

# 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:** July 2025 (reflects activity in June 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 June, resulting in five stories totaling 52,713 in local viewership and over \$827 in local earned media value.

The June edition of the New Falcon Herald featured an article from EPCPH Co-Medical Director Dr. Paul Mayer. The article provided tips for activities related to Family Health and Fitness Day - June 14.

- The New Falcon Herald article can be accessed through the following link: [Enjoy the great outdoors on Family Health and Fitness Day](#)

Communicable Disease Division Manager Haley Zachary spoke to KRDO about how measles spreads and why it is so highly contagious. Locations where local residents may have been exposed to measles were shared, and the public was encouraged to monitor symptoms for at least 21 days.

- The KRDO story can be accessed through the following link: [Three people in El Paso County test positive for measles, health officials share exposure locations](#)

Utilizing joint EPCPH-Colorado Department of Public Health & Environment (CDPHE) news releases, the Gazette ran two stories on local measles cases. The first story detailed the first two measles cases in El Paso County (EPC). The second detailed the third measles case in EPC. Each story advised residents of the dangers of measles and listed locations where local residents may have been exposed to measles.

- The Gazette stories can be accessed through the following links:  
[2 measles cases confirmed in El Paso County](#)  
[Third measles case confirmed in El Paso County; new exposure site identified](#)

In its Restaurant Roundup feature, KRDO reported on the recent license revocation of Viet's Restaurant. After repeated failed inspections, the restaurant's owners are also prohibited by EPCPH from opening another restaurant in El Paso County. This action follows "a demonstrated and consistent pattern of non-compliance with the Colorado Food Protection Act and related regulatory requirements." The Restaurant Roundup, a regular KRDO feature, also featured other restaurants' inspection results.

- The KRDO story can be accessed through the following link: [Colorado Springs restaurant license permanently revoked due to repeated health violations](#)

## Agency Operations

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

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

## **Staffing Update**

The agency's turnover rate has fluctuated from 18.2 percent in 2019 to 31.6 percent in 2022. EPCPH turnover decreased to 23.4 percent in 2023 and 22.8 percent in 2024 and is at 9.94 percent based on data as of June 20, 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: Q2, 2025**  
**2025 Quarter 2, progress report ([Community Health Improvement Plan](#))**

### **Barriers to accessing health care**

**Objective 1:** Promote resiliency training to social service workers and health care workers.

- Strategy 1.1: Partner with UCCS to offer resiliency (GRIT) training to host in-person or online cohorts for HCC, non-profits, care coordinators whose work centers on addressing the social determinants of health with vulnerable populations.

### **Progress update**

During Q2, EPCPH and UCCS established a data use agreement to allow data sharing between parties to support CHIP reporting requirements related to the GRIT training. Moving forward, UCCS will report to EPCPH the following data points: the number of GRIT training participants who self-identified that they were referred to the training because of their participation or involvement with HCC; the number of HCC organizations who provided the GRIT training to their staff; and types of occupations these training participants come from. Staff have started to work with GRIT program leadership to improve upon GRIT's post-training survey to assist in monitoring and evaluating training outcomes (i.e., confidence levels in applying GRIT skills, motivation to use GRIT skills, usefulness and level of impact of training to job/personal life, etc.).

Additionally, HCC hosted a live GRIT training during the June HCC meeting, where nearly 30 HCC members were trained in GRIT skills. Participants were engaged and showed interest in hosting GRIT trainings for their individual organizations. All respondents of the post-training evaluation survey indicated they strongly agreed or agreed that the content of the training was useful and applicable to their job, that they were motivated to use the knowledge/skills learned in this training, and they were confident they could apply GRIT skills in their job or personal lives. Moreover, 89 percent of respondents said they plan to share or utilize the information with others.

**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**

HCC partners who directly serve older adults collaboratively worked together to create a new resource for older adults and their caregivers that is intended to be a starting point for community members in their search for health care, housing and transportation services, legal and financial assistance, caregiver support, social activities and more. The resource was created with older adults in mind and includes accessible fonts and phone numbers linking community members directly with those who offer individualized support. The resource was provided to HCC members to make widely available within their networks.

### **Suicide Prevention**

**Objective 1:** Increase knowledge and awareness of suicide in El Paso County, including risk and protective factors, warning signs and how to support individuals experiencing mental illness or who may be at risk for suicide.

- **Strategy 1.1:** Coordinate efforts to offer training on suicide prevention strategies to five community organizations, to include large employers and older adult-service organizations.

