



ARAPAHOE COUNTY

Arapahoe County

Arapahoe County Board of Health

Agenda

Wednesday, May 20, 2026

Open Space Building - Bijou Room

3:00 PM

The public is welcome to attend the Board of Health meeting in the Arapahoe Room at 6954 S. Lima St. Centennial, CO 80112 or virtually on Teams using the following meeting information:

Meeting ID: 270 688 752 384 0

Passcode: qf3ir7EE

The Board of Health agenda and materials can be viewed online at <https://arapahoe.legistar.com/Calendar>.

- 1. **CALL TO ORDER***
- 2. **APPROVAL OF MINUTES***
 - 2.a **Business Meeting Minutes**

April Meeting Minutes

[26-264](#)

Attachments: [BOH_Meeting_Minutes_April26_May2026](#)

- 3 **PUBLIC COMMENT***

Individuals are invited to speak to the Board of Health about any topic. To provide Public Comment, please contact our substitute Board of Health Liaison, Hanna Banks (hbanks@arapahoegov.com) at least 30 minutes prior to the start of the respective board meeting. Speakers will be called in the order in which they signed up. Each person has a 3-minute time limit for comments, unless otherwise noted by the Chair. Individuals must state their name and address for the record prior to making remarks.

- 4 **BOARD OF HEALTH COMMENTS***
- 5. **GENERAL BUSINESS ITEMS***

- 5.a **Presentation(s)**

Public Health Director Separation Agreement

[26-265](#)

Attachments: [BOH_General_Business_Separation_Agreement_May2026](#)

- 6. **STUDY SESSIONS***

6.a Environmental Health Fees Follow-Up Q&A**6.b CORE Metric Spotlight**

Communicable Disease Epidemiology

[26-266](#)

Attachments: [BOH_StudySession_CORE Spotlight Communicable Disease Epidemiology_May2026](#)

6.c Presentations

Introduction of Review of Bylaws

[26-267](#)

Attachments: [BOH_Study Session_Review of Bylaws_May2026](#)

6.d Legislative Update**6.e Director's Report**

May Director's Report

[26-276](#)

Attachments: [BOH_Director's Report_May 2026](#)

7. EXECUTIVE SESSION

As required by law, specific agenda topics will be announced in open meeting prior to the commencement of the closed and confidential portion of this session. C.R.S. § 24-6-402(4)

8. ADJOURN*

Arapahoe County is committed to making its public meetings accessible to persons with all abilities. Please contact our substitute Board of Health Liaison, Hanna Banks (hbanks@arapahoegov.com) at least three (3) days prior to a meeting, should you require special accommodations



Arapahoe County

5334 South Prince Street
Littleton, CO 80120
303-795-4630
Relay Colorado 711

Board Summary Report

File #: 26-264

Agenda Date: 5/20/2026

Agenda #:

Arapahoe County

*Arapahoe County Public Health - Lima Building
6964 S. Lima St.
Centennial, CO 80112*



ARAPAHOE COUNTY

Meeting Minute Summaries

Wednesday, April 15, 2026

3:00 PM

Bijou Room - Open Space

Arapahoe County Board of Health

1. CALL TO ORDER*

Present Shawn Davis, Kristine Burrows, Michelle Weinraub, Mark Mcmillan, Mark Levine, Bebe Kleinman, and Terrence Walker

2. APPROVAL OF MINUTES*

The March meeting minutes were approved as amended by the following vote

Aye: Davis, Burrows, Weinraub, Levine, Kleinman, and Walker

Abstain: Mcmillan

2.a Business Meeting Minutes

Attachments: [BOH Meeting Minutes March26 April2026](#)
[BOH Meeting Minutes March26 Additional Communication April2026](#)

3. PUBLIC COMMENT*

There were no individuals for public comment at this meeting.

