

# El Paso County Public Health (EPCPH) Director’s Report

**To:** The El Paso County Board of Health

**From:** DeAnn Ryberg, Interim Public Health Executive Director

**Date:** June 2025 (reflects activity in May 2025)

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## In the News

- El Paso County Public Health (EPCPH) was featured in a variety of timely television and print news coverage stories in May, resulting in three stories totaling 40,812 in local viewership and \$262 in local earned media value.
- The Denver Post reported declining vaccination rates in pockets of Colorado, including some rural and large counties. El Paso County (EPC) has seen a decline in vaccination rates. Kristi Durbin, EPCPH immunization and international travel division manager, said many parents delayed routine health care during the pandemic. EPCPH has been sending reminders to families that are behind on vaccines and offering clinics at schools and community organizations to make it easier for those who are interested in catching up on vaccines. The Denver Post story can be accessed through the following link: [Parts of Colorado face measles risk as high as West Texas due to low vaccination rates](#)
- KOAA reports that students in Harrison School District 2 are utilizing the district’s \$254,000 vaping prevention grant (funded by a JUUL lawsuit settlement) to lead the charge against vaping. EPCPH is a district partner. The grant funds substance use, therapists, prevention nurses and student-led initiatives, supporting student-run efforts like “Students Working Against Tobacco,” a national model for peer-led

prevention programs. The KOAA story can be accessed through the following link: [Harrison School District 2 students lead the fight against vaping](#)

- The May edition of the New Falcon Herald featured an article from EPCPH Co-Medical Director Dr. Paul Mayer. The article outlines measures that can help prevent skin cancer during Skin Cancer Awareness Month. The New Falcon Herald article can be accessed through the following link: [Taking steps to prevent skin cancer](#)

## Agency Operations

In 2008, the Colorado Public Health Act required the State Board of Health to establish, by rule, the core public health services that each county and district public health agency must provide or assure as well as establish minimum quality standards for those public health services. A revised ruling ([6 CCR 1014-7](#)), effective Jan. 1, 2020, now requires state and local health departments in Colorado to ensure provision of seven Foundational Capabilities and five Foundational Services. More information can be found at the following link: [Colorado Local Public Health and Environmental Resources](#)

EPCPH fulfills its statutory requirement of providing these core public health services through the work of its divisions and programs. Activities supporting these services for the timeframe of this report follow.

### **Staffing Update**

The agency's turnover rate has fluctuated from 18.2 percent in 2019 to 31.6 percent in 2022. EPCPH turnover decreased to 23.4 percent in 2023 and 22.8 percent in 2024 and is at 5.75 percent based on data as of June 2, 2025. Turnover is measured by the number of separations per month divided by the average number of full-time employees (as verified by the Society for Human Resource Management). It does not account for internal employee movements such as promotions, transfers, retirements, county transfers, etc. The national turnover rate in 2022 in the Public Health sector was 46 percent, according to the Public Health Workforce Interest and Needs Survey (PH WINS). National turnover rates are provided every two years, and data for 2022 will be captured in the 2024 PH WINS.

### **Foundational Public Health Capabilities**

#### **Assessment and Planning**

Members of the Public Health Data & Analytics (PHDA) program attended the American Community Survey Data Users Virtual Conference on May 29 to learn more about best practices and limitations of using this core public health data source for assessment and driving decisions.

On May 28, PHDA delivered a series of GIS maps to the Women, Infants and Children (WIC) program that compared the location of resources and services to where clients lived across the county. The maps also explored socioeconomic factors by census tract to identify areas of need, which can be used to inform future opportunities.

## **Communications**

The interim communications & public relations supervisor offered two trainings to managers and key staff on digital accessibility, helping to increase understanding and expand access to resources and tools in support of implementing new Web Content Accessibility Guidelines (WCAG) 2.1 Level AA requirements.

