

# 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:** September 2025 (reflects activity in August 2025)

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## In the News

El Paso County Public Health (EPCPH) was featured in a variety of timely television, radio and print news coverage stories in August, resulting in 49 stories totaling 179,000 in local viewership and over \$33,900 in local earned media value.

- EPCPH created a press release highlighting the launch of an **Infant Safe Sleep** campaign aimed at educating parents, caregivers and communities about safe sleep practices to help reduce the risk of sleep-related infant deaths. Multiple outlets shared information based on the release.
  - The KRDO story can be accessed through the following link: [El Paso County launches new campaign to prevent infant sleep deaths](#)  
The FOX21 story can be accessed through the following link: [Infant safe sleep campaign](#)

- The August edition of the New Falcon Herald featured an article from Immunization Division Manager Kristi Durbin and Maternal and Child Health Division Manager Jennifer Mussaw. The article offered health tips to prepare children for the return to school.  
The New Falcon Herald article can be accessed through the following link: [Preparing for back to school is more than shopping](#)
- After two people in Fremont County died from West Nile virus, KRDO spoke with EPCPH to learn more about the virus and ways residents can protect themselves. The KRDO story can be accessed through the following link: [How to protect yourself from West Nile virus](#)
- EPCPH created a press release after a bat found in Colorado Springs on Aug. 2 tested positive for rabies, making it the first animal to test positive for the disease in EPC this year. Human contact with the bat was reported, and the bat was promptly sent for testing by EPCPH. Multiple outlets shared information based on the release.
  - The Colorado Springs Gazette story can be accessed through the following link: [First rabid bat of 2025 confirmed in El Paso County](#)
  - The KDFD-AM story can be accessed through the following link: [El Paso County public health officials verify a bat in Colorado Springs tested positive for rabies](#)
  - The KRCC story can be accessed through the following link: [First rabid bat of 2025 confirmed in El Paso County](#)
  - The KNUS story can be accessed through the following link: [El Paso County public health officials verified a bat tested positive for rabies](#)
  - The KRDO-FM story can be accessed through the following link: [El Paso County public officials verified a bat found in Colorado Springs tested positive for rabies](#)
  - The KKTV story can be accessed through the following link: [El Paso County Public Health says a person had contact with a bat that tested positive for rabies](#)
  - The KHOW story can be accessed through the following link: [El Paso County Public Health officials verify a bat found in Colorado Springs tested positive for rabies](#)
  - The KRFX-FM story can be accessed through the following link: [El Paso County Public Health officials verify a bat found in Colorado Springs tested positive for rabies](#)
  - The KOAA story can be accessed through the following link: [El Paso County Public Health shared Wednesday that a bat found in Colorado Springs had tested positive for rabies](#)
  - The KCFR story can be accessed through the following link: [El Paso County health department advises the public to avoid contact with wild animals](#)

The Colorado Politics story can be accessed through the following link: [El Paso County Public Health is urging people to avoid encounters with wildlife](#)

## 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 13.25 percent year to date through July 2025, based on data as of August 26, 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).

## **Foundational Public Health Capabilities**

### **Assessment and Planning**

The internal reaccreditation team continues to make progress toward agency reaccreditation goals and is on track to meet the internal goal of having 75 percent of all domains completed by the end of September and 100 percent by December 2025. In total, across all domains, 70 percent of all documentation is completed.

At the request of the EPC Coroner's Office, the Public Health Data & Analytics (PHDA) program created a series of annual maps (2018-2024) illustrating the concentration of unintentional drug-related deaths in the county. The maps showed how cases increased across the county and shifted year-to-year with the rise of the opioid epidemic. The final

product was printed posters to be used for staff education. These were delivered to the Coroner on Aug. 21 as the culmination of the year-long data partnership.

## **Communications**

The Communications program released the printed version of the [2024 Annual Report](#).

## **Partnerships**

In collaboration with partners at CommonSpirit, EPCPH hosted the monthly Healthy Community Collaborative (HCC) meeting on Aug. 14 at St. Francis Hospital. The three major hospital systems in EPC (Colorado Children's Hospital, CommonSpirit, and UCHHealth) provided HCC members with an update on the Hospital Transformation Program, otherwise known as HTP (a state initiative designed to incentivize improved health care in the hospital system). Representatives emphasized opportunities to align HTP work with HCC focus areas, fostering cross-sector collaboration on overlapping challenges such as barriers to accessing health care and behavioral health.