4. BOARD OF HEALTH COMMENTS*

5. GENERAL BUSINESS ITEMS*

No General Business Items

6. STUDY SESSION*

6.a CORE Metric Spotlight

Attachments: [BOH StudySession CORE Spotlight WIC and BFPC April2026](#)

6.b Presentations

Attachments: [BOH Study Session Presentation EH Fees April2026](#)
[BOH Study Session Presentation Fee Change Adoption BSR April2026](#)

6.d Legislative Update

Attachments: [BOH Study Session Legislative Update April2026](#)

6.e Director's Report

Attachments: [BOH Study Session Directors Report April2026](#)

7 EXECUTIVE SESSION

No executive session was held.

8. ADJOURN*

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SEPARATION AGREEMENT

THIS SEPARATION AGREEMENT (“Agreement”) is made this 20th day of May, 2026 by and between the ARAPAHOE COUNTY BOARD OF HEALTH (“Board”), and Jennifer Ludwig (“Appointee”).

WHEREAS, Appointee is presently appointed by the Board to serve as the Public Health Director for Arapahoe County (“County”); and

WHEREAS, the parties hereto desire to enter into this Agreement setting forth their various rights and responsibilities in the event that Appointee separates from her employment with the County;

NOW, THEREFORE, in consideration of the mutual agreements contained herein, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

1. Appointee shall continue to perform her duties as the Public Health Director for Arapahoe County until such time as either the Appointee or the Board, or the Board’s designee, desires to terminate Appointee’s services.
2. The Board agrees that so long as Appointee continues in her appointed position, the Board will provide Appointee with such salary and benefits as the Board may elect, from time-to-time, to provide.
3. This Agreement shall continue until it is terminated by either the Board of Health, or the Board’s designee, and is conditioned upon and subject to annual appropriations by the Board, where appropriate.
4. Pursuant to this Agreement, the Appointee serves at the pleasure of the Board of Health and the Appointee’s services may be terminated by the Board, or the Board’s designee, at any time, with or without cause. If the Board or the Board’s designee terminates Appointee’s services during the term of the Agreement for policy reasons or to effect a change of direction and in exchange for a full release from Appointee, the Board shall provide Appointee with the following:
 - a. Severance pay in a lump sum cash payment equal to six months of Appointee’s gross salary (excluding benefits) at the time Appointee’s services are terminated. The severance payment will be subject to standard payroll deductions and tax withholdings.
 - b. Any and all salary and benefits to which Appointee is entitled pursuant to the Arapahoe County Personnel Guidelines in effect on the date of termination of Appointee’s services.

- c. This Agreement is conditioned upon the Appointee signing a full release of all claims against the County, its elected officials and all employees. If the Appointee does not sign a release of claims the Appointee will not receive severance.
 - d. If the termination is a result of performance issues or misconduct or because the Appointee is charged with a felony then the Board or the Board's designee, at its discretion, may terminate Appointee's employment without severance pay.
- 5. Appointee may terminate her services with the County at any time upon notifying the Board, or the Board's designee, in writing, at least 30 days prior to the date upon which Appointee will terminate her services. If Appointee terminates her services, she shall not be entitled to receive any severance pay, but, if she has given the required notice, she shall be entitled to receive her full salary and benefits through the date of termination of services.
 - 6. Nothing in this Separation Agreement shall be construed to create any contract of employment between the parties. Pursuant to Section 25-1-508(5)(c), C.R.S., the public health director serves at the pleasure of the county Board of Health.
 - 7. This Agreement shall be interpreted and enforced pursuant to the laws of the State of Colorado. Venue for any action brought in connection with this Agreement shall be proper in the Arapahoe County District Court, Eighteenth Judicial District.
 - 8. This Agreement incorporates and/or supersedes any prior written or oral agreements between the parties concerning the issues which are the subject of this Agreement.

APPOINTEE JENNIFER LUDWIG

CHAIR SHAWN DAVIS
BOARD OF HEALTH
OF ARAPAHOE COUNTY



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Communicable Disease Epidemiology Program

Jeremy, Shelby, Maddie, Alix, Nina
Communicable Disease Epidemiologists

Melissa Orozco
Communicable Disease Epidemiology Manager



Story Time!

