Lehman, Laurie Potts

## Issue 7: Mental Health

### ***Why is this issue important to Coos County residents?***

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges.

In an average year, an estimated 1 in 17 adults has a seriously debilitating mental illness. Mental disorders are the leading cause of disability in the United States, accounting for 25% of all years of life lost to disability and premature death. Individuals with serious mental health conditions die an average of 14 - 32 years earlier than the general population. Their life expectancy is 49 - 60 years of age compared to the national life expectancy of nearly 78 years.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

Social consequences of serious mental illness that can impact health include poverty and unemployment, inadequate housing, stigmatization, and low self-esteem.

### ***What does the data say about Coos County?***

From 2008 to 2010, 7% of adults in Coos County self-reported having at least one major depressive episode in the past year.

**142: Number of suicide-related hospitalizations from 2009 to 2011**

According to the Centers for Disease Control and Prevention, the average suicide costs \$1,061,170. Coos County exceeds the state average in suicide-related deaths. From 2003 to 2010, 149 individuals committed suicide. The majority of suicides were committed by individuals 45 to 64 years of age.

**17.8%: The percent of new mothers who report depression during or after pregnancy in Coos County**

Fortunately, mental health services are generally considered adequate for adults in Coos County. Many services are available through the county Mental Health Department for those who are uninsured or on the Oregon Health Plan. Services are more limited for those who have private insurance.

Coos County has a very high use of residential-based psychiatric treatment for children. The County averages approximately 6.5 children in residential care on a daily basis, a figure that is three times that of the state average.

Unfortunately, there are no psychiatric residential facilities within the county or region. This means that families must travel to Eugene and Portland to access care, which often results in inadequate use of family therapy, parent training and other evidence-based modalities.



To address the barriers to care and services, the healthcare system in Coos County is working to adopt an integrated care model that will link essential mental health services to physical health services.

## Community Health Improvement Plan: Mental Health

Goals:	Objectives:	Community Resources	Measures (Outcomes/Indicators)	Lead Agents
<b>Goal 1:</b> Improve early detection of mental health conditions	<b>Objective 1.1:</b> By June 2014, increase the use of depression screenings in primary care settings serving OHP patients.	WOAH, BCHC, Waterfall, Providers	Percent of depression screening performed during OHP patients	Lonnie Scarborough
	<b>Objective 1.2:</b> By June 2016, increase the use of depression screenings in primary care settings to all patients.	WOAH, BCHC, Waterfall, Providers	Percent of depression screenings performed during all patients	Lonnie Scarborough
	<b>Objective 1.3:</b> By June 2015, approach schools about implementing mental health first aid programs.	Schools, Coos County Mental Health (CCMH), Commission on Children and Families, SWOCC	Number of schools implementing Mental Health First Aid Programs	David Geels
	<b>Objective 1.4:</b> By June 2015, approach clergy about implementing mental health first aid programs.	CCMH, Churches	Number of places of worship implementing Mental Health First Aid Programs	David Geels, Nikki Zogg
<b>Goal 2:</b> Increase access to mental health care	<b>Objective 2.1:</b> From 2013 to 2016, continue to use Health Professional Shortage Area (HPSA) status to recruit new social workers, therapists, marriage and family counselors, and psychiatric nurse practitioners.	CCMH, WOA, BAH	Number of providers hired through HPSA	David Geels, Lonnie Scarborough, Sannie Warbis
	<b>Objective 2.2:</b> From 2013 to 2016, continue to use J1 waivers to recruit new psychiatrists.	CCMH, WOA, BAH	Number of providers hired through J1 waiver process	David Geels, Lonnie Scarborough,

				Sannie Warbis
	<b>Objective 2.3:</b> By June 2016, increase capacity of providers for non-OHP clients.	BCHC, Waterfall, Bay Clinic, North Bend Medical Center	Capacity of providers increased	David Geels, Nikki Zogg
	<b>Objective 2.4:</b> By January 2014, implement a wrap-around model of care pilot project that increases local capacity for higher levels of care for children.	CCMH	New model of care piloted	David Geels
	<b>Objective 2.5:</b> By June 2014, reassess organizational boundaries and look for opportunities to improve the local mental health system and increase efficiency.	CCMH	Number of new opportunities identified	David Geels
	<b>Objective 2.6:</b> By December 2014, explore opportunities for expanding Coos Crisis Resolution Center to more than OHP enrolled.	CCMH	Opportunities explored	David Geels
	<b>Objective 2.7:</b> By June 2014, leverage existing resources to serve more children and meet highest needs.	CCMH	Number/percent of children with highest needs served	David Geels
<b>Goal 3:</b> Improve health outcomes among the chronically mentally ill	<b>Objective 3.1:</b> By June 2016, decrease tobacco abuse (see additional tobacco-related goals/objectives in this plan).	CCPH, CCMH	Tobacco use rate	Stephen Brown
	<b>Objective 3.2:</b> By June 2014, consumer club houses adopt smoke-free policies.	SHAMA House, CCPH, Star of Hope, Devereux Center	Number/percent of club houses adopting smoke-free policies	Stephen Brown