The public health planner is participating in a new collaborative opportunity hosted by EPC's Regional Accountable Entity (RAE), Colorado Community Health Alliance (CCHA). This new collaboration includes representation from all local public health agencies (LPHAs) in CCHA's service region and will focus on improving coordination and communication between LPHAs and the newly established RAE for Region 3. CCHA serves Colorado's Medicaid program members in Region 3, which includes Boulder, Broomfield, Clear Creek, El Paso, Gilpin, Park, Teller and Jefferson counties. RAEs help Medicaid members get the physical and behavioral health care they need to get and stay healthy. CCHA is looking to improve partnerships with LPHAs and find ways to work collaboratively to improve services and health outcomes for local Medicaid members.

Strategy, Data and Communication division staff attended and provided input at CommonSpirit's [Community Health Needs Assessment](#) (CHNA) presentations. The intent of the presentations was to review assessment findings with community partners in order to shape and align strategies to address the health priorities identified in our county. This also laid the foundation for future data partnerships.

On Aug. 2, EPCPH's Valley Hi office hosted a successful back-to-school event. The event, which was coordinated and led by the Communications team, was a collaborative effort with partner agencies, including Diversus Health, Community Partnership for Child Development (CPCD), YMCA of the Pikes Peak Region, and Viva Resource. EPCPH programs were also well-represented, with staff from Vital Records, Environmental Health (EH), Tobacco Education and Prevention Partnership (TEPP), Maternal and Child Health (MCH), Immunizations, and Injury and Violence Prevention sharing important information and services with the community. The event was a success; 165 backpacks

filled with school supplies were distributed to students. The event supported families in the Southeast as they prepared for the academic year.

## **Organizational Competencies**

### **Emergency Preparedness and Response**

The Emergency Preparedness and Response (EPR) team facilitated the Pikes Peak Regional Medical Operations Center (RMOC) planning group and took the lead in updating the plan. The RMOC functions as an extension of the Emergency Support Function-8 (ESF-8) group and is activated to serve as the central coordination hub for health and medical services during large-scale incidents. Additionally, members of the EPR and Communicable Disease (CD) teams were invited by University of Colorado Colorado Springs (UCCS) to participate in their planning meeting for a measles tabletop exercise scheduled for this fall.

## **Foundational Public Health Services**

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

In August, the CD team participated in training to enhance their skillsets and subject matter expertise, including a highly informative session on rabies in livestock. Multiple Environmental Health inspections were shadowed to gain a deeper understanding of the partnership and support needed during outbreak investigations. Furthermore, the team continues to explore data modernization opportunities using R statistical software and Power BI, which can be utilized to develop public-facing dashboards to increase information sharing and transparency.

### **Environmental Public Health**

#### **Retail Food Establishments**

The Triennial review (retail food industry) of the Colorado Revised Statute, C.R.S. Title 25, Art. 4, Pt. 16 Food Protection Act, has resulted in updates to several fees within the Retail Food program. This process was conducted by the Colorado Department of Public Health and Environment (CDPHE), through a stakeholder process with industry and passed by the State Board of Health. Senate Bill 25-285 outlines the changes made to C.R.S. As of August 6, 2025, retail food applications, including plan review, equipment review, potential establishment, and Hazard Analysis and Critical Control Point (HACCP)

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application fees have increased 55-60 percent, depending on the specific application. The license fees associated with retail food establishments will take effect as of September 1, 2025, and will be a step increase over a three-year period.

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

The Maternal and Child Health (MCH) program is partnering with WeeCycle to bring infant supplies to EPC families. Staff organized and distributed supplies to all three EPCPH sites, so staff can distribute packages to families in need. Each month, MCH will receive 50 packs of diapers (2,500 diapers total) in varying sizes and 50 packs of wipes. Each package of infant supplies also includes educational materials such as Baby and Me Tobacco Free, infant safe sleep resources, and more. All 50 packages were distributed in August.

Nurse-Family Partnership (NFP) helped to connect enrolled clients to care by providing nearly 90 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).

The EPCPH WIC Breastfeeding Peer Counselor (BFPC) program received the Premiere Award from the United States Department of Agriculture's Breastfeeding Award of Excellence program. The award recognizes local WIC agencies, with a BFPC program, that have provided exemplary breastfeeding promotion and support activities. The intent is to provide models and inspire other local agencies to strengthen their breastfeeding promotion and support activities, and ultimately increase breastfeeding initiation and duration rates among WIC participants. EPCPH WIC was one of two agencies in Colorado and one of only 56 agencies nationwide to receive the award.