Over the past 3 years, I've built a strong partnership with the Arapahoe County Detention Center as the communicable disease POC. This partnership is grounded in trust, consistency, and shared purpose. Beyond coordination, we've developed genuine relationships and care for one another. Across all ACPH programs, we've created a strong public health support system to protect one of our most vulnerable populations and highlighting that correctional health is public health.

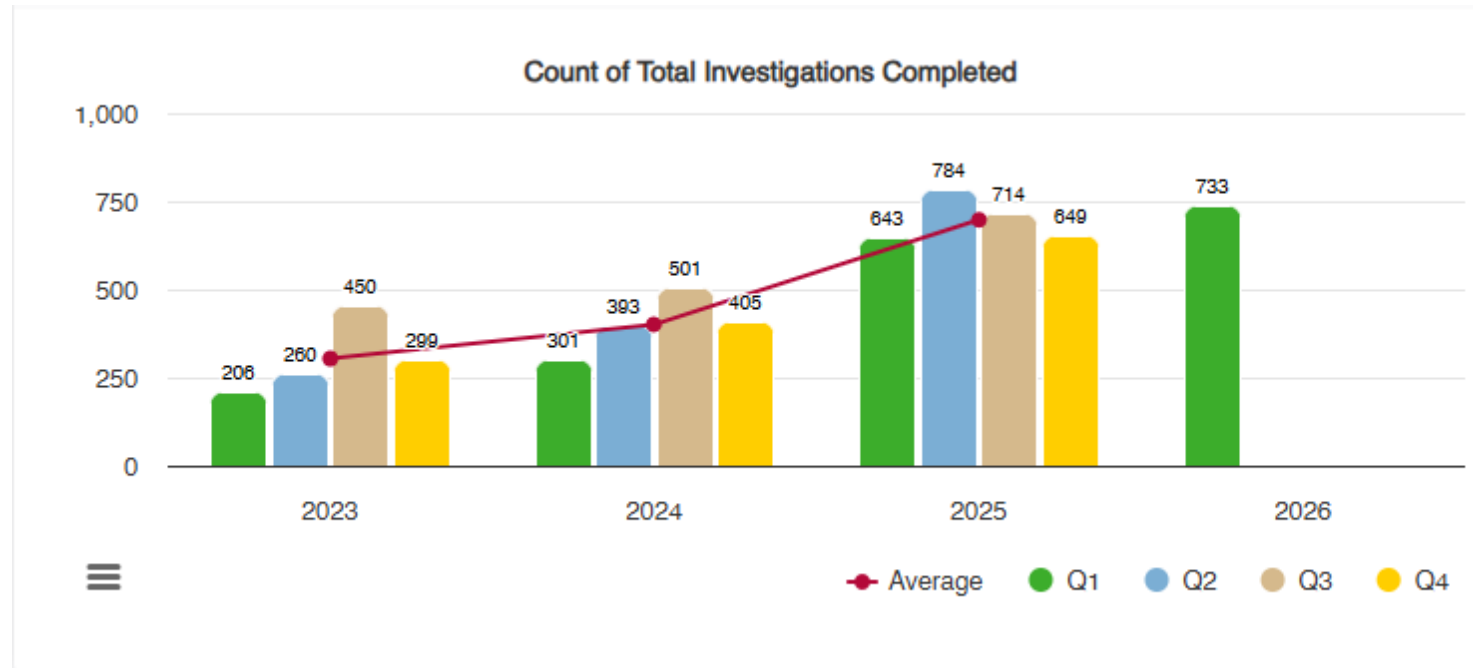
A recent client was scratched by a bat outside her home. She was nervous and overwhelmed about the process for getting rabies vaccines and was also traveling to NY during her vaccine schedule. I explained the process in detail to her, provided her vaccine options for her doses in Colorado, and called the NYC DOH to find out where she could go while she was on her trip. She was able to get all her vaccines on schedule. She sent me a really nice text which reminded me how impactful our work can be.