### **Progress Update**

In Q2, eight evidence-based suicide prevention trainings were administered to local organizations serving senior and school aged populations, in addition to child and family workers, members of the Better Business Bureau, public health staff and community members.

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

- **Strategy 3.1:** Coordinate and promote 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 community 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.

The Mental Health Moments campaign was launched in May 2025 and has been actively promoted by HCC members. The campaign was shared with over 200 community partners and its materials have been viewed more than 200 times since the launch of the campaign. YSP is partnering with HCC on the promotion of this campaign, which has increased community interest in participation in the HCC. By expanding its reach and membership, the HCC is better equipped to promote C.A.R.E activities throughout the county and address the unique and varied needs of El Paso County's sub-populations.

### **Drug Overdose**

**Objective 1:** Expand access and distribution of naloxone – increase the availability of naloxone kits within El Paso County.

- **Strategy 1.1:** Ongoing distribution of naloxone kits across EPC

### **Progress Update**

In Q2, EPCPH gave out 250 Naloxone kits, which equates to 500 doses.

**Objective 2:** Support initiatives for drug take-back and the distribution of medication lockboxes within EPC.

- **Strategy 2.1:** Collect medication during take-back events.

### **Progress Update**

In April, the Fountain Valley – Communities That Care (FV-CTC) team hosted two DEA Drug Take Back Day sites in the Fountain Valley. These events were successful, with the team collecting a record number of unused and expired medications. The Fountain Library site collected 147.5 pounds of drugs, and the Security Public Library collected 171.5 pounds. To encourage participation in the event, FV-CTC offered participants medicine lockboxes, Narcan, and other items.

### **Housing**

**Goal:** By December 31, 2028, enhance access to safe and affordable housing for improved community health in EPC.

### **Progress Update**

EPCPH staff has been working with the Homelessness Prevention and Response Coordinator within the Colorado Springs Housing and Homelessness Response Department to identify areas for collaboration within the City's 2025 Homelessness Response Action Plan. Opportunities for collaboration include partnering with the City's Housing Navigation Network to increase resource sharing opportunities and bridge new relationships between agencies serving communities most impacted by housing

instability, identifying gaps and barriers to housing stability in support of the City's Housing Needs Assessment, and supporting the City's outreach, engagement, and education efforts within the community such as the City's annual summit for homelessness services and mental health providers, workshops with housing service providers aimed at improving housing options for older adults, and awareness campaigns to increase community awareness of available supports for older adults.

## **Communications**

In collaboration with EPC Financial Services Department, the Communications team completed the [2024 Popular Annual Financial Report](#), a clear and easily understandable summary of EPCPH'S financial activities designed for the general public. Derived from the more detailed Annual Comprehensive Annual Financial Report (ACFR), it aims to provide a clear picture of EPCPH's finances, revenue sources, and expenditures.

Communications focused on digital accessibility requirements in June, working to meet the July 1 deadline for certain provisions of HB21-1110, a state law that strengthens protections against discrimination for individuals with disabilities in Colorado, particularly concerning digital accessibility. A snapshot of key activities and deliverables includes:

- Removing or remediating all pdfs on the EPCPH website.
- Other accessibility improvements performed through Site Improve, a web governance and digital experience platform that helps organizations manage and optimize their websites.
- Providing ongoing training, guidance and support on accessibility questions to staff.
- Adding a notice to the website and a grievance policy to meet requirements.
- Updating the Digital Accessibility and Compliance Plan to include implementation steps and posting it to the website to meet further requirements.

## **Partnerships**

The Reproductive Health Clinic, Maternal and Child Health (MCH) program, and Care Coordination team met with the Colorado Springs Pregnancy Center (CSPC) to share information about available resources and explore opportunities for mutual support through referrals and resource coordination.

MCH participated in Safe Kids Day, sponsored by Southeast Family Center YMCA. This event focused on inspiring parents to take simple steps to keep their kids safe as they prepare for summer. Staff connected with 90 individuals by responding to questions, raising awareness, and informing parents, caregivers and children about various safety topics. In addition, staff provided educational materials such as sensory kits with activities to engage children and promote healthy childhood development.

## **Emergency Preparedness and Response**

### **Measles Response**

In response to four confirmed cases of measles in EPC residents in June, EPCPH's Emergency Preparedness and Response (EPR) team activated the Incident Command System (ICS) to coordinate a unified agencywide response. The ICS framework brought together staff from multiple programs across the agency, ensuring a timely, organized, and collaborative approach to managing the incident and mitigating further spread, while maintaining continuity of essential public health operations.

