

El Paso County Public Health Director’s Report

To: The El Paso County Board of Health

From: Susan Wheelan, M.B.A. Public Health Director

Date: November 2024 (reflects activity in October and Part of November 2024)

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In the News

EPCPH Executive Director Susan Wheelan partnered with Dr. Chip Benight, executive director of the Lyda Hill Institute for Human Resilience, to promote Pikes Peak Rising 360 (PPR360) on the [Southern Colorado Business Forum & Digest](#). Following in-depth discussion of the impact of mental health on our communities, Director Wheelan and Dr. Benight focused on how PPR360’s top-notch resources can be used to support businesses, workforce and the community as whole. EPCPH partners with the business community on many initiatives, and the Business Forum & Digest provided a unique opportunity to share PPR360’s customized mental health resources with business partners through a trusted, credible media hub.

The October edition of the [New Falcon Herald](#) featured an article from EPCPH Co-Medical Director Dr. Paul Mayer offering tangible safety tips for parents and children to safely enjoy Halloween festivities.

[The Colorado Springs Gazette](#) highlighted an article on teen vaping in Colorado, noting that overall, Colorado teen vaping is down by over 15 percent (comparing 2023 to 2019). EPCPH Tobacco Education and Prevention Partnership Division Manager Jennifer Lange noted that tobacco use is still a significant concern in our community as it impacts youth

brain development, potentially increasing susceptibility to addiction and mental health challenges.

Numerous media outlets ([KOAA](#), KRDO, KKTU, Fox21, KMGH) covered the increase in pertussis (whooping cough) cases throughout the county, including a confirmed outbreak at a local high school, as well as increased cases in schools across the county.

EPCPH was featured in a [KOAA](#) media segment regarding the E. coli outbreak affecting Colorado and several other states. EPCPH spoke to the challenges in tracking outbreaks of this nature and how diligently local public health agencies (LPHAs) work together to keep the public safe.

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.



Image courtesy of the [Colorado Local Public Health and Environmental Resources](#).

El Paso County Public Health (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 is at 22.7 percent year-to-date through October in 2024. 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

On Nov. 12, 11 members of the Public Health Data Analytics (PHDA) and Communicable Disease (CD) teams, along with 14 people from other Colorado agencies, completed the six-week Intro to R (software) training course, increasing the team's coding, automation and data analysis capabilities.

On Nov. 1, two PHDA team members attended the State Demography Office's Summit to learn more about changing population trends and U.S. Census data updates.

PHDA added a resources tab to the suicide and overdose dashboards to ensure the community has both accurate information and access to help. Visit the dashboards at: www.elpasocountyhealth.org/community-health-data-reports/data-dashboards-2/

Communications

EPCPH was featured in television and print news coverage of several emerging topics in October, including a story on relief from fall allergies, teen vaping, pertussis (whooping cough) cases on the rise and an E. coli outbreak across Colorado. The TV news coverage resulted in 31 stories totaling nearly 587,708 in local viewership and nearly \$32,890 in earned media value.

EPCPH participated in El Paso County's Citizens College, where residents had the opportunity to learn more about El Paso County services located at the Citizens Service Center. In addition to learning more about the Department of Human Services, Pikes Peak Workforce Center and the Assessor's Office, a highlight among the group was the tour of the Public Health Laboratory. Director Wheelan oriented the group, gauging the level of knowledge and familiarity with public health services, and helping provide a framework to understand the breadth and scope of the agency's work. The laboratory manager gave an interactive and informative overview of the many unique functions of the lab.

Partnerships

During Q3 2024, the Healthy Community Collaborative (HCC) welcomed 23 new members, further enriching our diverse network of community partners. This increase in membership underscores HCC's commitment to fostering multisector collaboration, drawing expertise and insight from various sectors to address the four leading health issues identified in the Community Health Assessment (CHA). The inclusion of additional voices and perspectives directly strengthens the implementation of the Community Health Improvement Plan (CHIP) objectives. By expanding our reach and building strong partnerships, we enhance our collective ability to create meaningful impact and bridge service gaps in El Paso County.