I know you said it's "your job", but I just want to tell you that I've never ever ever received so much care and kindness from a government agency in my life. I didn't expect your advocacy and I so appreciate it. You have helped me take it very seriously because of your example of your diligence. Just a big, 💖 THANK YOU 💖 again and I hope you have a upcoming great weekend!



Count of Communicable Disease Investigations Completed

- **Total communicable disease investigations completed**
 - Colorado reportable conditions, outbreaks, animal investigations (domestic and rabies reservoir species)
 - Increase in infectious diseases (post COVID-19, reporting changes, measles, emerging infections)
 - Average over use of targets
- **Monitor changes in disease trends over time**
 - Climate change, travel, spillover events, vaccination rates
 - Protect health and safety of residents (not just Arapahoe County) from communicable disease threats
- **Understanding resource needs**
 - Staffing and capacity to respond in required timeframe



Count of Community Engagement and Education Events Hosted by the Communicable Disease Epidemiology (CDE)

- **Total Engagement and Education Events**

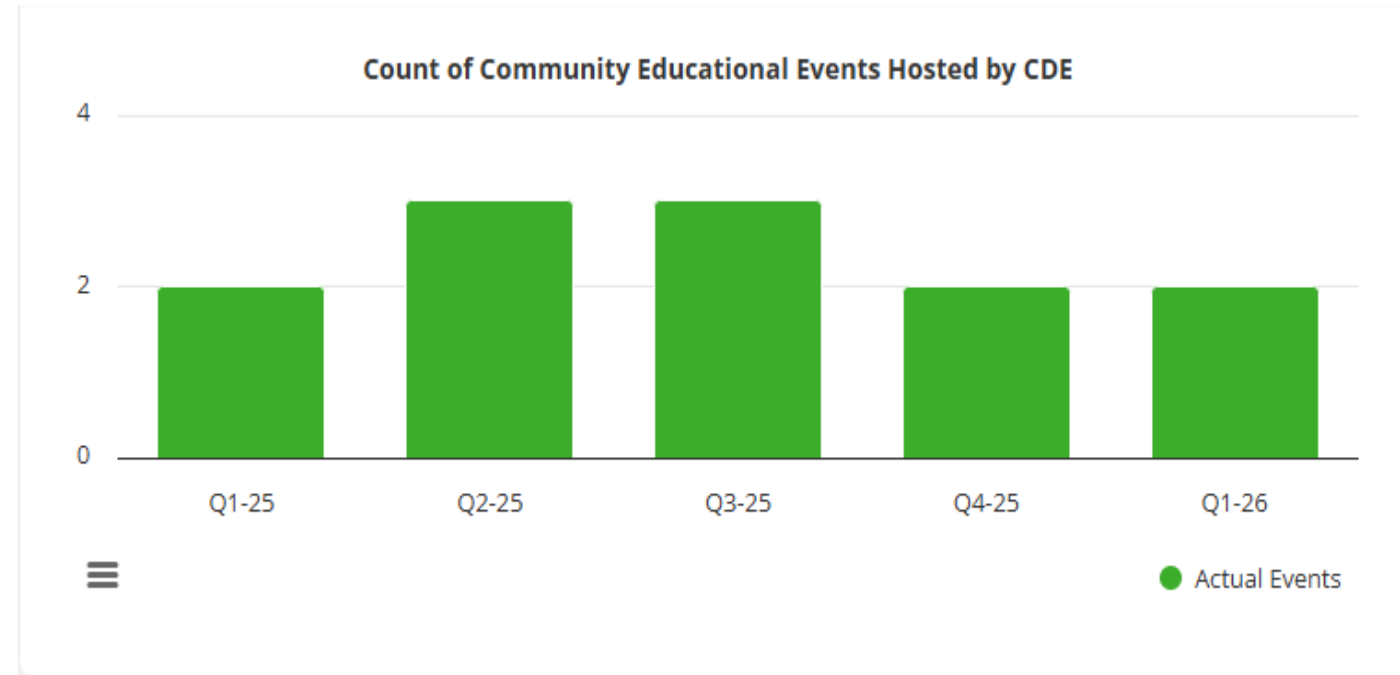
- Preventive communicable disease education
- Develop strong, trusting relationships