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

Injury and Violence Prevention (IVP) hosted an injury and violence prevention resource table at the EPCPH Back-to-School Resource Fair at the Valley Hi WIC clinic. The IVP staff interacted with 165 community members on a variety of child safety topics, including infant safe sleep, bike and pedestrian safety, child passenger safety, and impaired driving prevention.

The IVP planner was invited by the Colorado Department of Transportation (CDOT) to provide a presentation on the role of public health in transportation safety at the Colorado Traffic Safety Summit. The session focused on collaboration between public

health and public safety as well as how public health's prevention frameworks and strategies can reduce roadway fatalities and injuries.

EPCPH's Fountain Valley-Communities That Care (FV-CTC) Teen Action Board (TAB) presented at the Colorado Traffic Safety Summit: Driving Change Together in Breckenridge, Colorado. The Teen Action Board was also asked to present by CDOT, who had learned about the work the TAB was doing through impaired driving prevention initiatives. The TAB presented to approximately 150 traffic safety professionals about how to engage youth in their work. FV-CTC has received a positive response to the presentation, with partners across the state, including Colorado State Patrol, asking for their expertise in building their "Safe Driving Week" social media materials and best practices for collaborating with youth.

IVP, in collaboration with MCH, presented about infant fatality review data and best practices for infant safe sleep to the EPCPH Reproductive Health Clinic and the UCCS NFP. The presentations focused on risk factors for sleep-related infant death identified by the EPC Child Fatality Review Team and resources available to community members for creating a safe sleep environment. As a result of this presentation, the UCCS NFP team plans to update the safe sleep resources that are provided to their clients.

The Tobacco Education and Prevention Partnership (TEPP) grant allowed for two team members to attend the National Conference on Tobacco or Health, where they participated in sessions on emerging trends, best practices, and innovative strategies in prevention and cessation. The insights gained will help guide the team's work here in EPC.

The Youth Suicide Prevention (YSP) workgroup reached a major milestone in community impact as August marked 10 years of dedicated focus on youth suicide prevention in EPC. The rate of youth dying by suicide in EPC is now at its lowest rate in the last 10 years; starting at 20.8 youth per 100,000 in 2015, to 6.8 youth per 100,000 in 2024. The milestone was honored by gathering with current and former YSP workgroup members to review the past 10 years of suicide prevention efforts, hold a moment of silence for the 125 youth who died by suicide since 2015, and share how being a part of the YSP workgroup impacted their lives and supported their work. One YSP workgroup member shared that *being a part of the YSP workgroup altered their life's work to be dedicated solely to suicide prevention in the community*. While another person shared, *they have taken what they learned at the YSP workgroup meetings to their church and have been able to offer training and resources to their whole congregation*.

Some key outcomes over the last 10 years include, but are not limited to:

- Secured funding for Sources of Strength implementation in area schools.
- Initial grant secured to start the EPC Sheriff's Office's Behavioral Health Connect Unit (BHCON).
- Partnered with school districts to strengthen school and community response following a suicide crisis.

- Suicide prevention trainings are offered throughout the county with a focus on teachers, parents and faith community members. In the last 18 months alone, more than 3,100 El Paso County residents trained in suicide prevention.
- Launched the Weekends of Hope campaign to support awareness events for Suicide Prevention Awareness Month. In 2024, nearly 1,000 people registered to attend the four events; 5,025,600 steps were taken for suicide prevention; and over \$65,000 was raised for suicide prevention efforts throughout the county.