<b>Objective 3.3:</b> By June 2014, simplify patient medications by reducing the number of medications they are taking.	CCMH, WOA	Decrease the number of medications per patient	David Geels, Lonnie Scarborough
<b>Objective 3.4:</b> By June 2014, develop a formulary for mental health medications for local providers or adopt an existing, evidence-based model.	CCMH, WOA	Formulary developed	David Geels, Lonnie Scarborough
<b>Objective 3.5:</b> From 2013 to 2016, assign all OHP-eligible diabetic mentally ill patients to a care manager.	CCMH, WOA	Percent of OHP-eligible diabetic mentally ill patients assigned	David Geels, Lonnie Scarborough

## Issue 8: Socioeconomic Disparities

### ***Why is this issue important to Coos County residents?***

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and support available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Coos County residents are healthier than others and why some more generally are not as healthy as they could be.

Understanding the relationship between how population groups experience “place” and the impact of “place” on health is fundamental to the social and physical determinants of health, and are explained in the table below.

### ***What does the data say about Coos County?***

Coos County residents face many social and physical challenges that can impact health and quality of life.

Coos County residents are less likely to be college educated or college graduates than Oregon residents overall. In addition, both math and reading proficiency have declined among 3rd and 8th graders from 2011 to 2012.

Determinants of Health	
Social	Physical
Availability of resources to meet daily needs	Natural environment, such as green space or weather
Access to education, economic, and job opportunities	Built environment, such as buildings, sidewalks, bike lanes, and roads
Quality of education and job training	Worksites, schools, and recreational settings
Transportation options	Housing and community design
Public safety	Exposure to toxic substances and other physical hazards
Social support	Physical barriers, especially for people with disabilities
Social norms and attitudes	Aesthetic elements (e.g., good lighting, trees, and benches)
Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities	
Exposure to crime, violence, and social disorder	
Socioeconomic conditions	
Residential segregation	
Culture	
Language/literacy	
Access to mass media and emerging technologies	

Coos County is impacted by high unemployment rates (11.4%), both fewer blue collar and white collar jobs, and high poverty rates.

**40% of Coos County residents are below 200% of the federal poverty level**

Transportation is also a challenge for many residents of Coos County. Nearly 40% of the population is likely to need transportation assistance; including over 13,000 seniors, 10,000 low-income individuals, 7,000 people with disabilities, and 12,000 youth (under 18).

Limited access to food and healthy food is also a challenge for many Coos County residents. Over the last year, more than 60% of pregnant women received Women, Infants, and Children (WIC) supplemental nutrition vouchers, SNAP served nearly 11,000 households, and approximately 55% of students were eligible for free or reduced school meals. In addition, 70% of seniors who are eligible for food assistance are not enrolled in programs. Lastly, there is a lack of access to healthy foods and an over abundance of fast food restaurants in Coos County.

From 2007 to 2009, violent crimes in Coos County were well below the state average, but nearly twice the desired rate. For every 10,000 people in Coos County, 100 experienced a personal crime in 2010. A personal crime could include murder, rape, kidnapping, robbery, and assault.

Social and emotional support in Coos County could be improved. In 2011, 35% of adults reported that they do not receive the social and emotional support they need. In addition, 19% of children are living in single-parent households.

Coos County does do well in providing green space to residents. In addition, there is a clean drinking water supply and air pollution is not a health concern. Changes to the physical environment that would further promote healthy living in Coos County include continued development of green spaces, comprehensive bike and walking paths and additional aesthetic

elements (e.g., improved lighting, trees and benches).

Coos County is a beautiful place with a lot of potential. However, there are many challenges that the community faces to improve quality of life. Through a multifaceted approach, Coos County can improve the culture; creating a healthier, happier community.



Only by addressing education, jobs, safety and security can we achieve a culture of health.