- **Objectives**

- Present data, provide education, share information, and develop relationships to build trust, increase reach and connections
- Identify gaps in our outreach efforts so we can enhance equitable access to public health and communicable disease information across the county

- **Gaps**

- Does not account for informal calls, emails, and other interactions where education and data is shared



Learning Opportunities



- Challenges:
 - Significant increases in communicable diseases, constrained staff capacity, limited resources for individuals/families impacted by illness, staff burnout
 - Gaps in capturing true number of educational interactions
- Actions Taken:
 - Increased coordination with Communications/County Departments for preventive education opportunities
 - Hired a 5th Communicable Disease Epidemiologist in September 2024
 - Workload prioritization
 - Creative resource navigation
 - Continuous focus on staff wellbeing
 - Continuous focus on partner outreach and relationship building



Path Forward

- **Wins:**
 - Support residents and facilities with infection prevention and control every day!
 - Incredible team
 - Continue to reach cases within state required timeframe
 - Hired an additional staff member in 2024
 - Resident and partner support and ongoing relationship building/strengthening
 - Strong partnership with other LPHAs and CDPHE
 - Employee support
- **Opportunities:**
 - Prioritization/workload management
 - Communications, education, and engagement
 - Employee support





Questions?



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Board Summary Report

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Bylaws of the Board of Health of the Arapahoe County Public Health Department

ARTICLE 1 GENERAL

SECTION 1. NAME

The official name of this body is the Board of Health (“Board”) of the Arapahoe County Public Health Department (“Department”).

SECTION 2. PURPOSE

The general purpose of the Board is to oversee the operations and activities of the Department, and to exercise the powers and duties imposed upon the Board as set forth in C.R.S. § 25-1-508.

SECTION 3. Members

The Board shall consist of such members as may be appointed by the Arapahoe County Board of County Commissioners. Term limits for Board members are set by the Board of County Commissioners.

SECTION 4. DUTIES AND POWERS

The powers and duties conferred and imposed upon the Board by the provisions of C.R.S. § 25-1-501 to 519 include, but are not limited to, the following:

- (a) To develop and promote the public policies needed to secure the conditions necessary for a healthy community;
- (b) To approve the local public health plan completed by the Department, and to submit the local public health plan to the State Board of Health for review;
- (c) To select a Public Health Director, and if necessary, a medical officer, to serve at the pleasure of the Board;
- (d) To provide, equip and maintain suitable offices and all necessary facilities for the proper administration and provision of core public health services by the Department;
- (e) To determine general policies to be followed by the Public Health Director in administering and enforcing the public health laws, the orders, rules and regulations of the Board, and the orders, rules, regulations and standards promulgated by the State Board of Health;
- (f) To issue such orders and to adopt such rules and regulations, not inconsistent with the public health laws of this State nor with the orders or rules of the State Board of Health, as the Board may deem necessary for the proper exercise of the powers and duties vested in, or imposed upon, the Board and the Department;
- (g) To act in an advisory capacity to the Public Health Director on all matters pertaining to public health;
- (h) To hold hearings, administer oaths, subpoena witnesses, and take testimony in all matters relating to the exercise and performance of the powers and duties vested in, or imposed upon, the Board;

- (i) To provide environmental health services and to assess fees to offset the actual direct cost of such services, except that no fee for a service shall be assessed against any person who has already paid a fee to the state or federal government for the service, and except that the only fee which shall be charged for annual retail food service establishment inspections shall be the fee set forth in C.R.S. § 25-4-1607; and
- (j) To accept and, through the Public Health Director, to use, disburse and administer all federal aid, state aid, or other moneys, property or services allotted to the Department for local public health functions or allotted without designation of a specific agency for purposes which are within the functions of the Department, and to prescribe, by rule or regulation, the conditions under which such moneys, property or services shall be accepted and administered. The Board is empowered to affirm existing agreements, or to make new agreements, that may be required to receive such moneys or other assistance.

