



PUBLIC HEALTH DIVISION  
Office of the State Public Health Director  
Kate Brown, Governor

Oregon  
**Health**  
Authority

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December 16, 2019

Mr. John Sweet, Chair  
Coos County Board of Commissioners  
250 North Baxter Street  
Coquille, OR 97423

Honorable Chair Sweet:

The triennial onsite agency review of Coos County Health & Wellness, which was conducted from June 3 through June 28, 2019. The Oregon Health Authority Public Health Division reviewed county public health programs for compliance with state and federal public health laws and compliance with the Intergovernmental Agreement for the Financing of Public Health Services and the Intergovernmental Agreement for Environmental Health Services.

The review included the appraisal of items in 17 program areas, listed below. Program areas with compliance findings are indicated with an asterisk and many of these findings have been resolved.

Administration*	Immunizations*
Babies First! and Perinatal	Public Health Emergency Preparedness*
Civil Rights	Reproductive Health
Communicable Disease*	Sexually Transmitted Diseases
Drinking Water Services	Tobacco Prevention and Education
Fiscal*	Tuberculosis
Food, Pool and Lodging Health & Safety*	Vital Records
Health Officer	Women, Infants and Children (WIC)*
	WIC Farm Direct Nutrition Program

An overview report is enclosed, which includes descriptions of programs and areas of strength identified throughout the review. We urge you to review the report as it contains important information about your public health programs and their requirements.

Please note that the results of this triennial review are very good. We have shared the results of the review with Florence Pourtal-Stevens, Local Public Health Administrator.

A full report with all documentation from the review will be sent to your local public health leadership and is intended to be of assistance to staff in their continuing efforts to provide quality public health services to your community.

Danna Drum will contact Florence Pourtal-Stevens to determine if you would like to meet with us to go over findings and answer any questions. If you would like such a meeting, we leave it to the local Board of Commissioners to determine if this meeting of the Local Public Health Authority occurs with one or more of the commissioners present.

Overall, agency reviewers find the Coos County Health & Wellness to be composed of a committed team of professionals who deliver quality public health services to your community. The people of Coos County are very fortunate to have this agency providing comprehensive public health services.

We thank you for your support for the strong public health work that Coos County Health & Wellness is providing.

Sincerely,



Danna Drum  
Strategic Partnerships Lead



Kari Christensen  
Public Health Systems Consultant

Enclosure

cc: Robert Main, Commissioner, Coos County  
Melissa Cribbins, Commissioner, Coos County  
Florence Pourtal-Stevens, Local Public Health Administrator



December 16, 2019

## **Coos County Health & Wellness Triennial Review Report**

This is an overview report of the June 2019 triennial review of Coos County Health & Human Services Public Health Division doing business as Coos Health & Wellness (CH&W). This report is a summary of individual reports from participating programs put together by the Oregon Health Authority (OHA) Office of the State Public Health Director. Detailed individual reports will be sent to Florence Pourtal-Stevens, Local Public Health Administrator. We urge you to review this document as it contains important information about your public health programs and their requirements. This triennial review period includes no compliance findings.

Coos County received from OHA Public Health \$462,124 in Federal Funds for the fiscal year 2018. The Local Public Health Authority (LPHA) also received \$191,838 from State General Fund Support and \$166,730 in Other Funds for the same period.

**Report Prepared by:** Kari Christensen, Public Health Systems Consultant, Office of the State Public Health Director

## **COMPLIANCE FINDINGS SUMMARY**

### **Administrative**

The LPHA must do the following to comply with program requirements:

1. Provide subcontract or IGA agreement with Waterfall Community Health Center (WCHC) that the LPHA executed to perform School Based Health Center (SBHC) services and activities. The Subcontracts or IGA agreements the LPHA executes to perform a public health service or activity must clearly describe the manner in which the LPHA will oversee and monitor the contractor to ensure compliance with all applicable federal or state statutes or rules, local ordinances or other funding requirements as outlined in FAA Exhibit E, Section 3, Subcontracts, [OAR 333-014-0570\(4\)](#). **RESOLVED: 10/28/2019**

### **Babies First! & Perinatal**

The LPHA is in compliance with all program requirements.

