

# 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:** December 2025 (reflects activity through November)

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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 November, resulting in three stories totaling 98,362 in local viewership and over \$948 in local earned media value.

- The November edition of the New Falcon Herald featured an article from the Tobacco Education and Prevention Partnership (TEPP) promoting the Great American Smokeout, which was held on the third Thursday of November. The Smokeout introduces smokers to many tools that can be used to quit smoking and challenges them to quit. The New Falcon Herald article can be accessed through the following link: [Join the Great American Smokeout](#)
- International Survivors of Suicide Loss Day, which always falls on the Saturday before Thanksgiving, is a day designated by Congress for survivors of suicide loss to gather together. According to EPCPH, from 2020 through 2022, suicide was the leading cause of death among youth ages 11 to 17 and the second leading cause of death among

those ages 18 to 24. The Gazette story can be accessed through the following link:  
[Live Well: Free event for survivors of suicide loss in Colorado Springs](#)

## 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 23.75 percent year to date through October 2025, based on data as of November 21, 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**

The 2025 Workforce Development Plan was finalized and published for internal use. This plan provides an assessment of the workforce's ability to maintain core public health and administrative capabilities and identifies strategies to improve the workforce, its satisfaction and well-being, as well as efforts to support management and leadership skills. Strategic workforce planning involves identifying current and future public health workforce needs and developing a plan or strategy to respond to trends; recruit, train, and retain staff; and strengthen organizational culture. This comprehensive, strategic workforce development plan serves as the foundation for EPCPH's commitment to this work.

In November, the Public Health Data & Analytics (PHDA) program created a data brief on the four Community Health Improvement Plan (CHIP) focus areas of access to health care, substance use, suicide, and housing stability. It compared the most recent data for the county to baseline values. This report serves as a progress update, which was provided to Healthy Community Collaborative (HCC) partners and will support data-driven planning decisions in 2026.

In preparation for assessing chronic disease in the community, PHDA evaluated the data landscape for county-level chronic disease information. The resulting data menu contained 11 data sources. This demonstrates the EPCPH strategic plan principle of providing reliable and consistent health data to foster trust with stakeholders and support data-driven decision making.

## **Emergency Preparedness and Response**

Emergency Preparedness & Response (EPR) met with the new Behavioral Health Coordinator from Diversus Health to strengthen partnerships and clarify roles and responsibilities during emergency responses requiring behavioral health support. As an Emergency Support Function 8 partner, Diversus Health can be activated during emergencies to provide assistance.

EPR team members initiated planning for an administrative preparedness tabletop exercise scheduled for February 2026. The exercise will evaluate the administrative processes used during a public health emergency response, including key components of the Public Health Emergency Operations Plan.

Public Health team members provided support to the Pikes Peak Regional Office of Emergency Management by serving as volunteers on the Investment Review Committee for the Urban Area Security Initiative grant application process.

To maintain incident response readiness, five agency staff attended a three-day Incident Command System (ICS) 300: *ICS for Expanding Incidents* training. Ongoing training ensures continued workforce development, strengthens the team's overall preparedness, and ensures compliance with the National Incident Management System (NIMS).

## **Foundational Public Health Services**

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

Members of the Communicable Disease team participated in several professional development opportunities, including the *R for Applied Epidemiologists* course.

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

Maternal and Child Health (MCH) provided 11 trainings on healthy childhood development to approximately 185 people across Colorado Springs School District 11 and the Cultural Office of Pikes Peak Region. The trainings provided an overview of Adverse Childhood Experiences (ACEs) and education on factors for improving healthy childhood outcomes.

Nurse-Family Partnership (NFP) helped to connect enrolled clients to care by providing nearly 60 referrals on behalf of more than 50 families. These referrals were to housing assistance, mental health treatment, childbirth education, Medicaid, Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), child care, dental services, primary medical care, smoking cessation treatment, lactation support, and Women, Infants, and Children (WIC).