SECTION 5. CONFLICT OF INTEREST AND ETHICAL CONDUCT

Any Board member who is present at a meeting at which any matter is discussed in which they have a private pecuniary or property interest, or such other circumstance where the member has an interest that results in their inability to be impartial, the member shall declare that they have a potential conflict of interest. The Board member shall abstain from voting on such matter and shall refrain from attempting to influence the decision of the Board regarding the matter.

The Board adopts and each Board member agrees to comply with the most up to date Arapahoe County Code of Ethics adopted by the Board of County Commissioners.

**ARTICLE 2
OFFICERS**

SECTION 1. DESIGNATION AND TERMS OF OFFICE

The officers of the Board shall be a Chair and a Vice Chair each of whom shall be elected annually by the Board's members at the first regular meeting of each calendar year. All officers so elected shall hold office at the pleasure of the Board and shall otherwise serve a one-year term unless such term is altered by the officer's resignation or removal. Officers may be re-elected but may not serve more than three consecutive terms in the same elected office.

SECTION 2. QUALIFICATIONS

Any person who is a member of the Board shall qualify and may serve as an officer of the Board. The Public Health Director or their designee may serve as the Secretary of the Board.

SECTION 3. DUTIES OF OFFICERS

The Chair shall set the agenda for each meeting; preside at each meeting; provide informational updates to Board members regarding matters pertinent to their responsibility; represent the Board and be the spokesperson for the Board at governmental, community, or other meetings; and sign letters and other official documents on behalf of the Board. The Chair shall perform such other duties as are incident to holding the office of Chair, and as are determined by mutual agreement, from time to time.

The Vice Chair shall have the responsibility to carry out all duties of the Chair in the Chair's absence.

ARTICLE 3 MEETINGS

SECTION 1. REGULAR MEETINGS

Meetings shall occur regularly at locations and times as scheduled, but at least once every three months as may be established by resolution of the Board. Regular meetings may also be held via videoconference or teleconference transmission at which time all Board members shall have an opportunity to participate in the same manner as they would participate in a Board meeting at which they are physically present in person.

SECTION 2. SPECIAL MEETINGS

Special meetings of the Board may be called by the Board Chair, the Public Health Director, or by a majority of the members of the Board at any time, for the transaction of any business. Special meetings may be held at locations and times as scheduled, and they may also be held via videoconference or teleconference transmission at which time all Board members shall have an opportunity to participate in the same manner as they would participate in a Board meeting at which they are physically present in person. Best efforts will be made to provide the Board of Health with at least 24 hours advance notice of any special meeting.

SECTION 3. NOTICE OF MEETINGS AND ELECTRONIC RECORDING

All meetings of three or more members of the Board at which any public business is discussed or at which any formal action may be taken are declared to be public meetings requiring full and timely notice to the public pursuant to the Colorado Open Meetings Law, C.R.S. § 24-6-402. The agenda for each public meeting shall be posted on the county website. The executive session portion of all public meetings shall be electronically recorded as pursuant to the requirements of the Colorado Open Meetings Law, except for executive sessions that are for the purpose of receiving advice from an attorney.

SECTION 4. QUORUM FOR MEETINGS

Any formal action undertaken at a public meeting shall require a quorum. A majority of the Board members shall constitute a quorum for the transaction of business at any regular or special meeting of the Board. The Board may enter into an executive session upon the affirmative vote of two-thirds of the quorum present at the meeting.