### **Civil Rights**

The LPHA is in compliance with all program requirements.

### **Communicable Disease**

The LPHA must do the following to comply with program requirements:

1. Collect adequate specimens to confirm outbreak etiology. **Due date to comply: 12/31/2019**
2. Collect data and create an epidemic curve on any outbreaks reported. **Due date to comply: 12/31/2019**

### **Drinking Water Services**

The LPHA is in compliance with all program requirements.

### **Fiscal**

The LPHA must do the following to comply with program requirements:

1. Create separate cost centers for public health program grants and track expenditures to appropriate program budgets and funding sources in its accounting systems to comply with 2CFR200.107 requirements. **Due date to comply: 12/31/19**
2. Conduct a full review of the School Based Health Center (SBHC) fiscal operations of Waterfall Community Health Center (WCHC) per the subcontractor monitoring process to ensure compliance with contract terms, applicable laws, Financial Assistance Agreement and SBHC funding requirements. **Due date to comply: 12/31/19**

### **Food, Pool and Lodging Health & Safety**

The LPHA must do the following to comply with program requirements:

1. Coos County has three licensed bed and breakfast facilities, and these facilities must receive one inspection per year. Inspection compliance rate is determined by an overall three-year average of at least 90% or by completing 90% or above on the most recent year reviewed. One inspection was missed in 2018 which dropped the percentage below the compliance rate. However, the facility was inspected on 2/14/19 which brings this program back into compliance if the other B&B inspections are completed in 2019. **RESOLVED: 6/30/2019**

### **Health Officer**

The LPHA is in compliance with all program requirements.

### **Immunizations**

The LPHA must do the following to comply with program requirements:

1. Update and have signed all orders that are not the most current version: Managing Adverse Events, Hepatitis B IG, Varicella IG, MMR, Sites and Routes. **RESOLVED: 06/21/19**

### **Public Health Emergency Preparedness (PHEP)**

The LPHA must do the following to comply with program requirements:

1. Update LPHA personnel and their assigned emergency response roles in a document that allows for easy tracking of trainings completed. **Due date to comply: 12/31/19**
2. Provide documentation of ICS, and related, trainings LPHA staff have completed for their assigned emergency response roles. **Due date to comply: 12/31/19**

### **Reproductive Health**

The LPHA is in compliance with all program requirements.

### **Sexually Transmitted Diseases**

The LPHA is in compliance with all program requirements.

### **Tobacco Prevention and Education Program (TPEP)**

The LPHA is in compliance with all program requirements.

### **Tuberculosis**

The LPHA is in compliance with all program requirements.

### **Vital Records**

The LPHA is in compliance with all program requirements.

### **Women, Infants and Children (WIC)**

The LPHA must do the following to comply with program requirements:

1. Local program must conduct and document at least one media outreach activity per year. **RESOLVED: 9/25/2019**
2. Designated breastfeeding coordinator must be an International Board-Certified Lactation Consultant (IBCLC) or complete the State provided Level 3 breastfeeding training. **RESOLVED: 8/30/2019**
3. WIC staff must collect anthropometric measurements using the appropriate technique and must document them correctly in participant records. **RESOLVED: 10/9/2019**
4. WIC staff must assign all applicable risks identified during certifications. **RESOLVED: 12/12/2019**

5. All participants (or participant caregivers) must be offered the opportunity to register to vote, using the required language, at both certification and recertification appointments, or when they are reporting a change of address. **RESOLVED: 10/9/2019**
6. For each contact, WIC staff must document nutrition education topics discussed with participants. **RESOLVED: 10/9/2019**
7. WIC Staff must work with WIC participants to help them establish their nutrition related next step. **RESOLVED: 10/31/2019**

### **WIC Farm Direct Nutrition Program**

The LPHA is in compliance with all program requirements.