The Emergency Preparedness and Response (EPR) team successfully led and facilitated the launch of the Public Health Military Collaborative. This new initiative provides a platform for public health professionals and military partners to exchange information, promote collaboration, and discuss critical public health issues affecting the community. After the kickoff meeting, the EPR team created a feedback survey to assess interest in future sessions, identify key objectives, determine relevant agenda topics, and establish a regular meeting schedule.

The Reproductive Health clinic manager participated as a panelist in the quarterly Colorado Congenital Syphilis Review Board, representing the Jail-Based Screening Program, fielding questions about the program and its utilization in the efforts to decrease the rates of congenital syphilis in Colorado.

The Immunization program conducted several outreach vaccination clinics in October, including clinics held at Hillside Community Center and Special Kids Special Families, meeting community members where they are in order to help prevent disease and strengthen partnerships.

Organizational Competencies

The Quality Improvement (QI) team has developed a required "Introduction to Quality Improvement" training for new employees, to be integrated into the El Paso County Public Health New Employee Orientation (NEO) by Q4 2024. This training will ensure new staff understand the vital role of QI in enhancing organizational performance and improving health outcomes. By establishing a foundational knowledge of QI principles and practices, employees will be better equipped to engage in improvement initiatives and contribute to a culture of continuous enhancement, aligning with the agency's mission and goals.

Emergency Preparedness and Response

The Emergency Preparedness and Response (EPR) team recently led a tabletop exercise (TTX) focused on measles, a critical component of ongoing efforts to enhance preparedness for a potential outbreak within El Paso County. The primary objective of this exercise was to engage alternate incident command personnel in a structured discussion of key issues that could arise during a measles response. The session aimed to assess our current response capabilities, identify potential challenges, and foster collaboration to

address any gaps or weaknesses in our planning. In addition, the EPR team conducted a call-down notification the evening before the exercise to activate the response team, achieving a 92 percent response rate. Moving forward, the EPR team will develop an After-Action Report (AAR) to reinforce strengths and pinpoint areas for improvement.

EPR also participated in the Front Range Public Health Tabletop Exercise (TTX) hosted by the U.S. Space Force. The exercise focused on addressing real-world threats, mitigation strategies, planning and recovery operations. This event was notable for being one of the first to involve external partners. The scenario centered on an unplanned, rapid redeployment of military dependents from an overseas base in response to a respiratory disease outbreak in a congregate setting.

EPR facilitated two CHEMPACK site visits at local hospitals, involving stakeholders such as hospital EMS, CHEMPACK points of contact, Colorado Springs Fire Department (CSFD), City of Colorado Springs Communications Center and American Medical Response. These visits focused on CHEMPACK Full Scale Exercise (FSE) protocols, hospital deployment procedures, communication coordination and the logistics of CHEMPACK contents, pickup locations and deployment strategies. These efforts enhance EPC's preparedness for nerve agent incidents.

EPR also participated in the Pikes Peak Regional Office of Emergency Management (PPROEM) Annual Virtual Winter Weather Workshop, where topics covered included updates from the National Weather Service, Colorado Springs Public Works, EPC Search and Rescue, and The American Red Cross. Additionally, PPROEM and the CSFD reviewed the Extreme Cold Weather Plan.

Foundational Public Health Services

Communicable Disease Prevention, Investigation and Control

EPCPH Communicable Disease Program (CDP) enhanced cross-program response capabilities by convening internal stakeholders for trainings and exercises related to respiratory disease season as well as norovirus outbreak response activities.

Cases of pertussis (whooping cough) are on the rise across the U.S. and Colorado. EPCPH communicable disease staff are responding to multiple cases of pediatric pertussis cases associated with schools, particularly high schools. Since September, the CDP has responded to eight outbreaks. In addition to responding to cases and outbreaks, the team continues to work with the health care community and school personnel to raise awareness regarding this situation and provide information to guide prevention and response efforts.

Environmental Public Health

In November, an EH staff member, in partnership with Colorado Department of Health and Environment (CDPHE), taught a pilot course designed to provide an overview on conducting retail food establishment plan reviews. This intro course was developed by counties participating in the statewide plan review workgroup, specifically intended for new environmental health specialists.

