

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: April 2025 (reflects activity in March 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 March, resulting in a total of 52 stories totaling nearly 523,459 in local viewership and \$16,420 in local earned media value.
- The March edition of the New Falcon Herald featured an article from Dr. Paul Mayer, co-medical director of EPCPH, about heart health. Heart disease is the leading cause of death nationwide for men and women. The article can be accessed at the following link: [New Falcon Herald Tips to Get Heart Healthy](#)
- The Gazette and KOAA provided information about measles following the outbreak in Texas. Communicable Disease Division Manager Haley Zachary and Acting Disease Prevention & Response Division Director Janel McNair provided relevant information about the illness. They explained that measles is very contagious and can cause severe illness. EPCPH is currently monitoring the situation and preparing should there be cases of measles in El Paso County.
 - o The KOAA story can be accessed through the following link: [Measles outbreak](#)

- o The Gazette story can be accessed through the following link: [Health officials: Colorado measles outbreak ‘very real possibility.’ State ranks low for vaccination](#)
- Multiple news outlets reported on an outbreak of chickenpox at The Classical Academy. EPCPH worked closely with district partners to provide accurate guidance and information.
 - o The KOAA story can be accessed through the following link: [County health department monitoring chickenpox outbreak at The Classical Academy central campus](#)
 - o The Gazette story can be accessed through the following link: [3 cases of chickenpox confirmed at Colorado Springs elementary school](#)
 - o Additional stories included: KRDO Radio: [Chickenpox outbreak](#)
 - KZSB-AM (BBC): [Chickenpox outbreak](#)
 - KNUS-Texas: [Chickenpox Outbreak](#)
 - FOX21: [Chickenpox reported at The Classical Academy](#)
 - Yahoo: [Chickenpox reported at The Classical Academy](#)
 - Colorado Politics: [3 cases of chickenpox confirmed at Colorado Springs elementary school](#)
- KKTU shared information with viewers about the Tobacco Education and Prevention Partnership (TEPP). EPCPH TEPP Division Manager Jennifer Lange and Lead Policy and Prevention Specialist Ivelisse Nieves-Ryan spoke about TEPP’s efforts to prevent tobacco and nicotine use by young people.
 - o The KKTU story can be accessed through the following link: [‘Teen vape use is dramatically down from an all-time high in 2017’: Nicotine awareness efforts working in local schools](#)

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 January 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 3.6 percent year-to-date in 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

Community Health Improvement Plan quarterly summary: Q1, 2025

Background

The 2025-2029 Community Health Improvement Plan (CHIP) was completed and approved by the El Paso County Board of Health in February 2025. The result of a collaborative effort of the Healthy Community Collaborative (HCC)—a multidisciplinary stakeholder group convened by El Paso County Public Health (EPCPH)—the CHIP aims to address four leading priorities identified by the HCC:

- Barriers to accessing health care
- Suicide
- Drug overdose
- Housing stability

This brief quarterly summary aims to provide a brief snapshot of progress, highlights, and an overview of recent activities in support of strategies to address the leading priority areas. It is not intended to be exhaustive, but rather a way to establish a regular cadence and modality through which to provide updates.

Barriers to accessing health care

CHIP Objective 2: Enhance care coordination for senior citizens by expanding outreach to deepen community knowledge and collaboration, aiming to improve access to health care services, reduce barriers, and increase efficacy of care coordination.

- **Strategy 2.1:** Form partnerships with external entities involved in care coordination with senior citizens.

Progress update

EPCPH and the Healthy Community Collaborative (HCC) has engaged additional community partners specializing in senior citizen resources, including Silver Key Senior

Services, Older Adults Technology Services (OATS), and High Roots Wellness and Consulting. Additionally, in January 2025, EPCPH brought together representatives from Fort Carson and the Fort Carson Retiree Council to discuss challenges faced by senior veterans in accessing health care and resources. Strengthening relationships with subject matter experts and partners enhances opportunities to expand resources and extend support to this key population, while also streamlining resources and ensuring there is not duplication. A key deliverable of these partnerships was the development of a comprehensive flyer with targeted local resources specific to seniors, with information on a variety of topics ranging from health care to food access to housing assistance to mental health. This will be utilized by partners to help facilitate connection to resources for partners who serve seniors.