## **PROGRAM OVERVIEW AND STRENGTHS**

### **Administration, Civil Rights and Health Officer**

Coos Health & Wellness (CH&W) provides an array of public health services within the foundational program areas of communicable disease control, environmental public health, prevention of injury and disease and health promotion, and access to clinical preventive services. Florence Pourtal-Stevens is the Local Public Health Administrator. Dr. Peter Lund is the Health Officer.

Program strengths:

- Coos Health & Wellness achieved national accreditation through the Public Health Accreditation Board (PHAB). The national accreditation program works to improve and protect the health of the public by advancing and ultimately transforming the quality and performance of the nation's state, local, tribal, and territorial public health departments.
- Coos Health & Wellness worked in partnership with the local Coordinated Care Organization (CCO) and Early Learning HUB on the Coos Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). This work involved CH&W serving as convener bringing together partners in local public health, hospital, federally qualified health center, early learning and child focused groups, tribal health services, dental organizations, the local CCO and many community serving organizations.
- Under the leadership of local health administrator, Florence Pourtal-Stevens, health equity and cultural responsiveness became a focus for quality improvement. Florence Pourtal-Stevens completed the OHA Office of Equity and Inclusion, Developing Equity Leadership through Training & Action (DELTA) leadership development program. This training inspired a local approach to staff capacity building for health equity and cultural responsiveness with all CH&W staff.

- The Coos County Board of Commissioners (BOC) is regularly updated by the local public health administrator through quarterly meetings and the sharing of updates as needed. Regular communication includes information on performance management data, updates on program specific areas, staffing and public health resource issues.
- Dr. Peter Lund, Coos County Health Officer, works closely with CH&W staff to ensure services are provided in line with medical guidelines. Dr. Lund provides support to county and regional communicable disease, sexually transmitted disease prevention and treatment and reproductive health services.

### **Babies First! & Perinatal**

MCH Services include: Title V work focused on breastfeeding promotion and support and improving access to well-woman care and culturally and linguistically responsive services; the Babies First! Home Visiting Program; the Oregon Mothers Care Program; and participation in and leadership of community MCH efforts including the Perinatal Task Force.

#### Program Strengths:

- Experienced home visitors with good supervision and professional development plans in place.
- Babies First! Program has integrated use of the evidence-based Parents as Teachers curriculum.
- Home Visitors are all working towards endorsement in Infant Mental Health, a professional field of work that supports the wellbeing of babies and toddlers.
- Collaboration with many community partners including clinical providers, DHS-Child Welfare, and the local hospital.
- Oregon Mothers Care program that has provided services to 27% of the birth population.
- Prioritization of health equity.
- Community level efforts to support breastfeeding.

### **Communicable Disease**

There are three CH&W staff responsible for communicable disease (CD) control, Rick Hallmark, Lena Hawtin and Joyce Smith. They are long time employees and have years of experience and knowledge in disease control and outbreak investigation. During the review period 629 cases were reported, 85 of which required interview and follow up. This represents approximately 2% of the statewide burden of disease.

#### Program strengths:

- Staff are knowledgeable about communicable disease prevention and control and call for assistance with any questions on case management.
- Staff perform many other duties outside of communicable disease control and have competing priorities that they balance well.
- Communicable Disease and Environmental Health are fully partnered, and both investigate and respond to communicable disease and work closely with the health administrator, Florence Pourtal-Stevens.
- In summary, they are an experienced close-knit group. They know the importance of community collaboration and work to maintain relationships with providers and local area hospitals.

### **Drinking Water Services**

The drinking water program provides services to public water systems that result in reduced health risk and increased compliance with drinking water monitoring and maximum contaminant level requirements. The drinking water program reduces the incidence and risk of waterborne disease and exposure of the public to hazardous substances potentially present in drinking water supplies. Services provided through the drinking water program include investigation of occurrences of waterborne illness, drinking water contamination events, response to spills, emergencies, and inspection of water system facilities. Drinking water program reports data to OHA, Drinking Water Services (DWS) necessary for program management and to meet federal Environmental Protection Agency (EPA) Safe Drinking Water Act program requirements.