Maternal, Child, Adolescent and Family Health

The Reproductive Health Clinic (RHC) team created a mammogram reminder program for Breast Cancer Awareness Month, resulting in the identification of 128 individuals qualifying for referrals for mammograms as well as PAP smears. Of the 128 individuals referred, 55 received mammograms, resulting in the detection of four abnormal results. EPCPH will connect these individuals to follow up care in the community to further assess abnormal results. Building on the success of this effort, the RHC team will continue efforts to increase promotion of mammography and connections to appropriate care.

Nurse-Family Partnership (NFP) helped to address the needs of enrolled clients by providing more than 30 referrals on behalf of 26 families. These referrals were for 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).

Maternal Child Health (MCH) provided a social and emotional well-being training to over 100 staff from Colorado Springs School District 11, Manitou Springs School District 14, University of Colorado Colorado Springs, Joint Initiatives for Youth and Families, and the Department of Human Services. The training included an overview of Adverse Childhood Experiences and education on protective factors for improving healthy childhood outcomes.

MCH facilitated a Community Voice Collaborative (CVC) meeting with more than 20 participants. These meetings provide a space to discuss topics on access to care such as community accessibility for children and youth who have a medical or developmental problem requiring special attention. These meetings also provide an opportunity for community members to engage with others and increase community involvement.

MCH hosted four nursing students from Pikes Peak State College, precepted by an MCH nurse. The students had an opportunity to talk with various programs throughout EPCPH and shadowed a nurse with NFP, Immunizations and Reproductive Health, completing some or all of their 20 hours of clinical experience to support their community health class. The nursing students learned about community health nursing, assessments conducted in a community health setting and prevention efforts.

MCH participated in the November 16 Widefield School District 3 Resource Fair, which was focused on reaching students, particularly those enrolled in special education. Staff

members provided information about EPCPH services and programs to nearly 30 individuals.

Staff with SNAP participated in the Fort Carson Baby and Child Expo, reaching service members and connecting more than 20 families to the program.

In partnership with Beginnings Birth Center, WIC hosted the second “Tot Shop” at the Valley Hi clinic. Beginnings Birth Center distributed donated items, including maternity clothing, clothing for children ages 0-7, diapers, cribs and child-proofing items. Nearly 100 WIC families attended the event and were able to shop for free items.

Chronic Disease, Injury Prevention and Behavioral Health Promotion

Pikes Peak Rising 360 is a free online web-based platform which promotes mental health awareness and community engagement, fostering preventive measures, early intervention, self-care and screening. Since April, EPCPH’s behavioral health planner has presented demos of the innovative behavioral health platform to nearly 60 organizations, groups and partners, with continuous outreach to additional partners and event attendance.

In just five months since the launch, over 5,000 people have used the platform to access self-help mental health resources and assessments. Below are the current platform metrics.

| Item | Details | Metric |
|-------------------|---|-----------|
| Site Visits | The number of times the site was accessed | 5,055 |
| Assessments | The number of assessments taken | 1,200 |
| Average View Time | The length of time someone is actively using the site | 6 minutes |
| Top Assessments | The top 3 most common assessment taken: 1. Are Your “Off Days” a Sign of Depression 2. Mental Health Check-In 3. Are Your “Worry Days” a Sign of Anxiety | |
| Top Topics | The top 5 most visited topics: 1. Depression 2. Anxiety 3. Flourishing or Languishing 4. Stress 5. Resilience | |

| | |
|------------------------------|--|
| Additional Highlights | <ul style="list-style-type: none"> • Twenty-six percent of individuals accessing the platform have taken an assessment • Mobile devices were used by 64 percent of users; 36 percent used a desktop • Word of mouth through over 45 partnerships has been the greatest source of accessing the platform • Spanish speaking users have accessed this platform |
|------------------------------|--|

Injury and Violence Prevention hosted an impaired driving data-sharing event at the Citizens Service Center’s Department of Motor Vehicles in celebration of National Injury Prevention Day on November 18. Content for this event included several posters with various data perspectives on impaired driving in El Paso County, including law enforcement data (Driving Under the Influence arrest rates by age group), social norms data (Healthy Kids Colorado Survey responses), geographic data (map of impaired driving crash points), and fatality data (trends in fatalities from impaired driving). Nearly 100 community members stopped by the exhibit, and 78 of those shared their thoughts about what they learned and how this data altered their perspective of the severity of impaired driving in our community.

