

# 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:** January 2026 (reflects activity through December)

## Table of Contents

In the News.....	1
Agency Operations.....	2
Appendix A: Environmental Health Activity.....	8
Appendix B: Water Systems Testing.....	9
Appendix C: Immunizations Program Vaccines Administered.....	9
Appendix D: Nurse-Family Partnership Client Visits.....	10
Appendix E: Disease Prevention and Control.....	10
Appendix F: Reproductive Health Clinic .....	13
Appendix G: Tuberculosis Program.....	14
Definitions of Foundational Terms.....	15

## In the News

El Paso County Public Health (EPCPH) was featured in a variety of timely television and print news coverage stories in December, resulting in three stories (21 mentions), totaling 119,375 in local viewership and more than \$41,000 in local earned media value.

- The December edition of the New Falcon Herald featured an article about preparing for winter weather. The New Falcon Herald article can be accessed through the following link: [Winter is coming! Be prepared!](#)
- Environmental Health staff spoke with FOX21 about the importance of food safety, advising people to follow simple guidelines to prevent foodborne illness. The FOX21 story can be accessed through the following link: [Holiday food safety tips](#)
- EPCPH provided local data to KRDO showing an increase in flu cases in El Paso County (EPC). The KRDO story can be accessed through the following link: [Flu season in Southern Colorado: By the numbers, what is the risk?](#)

- Staff from the Immunizations and Travel program, shared tips on staying healthy during flu season. The KOAA story can be accessed through the following link: [El Paso County update flu hospitalizations data](#)

## 2025 Media Total

<b>250</b>	<b>\$567,227</b>	<b>15,293,409</b>
Number of Media Stories	Earned Media	Local Viewership

## 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 2025 ended at 28.3 percent, based on data as of Jan. 20, 2026. 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.

## Foundational Public Health Capabilities

### **Policy Development and Support**

Grant notification of awards received in the fourth quarter include Colorado Department of Public Health and Environment (CDPHE) Chronic Disease Pilot - \$100,000; CDC A2 Foundational Capabilities funding - \$791,344; and CDPHE Office of Public Practice, Planning, and Local Partnerships (OPHP) Preventive Block Grant - \$14,000. A year-in-review summary of development efforts will be provided in the February report.

## **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 fourth quarter of 2025, EPCPH utilized \$1,600 of the allocated \$300,000 Response & Recovery budget. Expenditures to date through Dec. 31, 2025, are preliminary but show \$23,858. This equates to less than eight 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 facilitated a Measles After-Action Workshop with members of the Incident Command team. The workshop highlighted key strengths and identified opportunities for improvement from the 2025 measles response, while also providing a refresher on activation procedures, roles and responsibilities. An After-Action Report and Improvement Plan was completed for the 2025 response, and this workshop supported continuous quality improvement and enhanced organizational readiness.

The EPR team met with the Pikes Peak Regional Office of Emergency Management (PPROEM) to collaboratively review and align planned 2026 exercises with the region's Integrated Preparedness Plan. This coordination ensured that upcoming exercises are strategically aligned to strengthen response capabilities, promote meaningful interagency collaboration, and enhance overall regional readiness for emergency response and recovery.

The EPR team participated in the Multi-Agency Coordination Group facilitated by PPROEM. This meeting brings emergency response partners together from across multiple organizations to enhance communication and collaboration, share situational awareness, and strengthen coordinated response and recovery efforts across the local jurisdiction.

## **Foundational Public Health Services**

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

#### **2025-2026 Influenza Update**

Influenza activity continues to increase in EPC, across Colorado, and throughout the nation. Colorado reported a total of 2,438 influenza hospital admissions this flu season between Sept. 28 and Dec. 27, 2025. The state's weekly hospitalization count and rate for the week ending Dec. 27 for influenza is 782 hospitalizations, a rate of 13.13 hospitalizations per 100,000 people (CDPHE, 2025).

EPC reported a total of 242 influenza hospital admissions between Sept. 28 and Dec. 27, 2025. For the most current data, visit our - [El Paso County Respiratory Disease Dashboard](#).

EPC has reported 18 outbreaks of influenza from the start of flu season to Dec. 27, 2025. This has been an increase compared to the same time frame in the past two years. Influenza outbreaks have been primarily identified in child care settings, schools and long-term care facilities. A confirmed influenza outbreak is defined as two or more cases of influenza among associated people with symptom onset occurring within a one-week period or a higher level of influenza illness than is typically expected.

As part of seasonal influenza preparedness efforts, the Communicable Disease team implemented several activities to strengthen readiness. In December, team members met with Criminal Justice Center (CJC) medical and command staff to review respiratory season prevention, mitigation, and reporting procedures. Staff also participated in the CommonSpirit Infection Prevention meeting to share and receive updates on community communicable disease trends.

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

Nurse-Family Partnership (NFP) helped to connect enrolled clients to care by providing more than 40 referrals on behalf of over 30 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).

Throughout 2025, WIC had an average of 14,734 clients participating in the program each month. This increased from 14,288 in 2024. In 2025, WIC completed 68,345 appointments, of which 11,641 were in-person and 56,704 were remote. Appointments provide personalized nutrition education, anthropometric measurements, and/or breastfeeding support information. The option of virtual/remote or in-person appointments continues to provide client choice and flexibility, while encouraging accurate measurements to best tailor nutrition education.