These four elements

- ✓ Restore responsibility and accountability
- ✓ Improve high school graduation rates
- ✓ Promote college education rates
- ✓ Link college education (i.e., SWOCC) programs to jobs in the community
- ✓ Increase job opportunities
- ✓ Improve safety (e.g., decrease violent crime rates, increase access to safe places to work, play and recreate)
- ✓ Improve security (e.g., food security, social/emotional support, nuclear family)

## Community Health Improvement Plan: Socioeconomic Disparities

Goals:	Objectives:	Community Resources	Measures (Outcomes/ Indicators)	Accountable Person(s)
<b>Goal 1:</b> Increase the proportion of employed year-round, full-time people	<b>Objective 1.1:</b> From 2013 to 2016, provide the community with evidence linking health to employment.	CCPH, Southern Coast Development Council (SCDC), Port Authority, Coos County Friends of Public Health (CCFoPH), Chamber of Commerce, Media, Unions	Employment rates for year-round, full-time	Nikki Zogg
	<b>Objective 1.2:</b> By December 2013, join existing efforts for economic development (i.e., with Bay Area Chamber of Commerce, SCDC and Port Authority).	CCPH, CCFoPH	Active participation at a minimum of 80% of meetings	Nikki Zogg
	<b>Objective 1.3:</b> By December 2015, explore the feasibility of creating or subsidizing share commercial kitchens that can be economic incubators for budding food enterprise.	CCPH, Chambers of Commerce, SCDC	Feasibility study completed	Nikki Zogg, Rick Hallmark
	<b>Objective 1.4:</b> By June 2014, determine the benefits of building the capacity to conduct Health Impact Assessments, for proposed land development, through CCPH.	CCPH, Coos County, Port Authority, SCDC	Determination to build capacity made	Nikki Zogg, Rick Hallmark
	<b>Objective 1.5:</b> By December 2015, determine the feasibility of reducing permitting barriers to enterprises that create locally-controlled jobs and wealth.	Elected officials, SCDC, CCPH	Feasibility study completed	Nikki Zogg
	<b>Objective 1.6:</b> By December 2015, determine the feasibility to use idle commercial spaces for community benefit.	Elected officials, SCDC, CCPH	Feasibility study completed	Nikki Zogg
	<b>Objective 1.7:</b> By December 2015, determine the feasibility of assisting cooperatives through city economic development departments by	City elected officials, SCDC, CCPH	Feasibility study completed	Nikki Zogg

	equipping economic development departments with the knowledge and resources to support cooperatives and other community enterprises.			
	<b>Objective 1.8:</b> By December 2015, determine the feasibility of cities/county to provide financial and in-kind resources to cooperatives.	Elected officials, SCDC, CCPH	Feasibility study completed	Nikki Zogg
	<b>Objective 1.9:</b> By December 2015, determine the feasibility of cities/county to procure goods and services from cooperatives.	Elected officials, SCDC, CCPH	Feasibility study completed	Nikki Zogg
	<b>Objective 1.10:</b> By December 2015, determine the feasibility of cities/county to integrate cooperative education into public education programs (e.g., local high schools, vocational schools, and other public education programs).	Elected officials, SCDC, schools, community-based organizations, CCPH	Feasibility study completed	Nikki Zogg
<b>Goal 2:</b> Increase use of alternative modes of transportation	<b>Objective 2.1:</b> By June 2016, increase opportunities for ridesharing through Park & Ride, Share-A-Ride, or other Commuter Ride-type infrastructure.	Coos County Transportation Department, City Transportation Departments, CCPH, BAH, SCH, CVH, WOA, BHC, Waterfall	New modes of transportation adopted or implemented	Nikki Zogg
	<b>Objective 2.2:</b> By December 2013, approach local cab companies about expanding transit services.	Taxi cab companies, CCPH, MH, WOA, BAH, SCH, CVH, WOA, BHC, Waterfall	Meetings with local cab companies	Nikki Zogg
	<b>Objective 2.3:</b> From 2013 to 2016, support initiatives to increase bike-friendly roads.	CCPH, Coos County Transportation Department, City/County Planning departments	# of public support efforts made	Nikki Zogg
	<b>Objective 2.4:</b> By June 2014, explore feasibility to establish a Bike Share program.	CCPH, City Planning departments	Feasibility study completed	Nikki Zogg
	<b>Objective 2.5:</b> From 2013 to 2016, ask employers to encourage Bike-to-Work wellness	CCPH	# of employers asked to participate	Stephen Brown

