

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: October 2025 (reflects activity in September 2025)

Table of Contents

In the News.....	1
Agency Operations	1
Appendix A: Environmental Health Activity	9
Appendix B: Water Systems Testing	10
Appendix C: Immunizations Program Vaccines Administered.....	10
Appendix D: Nurse-Family Partnership Client Visits	11
Appendix E: Disease Prevention and Control.....	11
Appendix F: Reproductive Health Clinic.....	14
Appendix G: Tuberculosis Program	15
Definitions of Foundational Terms	16

In the News

El Paso County Public Health (EPCPH) was featured in a variety of timely television, radio and print news coverage stories in September, resulting in 9 stories totaling 157,596 in local viewership and over \$5,198 in local earned media value. A small snapshot of media coverage includes:

- The September edition of the New Falcon Herald featured an article from Women, Infants and Children (WIC) Division Manager Melissa Sattler-Gordon about teaching children about healthy eating and how to pack nutritious school lunches. The New Falcon Herald article can be accessed through the following link: [Packing nutritious lunches this school year.](#)

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

Accessibility Checked: 10/13/25

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 16.77 percent year to date through August 2025, based on data as of Sept. 25, 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

In preparation for the agency's next reaccreditation cycle, a team of EPCPH staff have been diligently working to develop and organize documentation that demonstrate compliance with the national Public Health Accreditation Board's (PHAB) standards and measures for accredited local public health agencies. Since the team first came together in early 2025, they have worked collaboratively across programs and prepared 81 out of the 97 required pieces of documentation. The team has exceeded their goal of 75 percent documentation completion by Sept. 30 (84 percent documentation completion as of Sept. 30). The team continues to work with the internal accreditation coordinator to complete the 16 percent of work remaining by Oct. 30, to ensure time for final review and approval of documentation prior to submission. EPCPH will submit documentation in 2026; the agency is well-ahead of schedule, considering the final due date for documentation submission is Sept. 30, 2027.

On Sept. 24, the Public Health Data & Analytics (PHDA) manager provided an overview to the Region 16 Opioid Abatement Council of the benefits and challenges of using wastewater surveillance data for estimating community substance use.

On Sept. 30, PHDA epidemiologists updated the Suicide and Overdose Data Dashboards on [EPCPH's website](#) with 2024 data. The dashboard provides the public and partners with an overview of key measures related to the two CHA focus areas.

PHDA formed a data-sharing partnership with the Colorado Department of Public Health & Environment's (CDPHE) Baby & You Survey program, resulting in the receipt of 2024 data on the needs and behaviors of the birth population in El Paso County. Local level data on these topics was not previously available to EPCPH and will inform strategic program planning and outreach, such as for WIC.

Community Health Improvement Plan quarterly progress report, Q3 2025 ([Community Health Improvement Plan](#))

General Updates

Strategy, Data, and Communication (SDC) staff have been intentional over the last few months about engaging Healthy Community Collaborative (HCC) members in guided feedback opportunities to support more efficient and effective partnerships. Partnerships with other community members and organizations are essential to the work of the CHIP and, therefore, it is imperative to evaluate how EPCPH is partnering and providing open opportunities for community partners to offer feedback on CHIP implementation. EPCPH staff have utilized recent HCC meetings to discuss these areas. Based on the feedback from HCC members during these meetings, EPCPH staff are exploring the following ideas:

- Amending 2025–2029 CHIP objectives to make them more measurable, actionable, realistic, and aligned with staff capacity, legislative impacts, and original CHIP priorities.
- Amending 2025–2029 CHIP objectives to emphasize long-term system change, cross-collaboration, data sharing, and primary prevention strategies.
- Restructuring the CHIP to align the drivers of health with associated health outcomes and incorporate a different framework for understanding and addressing the complex priority areas listed in the CHIP.
- Improve the CHIP tracking system to promote transparency and understanding.

Barriers to Accessing Health Care

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 2.2: Collaborate with senior-serving organizations to review existing needs assessments to evaluate the development of an asset map.

Progress update

In response to an identified need for a modality to provide resources in a regularly updated, easy to use, and universally accessible format, EPCPH is pursuing a digital resource navigation tool. To achieve this, EPCPH is leveraging information collected and refined over the last three years by EPCPH's care coordination team to develop a dynamic asset map in partnership with El Paso County's Geographical Information Systems (GIS) team.