## **Partnerships**

During May's Healthy Community Collaborative (HCC) monthly meeting, members engaged in an implementation workshop around the Community Health Improvement Plan (CHIP). Members worked together to identify implementation strengths, roadblocks and resource needs. Members were engaged and participated in a robust conversation resulting in specific action items and next steps to better prepare the HCC for success in effectively implementing CHIP objectives and strategies.

On May 24, the epidemiologist from the PHDA program presented to the RISE Southeast Youth Advisory Council (YAC). This was a key first step in the partnership to provide the YAC and RISE Southeast with an orientation to population health epidemiology, data sources available, and how to assess the factors that impact health. The project is currently in the exploratory phases of assessing what measures are available at the zip code & census tract level for various factors impacting health. Future activities aim to look at pre- and post-data from when RISE was created, with a goal of looking at how RISE has impacted community health.

On May 14, 2025, the Reproductive Health Clinic (RHC) nurse practitioner and division manager presented to Peak Vista's Medical Intern program on syphilis staging, lab interpretation and treatment, strengthening clinical partnerships and provider education. Additionally, the RHC nurse practitioner and registered nurse participated in a community tabling event at the Salvation Army's Family Hope Center, sharing resources and connecting resident families with essential reproductive health services. The lead public health nurse also attended to provide immunization resources and education to families in need, supporting ongoing efforts to increase vaccine access and awareness for community members.

## **Emergency Preparedness and Response**

During the month of May, the Emergency Preparedness and Response (EPR) team engaged in several key preparedness activities to strengthen emergency response capabilities. The team participated in the statewide Extreme Heat tabletop exercise, which provided an opportunity to discuss strategies, coordination efforts and potential challenges related to extreme heat events. Additionally, the team took part in the local Mass Casualty Incident (MCI) planning seminar and workshop, collaborating with local partners to review the county's MCI plan and discuss protocols, coordination strategies and response procedures. The EPR team also coordinated a wildfire preparedness training as part of an agency-wide lunch and learn, offering two sessions led by the Colorado Springs Fire Department (CSFD).

## **Foundational Public Health Services**

### **Communicable Disease Prevention, Investigation and Control**

The seventh annual Colorado Epidemiology Conference was held at the Antlers Hotel in Colorado Springs on May 8. This unique conference — co-hosted by EPCPH and CDPHE — brings together local and state epidemiologists, public health professionals, national speakers, military partners, hospital partners and academic partners. The free conference is an opportunity to share important data, best practices and trends regarding research, and emergent public health issues in Colorado. Members of the CD program presented on “Challenges of Enteric Disease Exclusion Using Traditional Culture-Based Stool Testing.” PHDA team members also attended to ensure they maintain the necessary knowledge to support EPCPH's CD program with their data management needs during emergency responses.

### **Environmental Public Health**

#### **Retail Food Establishments**

The number of retail food establishment licenses has increased, adding nearly 40 licenses since March 2025. However, there is also an increase in closures, specifically related to mobile food licenses. Environmental Health (EH) is experiencing an increase in enforcement related activities, including foodborne illness outbreak investigations and inspections resulting in closure of the facility pending corrective action. In addition, the retail food team partnered with Territory Days event coordinators in an effort to ensure licensing/permitting requirements were met for all vendors participating in the event.

#### **Onsite wastewater treatment systems (OWTS)**

OWTS applications for permitting and property sale reviews continued to increase over the last year. While 2024 experienced a slowdown in development and property sales, 2025 to date appears to be experiencing standard growth in these areas. Through the

end of May, property sale applications have increased 23 percent, and permit applications have increased 39 percent over the same period for 2024. New construction of structures and systems are responsible for the majority of the permit application increase.

### **Maternal, Child, Adolescent and Family Health**

Nurse-Family Partnership (NFP) helped to connect enrolled clients to care by providing more than 40 referrals on behalf of nearly 40 families. These referrals were to housing assistance, mental health treatment, Medicaid, Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), child care, dental services, lactation support, and Women, Infants, and Children (WIC).