	initiatives.			
<b>Goal 3:</b> Reduce food insecurity and improve nutrition	<b>Objective 3.1:</b> By June 2016, reduce food insecurity in Coos County.	CCPH, Food Pantries, City/County Officials	Food deserts reduced	Nikki Zogg
	<b>Objective 3.2:</b> From 2013-2016, provide education and resources to reduce household food insecurity among clients of home visiting programs.	CCPH, Relief Nursery, Housing Authority	Education and resources provided	Kathy Cooley
	<b>Objective 3.3:</b> By June 2014, identify and pursue opportunities to improve access to Farmer's Markets for individuals eligible for SNAP and WIC.	CCPH, Oregon Family Nutrition Program (OFNP), Oregon Department of Human Services, City/County Officials	Opportunities identified and improved access achieved	Kourtney Romine
	<b>Objective 3.4:</b> By December 2014, work with state and local food pantries to increase volume of nutritious foods and decrease unhealthy food options.	CCPH, Food Bank, Homeless Shelters, Churches	New food donation standards adopted	Nikki Zogg
	<b>Objective 3.5:</b> By December 2014, explore opportunity for implementing a Farm-to-Fork Food Bank program in Coos County.	CCPH	Farm-to-Fork Food Bank program feasible	Nikki Zogg
	<b>Objective 3.6:</b> By June 2015, enroll at least 90% of WIC eligible clients in WIC services.	CCPH, media, WOA, Management of Maternity Services (MOMS), BCHC, Waterfall	Percent enrolled	Kourtney Romine
	<b>Objective 3.7:</b> By January 2014, decrease barriers to accessing WIC services.	CCPH	Ways that barriers were decreased	Kourtney Romine
	<b>Objective 3.8:</b> By June 2016, work with daycare providers to improve nutrition policies in daycare settings.	CCPH, Day Care Providers, Head Start, ORCCA	Information shared, number of new policies adopted	Nikki Zogg, Mike Lehman
	<b>Objective 3.9:</b> By June 2016, increase opportunities for use of EBT at Farmer's Markets.	CCPH, Farmer's Markets, Oregon Department of Human Services, OFNP	EBT accepted at all Farmer's Markets	Nikki Zogg

	<b>Objective 3.10:</b> By June 2015, determine the feasibility of adopting a program similar to “That’s My Farmer SNAP Incentive” out of Albany.	CCPH, Farmers, Oregon Department of Human Services, OFNP	Feasibility study completed	Nikki Zogg
	<b>Objective 3.11:</b> From 2013 to 2016, promote OSU Extension Office nutrition-related classes.	OSU Extension Office	Volume of promotion efforts	Stephanie Polizzi
	<b>Objective 3.12:</b> By June 2015, develop a plan to increase access to affordable, healthy foods in each community in Coos County.	CCPH, OSU Extension Office	Plan developed and implemented	Nikki Zogg, Stephanie Polizzi, Kathy Saunders
	<b>Objective 3.13:</b> By December 2014, explore feasibility of urban agriculture and neighborhood produce sales, and financial incentives to encourage urban agriculture on vacant lots.	CCPH, City/County Managers, Oregon Health Authority	Feasibility study completed	Nikki Zogg, Rick Hallmark
<b>Goal 4:</b> Increase the proportion of the population that completes high school education	<b>Objective 4.1:</b> By December 2014, examine attitudes, perceptions, opportunities, challenges and barriers to high school completion in Coos County.	CCPH, Schools, Youth-Focused Organizations, SWOCC	Study findings reported to stakeholders	Nikki Zogg
<b>Goal 5:</b> Increase the proportion of youth and adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity	<b>Objective 5.1:</b> From 2013 to 2016, educate people on the current federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity.	CCPH, WOAHA, BCHC, Waterfall, Media	Education efforts implemented in clinics and through media sources	Nikki Zogg, Kathy Laird, Linda Maxon, Lonnie Scarborough
	<b>Objective 5.2:</b> By June 2014, secure community support for places to recreate indoors with the use of mutual use agreements.	CCPH	# of MUAs adopted and in use	Nikki Zogg
	<b>Objective 5.3:</b> By June 2015, develop a county-wide comprehensive plan to increase access to safe and affordable places to exercise, play and recreate in Coos County.	Coos County, CCPH, City Managers	Plan developed and adopted by county and cities	Nikki Zogg
<b>Goal 6:</b> Increase the proportion of adolescents who are connected to a parent or other positive adult	<b>Objective 6.1:</b> From 2013 to 2016, work with local organizations to increase opportunities for afterschool and summer activities for students that have adult supervision in place.	CCPH/MH, SWOYA, Schools, Churches, Service Clubs	Opportunities identified	Nikki Zogg
	<b>Objective 6.2:</b> By June 2014, hold a youth	CCPH, Schools	Focus group	Nikki Zogg