Suicide

CHIP Objective 3: Promote behavioral health including opportunities for peer support and teaching coping and problem-solving skills.

- **Strategy 3.1:** Coordinate and promote (Connectedness, Awareness, Resources and Education (C.A.R.E.) activities from the Youth Suicide Prevention (YSP workgroup).

Progress update

In alignment with the existing C.A.R.E. framework of the YSP workgroup, the HCC is working with partners to implement activities which support the following:

- Connectedness: increasing a sense of belonging and access to trusted adults and safe spaces
- Awareness: promote suicide prevention and mental wellness tools, resources, data, events, and educational opportunities
- Resources: stay current on local resources and resource gaps
- Education: increase knowledge and skills of adults who work with youth, and youth themselves, in suicide prevention education and mental wellness promotion

To support these activities, the HCC is working to promote a project/campaign entitled Mental Health Moments, which was developed by YSP to help create more awareness in the community around youth mental health resources. These resources are designed to provide education and information specifically to parents and caregivers, to help equip them with the resources they need to support the youth in their lives. The complete toolkit will be shared with the HCC in the near future, with the goal of having HCC members share it with their networks as part of Mental Health Awareness Month in May.

Drug overdose

Progress update

Although there are not specific quarter one updates for this priority area, future planning efforts for April include supporting the biannual Drug Enforcement Agency (DEA) Drug Take Back Day events (held in April and October each year), which provide a convenient opportunity for residents to safely dispose of prescription medications.

Housing stability

Objective 1: Expand capacity and leverage resources to help low- and extremely low-income households remain housed and increase housing stability.

Strategy 1.1: Strengthen relationships with agencies serving communities disproportionately impacted by housing instability.

Progress update

To support progress in this priority area, the HCC is partnering with the City of Colorado Springs Housing and Homelessness Response Department. As part of this collaboration, the City has identified and committed an HCC housing liaison who will provide updates on the progress of key housing initiatives and share opportunities for HCC members to contribute to these efforts. This partnership strengthens cross-sector coordination and enhances community-driven strategies to improve housing stability in El Paso County.

Partnerships

The Colorado Association of Local Public Health Officials (CALPHO) and Colorado Health Institute (CHI) facilitated a Data Modernization Workshop on March 28 attended by all Public Health Data and Analytics (PHDA) program staff, along with an enterprise architect from the county's Digital Strategy and Technology (DST) department. The purpose of the workshop was for Local Public Health Agency (LPHA) teams to: 1) gain a better understanding of their own data capacity; 2) identify actionable next steps to address a unique challenge related to data modernization; and 3) inform state data modernization strategies and advocacy efforts for LPHAs. The outputs of the workshop were capacity assessment scores and a journey map for local primary data collection.

Several programs across EPCPH recently participated in a Community Liaison Poverty Simulation and Discussion event hosted by Colorado Springs School District 11. This hands-on experience brought together local organizations such as Crossfire Ministries, COSiloveyou and Tri-Lakes Cares to strengthen partnerships and share valuable resources. The event provided an opportunity for staff and community partners to simulate navigating various support services from the perspective of the individuals and families we serve. This exercise helped deepen staff understanding of the barriers residents may face, while also reinforcing the importance of collaboration among service providers. Ultimately, this type of engagement supports EPCPH's goal of building community trust and engagement by connecting all El Paso County residents to the resources available to them.

Care Coordination and Maternal and Child Health (MCH) staff participated in the Salvation Army Family Hope Center Resource Fair, the Ute Pass Elementary School Resource Fair, and the Conference and Resources Event for Special Education.

Participating in outreach efforts helps connect families to information, support and resources in the community. MCH was able to connect with approximately 110 individuals, distributing nearly 40 hygiene kits, and nine sensory kits.

EPCPH and the HCC have engaged with the University of Colorado Colorado Springs' Greater Resilience Information Toolkit (GRIT) program as an additional community partner specializing in resiliency training. This effort addresses an objective from the CHIP priority area of Barriers to Accessing Health Care. Strengthening relationships with subject matter experts enhances opportunities to expand resources and extend support to community-facing organizations within the HCC.