EPCPH's Maternal and Child Health (MCH) program received an award for Excellence in Inclusive Education from D11's Special Education Advisory Committee (SEAC). This award demonstrates the efforts to support children and youth with special health care needs. MCH received this award for fostering relationships and collaborations with district staff and the SEAC that supports the needs of families within the community.

EPCPH's WIC program participated in the Fort Carson Deployment Fair. This event served servicemembers arriving in Colorado Springs or preparing to deploy. WIC engaged with 400 individuals about income eligibility, enrollment, and provided education and resources. Many service members are eligible for WIC, so providing this type of engagement and education helps inform them about available nutrition and breastfeeding support. This event resulted in 18 referrals to the WIC program.

### **Chronic Disease, Injury Prevention and Behavioral Health Promotion**

The Tobacco Education and Prevention Partnership (TEPP) program and a doctor of nursing student presented research findings during an RMC Health Community Learning call with nearly 50 staff from local public health agencies across Colorado. The research focused on evaluation of EPCPH's Tobacco-Free Schools mini grant and provided an opportunity to share insights and best practices statewide.

TEPP trained four staff members of Brightspace Counseling to educate them about the dangers of tobacco and nicotine products, supporting individuals struggling with addiction, and sharing local cessation resources. An additional internal training was provided for EPCPH staff, focusing on internal referral systems and available resources.

TEPP staff participated in the D2 Youth Summit, where staff engaged with 60 community members, including youth, staff and parents. TEPP presented the "Start the Conversation" training for school staff, parents and youth-serving community members, and also gave a presentation about nicotine use prevention to youth. This evidence-based training helps adults talk with young people about nicotine use with an open mind and accurate

information. TEPP staff also spoke on two panels that addressed mental health and substance use topics with both adult and youth audiences.

The TEPP grant paid registration costs for four community partners to attend and complete the Tobacco Treatment Specialist (TTS) training held by the University of Colorado Anschutz Medical campus' Behavioral Health and Wellness program. Supporting community partners in this way expands community capacity to provide needed tobacco cessation resources and support to those who wish to quit tobacco. Representatives from Inside Out Youth Services, Evans Army Community Hospital at Fort Carson Military Installation, and Serenity Recovery completed the training and now bring this valuable knowledge to the communities they serve.

EPCPH's IVP planner received a Community Safety Champion Award from Pikes Peak Area Council of Governments for supporting their Drive Smart Colorado program to integrate traffic safety outreach in rural middle and high schools across EPC.

EPCPH's IVP planner also received an Outstanding Community Partnership Award from CommonSpirit Trauma Services for supporting the Choose S.A.F.E. program, which offers interactive traffic safety outreach in middle and high schools throughout the City of Colorado Springs. S.A.F.E. stands for seatbelts and safe speeds, avoid alcohol and drugs, focus and eliminate distractions.

Injury and Violence Prevention (IVP) was awarded a \$10,000 mini grant for infant safe sleep outreach from CDPHE. As discussed at the April Board of Health meeting, unsafe sleep environments were the leading cause of death reviewed by the EPCPH Child Fatality Review team in 2024. This funding will help to address this issue by providing educational materials about infant safe sleep and resources such as cribs and sleep sacks for parents and caregivers with infants across the community.

### **Access to and Linkage with Health Care**

On May 8, 2025, the Mobile Vaccine Team held an on-site clinic at Adams Elementary School and administered 21 school-required vaccines to students.