Program strengths:

Coos County's Drinking Water Program is implemented by a team of very competent, and professional environmental health specialists. The LPHA has an inventory of 45 active public water systems, with oversight and regulatory functions provided by Coos County. It is well operated and works cooperatively with the water systems it regulates and the state Drinking Water Program to help assure safe drinking water for Coos County.

### **Fiscal**

Coos Health & Wellness has sufficient internal controls to adequately safeguard assets, and to detect and prevent errors in a timely manner. The operation is well organized, monitored and efficient with a commitment to quality, fairness and accuracy.

### **Food, Pool and Lodging Health and Safety**

Coos County Environmental Health works in partnership with OHA and the industry to protect public health by licensing, inspecting and enforcing health and safety regulations in food, pool and lodging facilities. These include restaurants, mobile food units,



temporary food booths at events, public pools and spas, hotels and motels, bed and breakfasts and organizational camps.

Program strengths:

Coos County staff are doing an excellent job of providing environmental health services to the community. The inspection rates for licensed facilities are in compliance for all program areas with the exception of Bed and Breakfast facilities. This was the only compliance finding in the implementation of Division 12 Rules, OAR 333-012 and the inspection that was missed has been completed for 2019.

Field staff exhibited good communication skills and rapport with operators and employees of the food service facilities during the standardization process and field review. Staff is focusing on critical risk factors that are most associated with foodborne illness.

### **Immunizations**

Coos Health and Wellness staff serve a vital role in the continued health of their community with a focus on serving the uninsured and those without access to health services. The immunization program provides outreach to the community and Lena Hawtin is very engaged with public and private clinics in the community through Immunization Improvement work.

Program strengths:

Coos Counties immunization practice is led by Lena Hawtin who has a deep understanding of her patients' needs and the community she serves. She knows the ins and outs of immunizations and is a resource for staff, patients, and parents. The LPHA is involved in regional immunization improvement work and engaged in quality improvement work on a regular basis.

### **Public Health Emergency Preparedness (PHEP)**

Coos Health and Wellness recently reclassified the PHEP position from PHEP Coordinator to PHEP Manager which is also a strength as it demonstrates the importance of the role. The PHEP program focuses on public health emergency preparedness with local and regional partners to serve Coos County residents and visitors. Specific activities include training and education, planning, exercising, building partner collaboration, community education and being actively involved with response activities.

Program strengths:

Over the past three years the PHEP Coordinator/Manager has supported Solar Eclipse requests from other counties, assisted in resource coordination during the Chetco Bar Fire, and has been integral in communications between local and regional partners.

- **Community Relationships:** The new PHEP Manager has made great strides in developing community relationships and has a focus on collaborative exercises with community partners.
- **Exercise:** The recent Operation OX was a great example of growing strong community partnerships and exercising in a way that brings partners together while working with community members through the Community Assessment for Public Health Emergency Response (CASPER). CASPER is a rapid assessment that gathers health and basic needs information using valid statistical methods allows public health and emergency managers to make informed decisions.
- **Planning:** Recent focus on developing plans that are operational demonstrates the focus on preparing all Coos Health & Wellness staff to respond during an emergency.
- **Training and Education:** Recent internal trainings as well as community focused trainings are building a better understanding of community strengths and opportunities for improvement to best address community needs before, during, and after responses.
- **Community Education:** Community outreach and education has expanded with to include training volunteers to help with community education.
- **Incident Response activities:** The PHEP Manager has been able to assist other LPHAs during responses and is building the LPHA's ability to more quickly respond during local events.

### **Reproductive Health**

Coos Health and Wellness (CHW) is providing clinical services within their community and working with 13 community partners to improve access to Reproductive Health services within their community. A local program plan was developed and implemented to help ensure access to Reproductive Health services.

Coos Health and Wellness (CHW) has also developed several strategic community relationships in Coos County. They engaged with partners from 13 different organizations to address access to reproductive health services for all individuals within their county. This work led to the creation of a Reproductive Health Collaborative for Coos County. The work this group is doing is actively addressing access to Reproductive Health services within Coos County.