Throughout 2025, WIC made 948 referrals to other EPCPH programs, including Maternal and Child Health (MCH), NFP, Immunizations, Reproductive Health Clinic, and Tobacco Education and Prevention Partnership (TEPP). Referrals provide clients with easier access to other health resources.

The MCH program coordinated a Bundles of Care event on Dec. 15, in collaboration with several internal and external partners to provide families with education, support for enrollment in programs, resources, and baby essentials. The following external partners

provided additional resources and education to attendees: Colorado Community Health Alliance, You Are Not Alone, Pikes Peak Library District, Period Plus, Colorado Springs District 11 Child Find, Peak Vista, Viva Resource, Department of Human Services (DHS), Catholic Charities, Safe Kids, The Resource Exchange, and Community Partnership for Child Development.

In partnership with Reach Out and Read Colorado, MCH provided books to the three WIC clinics. In addition, bookcases and books were distributed to community partners such as the DHS and The Loft - a visitation center and Salvation Army's Family Hope Center - a shelter for unhoused families. Staff distributed nearly 200 books for the month of December through little libraries and community events. The purpose of these little libraries is to promote caregivers reading to/with their children while waiting for appointments, and to increase access to age-appropriate books in our community.

<b>Maternal Child Health Program Activities January 1, 2025-December 31, 2025</b>	
General Referrals	951
Maternal & Child Health Referrals	319
Events	32
Trainings	<p>Individuals trained: 1,803</p> <p>Trainings provided: 78</p> <p>MCH administers a post-survey after each training; 317 responses were received.</p> <p>310 participants (98 percent) stated they agreed or strongly agreed that the content in the training was useful and applicable to their job/situation.</p>
Feedback highlights:	
<ul style="list-style-type: none"> <li>“<i>This training is so important and all people working with children should take it!</i>”</li> <li>“<i>Thank you for everything you do to support our students and community.</i>”</li> <li>“<i>This is what all people need to know.</i>”</li> <li>“<i>Paula is a well-spoken, excellent speaker. This training was engaging and interactive, which made four hours really fly by.</i>”</li> <li>“<i>I thoroughly enjoyed this training and am very excited to try some new tips and tricks with my kiddos.</i>”</li> <li>“<i>I am very thankful that this program is active, and I would love to learn more about the development of children's minds.</i>”</li> </ul>	
Workgroups	Four Community Voice Collaborative (CVC) meetings were hosted. CVC is a group of community partners and caregivers focused on improving access to care for children and youth with special healthcare needs.

	<p>MCH administered a post-survey in Aug. 2025; 16 responses were received.</p> <ul style="list-style-type: none"> <li>• 81.3 percent feel more connected to the community because of the CVC</li> <li>• 75.1 percent, since attending the CVC, feel their knowledge of services and resources has increased</li> </ul>
<p><b>Feedback highlights:</b></p> <p>What has been the most impactful part of the Community Collaborative for you?</p> <ul style="list-style-type: none"> <li>• <i>“Connecting with others”</i></li> <li>• <i>“Sharing resources”</i></li> <li>• <i>“Awareness and relevant topics”</i></li> </ul>	
Viva Resource Referrals – Viva Resource is a local non-profit who administers benefit application assistance to EPCPH clients and families. This partnership helps reduce stress and barriers for families to access health insurance and food by receiving support from trained professionals.	204
Wee Cycle Diapers (project initiated in August)	<p>Children Served: 743</p> <p>Number of diapers distributed: 37,150</p> <p>Number of wipes distributed: 743</p> <p>Diaper distribution events: two Bundles of Care events hosted</p>
Reach Out and Read Books (project initiated in April 2025)	1,014 books distributed through three WIC clinics and events promoting early learning and literacy
Care packages distributed (diapers, bus passes, caregiver backpack, caregiver notebook)	90
Developmental packets promoting healthy childhood development	322

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

The Injury and Violence Prevention Planner (IVPP) hosted an impaired driving data walk at the EPC Southeast Department of Motor Vehicles on Dec. 2 in honor of National Impaired Driving Prevention Month. Over 50 community members participated by analyzing local impaired driving data and voting on effective prevention strategies for our community. The top strategies selected were offering incentives for designated drivers and increasing legal consequences.

The IVPP provided a presentation about the EPC Safe Sleep Initiative to the First Visitor program staff at Peak Vista Community Health Centers on Dec. 8. Staff learned about risk factors for sleep-related infant death, local child fatality data, and techniques for educating parents and caregivers about safe sleep.

The IVPP hosted the first meeting of the El Paso County Teen Traffic Safety Board on Dec. 11. This group is primarily supported by Teens in the Driver Seat and was developed in collaboration with EPCPH and Drive Smart Colorado. Board members include high school students from across the county who will advise on traffic safety and injury prevention from a youth perspective.