## Appendix A: Environmental Health Activity

Table 1 Appendix A: Environmental Health Activity

Environmental Health	May 2025	2025 Total	2024 Total	2023 Total
Air Quality Construction Activity Permits	6	46	118	136
Air Quality Open Burn Permits	6	23	33	51
Air Quality Complaints	3	11	33	23
Animal Bites Reported	114	540	1331	1171
Body Art Routine Inspections	13	61	121	112
Body Art Follow-up Inspections	0	1	2	7
Body Art Complaints	3	13	19	31
Child Care Routine Inspections	7	86	199	202
Child Care Follow-up Inspections	0	1	11	6
Child Care Complaints	1	2	21	20
Child Care Outbreak Investigations	0	5	N/A	N/A
Child Care High Risk Field Consults	17	37	46	12
Land-Use Planning Review	14	89	248	204
OWTS Pumper Truck Inspections	1	47	96	77
OWTS Final Inspections	49	183	445	551
OWTS Partial Inspections	3	24	138	227
OWTS Application Design Reviews	44	177	368	490
OWTS Design Revision Requests	5	28	52	120
OWTS Design Revision (add) Requests	0	3	9	63
OWTS New Permit Applications	29	100	166	232
OWTS Repair Permit Applications	25	93	252	266
OWTS Modification Permit Applications	2	11	16	19
OWTS Acceptance Doc for Title Transfer	96	257	726	731
OWTS Soil and Site Evaluations	26	110	277	376
OWTS Complaints	2	8	26	30
OWTS O&M Systems	3	46	141	155
Recreational Water Safety Inspections	10	88	289	313
Recreational Water Follow-up Inspections	0	4	18	22
Recreational Water Complaints	2	6	14	14
RFE Routine Inspections	226	1235	2431	2478
RFE Re-Inspections	13	104	227	319
RFE Complaint Investigations	44	229	474	517
RFE Inspections Resulting in Closure	8	27	N/A	N/A
RFE Plan Reviews	30	127	291	210
RFE Pre-Operational Inspections	48	219	567	524
Foodborne illness EH investigations	3	8	9	19

School Routine Inspections	0	11	29	23
School Complaints	2	10	13	15
School Self-Certification Audits	0	46	45	44
School Self-Certifications Returned	0	0	330	327
Waste Tire Facilities Routine Inspections	0	70	138	140
Waste Tire Complaints	1	1	1	2

## Appendix B: Water Systems Testing

2024	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
<b>Totals</b>	647	607	642	699	830	702	786	678	745	745	587	569

*Table 2 Appendix B: 2024 Water Systems Testing*

2025	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Public Water Systems	334	286	307	306	356							
Private Wells	303	294	338	390	408							
<b>Totals</b>	637	580	645	696	764							

*Table 3 Appendix B: 2025 Water Systems Testing*

## Appendix C: Immunizations Program Vaccines Administered

2025 Month	Total Vaccines Administered	Vaccines Administered by the Mobile Team
January	1020	34
February	870	21
March	796	0
April	910	0
May	832	21
June		
July		
August		
September		
October		
November		
December		

*Table 4 Appendix C: Immunizations Program Vaccines Administered*

\*Number of vaccines administered by mobile team included in total vaccines administered column



## Appendix D: Nurse-Family Partnership Client Visits

Month	2024 # of Client Visits	2025 # of Client Visits
January	241	264
February	252	253
March	241	210
April	272	226
May	221	229
June	229	
July	267	
August	236	
September	208	
October	259	
November	222	
December	200	

Table 5 Appendix D: Nurse-Family Partnership Client Visits

## Appendix E: Disease Prevention and Control

Category	Disease	2025	2024	2023	2022
<b>Food/Waterborne Diseases</b>					
	Campylobacter	82	197	189	118
	Cryptosporidium	9	30	42	25
	Cyclosporiasis	1	28	8	10
	Giardia	17	77	68	47
	Hepatitis A	1	2	2	3
	Legionellosis	2	11	19	11
	Salmonella	34	128	89	54
	Shigella	15	62	46	57
	Shiga Toxin-producing E. coli (STEC)	17	65	59	42
	Vibriosis	5	11	9	7
<b>Food/Waterborne Diseases Totals</b>		<b>183</b>	<b>611</b>	<b>531</b>	<b>373</b>
<b>Health care Associated Infections</b>					
	Carbapenem-Resistant	0	2	0	1