The asset map will include up-to-date contact information and general descriptors for a wide variety of local supports such as baby items, parent supports, rent and utility assistance, food pantries, transportation assistance, and much more. The goal of this project is to improve access, reduce barriers, and expand community knowledge of local support and services.

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

Through the efforts of HCC partners, there were 19 evidence-based suicide prevention trainings administered to local organizations and community members, including health care leaders in local hospitals, military members and their families, volunteers who work with older adults, faith leaders, and more. The suicide prevention trainings, like Mental Health First Aid and Question-Persuade-Refer, are recognized by CDPHE's Office of Suicide Prevention.

Partnerships

The Reproductive Health Clinic (RHC) engaged in community outreach this month, strengthening partnerships and raising awareness of Public Health services. Staff participated in several events, including a local organizational meeting, where they provided education on RHC services and current sexually transmitted infection (STI) trends in El Paso County, a planning session for the upcoming Salvation Army Family Hope Center Resource Fair, and the Wellbeing and Belonging Fair at University of Colorado Colorado Springs (UCCS), where they promoted RHC services and collaboration with the UCCS clinic. They also presented an STI education and awareness session for women in the Criminal Justice Center, covering prevention, available screenings, and how to access confidential testing.

Nurse-Family Partnership (NFP) 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 El Paso County for a resource fair. Participants included representatives from The Resource Exchange, Pikes Peak Library District, Child First, CCHA, Maternal Child Health (MCH), and WIC.

EPCPH staff hosted the monthly HCC meeting on Sept. 11 at Mt. Carmel Veterans Service Center. Mt. Carmel staff provided an overview of their transition and employment services, health and wellness programs, and their Military, Veteran, and Family Services team. The core of the meeting focused on the CHIP and included an Implementation Workshop aimed at refining CHIP objectives and action plans to ensure they are:

- More actionable and realistic
- Aligned with staff capacity, legislative requirements and funding
- Focused on measurable outcomes

Key themes that emerged during the workshop:

- Restructuring CHIP: Aligning health determinants (like housing and access barriers) with related outcomes (suicide and substance use)
- Emphasizing long-term systems change, cross-sector collaboration, data sharing, and primary prevention strategies

Maternal and Child Health (MCH) staff attended multiple outreach events, including Fitness to Drive's Neurodivergence Workshop, Arc of Pikes Peak Region's School and Life Family Launch, and the Colorado Springs School District 11 Parent Night. These events help MCH provide information and resources about public health services, and allow distribution of medical identification tags, child development sensory kits, and books to support early literacy. The team reached approximately 100 families.

Organizational Competencies

The internal Quality Improvement (QI) team accepted a project earlier this year that was submitted by the RHC to improve the ordering and completion of screening mammograms for women aged 40 to 65 who receive care at the RHC. At monthly meetings, the QI team assisted and supported this improvement initiative, and mid-year results show encouraging progress. The mid-year review of the 2025 Mammogram Quality Improvement initiative shows progress in mammogram ordering, with 94 percent of eligible women receiving an order compared to 32 percent in 2024. RHC staff report a current compliance rate of 26.2 percent, which includes the number of completed and pending mammograms. After further analysis, RHC staff are working to improve closed-loop communication with imaging partners, expand patient navigation, and address barriers in order to further improve the mammogram completion rate among eligible clients. With established partnerships, enhanced tracking systems, and targeted outreach planned for the remainder of the year, the clinic is well-positioned to move toward the

2025 SMART goal of a 60 percent completion rate, but sustained provider engagement and proactive follow-up will be essential to closing the gap.

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 third quarter of 2025, ECPH utilized \$5,887 of the allocated \$300,000 Response & Recovery budget. Expenditures to date through Sept. 30, 2025, are \$22,258. This equates to less than 7.4 percent of the planned use of fund balance for the year. The expenses for this include medical director hours toward response preparedness for communicable disease as well as contracted hours for employee resiliency support.

Emergency Preparedness and Response

The Emergency Preparedness and Response (EPR) team actively engaged in a variety of planning initiatives and community-wide exercises to strengthen readiness and response capabilities. Key activities included advanced evacuation planning in coordination with the Pikes Peak Regional Office of Emergency Management (PPROEM), facilitation of the Emergency Support Function 8 (ESF-8) collaborative, and participation in a bombing response exercise with Penrose Hospital.

To support National Preparedness Month, EPR delivered a preparedness briefing during the agency-wide all-staff meeting and made preparedness materials available to all staff. In partnership with the Sheriff's Office, EPR also coordinated two field safety and security training sessions for staff who operate in community-based environments.