Organizational Competencies

Response and Recovery

As part of the budget development process for fiscal year 2025, the Board of Health approved the utilization of fund balance to support response and recovery efforts. During the first quarter of 2025, EPCPH utilized \$7,287 of the allocated \$300,000 Response & Recovery budget. This equates to less than 2.5 percent of the planned use of fund balance for the year to date. The expenses for this include medical director hours toward response preparedness for communicable disease as well as contracted hours for employee resiliency support.

Emergency Preparedness and Response

The Emergency Preparedness and Response (EPR) team, in collaboration with agency leadership, took part in a Continuity of Operations (COOP) Workshop facilitated by the Pikes Peak Regional Office of Emergency Management. This workshop offered a valuable opportunity to review and update the COOP plan, incorporating new points of contact and essential tasks to ensure the continuity of operations during emergencies or disruptive events.

Foundational Public Health Services

Communicable Disease Prevention, Investigation and Control

EPCPH disease intervention specialists submitted an abstract titled, "The Challenges of Enteric Disease Exclusion Using Traditional Culture-Based Stool Testing." This abstract was accepted for presentation at both the Council of State and Territorial Epidemiology Conference and the Colorado Epidemiology Conference.

The Communicable (CD) program has been monitoring the ongoing measles outbreaks across the U.S. In response to the first measles case reported in Colorado since 2023, the

CD team has maintained situational awareness and is actively collaborating with neighboring health departments and the state to ensure preparedness within our jurisdiction.

The Communications team supported agency efforts to monitor and plan for measles by preparing materials to provide timely, accurate guidance to community members and media outlets. This includes proactively preparing information resources such as press releases, fact sheets, disease FAQs, social media materials, and website updates.

The EPR team is actively preparing documentation and plans in anticipation of a potential measles outbreak within the local jurisdiction. These efforts have included participation in several discussion-based exercises, the development of an incident command organizational structure, and updates to the internal incident response documents.

Environmental Public Health

Child Care Regulation Update

Child care regulations were amended and approved by the Colorado Department of Public Health and Environment (CDPHE) in February 2025. EPCPH applies and operates under the CDPHE child care regulations which will be effective April 14, 2025. Although the regulation change mostly clarifies language, there are some more substantial changes to the plumbing of hand sinks. The Child Care team has worked with Facilities to communicate changes and will be holding voluntary meetings with local child care facilities. Inspections of child care facilities conducted by EPCPH are required to support the licensing of each facility. It is important to note that EPCPH only conducts the facility inspections but does not license the facility.

Onsite Wastewater Treatment Systems (OWTS)

On March 10, 2025, the Water Quality Control Commission approved the CDPHE-proposed Regulation 43 changes as submitted. The final approval, with effective date, has not been published as of April 8, 2025. Upon full approval, with an effective date, for CDPHE Regulation 43, EPCPH will have no more than one year to amend the EPCPH chapter eight regulations to meet or exceed the approved Regulation 43.

The OWTS team recently hosted an industry meeting with multiple sectors including licensed installers and certified inspectors. The purpose of these meetings was to provide key updates and clarifications related to changes taking effect in 2025. These changes include minimum required control panel heights, pressure testing of newly installed systems, and open hold inspections prior to sand placement. These updates are critical to ensure proper baseline system operations and to protect system components for long-term functionality.

In addition to providing updates, these meetings serve as an opportunity for industry members to share feedback for consideration and to facilitate open dialogue. They also foster networking and collaboration across industry professionals.

Schools

The Schools team has contributed thoughtful feedback in support of the upcoming regulation revision. The team is also actively working with local schools to communicate their role as stakeholders and encourage participation by submitting feedback on the proposed changes.

Maternal, Child, Adolescent and Family Health (MCH)

Nurse-Family Partnership (NFP) helped to connect enrolled clients to care by providing nearly 50 referrals on behalf of almost 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).

MCH provided a training on supporting healthy childhood development for 130 individuals from youth-serving organizations such as Colorado Springs School District 11, Manitou Springs School District 14, and the Cultural Office of the Pikes Peak Region. The training provided an overview of Adverse Childhood Experiences (ACEs) and education on protective factors for improving healthy childhood outcomes.

WIC and NFP collaborated on a full-day Lactation Skills Training for WIC lactation specialists and NFP nurses. The event focused on hands-on skill-building and interactive discussions. Co-Medical Director Dr. Paul Mayer delivered a presentation on key topics and WIC staff with advanced lactation credentials, addressed issues related to latch and breastfeeding challenges. NFP recruited five clients who generously volunteered their time and babies, allowing team members to gain valuable experience working with real community members.