	Acinetobacter baumannii (CRAB)				
	Carbapenem Non-susceptible Enterobacteriaceae (CRE)	36	61	58	47
	Carbapenem-Resistant Pseudomonas Aeruginosa (CRPA)	18	57	45	43
<b>Health care Associated Infections Totals</b>		<b>54</b>	<b>110</b>	<b>103</b>	<b>91</b>
<b>Vaccine Preventable Diseases</b>					
	Haemophilus influenzae (H. flu)	9	9	18	14
	Measles	4	0	0	0
	Meningococcal Disease	1	0	1	0
	Mumps	1	1	2	3
	Pertussis	41	141	24	29
	Rubella	0	0	0	0
	Varicella	26	24	33	21
<b>Vaccine Preventable Diseases Totals</b>		<b>82</b>	<b>175</b>	<b>78</b>	<b>67</b>
<b>Respiratory Diseases</b>					
	Hospitalized COVID-19	<b>253</b>	<b>964</b>	<b>1,091</b>	<b>2,847</b>
	Hospitalized Influenza*	<b>535</b>	<b>483</b>	<b>266</b>	<b>529</b>
	Hospitalized RSV	<b>475</b>	<b>427</b>	<b>161</b>	<b>24</b>
<b>Respiratory Disease Total</b>		<b>1,263</b>	<b>1,874</b>	<b>1,518</b>	<b>3,400</b>

*Table 6 Appendix E: Disease Prevention and Control*

\*Flu Seasons:

- October 3, 2021- May 21, 2022; 188
- October 2, 2022 - May 20, 2023; 399
- October 1, 2023 - May 18, 2024; 547
- September 29, 2024 - May 17, 2025; 589

## Foodborne Illness Complaints Received at EPCPH

2025 Month	Complaint Received Regarding Foodborne Illness	EH Foodborne Illness Investigation
January	40	2
February	17	0
March	29	1
April	21	0
May	35	3
June		
July		
August		
September		
October		
November		
December		

*Table 7 - Foodborne Illness Complaints Received*

2024 Month	Complaint Received Regarding Foodborne Illness	EH Foodborne Illness Investigation
January	1	0
February	3	1
March	22	2
April	23	2
May	20	0
June	18	1
July	16	0
August	18	1
September	14	0
October	41	1
November	16	1
December	24	1

*Table 8 - 2024 Foodborne Illness Complaints Received*

## Annual Rabies Control Activities

Year	Rabid animals total	Animal type
2025	0	Bats
2024	6	Bats
2023	2	Bats
2022	4	Bats

*Table 9 - Annual Rabies Control Activities*

2025 Month	Rabies Related Calls	Animals Tested	Positive Results	PEP Recommendations
January	9	0	0	5
February	13	1	0	2
March	19	2	0	1
April	17	3	0	1
May	17	2	0	2
June				
July				
August				
September				
October				
November				
December				

*Table 10 - Annual Rabies Control Activities*

## Appendix F: Reproductive Health Clinic

### Reproductive Health Clinic Client Visits

Month	2024 # of Client Visits	2025 # of Client Visits
January	195	170
February	181	127
March	141	159
April	184	147
May	172	128
June	191	
July	189	
August	129	
September	121	
October	132	
November	136	
December	153	

*Table 11 - Appendix F: Reproductive Health Clinic*

## Appendix G: Tuberculosis Program

2025 Month	TB Cases Active/Latent	TB Rule Outs in Partnership with Community Providers	TB Direct Consultation to Community Providers
January	3/10	1	7
February	3/12	3	6
March	4/11	1	7
April	3/10	4	8
May	3/11	0	6
June			
July			
August			
September			
October			
November			
December			
Totals	5/17*	9	34

*Table 12 Appendix G: Tuberculosis Program*

\*Represents the total number of active TB and LTBI patients under treatment during 2025, regardless of when treatment began.