The IVPP was a panelist on a national webinar about pediatric injury prevention hosted by the Children's Safety Network on Dec. 15. The IVPP shared about the agency's work to improve child safety on a local level and highlighted successful agency initiatives to promote infant safe sleep, child passenger safety, and impaired driving prevention.

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

The Immunization Disease Response team expanded access to vaccination services through Operation House Call, a program through the Immunization Clinic that brings vaccines to homebound individuals in the community. They also held a vaccination event at the Launch Pad, a supportive housing complex for young adults experiencing homelessness. The Disease Response team also attended a Diaper Distribution event at the Citizens Service Center administering influenza vaccines. Through the on-site clinics, the team met individuals where they were, administering 15 vaccines across the three sites/events, providing education on vaccine-preventable diseases, and supporting community members in shared clinical decision-making.

The Reproductive Health program expanded access to preventive services through partnerships with 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.

## Appendix A: Environmental Health Activity

Table 1 Appendix A: Environmental Health Activity

Environmental Health	Dec 2025	2025 Total	2024 Total	2023 Total
Air Quality Construction Activity Permits	10	109	118	136
Air Quality Open Burn Permits	4	30	33	51
Air Quality Complaints	2	41	33	23
Animal Bites Reported	87	1424	1331	1171
Body Art Routine Inspections	0	133	121	112
Body Art Follow-up Inspections	0	4	2	7
Body Art Complaints	0	33	19	31
Child Care Routine Inspections	20	231	199	202
Child Care Follow-up Inspections	0	3	11	6
Child Care Complaints	2	10	21	20
Child Care Outbreak Investigations	0	14	N/A	N/A
Child Care High Risk Field Consults	0	58	46	12
Land-Use Planning Review	19	332	248	204
OWTS Pumper Truck Inspections	6	96	96	77
OWTS Final Inspections	37	499	445	551
OWTS Partial Inspections	11	73	138	227
OWTS Application Design Reviews	46	535	368	490
OWTS Design Revision Reviews	15	129	52	120
OWTS Design Revision (add) Reviews	8	24	9	63
OWTS New Permit Applications	19	247	166	232
OWTS Repair Permit Applications	27	280	252	266
OWTS Modification Permit Applications	1	21	16	19
OWTS Acceptance Doc for Title Transfer	57	785	726	731
OWTS Soil and Site Evaluations	27	401	277	376
OWTS Complaints	2	22	26	30
OWTS O&M Systems	5	73	141	155
Recreational Water Safety Inspections	31	337	289	313
Recreational Water Follow-up Inspections	0	16	18	22
Recreational Water Complaints	0	13	14	14
RFE Routine Inspections	243	2,969	2,431	2,478
RFE Re-Inspections	19	267	227	319
RFE Complaint Investigations	61	663	474	517
RFE Inspections Resulting in Closure	6	71	N/A	N/A
RFE Plan Reviews	19	279	291	210
RFE Pre-Operational Inspections	32	553	567	524

Foodborne illness EH investigations	1	18	9	19
School Routine Inspections	3	30	29	23
School Complaints	5	20	13	15
School Self-Certification Audits	4	50	45	44
School Self-Certifications Returned	0	350	330	327
Waste Tire Facilities Routine Inspections	10	150	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	297
Private Wells	303	294	338	390	408	409	392	370	427	338	293	311
<b>Totals</b>	637	580	645	696	764	753	786	719	745	655	576	608

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	737	15

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	254

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	213	197	189	118
	Cryptosporidium	28	30	42	25
	Cyclosporiasis	22	28	8	10
	Giardia	47	77	68	47
	Hepatitis A	2	2	2	3
	Legionellosis	20	11	19	11
	Salmonella	126	128	89	54
	Shigella	44	62	46	57
	Shiga Toxin-producing E. coli (STEC)	52	65	59	42
	Vibriosis	15	11	9	7
<b>Food/Waterborne Diseases Totals</b>		<b>569</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)	86	61	58	47
	Carbapenem-Resistant Pseudomonas Aeruginosa (CRPA)	48	57	45	43
<b>Health care Associated Infections Totals</b>		<b>135</b>	<b>110</b>	<b>103</b>	<b>91</b>
<b>Vaccine Preventable Diseases</b>					
	Haemophilus influenzae (H. flu)	16	9	18	14
	Measles	4	0	0	0
	Meningococcal Disease	2	0	1	0
	Mumps	2	1	2	3
	Pertussis	94	141	24	29
	Rubella	0	0	0	0
	Varicella	33	24	33	21
<b>Vaccine Preventable Diseases Totals</b>		<b>151</b>	<b>175</b>	<b>78</b>	<b>67</b>
<b>Respiratory Diseases</b>					
	Hospitalized COVID-19	<b>497</b>	<b>964</b>	<b>1,091</b>	<b>2,847</b>
	Hospitalized Influenza*	<b>853</b>	<b>483</b>	<b>266</b>	<b>529</b>
	Hospitalized RSV	<b>514</b>	<b>427</b>	<b>161</b>	<b>24</b>
<b>Respiratory Disease Total</b>		<b>1,864</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; 242

## 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	14	0
November	21	1
December	19	1

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	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	11	2	0	1

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	132

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	3/5	1	8
Totals	7/28*	16	64

*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.