Fountain Valley Communities That Care (FV-CTC) collaborated with the Drug Enforcement Administration (DEA) to host their biannual National Prescription Drug Take Back Day event in the Fountain Valley on October 26, 2024. There were two drop-off sites available, Widefield Parks and Recreation and Fountain Library, which collected a combined total of almost 300 pounds of unused medications. This event reflects both the DEA and FV-CTC’s commitment to helping ensure increased safety, health, and well-being of communities both locally and nationally.

Access to and Linkage with Healthcare

The HCC has developed an action planner which serves as a guiding document for HCC members in aligning resources, measuring progress, and fostering collaborations aimed at reducing health care barriers across El Paso County. It outlines concrete steps, timelines and measurable outcomes for each objective and strategy to ensure a coordinated, impactful approach. The structured implementation framework also supports periodic evaluation and necessary adjustments to meet emerging needs and improve overall outcomes.

Care Coordinators participated in the Department of Human Services Holiday Resource Fair and Trunk or Treat event on October 13, connecting 60 individuals to resources within the community and providing information about EPC Public Health services and programs.

| Care Coordination YTD 2024 (January 1, 2024 – November 20, 2024) | |
|--|------|
| Referrals | 1446 |
| Children and Youth with Special Health Care Needs specific referrals | 187 |
| Outreach (emails, tours, meetings, conferences, presentations and trainings) | 73 |
| Events | 21 |
| Narcan kits distributed | 83 |
| Care packages distributed | 81 |

Appendix A: Environmental Health Activity

| Environmental Health | October 2024 | 2024 Total | 2023 Total | 2022 Total |
|---|--------------|------------|------------|------------|
| Air Quality Construction Activity Permits | 19 | 111 | 136 | 163 |
| Air Quality Open Burn Permits | 5 | 28 | 51 | 19 |
| Air Quality Complaints | 2 | 32 | 23 | 38 |
| Animal Bites Reported | 188 | 1176 | 1171 | 877 |
| Body Art Routine Inspections | 19 | 110 | 112 | 86 |
| Body Art Follow-up Inspections | 1 | 2 | 7 | 8 |
| Body Art Complaints | 3 | 17 | 31 | 22 |
| Child Care Routine Inspections | 23 | 178 | 202 | 138 |
| Child Care Follow-up Inspections | 0 | 9 | 6 | 15 |
| Child Care Complaints | 4 | 20 | 20 | 8 |
| Child Care High Risk Field Consults | 7 | 39 | 12 | 18 |
| Land-Use Planning Review | 39 | 228 | 204 | 232 |
| OWTS Pumper Truck Inspections | 15 | 89 | 77 | 85 |
| OWTS Final Inspections | 60 | 394 | 551 | 576 |
| OWTS Partial Inspections | 18 | 114 | 227 | 235 |
| OWTS Application Design Reviews | 52 | 332 | 490 | 558 |
| OWTS Design Revision Requests | 10 | 47 | 120 | 221 |
| OWTS Design Revision (add) Requests | 2 | 9 | 63 | NA |
| OWTS New Permit Applications | 30 | 159 | 232 | 351 |
| OWTS Repair Permit Applications | 50 | 240 | 266 | 276 |
| OWTS Modification Permit Applications | 3 | 12 | 19 | 15 |
| OWTS Acceptance Doc for Title Transfer | 98 | 637 | 731 | 866 |
| OWTS Soil and Site Evaluations | 39 | 257 | 376 | 425 |
| OWTS Complaints | 1 | 26 | 30 | 27 |
| OWTS O&M Systems | 14 | 130 | 155 | 65 |
| Recreational Water Safety Inspections | 19 | 268 | 313 | 295 |
| Recreational Water Follow-up Inspections | 3 | 18 | 22 | 17 |
| Recreational Water Complaints | 1 | 13 | 14 | 9 |
| RFE Routine Inspections | 272 | 2201 | 2478 | 1908 |
| RFE Re-Inspections | 19 | 205 | 319 | 171 |
| RFE Complaint Investigations | 76 | 426 | 517 | 391 |
| RFE Plan Reviews | 32 | 273 | 210 | 193 |
| RFE Foodborne Illness Complaints received by EH | 11 | 37 | 102 | N/A |
| Foodborne illness complaints referred to EH | 2 | 9 | 19 | N/A |
| School Routine Inspections | 7 | 23 | 23 | 13 |
| School Complaints | 2 | 11 | 15 | 4 |

| | | | | |
|---|----|-----|-----|-----|
| School Self-Certification Audits | 0 | 45 | 44 | 15 |
| School Self-Certifications Returned | 67 | 328 | 327 | 332 |
| Waste Tire Facilities Routine Inspections | 11 | 101 | 140 | 115 |
| Waste Tire Complaints | 1 | 1 | 2 | 1 |