During the response, the ICS team achieved the following key accomplishments:

- Upon identifying any contacts/exposures, the team reached out to over 400 contacts to notify them they had been exposed, assess their immunity status and provide recommended next steps.
- Provided 16 exposure letters to individuals who were unreachable by phone.
- Administered immune globulin (IG) to one at-risk individual who was not eligible for post-exposure vaccine. IG contains antibodies that can help the body fight off infection.
- Delivered four mobile post-exposure prophylaxis (PEP) MMR vaccine clinics, providing PEP to more than 40 residents. To quickly deploy this resource, EPCPH utilized its mobile vaccination response team, which also allowed for normal brick-and-mortar vaccine operations to continue without interruption.
- Held two measles IgG titer clinics (a blood test used to check if someone has immunity to measles) at a local business and the Citizens Service Center, providing blood draws to nine people without disruption to clinical services.
- Worked with CDPHE to release timely and accurate news releases alerting the public to new cases of measles, the risk of measles exposure, details of exposures sites with dates and times, explanations of measles disease, and vaccination information.
- Engaged in public awareness activities, including interviews with two TV news stations and sharing information via social media and the EPCPH website. Shared seven posts on social media, which led to 43,800 engagements and more than 290,350 impressions, and nearly 550 link clicks on social media posts. (For context, normal impression rate ranges from 950 to 2,000.)

The accomplishments outlined above underscore the critical importance of maintaining a well-prepared, well-trained, and responsive public health workforce. They also highlight emergency preparedness as a foundational capability that supports and integrates across all areas of the agency. Over the past year, EPCPH has prioritized measles response

readiness through targeted planning, training and exercises. The impact of this proactive work was clearly demonstrated in the coordinated and effective response carried out by agency staff.

### **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 second quarter of 2025, EPCPH utilized \$9,085 of the allocated \$300,000 Response & Recovery budget, bringing the total spent during 2025 to \$16,371. This equates to 5.46 percent of the planned use of fund balance for the year to date. The expenses for this include medical director hours to provide subject matter expertise and consultation for Communicable Disease and Clinical Services, as well as contracted hours for employee resiliency support. Only \$247.39 was spent for active measles response efforts in June 2025, as the department was able to effectively leverage existing resources and staff.

As discussed during the June Board of Health meeting, the contracts that fund the EPC program have been delayed. If this delay results in a funding gap, this budget unit may be utilized to mitigate impacts and maintain response capabilities critical to agency statutory responsibilities.

### **Foundational Public Health Services**

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

The team successfully completed the 2025 EPCPH-led annual rabies refresher trainings for emergency departments, urgent care centers, and animal control partners. These trainings enhance partner readiness and ensure consistent understanding and implementation of rabies protocols across EPC. This initiative directly supports EPCPH's strategic goal to maintain strong relationships with cross-sector partners to support the public health system through coordinated, collective action.

#### **Environmental Public Health**

##### **Onsite Wastewater Treatment Systems**

Onsite Wastewater Treatment Systems (OWTS), also known as septic systems, Regulation 43 became effective June 15, 2025. Locally, the current El Paso County Board of Health Chapter 8 OWTS regulations remain in effect until the completion of the revision process. EPCPH will host a series of stakeholder meetings to align with Regulation 43 as well as review improvements to the property sale program and system cleaner licensing. EPCPH has until June 15, 2026, to update the local regulation to align with Regulation 43. In



accordance with the Chapter 8 regulations section 8.4.A.2 and in addition to the stakeholder process, the OWTS team will provide relevant revisions to the Board of Health for approval no later than May 2026.

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

Nurse-Family Partnership (NFP) helped to connect enrolled clients to care by providing 16 referrals on behalf of 13 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).

Nurse-Family Partnership and the Colorado Community Health Alliance (CCHA) jointly hosted a quarterly Community Advisory Board meeting, bringing together a variety of health care professionals and community resources that serve families and young children in EPC. Presenters included representatives from The Resource Exchange, which partners with children and adults with a variety of disabilities to provide therapies, support and education, and a representative from DentaQuest, the Medicaid provider for dental services in Colorado. Bringing these community partners together fosters stronger collaboration, reduces service silos, and helps ensure that families receive more coordinated and accessible support.

