

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: January 2025 (reflects activity in mid-November through December 2024)

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In the News

In its January edition, the New Falcon Herald's publisher thanked El Paso County Public Health (EPCPH) for the monthly columns provided throughout 2024. These columns help expand information and resources to the residents of Falcon, while building partnerships with local media outlets. To close out the year, the following two columns were recently included:

- The November edition of the [New Falcon Herald](#) featured an article from EPCPH Co-Medical Director Dr. Paul Mayer, which highlighted how to be mindful of stress, including tips on how to recognize and manage stress during the holiday season.
- The December edition of the [New Falcon Herald](#) featured an article from EPCPH Co-Medical Director Dr. Paul Mayer, which provided a timely and educational overview of Seasonal Affective Disorder (SAD). To help raise awareness, the article offered statistics and insight into SAD, along with tips to recognize the symptoms.

EPCPH Communicable Disease Division Manager Haley Zachary provided education on norovirus in an informative interview with [KRDO/KRDO-FM](#). Norovirus, commonly referred

to as a “stomach bug,” has been increasing across El Paso County, the state and the nation. In addition to providing information on what norovirus is and how it spreads, Zachary urged those who are ill to stay home when sick to prevent the spread of the virus.

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](#).

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. 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

As part of ongoing accreditation requirements, each year EPCPH submits an annual report to the Public Health Accreditation Board (PHAB). The 2024 annual report was submitted and accepted by PHAB in December. PHAB provided positive feedback regarding the area of population health for leadership in launching the innovative Pikes Peak Rising 360, in addition to recognizing the agency's continued advancements in integrating health equity into public health initiatives. Finally, PHAB acknowledged EPCPH's advancements in performance management and quality improvement, along with efforts to enhance internal communication, highlighting the commitment to accountability, transparency and collaboration across the agency.

Reaccreditation is completed every five years, and this year marks the next reaccreditation cycle for EPCPH. This includes collaborating with all programs to establish the documentation to support continued accreditation and to address any identified gaps in PHAB requirements for maintaining accreditation. Reaccreditation assures the health department continues to meet national standards for quality and performance. Of note, EPCPH was the first local public health agency in the state to become accredited in 2013 and the first to become reaccredited in 2020.

The 2024-2028 Community Health Improvement Plan (CHIP) is finalized and is anticipated to officially launch in the first quarter of 2025. This community-driven plan outlines actionable steps to address the leading health issues identified in the 2023 Community Health Assessment (CHA). It sets clear goals and objectives for each priority area, emphasizing collaborative efforts to drive meaningful change through cross-sector community partner engagement. A comprehensive launch plan is underway to share the CHIP with both internal and external audiences.

Communications

EPCPH was featured in a variety of timely television and print news coverage from mid-November through December, with the TV news coverage resulting in eight stories totaling nearly 63,867 in local viewership and nearly \$7,143 in earned media value.

On Dec. 5, 2024, members of the Strategy, Data, & Communications Division attended Colorado Health Institute's (CHI) Hot Issues in Health annual conference. The annual health policy conference brings together community organizations, health care providers, state legislators, regional and local policy makers, public health professionals, and more to network and learn about the state's most pressing health, health policy and health care issues. This year's conference highlighted updates to the federal health policy landscape, a veteran journalist panel, and a 2025 legislative preview.

On Dec. 12, 2025, the Communications team provided a media relations training for key EPCPH spokespersons. The training was geared toward managers, directors, and subject matter experts who may be called upon to provide information or interviews to the media. The training, which was provided to 12 team members from programs across the agency, gave a detailed overview of the spokesperson role and media landscape, along with interview preparation and techniques. This agency-specific training, which is in alignment with a countywide spokesperson training launched in 2024, also marks the completion of a key performance measure and progress toward the Strategic Plan pillar of Health Data & Communication.

Partnerships

The Immunizations program conducted several outreach vaccination clinics in December, including clinics held at Public Health South and the Marian House. This work is in addition to vaccinations with Operation House Call for homebound individuals, meeting community members where they are in order to help prevent disease and strengthen partnerships.

The Reproductive Health Clinic manager, in collaboration with the El Paso County Criminal Justice Center (CJC), provided the Arapaho County Health Department (ACHD) with a tour of the Syphilis Prevention program, which is co-located in the CJC, as ACHD plans to roll out the same program in the coming year.