Chronic Disease, Injury Prevention and Behavioral Health Promotion

The EPCPH youth resilience and suicide prevention planner, in partnership with the behavioral health planner, were invited to present to the El Pomar Foundation Pikes Peak Regional Council. The presentation was focused on youth mental health and suicide data, as well as providing a landscape of suicide prevention efforts in El Paso County over the last 10 years. The intended outcome was to provide subject matter expertise to the Council's funding focus area of youth mental health. Several key community partners co-presented with EPCPH staff, including representatives from Children's Hospital Colorado Springs and the Suicide Prevention Partnership.

The behavioral health planner hosted a table at the XFoundation Beyond Overdose: Addressing the Risk of Fentanyl Poisoning event. This event aimed to spotlight the fentanyl epidemic, its significance and what led to it. Education on overdose prevention was provided to attendees and 60 Narcan kits were distributed.

Appendix A: Environmental Health Activity

| Environmental Health | March 2025 | 2025 Total | 2024 Total | 2023 Total |
|---|------------|------------|------------|------------|
| Air Quality Construction Activity Permits | 10 | 24 | 118 | 136 |
| Air Quality Open Burn Permits | 3 | 9 | 33 | 51 |
| Air Quality Complaints | 2 | 3 | 33 | 23 |
| Animal Bites Reported | 127 | 325 | 1331 | 1171 |
| Body Art Routine Inspections | 16 | 35 | 121 | 112 |
| Body Art Follow-up Inspections | 1 | 1 | 2 | 7 |
| Body Art Complaints | 6 | 9 | 19 | 31 |
| Child Care Routine Inspections | 21 | 29 | 199 | 202 |
| Child Care Follow-up Inspections | 0 | 0 | 11 | 6 |
| Child Care Complaints | 0 | 2 | 21 | 20 |
| Child Care Outbreak Investigations | 2 | 4 | N/A | N/A |
| Child Care High Risk Field Consults | 5 | 16 | 46 | 12 |
| Land-Use Planning Review | 26 | 59 | 248 | 204 |
| OWTS Pumper Truck Inspections | 7 | 32 | 96 | 77 |
| OWTS Final Inspections | 35 | 88 | 445 | 551 |
| OWTS Partial Inspections | 4 | 16 | 138 | 227 |
| OWTS Application Design Reviews | 47 | 86 | 368 | 490 |
| OWTS Design Revision Requests | 7 | 14 | 52 | 120 |
| OWTS Design Revision (add) Requests | 0 | 3 | 9 | 63 |
| OWTS New Permit Applications | 22 | 40 | 166 | 232 |
| OWTS Repair Permit Applications | 14 | 45 | 252 | 266 |
| OWTS Modification Permit Applications | 4 | 10 | 16 | 19 |
| OWTS Acceptance Doc for Title Transfer | 82 | 187 | 726 | 731 |
| OWTS Soil and Site Evaluations | 29 | 64 | 277 | 376 |
| OWTS Complaints | 2 | 7 | 26 | 30 |
| OWTS O&M Systems | 5 | 14 | 141 | 155 |
| Recreational Water Safety Inspections | 22 | 63 | 289 | 313 |
| Recreational Water Follow-up Inspections | 0 | 2 | 18 | 22 |
| Recreational Water Complaints | 0 | 1 | 14 | 14 |
| RFE Routine Inspections | 281 | 665 | 2431 | 2478 |
| RFE Re-Inspections | 21 | 64 | 227 | 319 |
| RFE Complaint Investigations | 49 | 136 | 474 | 517 |
| RFE Inspections Resulting in Closure | 6 | 12 | N/A | N/A |
| RFE Plan Reviews | 19 | 61 | 291 | 210 |
| RFE Pre-Operational Inspections | 39 | 132 | 567 | 524 |
| Foodborne illness EH investigations | 2 | 5 | 9 | 19 |
| School Routine Inspections | 0 | 11 | 29 | 23 |

| | | | | |
|---|----|----|-----|-----|
| School Complaints | 1 | 4 | 13 | 15 |
| School Self-Certification Audits | 19 | 38 | 45 | 44 |
| School Self-Certifications Returned | 0 | 0 | 330 | 327 |
| Waste Tire Facilities Routine Inspections | 14 | 44 | 138 | 140 |
| Waste Tire Complaints | 0 | 0 | 1 | 2 |