WIC staff participated in a Fort Carson Lactation Class and a United States Air Force Academy Bundles for Babies event. Thirty pregnant soldiers attended the class at Fort Carson, and nearly 20 expecting parents and/or their partners attended the event at the Air Force Academy. Both activities provided attendees with breastfeeding and nutrition information during pregnancy and postpartum. Partnering with the military for these events strengthens the relationship between WIC and the on-base partners in support of service members and their families. WIC is also able to increase awareness of nutrition and breastfeeding resources, of which many families may not be aware.

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

Injury and Violence Prevention (IVP) created an infant safe sleep station in the EPCPH Vital Records Office through funding from a mini-grant award. The station offers interactive educational materials such as picture books, door hangers, and diaper bag tags that demonstrate the importance of creating a safe sleeping environment for infants.

IVP presented at the Pikes Peak Regional Law Enforcement Teen Academy on June 3 and June 10 about the importance of prevention and enforcement partnerships to address impaired driving. The presentation served as an introduction to the Driving Under the Influence (DUI) Unit and was given to 100 students and 15 law enforcement officers. The academy is an annual summer learning opportunity hosted by El Paso County Sheriff's Office and Colorado Springs Police Department for high school students interested in a law enforcement career.

## Access to and Linkage with Health Care

Program Activities YTD 2025 January 1, 2025 - June 30, 2025	
Care Coordination Referrals	758
Maternal and Child Health Referrals	154
Events	12
Outreach (emails, tours, meetings, conferences, presentations and trainings)	27
Narcan kits distributed	36
Care packages distributed (diapers, bus passes, caregiver backpack, caregiver notebook)	52

## Appendix A: Environmental Health Activity

Environmental Health	June 2025	2025 Total	2024 Total	2023 Total
Air Quality Construction Activity Permits	7	52	118	136
Air Quality Open Burn Permits	0	17	33	51
Air Quality Complaints	7	19	33	23
Animal Bites Reported	144	684	1331	1171
Body Art Routine Inspections	6	67	121	112
Body Art Follow-up Inspections	0	1	2	7
Body Art Complaints	4	17	19	31
Child Care Routine Inspections	15	101	199	202
Child Care Follow-up Inspections	0	1	11	6
Child Care Complaints	1	3	21	20
Child Care Outbreak Investigations	1	6	N/A	N/A
Child Care High Risk Field Consults	4	41	46	12
Land-Use Planning Review	18	107	248	204
OWTS Pumper Truck Inspections	11	58	96	77
OWTS Final Inspections	49	232	445	551
OWTS Partial Inspections	6	30	138	227
OWTS Application Design Reviews	60	177	368	490
OWTS Design Revision Requests	15	28	52	120
OWTS Design Revision (add) Requests	0	3	9	63
OWTS New Permit Applications	25	125	166	232
OWTS Repair Permit Applications	31	124	252	266
OWTS Modification Permit Applications	1	12	16	19
OWTS Acceptance Doc for Title Transfer	93	350	726	731
OWTS Soil and Site Evaluations	35	110	277	376
OWTS Complaints	0	8	26	30
OWTS O&M Systems	8	46	141	155
Recreational Water Safety Inspections	104	192	289	313
Recreational Water Follow-up Inspections	0	4	18	22
Recreational Water Complaints	4	10	14	14
RFE Routine Inspections	219	1454	2431	2478
RFE Re-Inspections	15	119	227	319
RFE Complaint Investigations	50	279	474	517
RFE Inspections Resulting in Closure	8	27	N/A	N/A
RFE Plan Reviews	30	157	291	210
RFE Pre-Operational Inspections	52	271	567	524
Foodborne illness EH investigations	4	12	9	19
School Routine Inspections	0	11	29	23
School Complaints	0	10	13	15

School Self-Certification Audits	0	46	45	44
School Self-Certifications Returned	0	0	330	327
Waste Tire Facilities Routine Inspections	4	74	138	140
Waste Tire Complaints	0	1	1	2

*Table 1 Appendix A: Environmental Health Activity*

## Appendix B: Water Systems Testing

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

*Table 2 Appendix B: 2024 Water Systems Testing*

2025	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Public Water Systems	334	286	307	306	356	344						
Private Wells	303	294	338	390	408	409						
<b>Totals</b>	637	580	645	696	764	753						

*Table 3 Appendix B: 2025 Water Systems Testing*

## Appendix C: Immunizations Program Vaccines Administered

2025 Month	Total Vaccines Administered	Vaccines Administered by the Mobile Team
January	1020	34
February	870	21
March	796	0
April	910	0
May	832	21
June	847	41
July		
August		
September		
October		
November		
December		