The Reproductive Health Clinic manager presented the Syphilis Prevention program to the California Prevention and Training Center, discussing the success of sexually transmitted infection (STI) testing in a detention center setting.

EPCPH and the Healthy Community Collaborative (HCC) have engaged additional community partners specializing in senior citizen resources, including those serving senior veterans, to address the CHA and CHIP priority area of Barriers to Accessing Health Care. Strengthening relationships with subject matter experts enhances opportunities to expand resources and extend support to this key population.

Organizational Competencies

The internal Quality Improvement (QI) team has developed a self-paced online training, "Introduction to Quality Improvement," for EPCPH team members. This training enhances staff understanding of QI principles, supporting the agency's commitment to continuous improvement and meeting PHAB accreditation requirements. By building organizational capacity for evidence-based improvements, the training strengthens the agency's ability to deliver high-quality services and improve community outcomes.

Emergency Preparedness and Response

The Emergency Preparedness and Response (EPR) team participated in the Cities Readiness Initiative (CRI) Multi-Year Exercise Workshop, hosted by the Colorado Department of Public Health and Environment (CDPHE) Training and Exercise Program. The workshop aimed to foster a unified understanding of the CRI exercise requirements for the 2024-2028 period.

Foundational Public Health Services

Communicable Disease Prevention, Investigation and Control

EPCPH and El Paso County Sheriff's Office (EPSO) CJC staff attended a quarterly meeting to discuss infectious disease trends, emerging concerns and response efforts. For this meeting, EPCPH epidemiologists shared updates related to respiratory season, outbreak identification and mitigation, and outbreak reporting.

Communicable Disease program staff participated in a half-day statewide measles tabletop exercise to identify strengths and gaps in Local Public Health Agency (LPHA) response.

Environmental Public Health

Environmental Health (EH) Division Director Kat McGarvy, M.S., R.E.H.S, has been elected to serve on the board of the Colorado Professionals in Onsite Wastewater (CPOW) organization as president-elect. CPOW is the staple provider of training for the onsite wastewater industry in Colorado. Kat's election requires the fulfillment of a three-year term serving as president-elect, president and, finally, past president. Kat has been an EH professional for 14 years, working in many different EH programs. She has spent the last 10 years working directly in the Onsite Wastewater Treatment System (OWTS) industry and program. Kat and her EPCPH OWTS team are often at the forefront of advancing and modernizing the OWTS program and industry. The experience she brings to the role will allow meaningful collaboration with OWTS industry professionals, positively impacting public health in El Paso County and throughout Colorado.

Maternal, Child, Adolescent and Family Health

Nurse-Family Partnership (NFP) helped to address the social determinants of health for enrolled clients by providing nearly 40 referrals on behalf of 29 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).

Maternal and Child Health (MCH) participated in the Viva Resource Foundation community event focused on connecting Spanish-speaking residents to community resources. Staff connected with 150 individuals, providing information about services and programs offered by ECPH.

MCH provided a social and emotional well-being training to almost 60 staff from Colorado Springs School District 11 and Manitou Springs School District 14. The training included an overview of Adverse Childhood Experiences and education on protective factors for improving healthy childhood outcomes.

Throughout 2024, SNAP for WIC continued to serve pregnant and postpartum women, infants and children up to age five through food benefits, community referrals, nutrition education and breastfeeding support. In 2024, the average monthly enrollment was 14,279. The number of unduplicated participants was 21,578.

WIC staff continued strong partnerships with internal resources such as NFP, the Reproductive Health Clinic and Care Coordination. Approximately 1,286 referrals were made between the programs throughout 2024.

WIC also continued community partnerships at Catholic Charities, Fort Carson Army Community Service, Ronald McDonald House, Lutheran Family Service Refugee Services, Air Force Academy Military and Family Readiness Center, and Calhan Community Outreach Center. Offering WIC services at these locations alleviates transportation barriers as well as helps to increase awareness of services available throughout the county.

Chronic Disease, Injury Prevention and Behavioral Health Promotion

Access to and Linkage with Healthcare

Care coordinators partnered with the Salvation Army and Colorado Springs School District 11 to support families who are temporarily unhoused and experiencing unique circumstances and barriers. Many families are having challenges related to transportation, so care coordinators have begun supporting families by providing bus passes and connecting them to other needed resources.