Foundational Public Health Services

Communicable Disease Prevention, Investigation and Control

Throughout September, the Communicable Disease (CD) team participated in several key activities to strengthen disease surveillance, outbreak response, and interagency coordination. Team members attended a specialized training on meningococcal disease led by the agency's co-medical director and participated in statewide response calls hosted by CDPHE, following the identification of multiple measles cases in Mesa County. The team also continues to collaborate with CDPHE and Fort Carson Army Post to identify a streamlined response protocol for viral hemorrhagic fevers and other high-consequence pathogens.

In preparation for the upcoming respiratory illness season, the CD team developed the ECPH Respiratory Disease Surveillance Dashboard, scheduled for public launch in October. Additionally, the team continued developing educational materials and a

presentation for UCCS in advance of a measles tabletop exercise planned for October. To further strengthen cross-program collaboration, CD staff also shadowed various Environmental Health inspections to gain a deeper understanding of how these functions support outbreak investigations.

Maternal, Child, Adolescent and Family Health

Nurse-Family Partnership (NFP) helped to connect enrolled clients to care by providing nearly 75 referrals on behalf of more than 40 families. These referrals were to housing assistance, mental health treatment, Medicaid, Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), child care, dental services, lactation support, and Women, Infants, and Children (WIC).

At the end of September, EPCPH WIC staff prepared for the possibility of a federal government shutdown and anticipated impacts to clients. Activities included reaching out to food pantries, community partners, and local providers to attempt to mitigate the negative and immediate nutrition and food impacts. The Colorado Joint Budget Committee (JBC) approved an emergency supplemental budget request to cover October 2025 food benefits for all individuals participating in WIC during the government shutdown.

MCH staff facilitated a viewing of the documentary titled, "Unseen, How We're Failing Parent Caregivers & Why It Matters," for community partners and caregivers with nine participants attending. This documentary gives an unfiltered, honest glimpse into the lives of caregivers. This screening included discussion and information on caregiver well-being and linkage to resources or services to support them.

MCH provided healthy childhood development training for over 225 individuals from youth serving organizations such as Colorado Springs School District 11, Ellicott School District 22, Widefield School District 3, and Joint Initiatives for Youth & Families. The trainings provided an overview of Adverse Childhood Experiences (ACEs) and education on ways to improve healthy childhood outcomes.

Chronic Disease, Injury Prevention and Behavioral Health Promotion

The Injury and Violence Prevention (IVP) planner contributed to a number of community events, including:

- Youth traffic safety summit in collaboration with Students Against Destructive Decisions and Drive Smart Colorado. The summit was held at Public Health South and was attended by more than 90 middle school students, high school students and teachers.

- Presentation regarding infant fatality review data and best practices for infant safe sleep to nursing staff at CommonSpirit St. Francis Hospital. Staff were from the Labor and Delivery Unit, Mother-Baby Unit, and Neonatal Intensive Care Unit (NICU).
- Calhan School District Wellness Day, in collaboration with the school's student council and Drive Smart Colorado. Over 500 elementary, middle and high school students participated in a variety of activities related to safety and overall well-being.
- Community car seat safety check with colleagues in MCH and Nurse-Family Partnership (NFP) hosted by Children's Hospital Colorado. ECPH staff also offered resources for safe sleep, MCH and NFP support, and other Public Health services.

The Youth Suicide Prevention planner co-presented with Dr. Lauren Eckhart, Clinical Director at Children's Hospital Colorado Springs, at an internal Children's Hospital learning session. The presentation, attended by more than 180 medical staff and doctors within the Children's Hospital Colorado Springs system, focused on local youth suicide data and current suicide prevention efforts happening through the Youth Suicide Prevention Workgroup, along with tools and resources for addressing youth suicide.

As part of Suicide Prevention Awareness Month, ECPH, the Youth Suicide Prevention Workgroup, and other community partners championed Weekends of Hope. Weekends of Hope highlighted four awareness and fundraising events that encouraged residents to take steps for suicide prevention. Through this endeavor, 1,064 people registered to attend the four events; 5,455,800 steps were taken for suicide prevention; and more than \$81,000 was raised for local nonprofits and schools to continue providing mental health resources and suicide prevention trainings throughout El Paso County. This is the second year of championing Weekends of Hope, and each event saw an increased turnout and funds raised over 2024.