*Table 4 Appendix C: Immunizations Program Vaccines Administered*

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

## Appendix D: Nurse-Family Partnership Client Visits

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

Table 5 Appendix D: Nurse-Family Partnership Client Visits

## Appendix E: Disease Prevention and Control

Category	Disease	2025	2024	2023	2022
<b>Food/Waterborne Diseases</b>					
	Campylobacter	100	197	189	118
	Cryptosporidium	9	30	42	25
	Cyclosporiasis	5	28	8	10
	Giardia	20	77	68	47
	Hepatitis A	1	2	2	3
	Legionellosis	5	11	19	11
	Salmonella	43	128	89	54
	Shigella	18	62	46	57
	Shiga Toxin-producing E. coli (STEC)	27	65	59	42
	Vibriosis	10	11	9	7
<b>Food/Waterborne Diseases Totals</b>		<b>238</b>	<b>611</b>	<b>531</b>	<b>373</b>
<b>Health care Associated Infections</b>					
	Carbapenem-Resistant Acinetobacter baumannii (CRAB)	0	2	0	1

	Carbapenem Non-susceptible Enterobacteriaceae (CRE)	40	61	58	47
	Carbapenem-Resistant Pseudomonas Aeruginosa (CRPA)	21	57	45	43
<b>Health care Associated Infections Totals</b>		<b>61</b>	<b>110</b>	<b>103</b>	<b>91</b>
<b>Vaccine Preventable Diseases</b>					
	Haemophilus influenzae (H. flu)	11	9	18	14
	Measles	4	0	0	0
	Meningococcal Disease	2	0	1	0
	Mumps	1	1	2	3
	Pertussis	47	141	24	29
	Rubella	0	0	0	0
	Varicella	27	24	33	21
<b>Vaccine Preventable Diseases Totals</b>		<b>92</b>	<b>175</b>	<b>78</b>	<b>67</b>
<b>Respiratory Diseases</b>					
	Hospitalized COVID-19	<b>281</b>	<b>964</b>	<b>1,091</b>	<b>2,847</b>
	Hospitalized Influenza*	<b>543</b>	<b>483</b>	<b>266</b>	<b>529</b>
	Hospitalized RSV	<b>479</b>	<b>427</b>	<b>161</b>	<b>24</b>
<b>Respiratory Disease Total</b>		<b>1,303</b>	<b>1,874</b>	<b>1,518</b>	<b>3,400</b>

*Table 6 Appendix E: Disease Prevention and Control*

\*Flu Seasons:

- October 3, 2021- May 21, 2022; 188
- October 2, 2022 - May 20, 2023; 399
- October 1, 2023 - May 18, 2024; 547
- September 29, 2024 - May 17, 2025; 611

## Foodborne Illness Complaints Received at EPCPH

2025 Month	Complaint Received Regarding Foodborne Illness	EH Foodborne Illness Investigation
January	40	2
February	17	0
March	29	1
April	21	0
May	35	3
June	18	2
July		
August		
September		
October		
November		
December		

*Table 7 - Foodborne Illness Complaints Received*

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

*Table 8 - 2024 Foodborne Illness Complaints Received*

## Annual Rabies Control Activities

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

Table 9 - Annual Rabies Control Activities

2025 Month	Rabies Related Calls	Animals Tested	Positive Results	PEP Recommendations
January	9	0	0	5
February	13	1	0	2
March	19	2	0	1
April	17	3	0	1
May	17	2	0	2
June	31	2	0	3
July				
August				
September				
October				
November				
December				

Table 10 - 2025 Rabies Control Activities

## Appendix F: Reproductive Health Clinic

### Reproductive Health Clinic Client Visits

Month	2024 # of Client Visits	2025 # of Client Visits
January	195	170
February	181	127
March	141	159
April	184	147
May	172	128
June	191	138
July	189	
August	129	
September	121	
October	132	
November	136	
December	153	

Table 11 - Appendix F: Reproductive Health Clinic



## Appendix G: Tuberculosis Program

2025 Month	TB Cases Active/Latent	TB Rule Outs in Partnership with Community Providers	TB Direct Consultation to Community Providers
January	3/10	1	7
February	3/12	3	6
March	4/11	1	7
April	3/10	4	8
May	3/11	0	6
June	2/10	1	3
July			
August			
September			
October			
November			
December			
Totals	5/17*	9	34

*Table 12 Appendix G: Tuberculosis Program*

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

## Definitions of Foundational Terms

### Foundational Public Health Capabilities

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

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

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

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

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

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

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

### Foundational Public Health Services

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

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

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

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

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

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