Care Coordination also participated in the Salvation Army's Family Hope Center resource fair and helped connect people to needed community resources. The team distributed hygiene kits to support basic needs and was able to refer close to 10 people to ECPH services for ongoing support.

Care Coordination 2024 (January 1, 2024 – December 31, 2024)	
Referrals	1649
Children and Youth with Special Health Care Needs specific referrals	223
Outreach (emails, tours, meetings, conferences, presentations and trainings)	75
Events	22
Narcan kits distributed	83
Care packages distributed	95

Appendix A: Environmental Health Activity

Environmental Health	December 2024	2024 Total	2023 Total	2022 Total
Air Quality Construction Activity Permits	7	118	136	163
Air Quality Open Burn Permits	5	33	51	19
Air Quality Complaints	1	33	23	38
Animal Bites Reported	102	1331	1171	877
Body Art Routine Inspections	11	121	112	86
Body Art Follow-up Inspections	0	2	7	8
Body Art Complaints	2	19	31	22
Child Care Routine Inspections	21	199	202	138
Child Care Follow-up Inspections	2	11	6	15
Child Care Complaints	1	21	20	8
Child Care High Risk Field Consults	8	46	12	18
Land-Use Planning Review	20	248	204	232
OWTS Pumper Truck Inspections	6	96	77	85
OWTS Final Inspections	33	445	551	576
OWTS Partial Inspections	17	138	227	235
OWTS Application Design Reviews	25	368	490	558
OWTS Design Revision Requests	4	52	120	221
OWTS Design Revision (add) Requests	0	9	63	NA
OWTS New Permit Applications	8	166	232	351
OWTS Repair Permit Applications	10	252	266	276
OWTS Modification Permit Applications	4	16	19	15
OWTS Acceptance Doc for Title Transfer	46	726	731	866
OWTS Soil and Site Evaluations	17	277	376	425
OWTS Complaints	0	26	30	27

OWTS O&M Systems	4	141	155	65
Recreational Water Safety Inspections	21	289	313	295
Recreational Water Follow-up Inspections	0	18	22	17
Recreational Water Complaints	1	14	14	9
RFE Routine Inspections	229	2431	2478	1908
RFE Re-Inspections	22	227	319	171
RFE Complaint Investigations	48	474	517	391
RFE Plan Reviews	18	291	210	193
RFE Foodborne Illness Complaints	6	43	102	N/A
Foodborne Illness Complaints referred to EH	0	9	19	N/A
School Routine Inspections	6	29	23	13
School Complaints	1	13	15	4
School Self-Certification Audits	0	45	44	15
School Self-Certifications Returned	2	330	327	332
Waste Tire Facilities Routine Inspections	37	138	140	115
Waste Tire Complaints	0	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	328	309
Private Wells	299	267	289	378	364	334	398	308	334	348	242	260
Totals	647	607	642	699	830	702	786	678	745	745	587	569

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 have returned to routine operations, COVID vaccinations are no longer a separate category.

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	824	113
December	890	34

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

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	222
December	188	200

Appendix E: Disease Prevention and Control

Category	Disease	2024	2023	2022
Food/Waterborne Diseases				
	Campylobacter	192	189	118
	Cryptosporidium	28	42	25
	Cyclosporiasis	28	8	10
	Giardia	73	68	47
	Hepatitis A	2	2	3
	Legionellosis	11	19	11
	Salmonella	117	89	54
	Shigella	57	46	57
	Shiga Toxin-producing E. coli (STEC)	63	59	42
	Vibriosis	10	9	7
Food/Waterborne Diseases Totals		581	531	373
Health care Associated Infections				
	Carbapenem-Resistant Acinetobacter baumannii (CRAB)	2	0	1
	Carbapenem Non-susceptible Enterobacteriaceae (CRE)	57	58	47
	Carbapenem-Resistant Pseudomonas Aeruginosa (CRPA)	48	45	43
Health care Associated Infections Totals		107	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	141	24	29
	Rubella	0	0	0
	Varicella	24	33	21
Vaccine Preventable Diseases Totals		175	78	67
Respiratory Diseases				
	Hospitalized COVID-19	926	1,091	2,847
	Hospitalized Influenza*	470	266	529
	Hospitalized RSV	408	161	24
Respiratory Disease Total		1,804	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 by EH

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	24	1

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	12	1	0	0

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	136
December	153	153

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	1	2
December	3/7	4	4

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.