Appendix B: Water Systems Testing

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

| 2025 | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec |
|----------------------|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|-----|-----|
| Public Water Systems | 334 | 286 | 307 | | | | | | | | | |
| Private Wells | 303 | 294 | 338 | | | | | | | | | |
| Totals | 637 | 580 | 645 | | | | | | | | | |

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 | | |
| May | | |
| June | | |
| July | | |
| August | | |
| September | | |
| October | | |
| November | | |
| December | | |

*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 | |
| May | 221 | |
| June | 229 | |
| July | 267 | |
| August | 236 | |
| September | 208 | |
| October | 259 | |
| November | 222 | |
| December | 200 | |

Appendix E: Disease Prevention and Control

| Category | Disease | 2025 | 2024 | 2023 | 2022 |
|--|--------------------------------------|-----------|------------|------------|------------|
| Food/Waterborne Diseases | | | | | |
| | Campylobacter | 44 | 192 | 189 | 118 |
| | Cryptosporidium | 1 | 28 | 42 | 25 |
| | Cyclosporiasis | 1 | 28 | 8 | 10 |
| | Giardia | 10 | 73 | 68 | 47 |
| | Hepatitis A | 0 | 2 | 2 | 3 |
| | Legionellosis | 0 | 11 | 19 | 11 |
| | Salmonella | 13 | 117 | 89 | 54 |
| | Shigella | 9 | 57 | 46 | 57 |
| | Shiga Toxin-producing E. coli (STEC) | 10 | 63 | 59 | 42 |
| | Vibriosis | 3 | 10 | 9 | 7 |
| Food/Waterborne Diseases Totals | | 91 | 581 | 531 | 373 |
| | | | | | |
| Health care Associated Infections | | | | | |
| | Carbapenem-Resistant Acinetobacter | 0 | 2 | 0 | 1 |

| | | | | | |
|---|---|--------------|--------------|--------------|--------------|
| | baumannii (CRAB) | | | | |
| | Carbapenem Non-susceptible Enterobacteriaceae (CRE) | 24 | 57 | 58 | 47 |
| | Carbapenem-Resistant Pseudomonas Aeruginosa (CRPA) | 14 | 48 | 45 | 43 |
| Health care Associated Infections Totals | | 38 | 107 | 103 | 91 |
| | | | | | |
| Vaccine Preventable Diseases | | | | | |
| | Haemophilus influenzae (H. flu) | 6 | 9 | 18 | 14 |
| | Measles | 0 | 0 | 0 | 0 |
| | Meningococcal Disease | 1 | 0 | 1 | 0 |
| | Mumps | 0 | 1 | 2 | 3 |
| | Pertussis | 26 | 141 | 24 | 29 |
| | Rubella | 0 | 0 | 0 | 0 |
| | Varicella | 17 | 24 | 33 | 21 |
| Vaccine Preventable Diseases Totals | | 50 | 175 | 78 | 67 |
| | | | | | |
| Respiratory Diseases | | | | | |
| | Hospitalized COVID-19 | 186 | 926 | 1,091 | 2,847 |
| | Hospitalized Influenza* | 475 | 470 | 266 | 529 |
| | Hospitalized RSV | 419 | 408 | 161 | 24 |
| Respiratory Disease Total | | 1,080 | 1,874 | 1,518 | 3,400 |

*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; 559

Table 2 – Foodborne illness complaints received at El Paso County Public Health

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

| 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 3 – Annual rabies control activities

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

| 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 | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| August | | | | |
| September | | | | |
| October | | | | |
| November | | | | |
| December | | | | |

Appendix F: Reproductive Health Clinic

Table 1 – 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 | |
| May | 172 | |
| June | 191 | |
| July | 189 | |
| August | 129 | |
| September | 121 | |
| October | 132 | |
| November | 136 | |
| December | 153 | |

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 | 4/8 | 1 | 7 |
| April | | | |
| May | | | |
| June | | | |
| July | | | |
| August | | | |
| September | | | |
| October | | | |
| November | | | |
| December | | | |
| Totals | 3/14* | 5 | 20 |

*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.