Appendix B: Water Systems Testing

| 2023 | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|-----|-----|
| Totals | 572 | 531 | 694 | 663 | 836 | 789 | 846 | 773 | 735 | 668 | 728 | 554 |

| 2024 | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec |
|----------------------|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|----------------|-----|
| Public Water Systems | 348 | 340 | 353 | 321 | 466 | 368 | 388 | 370 | 411 | 397 | 227 | |
| Private Wells | 299 | 267 | 289 | 378 | 364 | 334 | 398 | 308 | 334 | 348 | 107 | |
| Totals | 647 | 607 | 642 | 699 | 830 | 702 | 786 | 678 | 745 | 745 | *Nov 1-15 only | |

Appendix C: Immunizations Program Vaccines Administered

| 2023 Month | Non-COVID Vaccines | COVID Vaccine Administered in Clinic/Distributed (Long-Term Care Facilities and Operation House Call) | COVID Vaccine Administered by EPCPH Mobile Team |
|------------|--------------------|---|---|
| January | 502 | 115 | 14 |
| February | 592 | 89 | 0* |
| March | 878 | 150 | 8 |
| April | 956 | 119 | 0* |
| May | 930 | 140 | 0* |
| June | 1119 | 163 | 0* |
| July | 856 | 65 | 0* |
| August | 948 | 73 | 0* |
| September | 766 | 24 | 0* |
| October | 878 | 205 | 47 |
| November | 731 | 192 | 13 |
| December | 607 | 131 | 18 |

As we return to routine operations, COVID vaccinations will no longer be separate categories.

| 2024 Month | Total Vaccines Administered | Vaccines Administered by the Mobile Team* |
|------------|-----------------------------|---|
| January | 720 | 33 |
| February | 852 | 123 |
| March | 670 | 28 |
| April | 674 | 35 |
| May | 693 | 20 |
| June | 726 | 10 |
| July | 738 | 29 |
| August | 879 | 18 |
| September | 798 | 18 |
| October | 1196 | 6 |
| November | **456 | **28 |
| December | | |

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

**Partial data from 11/1/2024-11/15/2024

Appendix D: Nurse-Family Partnership Client Visits

| Month | 2023 # of Client Visits | 2024 # of Client Visits |
|-----------|-------------------------|-------------------------|
| January | 237 | 241 |
| February | 213 | 252 |
| March | 254 | 241 |
| April | 220 | 272 |
| May | 222 | 221 |
| June | 245 | 229 |
| July | 186 | 267 |
| August | 215 | 236 |
| September | 213 | 208 |
| October | 231 | 259 |
| November | 230 | **127 |
| December | 188 | |

**Partial data from 11/1/2024-11/15/2024

Appendix E: Disease Prevention and Control

| Category | Disease | 2024 as of 11/18/24 | 2023 | 2022 |
|---|---|---------------------------|------------|------------|
| Food/Waterborne Diseases | | | | |
| | Campylobacter | 174 | 189 | 118 |
| | Cryptosporidium | 24 | 42 | 25 |
| | Cyclosporiasis | 28 | 8 | 10 |
| | Giardia | 66 | 68 | 47 |
| | Hepatitis A | 2 | 2 | 3 |
| | Legionellosis | 10 | 19 | 11 |
| | Salmonella | 109 | 89 | 54 |
| | Shigella | 51 | 46 | 57 |
| | Shiga Toxin- producing E. coli (STEC) | 56 | 59 | 42 |
| | Vibriosis | 10 | 9 | 7 |
| Food/Waterborne Diseases Totals | | 530 | 531 | 373 |
| | | | | |
| Health care Associated Infections | | | | |
| | Carbapenem- Resistant Acinetobacter baumannii (CRAB) | 2 | 0 | 1 |
| | Carbapenem Non- susceptible Enterobacteriaceae (CRE) | 50 | 58 | 47 |
| | Carbapenem- Resistant Pseudomonas Aeruginosa (CRPA) | 44 | 45 | 43 |
| Health care Associated Infections Totals | | 96 | 103 | 91 |
| | | | | |
| Vaccine Preventable Diseases | | | | |
| | Haemophilus influenzae (H. flu) | 9 | 18 | 14 |
| | Measles | 0 | 0 | 0 |