## Definitions of Foundational Terms

### Foundational Public Health Capabilities

**Assessment and Planning** - Colorado's governmental public health system will apply the principles and skilled practice of epidemiology, laboratory investigation, surveillance and program evaluation to support planning, policy and decision making in Colorado.

**Communications** - Colorado's governmental public health system will be a trusted source of clear, consistent, accurate and timely health and environmental information.

**Policy Development and Support** - Colorado's governmental public health system will inform and implement policies to meet the community's changing health needs. Public health policies will aim to eliminate health disparities, reduce death and disability, and improve environmental quality and health outcomes for all people in Colorado.

**Partnerships** - Colorado's governmental public health system will create, convene, and support strategic partnerships, engage community members and cross-sectoral partners, agencies and organizations to achieve public health goals.

**Organizational Competencies** – No official definition from CDPHE but this section will be used to report on QI, accreditation, finance/budget, governance, awards, etc.

**Emergency Preparedness and Response** - Colorado's governmental public health system, in coordination with federal, state and local agencies and public and private sector partners, will have the capability and capacity to prepare for, respond to, and recover from emergencies with health, environmental and medical impacts.

**Social Determinants of Health** - Colorado's governmental public health system will intentionally focus on improving systems and institutions that exacerbate health disparities so that all people and communities in Colorado can achieve the highest level of health possible. Governmental public health will have the requisite skills, competencies and capacities to play an essential role in creating comprehensive strategies needed to address health inequities, and social and environmental determinants of health.

### Foundational Public Health Services

**Communicable Disease Prevention, Investigation and Control** - Colorado's governmental public health system will carry out state and locally coordinated surveillance, disease investigation, laboratory testing, and prevention and control strategies to monitor and reduce the incidence and transmission of communicable diseases. Programs will target illnesses that are vaccine-preventable, zoonotic, vector-borne, respiratory, food- or water-borne, bloodborne, healthcare-associated, and sexually transmitted as well as emerging threats. Communicable Disease Control will collaborate with national, state and

local partners to ensure mandates and guidelines are met and timely, actionable information is provided to the public and to health professionals.

**Environmental Public Health** - Colorado's governmental public health system will use evidence-informed practices to understand the cause-and-effect relationships between environmental changes and ecological and human health impacts to protect, promote, and enhance the health of the community and environment. Agencies will participate in the protection and improvement of air quality, water, land and food safety by identifying, investigating and responding to community environmental health concerns, reducing current and emerging environmental health risks, preventing communicable diseases, and sustaining the environment in a coordinated manner with agencies at the federal, state and local levels as well as industry stakeholders and the public.

**Maternal, Child, Adolescent and Family Health** - Colorado's governmental public health system will develop, implement and evaluate statewide, regional and local strategies related to maternal, child, adolescent and family health to increase health and well-being, reduce adverse health outcomes and advance health equity across the life course. Strategies may include, but are not limited to, identifying and providing information, promoting evidence-informed and multi-generational approaches, identifying community assets, advocating for needed initiatives, and convening partners.

**Chronic Disease, Injury Prevention and Behavioral Health Promotion** - Colorado's governmental public health system focuses on common risk and protective factors that affect social, emotional and physical health and safety. To prevent chronic disease and injuries and promote behavioral health, Colorado's governmental public health system will use policy, systems and environmental change strategies to comprehensively address the root causes of poor health outcomes and advance health equity. Priority areas include, but are not limited to, nutrition, physical activity, oral health, access to care and disease management, injury prevention, violence prevention, suicide prevention, mental health, and substance use (including tobacco, alcohol and other substances).

**Access to and Linkage with Healthcare** - All Coloradans should be connected with and have access to needed personal health care services that include primary care, maternal and child health care, oral health care, specialty care, and mental health care.