## Appendix A: Environmental Health Activity

*Table 1 Appendix A: Environmental Health Activity*

<b>Environmental Health</b>	<b>Aug 2025</b>	<b>2025 Total</b>	<b>2024 Total</b>	<b>2023 Total</b>
Air Quality Construction Activity Permits	10	69	118	136
Air Quality Open Burn Permits	1	18	33	51
Air Quality Complaints	2	23	33	23
Animal Bites Reported	136	974	1331	1171
Body Art Routine Inspections	21	103	121	112
Body Art Follow-up Inspections	0	3	2	7
Body Art Complaints	7	28	19	31
Child Care Routine Inspections	14	133	199	202
Child Care Follow-up Inspections	1	2	11	6
Child Care Complaints	0	5	21	20
Child Care Outbreak Investigations	3	10	N/A	N/A
Child Care High Risk Field Consults	1	45	46	12
Land-Use Planning Review	41	186	248	204
OWTS Pumper Truck Inspections	14	73	96	77
OWTS Final Inspections	55	330	445	551
OWTS Partial Inspections	4	37	138	227
OWTS Application Design Reviews	53	360	368	490
OWTS Design Revision Requests	12	72	52	120
OWTS Design Revision (add) Requests	1	5	9	63
OWTS New Permit Applications	22	180	166	232
OWTS Repair Permit Applications	33	185	252	266
OWTS Modification Permit Applications	0	13	16	19
OWTS Acceptance Doc for Title Transfer	87	575	726	731
OWTS Soil and Site Evaluations	46	285	277	376
OWTS Complaints	0	12	26	30
OWTS O&M Systems	4	57	141	155
Recreational Water Safety Inspections	10	225	289	313
Recreational Water Follow-up Inspections	1	7	18	22
Recreational Water Complaints	0	13	14	14
RFE Routine Inspections	274	1964	2431	2478
RFE Re-Inspections	26	180	227	319
RFE Complaint Investigations	57	408	474	517
RFE Inspections Resulting in Closure	6	40	N/A	N/A
RFE Plan Reviews	21	197	291	210
RFE Pre-Operational Inspections	44	370	567	524

Foodborne illness EH investigations	0	12	9	19
School Routine Inspections	0	11	29	23
School Complaints	2	12	13	15
School Self-Certification Audits	0	46	45	44
School Self-Certifications Returned	0	0	330	327
Waste Tire Facilities Routine Inspections	17	109	138	140
Waste Tire Complaints	1	2	1	2

## 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	394	348				
Private Wells	303	294	338	390	408	409	392	370				
<b>Totals</b>	637	580	645	696	764	753	786	719				

*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		
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	
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	146	197	189	118
	Cryptosporidium	11	30	42	25
	Cyclosporiasis	21	28	8	10
	Giardia	35	77	68	47
	Hepatitis A	1	2	2	3
	Legionellosis	11	11	19	11
	Salmonella	82	128	89	54
	Shigella	31	62	46	57
	Shiga Toxin-producing E. coli (STEC)	39	65	59	42
	Vibriosis	14	11	9	7
<b>Food/Waterborne Diseases Totals</b>		<b>391</b>	<b>611</b>	<b>531</b>	<b>373</b>
<b>Health care Associated Infections</b>					
	Carbapenem-Resistant Acinetobacter baumannii (CRAB)	1	2	0	1

	Carbapenem Non-susceptible Enterobacteriaceae (CRE)	57	61	58	47
	Carbapenem-Resistant Pseudomonas Aeruginosa (CRPA)	31	57	45	43
<b>Health care Associated Infections Totals</b>		<b>89</b>	<b>110</b>	<b>103</b>	<b>91</b>
<b>Vaccine Preventable Diseases</b>					
	Haemophilus influenzae (H. flu)	10	9	18	14
	Measles	4	0	0	0
	Meningococcal Disease	2	0	1	0
	Mumps	1	1	2	3
	Pertussis	64	141	24	29
	Rubella	0	0	0	0
	Varicella	27	24	33	21
<b>Vaccine Preventable Diseases Totals</b>		<b>108</b>	<b>175</b>	<b>78</b>	<b>67</b>
<b>Respiratory Diseases</b>					
	Hospitalized COVID-19	<b>346</b>	<b>964</b>	<b>1,091</b>	<b>2,847</b>
	Hospitalized Influenza*	<b>544</b>	<b>483</b>	<b>266</b>	<b>529</b>
	Hospitalized RSV	<b>480</b>	<b>427</b>	<b>161</b>	<b>24</b>
<b>Respiratory Disease Total</b>		<b>1,370</b>	<b>1,874</b>	<b>1,518</b>	<b>3,400</b>

*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

<b>2025 Month</b>	<b>Complaint Received Regarding Foodborne Illness</b>	<b>EH Foodborne Illness Investigation</b>
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		
October		
November		
December		

*Table 7 - Foodborne Illness Complaints Received*

<b>2024 Month</b>	<b>Complaint Received Regarding Foodborne Illness</b>	<b>EH Foodborne Illness Investigation</b>
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	1	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				
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	
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			
October			
November			
December			
Totals	5/21 *	12	43

*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.