| | | | | |
|--|-------------------------|--------------|--------------|--------------|
| | Meningococcal Disease | 0 | 1 | 0 |
| | Mumps | 1 | 2 | 3 |
| | Pertussis | 104 | 24 | 29 |
| | Rubella | 0 | 0 | 0 |
| | Varicella | 21 | 33 | 21 |
| Vaccine Preventable Diseases Totals | | 135 | 78 | 67 |
| | | | | |
| Respiratory Diseases | | | | |
| | Hospitalized COVID-19 | 804 | 1,091 | 2,847 |
| | Hospitalized Influenza* | 391 | 266 | 529 |
| | Hospitalized RSV | 328 | 161 | 24 |
| Respiratory Disease Total | | 1,523 | 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; 586
- September 29, 2024- May 17, 2025; 16

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

| 2023 Month | Complaint Received Regarding Foodborne Illness | EH Foodborne Illness Investigation |
|------------|--|------------------------------------|
| January | 5 | 1 |
| February | 9 | 2 |
| March | 8 | 1 |
| April | 5 | 4 |
| May | 14 | 3 |
| June | 10 | 2 |
| July | 3 | 1 |
| August | 9 | 1 |
| September | 16 | 0 |
| October | 12 | 2 |
| November | 7 | 0 |
| December | 4 | 2 |

| 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 | | |

Table 3 – Annual rabies control activities

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

| 2024 Month | Rabies Related Calls | Animals Tested | Positive Results | PEP Recommendations |
|------------|----------------------|----------------|------------------|---------------------|
| January | 12 | 1 | 0 | 0 |
| February | 20 | 4 | 0 | 1 |
| March | 20 | 2 | 0 | 2 |
| April | 32 | 6 | 0 | 3 |
| May | 44 | 7 | 1 | 7 |
| June | 31 | 3 | 0 | 12 |
| July | 56 | 11 | 0 | 12 |
| August | 41 | 13 | 4 | 8 |
| September | 21 | 6 | 1 | 2 |
| October | 19 | 0 | 0 | 4 |
| November | 18 | 1 | 0 | 1 |
| December | | | | |

Appendix F: Reproductive Health Clinic

Table 1 – Reproductive Health Clinic Client Visits

| Month | 2023 # of Client Visits | 2024 # of Client Visits |
|-----------|-------------------------|-------------------------|
| January | 122 | 195 |
| February | 109 | 181 |
| March | 187 | 141 |
| April | 193 | 184 |
| May | 161 | 172 |
| June | 198 | 191 |
| July | 147 | 189 |
| August | 225 | 129 |
| September | 164 | 121 |
| October | 170 | 132 |
| November | 152 | **99 |
| December | 153 | |

**Partial data from 11/1/2024-11/15/2024

Appendix G: Tuberculosis Program

| 2024 Month | TB Cases Active/Latent | TB Rule Outs in Partnership with Community Providers | TB Direct Consultation to Community Providers |
|------------|------------------------|--|---|
| January | 5/10 | 3 | 4 |
| February | 4/7 | 4 | 8 |
| March | 2/6 | 1 | 2 |
| April | 1/4 | 0 | 7 |
| May | 0/1 | 0 | 6 |
| June | 0/4 | 1 | 2 |
| July | 0/4 | 6 | 5 |
| August | 2/4 | 3 | 11 |
| September | 3/5 | 2 | 1 |
| October | 3/7 | 0 | 6 |
| November | **3/6 | **0 | **2 |
| December | | | |

**Partial data from 11/1/2024-11/18/2024

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 state-wide, 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. 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.