Appendix A: Environmental Health Activity

Table 1 Appendix A: Environmental Health Activity

Environmental Health	Sept 2025	2025 Total	2024 Total	2023 Total
Air Quality Construction Activity Permits	10	79	118	136
Air Quality Open Burn Permits	2	20	33	51
Air Quality Complaints	8	31	33	23
Animal Bites Reported	118	1092	1331	1171
Body Art Routine Inspections	12	115	121	112
Body Art Follow-up Inspections	0	3	2	7
Body Art Complaints	2	30	19	31
Child Care Routine Inspections	18	151	199	202
Child Care Follow-up Inspections	1	3	11	6
Child Care Complaints	0	5	21	20
Child Care Outbreak Investigations	0	10	N/A	N/A
Child Care High Risk Field Consults	10	55	46	12
Land-Use Planning Review	43	229	248	204
OWTS Pumper Truck Inspections	5	78	96	77
OWTS Final Inspections	43	374	445	551
OWTS Partial Inspections	4	41	138	227
OWTS Application Design Reviews	47	400	368	490
OWTS Design Revision Requests	6	75	52	120
OWTS Design Revision (add) Requests	3	11	9	63
OWTS New Permit Applications	19	200	166	232
OWTS Repair Permit Applications	20	205	252	266
OWTS Modification Permit Applications	4	17	16	19
OWTS Acceptance Doc for Title Transfer	62	664	726	731
OWTS Soil and Site Evaluations	26	311	277	376
OWTS Complaints	3	15	26	30
OWTS O&M Systems	4	61	141	155
Recreational Water Safety Inspections	20	245	289	313
Recreational Water Follow-up Inspections	4	12	18	22
Recreational Water Complaints	0	13	14	14
RFE Routine Inspections	250	2,214	2,431	2,478
RFE Re-Inspections	30	210	227	319
RFE Complaint Investigations	64	472	474	517
RFE Inspections Resulting in Closure	11	51	N/A	N/A
RFE Plan Reviews	29	226	291	210
RFE Pre-Operational Inspections	50	420	567	524

Foodborne illness EH investigations	2	14	9	19
School Routine Inspections	7	18	29	23
School Complaints	3	15	13	15
School Self-Certification Audits	0	46	45	44
School Self-Certifications Returned	121	121	330	327
Waste Tire Facilities Routine Inspections	15	124	138	140
Waste Tire Complaints	0	2	1	2

Appendix B: Water Systems Testing

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

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	394	348	318			
Private Wells	303	294	338	390	408	409	392	370	427			
Totals	637	580	645	696	764	753	786	719	745			

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	911	49
August	738	10
September	730	0
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	239
August	236	222
September	208	239
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
Food/Waterborne Diseases					
	Campylobacter	163	197	189	118
	Cryptosporidium	17	30	42	25
	Cyclosporiasis	22	28	8	10
	Giardia	39	77	68	47
	Hepatitis A	1	2	2	3
	Legionellosis	15	11	19	11
	Salmonella	106	128	89	54
	Shigella	36	62	46	57
	Shiga Toxin-producing E. coli (STEC)	40	65	59	42
	Vibriosis	14	11	9	7
Food/Waterborne Diseases Totals		453	611	531	373
Health care Associated Infections					
	Carbapenem-Resistant	1	2	0	1

	Acinetobacter baumannii (CRAB)				
	Carbapenem Non-susceptible Enterobacteriaceae (CRE)	62	61	58	47
	Carbapenem-Resistant Pseudomonas Aeruginosa (CRPA)	34	57	45	43
Health care Associated Infections Totals		97	110	103	91
Vaccine Preventable Diseases					
	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	71	141	24	29
	Rubella	0	0	0	0
	Varicella	28	24	33	21
Vaccine Preventable Diseases Totals		117	175	78	67
Respiratory Diseases					
	Hospitalized COVID-19	392	964	1,091	2,847
	Hospitalized Influenza*	544	483	266	529
	Hospitalized RSV	481	427	161	24
Respiratory Disease Total		1,417	1,874	1,518	3,400

Table 6 Appendix E: Disease Prevention and Control

*Flu Seasons:

- October 1, 2023-May 18, 2024; 547
- September 29, 2024- May 17, 2025; 611
- September 28, 2025- May 23, 2026; 0

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	22	0
August	22	0
September	19	0
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	4	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	60	20	0	12
August	76	19	1	12
September	36	11	2	4
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	154
August	129	135
September	121	158
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	2/5	1	3
August	2/7	1	3
September	2/9	0	4
October			
November			
December			
Totals	5/24*	12	47

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.