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

EPCPH worked with community partners to pilot the Pikes Peak Rising 360 platform as part of a collaborative effort to support behavioral health in our community. After reviewing the data and overall utilization, the decision was made not to continue the digital platform. As responsible stewards of public resources, EPCPH makes data-driven decisions that prioritize programs that are sustainable, cost-effective, and aligned with residents' needs. The cost of maintaining the platform, along with the results of the pilot, informed the decision not to move forward beyond the initial pilot.

Injury and Violence Prevention (IVP) and MCH staff presented on best practices for infant safe sleep to the Fountain Valley Sitters Society on Nov 12. The Sitter's Society is a club for middle school and high school students to learn about babysitting tips and tricks for child care providers and safety professionals. Staff were able to train 14 students ranging from 10 to 17 years old on how to practice safe sleep and safe soothing when caring for an infant. Approximately 50 percent of the students had pre-existing knowledge of safe sleep practices. A Safe or Not Safe Photo Quiz was given at the end of the training to test the students' knowledge. The class took the quiz together and answered 13 out of 15 correctly, or 87 percent.

The Public Health Planner for IVP was appointed as president of the Safe Kids Colorado Springs Coalition (SKCS) Executive Board on Nov. 4. SKCS is led by Children's Hospital Colorado and brings together a variety of community partners focused on pediatric injury prevention and child safety.

Fountain Valley Communities That Care (FV-CTC) partnered with three middle and high schools in Widefield School District 3 and Fountain-Fort Carson School District 8 to support

Red Ribbon Week. FV-CTC offered pledge cards for students to complete, where they shared personal reasons for choosing to abstain from substance use. Many students were seen putting their pledge in their phone case to serve as a tangible reminder of their commitment to making healthy decisions. Some students said they want to be substance-free for their health or to be a good role model for their siblings. This campaign is anticipated to have reached more than 200 students in the Fountain Valley.

### **Access to and Linkage with Health Care**

The Immunization program's Disease Response team expanded access to vaccination services by partnering with Ithica Housing and Nueva Vida. Through on-site clinics, the team met individuals where they were, administering more than 40 vaccines across the two sites, providing education on vaccine-preventable diseases, and supporting community members in making informed decisions about their health.

The Reproductive Health program expanded access to preventive services through partnerships with Ithica Housing, the Launch Pad, and University of Colorado Colorado Springs (UCCS). By offering on-site clinics, the team provided convenient screening and education, meeting individuals where services were needed most. During these clinics, 10 sexually transmitted infection (STI) screenings were completed at Ithica Housing, 13 at the Launch Pad, and 32 screenings and 6 long-acting reversible contraceptive (LARCs) services at UCCS. These efforts supported early detection, promoted prevention education, and helped community members make informed decisions about their personal health.

## Appendix A: Environmental Health Activity

*Table 1 Appendix A: Environmental Health Activity*

Environmental Health	Nov 2025	2025 Total	2024 Total	2023 Total
Air Quality Construction Activity Permits	10	99	118	136
Air Quality Open Burn Permits	3	26	33	51
Air Quality Complaints	5	39	33	23
Animal Bites Reported	106	1337	1331	1171
Body Art Routine Inspections	6	133	121	112
Body Art Follow-up Inspections	0	4	2	7
Body Art Complaints	2	33	19	31
Child Care Routine Inspections	26	211	199	202
Child Care Follow-up Inspections	0	3	11	6
Child Care Complaints	2	8	21	20
Child Care Outbreak Investigations	3	14	N/A	N/A
Child Care High Risk Field Consults	1	58	46	12
Land-Use Planning Review	28	313	248	204
OWTS Pumper Truck Inspections	5	90	96	77
OWTS Final Inspections	35	475	445	551
OWTS Partial Inspections	8	66	138	227
OWTS Application Design Reviews	33	514	368	490
OWTS Design Revision Requests	26	119	52	120
OWTS Design Revision (add) Requests	5	19	9	63
OWTS New Permit Applications	10	227	166	232
OWTS Repair Permit Applications	18	255	252	266
OWTS Modification Permit Applications	3	20	16	19
OWTS Acceptance Doc for Title Transfer	32	728	726	731
OWTS Soil and Site Evaluations	28	387	277	376
OWTS Complaints	3	17	26	30
OWTS O&M Systems	5	84	141	155
Recreational Water Safety Inspections	45	304	289	313
Recreational Water Follow-up Inspections	3	16	18	22
Recreational Water Complaints	0	13	14	14
RFE Routine Inspections	235	2,727	2,431	2,478
RFE Re-Inspections	8	247	227	319
RFE Complaint Investigations	51	602	474	517
RFE Inspections Resulting in Closure	4	65	N/A	N/A
RFE Plan Reviews	22	267	291	210
RFE Pre-Operational Inspections	39	521	567	524