Coos Health and Wellness (CHW) also conducted several focus groups in addition to an assessment to examine access and barriers to reproductive health services in Coos County. The Reproductive and Sexual Healthcare Access Study highlights the barriers

community members experience while trying to access reproductive health services in Coos County.

Program strengths:

Coos Health and Wellness (CHW) engaged with partners from 13 different organizations including Waterfall Clinic, Advanced Health, Community Development Coordinator, Coast Community Health, North Bend School District, Pregnancy Resource Center, Coos Bay School District, Alternative Youth Activities, Coos Health and Wellness. At the first Reproductive Health Collaborative meeting partners helped to identify barriers to accessing reproductive health services in Coos County. In addition, they helped to identify several other local organizations that should participate in the Collaborative. One priority topic identified was reproductive and sexual health education. Through this partnership, the community will collaboratively address the lack of education around reproductive and sexual health education.

Coos Health and Wellness (CHW) did a great job of collecting information from members of their community via focus groups and the Reproductive and Sexual Healthcare Access Study. The information gathered in this report is an excellent baseline for addressing a number of community barriers to accessing reproductive health services in Coos County.

### **Sexually Transmitted Diseases (STD)**

Consistent with national and statewide trends, Coos County has seen an uptick in STD cases in recent years. The number of gonorrhea cases increased 85% between 2016 and 2018 (from 41 to 76) and the number of syphilis cases increased 300% (from two to eight). Significantly, there was a congenital syphilis case in Coos County in 2018. STD case investigations are conducted by Joyce Smith and most clinical care is provided by Lena Hawtin, RN, the clinical services supervisor.

Program strengths:

As in other jurisdictions, Coos County is adapting to the challenges of the mounting STD burden. As the STD case investigator addressing the increasing number of syphilis cases, Joyce Smith has demonstrated greatly improved knowledge and understanding of the importance of timely and appropriate care and consults the clinical supervisor Lena Hawtin, RN and other STD staff as needed.

Coos County has multiple mechanisms for educating local providers and the community at large. Health promotion staff distribute business cards and post flyers promoting STD care among the other services offered. The health officer makes appearances on local tv and radio addressing health topics, including STDs. The clinic's family planning and

reproductive health webpage promotes STD services. Health Alert Network (HAN) alerts are utilized to inform and update the medical community about STD issues.

### **Tobacco Prevention and Education Program (TPEP)**

Coos County (Coos Health & Wellness) takes a comprehensive approach to tobacco prevention. The program facilitates community partnerships, creates tobacco-free environments, counters pro-tobacco influences, promotes quitting among adults and youth, and works to reduce the social and economic burden of tobacco-related chronic diseases. Coos County has fulfilled all local duties and activities related to enforcing the Oregon Indoor Clean Air Act.

#### Program strengths:

Coos County TPEP has strong multisector partnerships, relies on data and evidence-based solutions, and uses effective communications. The program is responsive to community and political will and mobilizes to support the concerns and efforts of elected officials and local communities. The TPEP program works to reduce the negative economic and health impacts of tobacco on the community by offering information and technical assistance to policymakers and community leaders on evidence-based strategies for comprehensive tobacco control strategies, such as tobacco-free environments and tobacco retail licensing, to reduce the burden of tobacco on families, employers and the community at large.

Coos County TPEP engages in extensive outreach to and partnerships with government agencies and their decision makers, substance use prevention partners, community coalitions, the business sector and health systems partners to advance tobacco prevention efforts. With community and partner engagement, Coos County TPEP has strengthened tobacco-free properties throughout the county and is actively working on passing a county-wide tobacco retail licensing ordinance.

Coos County works with health system partners such as medical and dental clinics to advance promotion of the Oregon Tobacco Quitline through developing and enhancing screening and referral workflows and closed-loop referral processes that help promote quitting among adults and youth. CHW prevention staff also promote the Oregon Tobacco Quit Line by integrating into presentations with community partners and decision-makers, and tailor print and social media materials for different audiences.