caregiver	focus group or contest with the intent to identify ways to increase teen activities to keep them busy.		completed/findings shared	
	<b>Objective 6.3:</b> From 2013 to 2016, support parents in decision-making processes as it relates to adult supervision of their children.	CCPH/MH, SWOYA, Churches, Service Clubs, Schools, Healthcare Providers, Media	Increase in tobacco-free kids, school performance/graduation, decrease in juvenile crimes	Nikki Zogg
	<b>Objective 6.4:</b> By June 2014, gauge city/county interest in soliciting entrepreneurial businesses that target youth interest (e.g., mini-golf, bowling, indoor skating/rollerblading, laser tag, paintball, etc.).	CCPH, ORCCA, CCFoPH	Interest level determined	Nikki Zogg
<b>Goal 7:</b> Increase the proportion of children with disabilities, birth through 2 years, who receive early intervention services in home or community-based settings	<b>Objective 7.1:</b> By June 2014, increase opportunities for parents to enroll in CaCoon by expanding services to private pay.	CCPH	Services expanded beyond OHP recipients	Kathy Cooley
	<b>Objective 7.2:</b> By December 2013, explore opportunity for incorporating preventive dental services and asthma education/home assessment into home visiting programs.	CCPH	Services expanded	Kathy Cooley
	<b>Objective 7.3:</b> By December 2014, explore opportunities with partner agencies to coordinate and streamline services that increase the proportion of children with disabilities, birth through 2 years, who receive early intervention.	ORCCA, CCPH	Opportunities for partnership identified	Mike Lehman, Kathy Cooley
<b>Goal 8</b> Increase tobacco screening in healthcare settings	<b>Objective 8.1:</b> By December 2013, determine if healthcare providers are screening for tobacco use.	WOAH, BCHC, Waterfall, CCPH, CITCHC	Screening performed	Lonnie Scarborough, Linda Maxon, Kathy Laird
	<b>Objective 8.2:</b> By June 2014, determine if additional resources can be made available in the community to assist providers in referring tobacco users to quit options.	CCPH/MH, ADAPT	Additional resources identified	Stephen Brown
<b>Goal 9:</b> Promote health in all policies	<b>Objective 9.1:</b> From 2013-2016, promote health in all policies (HiAP) to healthcare, public health,	CCPH, CCFoPH, BAH, SCH, CVH, Worksites,	Adoption/implementation of	Nikki Zogg

	government, and nongovernment organizations.	City/County Government	new health-related policies	
	<b>Objective 9.2:</b> Develop and implement a plan to work with local restaurants to implement policies that will promote the adoption of healthy menu items that meet recommendations for calories, fat, cholesterol and sodium.	Complete Health Improvement Program, CCPH, WHC, CCFoPH, Restaurant Owners	Healthy menu items added in restaurants	Nikki Zogg
<b>Goal 10:</b> Restore responsibility and accountability	<b>Objective 10.1:</b> By June 2014, through an assessment, determine the shared values of citizens of Coos County.	CCPH, SWOCC, OSU	Assessment completed	Nikki Zogg
	<b>Objective 10.2:</b> From 2013 to 2016, promote a culture where behavior is connected to accountability.	CCPH, Healthcare Providers, Churches, Media, Workplaces, Service Groups, Youth Clubs/Groups, Schools	Crime, graduation, obesity, tobacco use, teen pregnancy and illicit drug use rates	Nikki Zogg

## Conclusion

This plan outlines strategies, goals and objectives that, as a community, we have committed to achieving in an effort to improve health. This plan is a living document and as we work towards a healthier Coos County, this plan will be revised and updated semiannually. While many people provided input and expertise in the development of this plan, most Coos County residents have not contributed to its contents. That being said, it is our goal to raise awareness about this plan and identify new partners and allies. In order to achieve the greatest success, each member of this community needs to contribute. This does not necessarily mean financial or time contributions; rather, it can be as easy as providing nutritious meals to your children, supporting economic development that brings new jobs to working class families, identifying resources to implement fall prevention programs for seniors, supporting policies that create an environment that promotes healthy living, or encouraging and modeling values such as responsibility and accountability.