Foodborne illness EH investigations	1	17	9	19
School Routine Inspections	4	27	29	23
School Complaints	0	15	13	15
School Self-Certification Audits	0	46	45	44
School Self-Certifications Returned	13	350	330	327
Waste Tire Facilities Routine Inspections	8	140	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
<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	318	317	283	
Private Wells	303	294	338	390	408	409	392	370	427	338	293	
<b>Totals</b>	637	580	645	696	764	753	786	719	745	655	576	

*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	960	38
November	721	42
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	251
November	222	185
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	192	197	189	118
	Cryptosporidium	23	30	42	25
	Cyclosporiasis	22	28	8	10
	Giardia	44	77	68	47
	Hepatitis A	2	2	2	3
	Legionellosis	20	11	19	11
	Salmonella	119	128	89	54
	Shigella	40	62	46	57
	Shiga Toxin-producing E. coli (STEC)	50	65	59	42
	Vibriosis	16	11	9	7
<b>Food/Waterborne Diseases Totals</b>		<b>528</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)	77	61	58	47
	Carbapenem-Resistant Pseudomonas Aeruginosa (CRPA)	43	57	45	43
<b>Health care Associated Infections Totals</b>		<b>121</b>	<b>110</b>	<b>103</b>	<b>91</b>
<b>Vaccine Preventable Diseases</b>					
	Haemophilus influenzae (H. flu)	15	9	18	14
	Measles	4	0	0	0
	Meningococcal Disease	2	0	1	0
	Mumps	1	1	2	3
	Pertussis	86	141	24	29
	Rubella	0	0	0	0
	Varicella	35	24	33	21
<b>Vaccine Preventable Diseases Totals</b>		<b>144</b>	<b>175</b>	<b>78</b>	<b>67</b>
<b>Respiratory Diseases</b>					
	Hospitalized COVID-19	<b>455</b>	<b>964</b>	<b>1,091</b>	<b>2,847</b>
	Hospitalized Influenza*	<b>576</b>	<b>483</b>	<b>266</b>	<b>529</b>
	Hospitalized RSV	<b>484</b>	<b>427</b>	<b>161</b>	<b>24</b>
<b>Respiratory Disease Total</b>		<b>1,515</b>	<b>1,874</b>	<b>1,518</b>	<b>3,400</b>

*Table 6 Appendix E: Disease Prevention and Control*

Link to EPCPH Respiratory Disease Dashboard:

<https://www.elpasocountyhealth.org/infectious-diseases-public-health-response/infectious-diseases-2/influenza-flu/>

\*Flu Seasons:

- October 1, 2023-May 18, 2024; 547
- September 29, 2024- May 17, 2025; 611
- September 28, 2025- May 23, 2026; 32

## 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	19	0
October	14	0
November	21	1
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	5	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	20	7	0	2
November	17	1	0	4
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	135
November	136	115
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	4/7	3	4
November	3/7	0	5
December			
Totals	7/28*	15	56

*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.