### **Tuberculosis (TB)**

Although typically Coos County has a low incidence of TB, two cases of TB disease were diagnosed during the review period.

Program strengths:

The Registered Nurse (RN) who manages TB cases in Coos County is experienced with knowledge of TB. Coos County did a good job of utilizing resources in the private sector and community to assist with management of the last two TB cases. Coos County provided good support for a recent TB case by locating housing and using our incentives and enabler program to support the case during TB treatment.

**Vital Records**

In 2018, Coos County was the county of birth for 668 infants, while in the same period 858 deaths occurred in the county. The county vital records office serves their community by offering a local office where certified copies of birth and death records are available to order by authorized individuals. The county is limited to providing this service for the first six months after the event, whether birth or death.

Program strengths:

The staff of the Coos County Office of Vital Records provide services with efficiency and excellent customer service. They complete most orders within one day of the request.

The staff members of the Coos County's Office of Vital Records consistently provide outstanding customer service and maintain excellent standards of confidentiality and security. They efficiently provide vital records to their residents and families, while consistently receiving praise and appreciation from local community partners. Partners contacted for this review include the funeral directors and hospital staff, as well as positive comments from state vital records staff members.

**Women, Infants and Children (WIC)**

WIC's mission is to safeguard the health of low-income women, infants, and children up to age 5 who are at nutrition risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care. Delivering high quality nutrition services is essential in not only carrying out this mission, but also ensuring that WIC continues to be the premiere national public health nutrition program.

The most recent fact sheet for this local WIC agency can be found on the Oregon WIC website: <http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Pages/annual.aspx>

Program strengths:

Coos County Health and Wellness WIC is providing quality nutrition services for their high-risk participants. The WIC Staff changed how they make referrals to the remote Registered Dietitian Nutritionist (RDN) and periodically run reports to confirm

participants have been referred. As a result, between December 2018 and May 2019, almost all of the 288 high risk participants received the required RDN services. The WIC staff and RDN are commended for actively utilizing and following through on the chart notes left by each other to provide seamless care to participants. Staff are savvy with using the interactive video technology and chat features making the remote RDN appointments flow smoothly and are providing remote RDN services at main and satellite clinic sites.

Staff are doing a stellar job of making participant referrals to other services within the agency. This has been enhanced further since moving to the new Coos Health & Wellness building. Staff pilot tested a mental health survey for a graduate student and found the questions so beneficial for making accurate referrals to behavioral health, they have continued using even though the project ended. In addition, with the use of instant messaging, participants are often receiving a “warm” hand-off to these services.

### **WIC Farm Direct Nutrition Program**

The Oregon Farm Direct Nutrition Program (FDNP) provides WIC families with FDNP checks once a year to purchase fresh, locally-grown fruits, vegetables and cut herbs directly from local farmers.

Program strengths:

- In an effort to encourage participants to use the FDNP checks, in 2019, WIC staff offered the FDNP checks at the Coos Bay Farmers Market on all Wednesdays in June, and the first and fourth Wednesdays in July and in August. Staff are commended for taking the initiative to make FDNP checks available where they can be used, thus increasing the likelihood that participants who receive the checks at the market will stay and use them.
- For 2018, Coos was allocated 947 booklets and issued all but 29 of them. The redemption rate of issued booklets was 58.34% compared to the 2018 statewide average of 63.76%. Redemption for 2017 was 58.72%. Nevertheless, in 2018 Coos County WIC participants purchased \$14,980 worth of fresh produce from local farmers which is significantly higher than \$8,996 in 2017.

## **QUALITY ASSURANCE RECOMMENDATIONS**

### **Administration, Civil Rights and Health Officer**

1. Continue staff development initiatives that build capacity in public health foundational capabilities ORS 431.131, OAR 333-014-0560, Public Health Modernization Manual.

### **Babies First! & Perinatal**

1. Ensure all charts have documented weight/height/head circumference measurements with dates as well as growth plotted on grid with dates.
2. Consider changes to documentation system so that "big picture" nursing care plan is clear and updated.
3. Ensure that Targeted Case Management (TCM) plan is reviewed at every visit, that assessment is updated annually, and TCM services are tied to assessment and plan.
4. Consider changes to current charting system that ensure collaboration between Public Health Nurse and Public Health Associate is documented in a timely way.
5. Consider additional screenings that could be provided to the perinatal population through the Oregon Mother's Care (OMC) program.

### **Communicable Disease**

1. Recommendations based on quality assurance items in the review tool.
2. Assess vaccination status for contacts of all hepatitis A and B cases reported.

### **Public Health Emergency Preparedness Program**

1. It is recommended that CH&W adopt the OHA Crisis and Emergency Risk Toolkits into their communication plan to use as templates for communications with the public.
2. It is recommended that CH&W develop a clause in its communication policy, or separate policy, to allow for emergency notifications in a quicker timeline to get information out to the public faster.
3. It is recommended that public communications be available in other languages, translations and formats (not just social media). Adopting the Crisis and Emergency Risk Communication (CERC) toolkit would help with this because several templates are already translated.

### **Sexually Transmitted Disease (STD)**

1. Continue to take steps to improve the collection of race and ethnicity for all reportable STD cases and of gender of patient's sex partners, HIV status/date of most recent HIV test, and pregnancy status for females aged 15-44 for all gonorrhea and syphilis cases.

Steps may include:

1. Extracting this data from provider records and lab reports
  2. Ensuring the inclusion of interview questions that collect this data
2. Request quarterly reports of priority field completion rates from the OHA STD Program

### **Women, Infants and Children (WIC)**

1. Recommend developing a process for staff who missed a required in-service to complete in a timely basis.
2. Take advantage of upcoming hemoglobin train-the-trainer refresher at Oregon WIC Coordinators Association (OWCA) so staff are consistently using proper technique in all circumstances.
3. When running the separation of duties report every 2 weeks, use a screen shot to document when no data found.
4. For homeless facilities and institutions recommend developing a plan to continue to follow-up with agencies who haven't responded and to reconfirm information at least once every 3 years.
5. Develop a plan so training modules which include training supervisor discussion and/or observation are addressed with the remote training supervisor or her identified designee.
6. Develop a plan with Synergy Health and Wellness to identify steps to take when the RD schedule does not show appointment availability within the month.
7. Confidentiality is lacking in the Coos Bay waiting room and Myrtle Creek clinics. It is very easy to overhear sensitive conversations when these spaces are quiet. Highly recommend adding some form of white noise to Coos Bay waiting room and the Myrtle Creek clinic space.
8. Recommend using strength-based affirmations when discussing the required drug, alcohol information with pregnant women using a brochure with this information.
9. Recommend the contracted Synergy Health and Wellness RDNs also annually sign the Oregon WIC Employee Signature Forms.
10. Routinely ask returning participants if they have any questions or problems with shopping.

### **WIC Farm Direct Nutrition Program**

1. Perform the FDNP annual inventory in the middle of the FDNP season.





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June 8, 2020

The Honorable Melissa Cribbins, Chair  
Coos County Board of Commissioners  
250 North Baxter Street  
Coquille, OR 97423

Dear Chair Cribbins:

The triennial onsite agency review of Coos County Health & Wellness was conducted in June 2019. Findings were determined based on compliance with federal and state statutes or rules, the Intergovernmental Agreement for the Financing of Public Health Services and the Intergovernmental Agreement for Environmental Health Services.

A letter listing items that needed correction was sent to you after the review. The Public Health Administrator was provided a document listing the specific items and the time frame for correction.

We are very pleased to write you this letter thanking you and your staff for resolving all the compliance findings.

Sincerely,

Danna Drum  
Strategic Partnerships Lead

Andrew Epstein  
Public Health Systems Consultant

cc: Robert Main, Commissioner, Coos County  
John Sweet, Commissioner, Coos County  
Kathy Cooley, Interim Public Health Director/Local Public Health Administrator