SECTION 5. CONDUCT OF MEETINGS

All meetings of the Board shall generally conform with the provisions of the most current edition of *Robert's Rules of Order Newly Revised*, to the extent applicable and not inconsistent with these Bylaws. The Board shall provide opportunities for public comment at the regularly scheduled public meetings. Public comment shall be limited to 3 minutes per person and no more than one hour in total, unless otherwise noted by the Chair.

SECTION 6. VOTING AT MEETINGS

All actions to be taken by the Board shall be submitted to a vote of the members of the Board at a duly convened meeting at which a quorum is present. All actions shall require the affirmative vote of a majority of the Board members present, to be approved, with the exception of actions to be taken to amend these Bylaws as presented in Article 6. The voting of Board members by proxy shall not be permitted. The voting of Board members in person, or via videoconference or teleconference transmission shall be permitted.

SECTION 7. MINUTES OF MEETINGS

Minutes of meetings can be recorded electronically or in written form. If in written form, each member of the Board shall be furnished a copy of the minutes of the preceding Board meeting and such minutes shall be formally adopted, either with or without corrections, at the next ensuing meeting of the Board. Compliance shall be evidenced by the signature of the Board Chair. All minutes shall be entered and posted onto the county website.

**ARTICLE 4
COMMITTEES**

SECTION 1. COMMITTEES

The Board may establish committees to serve the interests of the Board. When the Board establishes a committee, it shall clearly define the purpose of the committee and specific objectives of the committee, as well as any appropriate guardrails or limitations. No committee shall pursue any initiatives or take any formal action without first receiving approval from the Board. Committees shall provide regular updates of its activities, progress, outcomes and issues to the full Board.

SECTION 2. COMMITTEE MEMBERS

Committee membership shall include at least two Board members and other persons as determined by the Board.

SECTION 3. MEETINGS AND ACTION OF COMMITTEES

The meetings and actions of committees shall be governed by, noticed, and held in accordance with the provisions of these Bylaws concerning meetings of the Board. Each committee shall designate a Committee Chair who shall have responsibility to set the agendas and preside at the meetings, set a course of action to address the goals and objectives of the committee, hold such meetings as may be appropriate, review and approve committee meeting minutes, and provide progress updates to the full Board.

**ARTICLE 5
RECORDS**

SECTION 1. CUSTODIAN OF RECORDS

The Public Health Director shall be the custodian of all property and records of the Board and the Department.

SECTION 2. OPEN RECORDS

Minutes and records of the Board are subject to the provisions of the Colorado Open Records Act. The Board adopts and will follow the provisions of the most up to date Open Records Policy adopted by the Board of County Commissioners.

**ARTICLE 6
BYLAWS**

SECTION 1. AUTHORITY FOR BYLAWS

These Bylaws are adopted pursuant to C.R.S. § 25-1-508(4)(b)(II), which provides that the Board may adopt and amend bylaws in relation to its meetings and the transaction of its business. Prior to adoption, the Board agrees to provide a copy of these Bylaws, and any amendments, to the Board of County Commissioners for review, comment, and approval.

SECTION 2. PROCEDURE FOR AMENDMENT

These Bylaws may be amended at any regular meeting by a vote of at least 2/3 of the Board members, provided that the amendment was previously submitted in writing to the Board members and approved by the Board of County Commissioners.

SECTION 3. ADOPTION OF BYLAWS

Upon the Board’s adoption of these Bylaws, or any amendment thereof, the Board Chair shall complete the certificate below.

CERTIFICATE

As Board Chair, I hereby certify that a duly constituted meeting of the Board of Health was held on MONTH/DAY/YEAR and upon a two-thirds affirmative vote of the entire membership of the Board these Bylaws were approved and adopted.

Signature: _____

Name: _____

Date: _____



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Board Summary Report

File #: 26-276

Agenda Date: 5/20/2026

Agenda #:

May Director's Report



ARAPAHOE COUNTY
PUBLIC HEALTH

Public Health Director's Report
Prepared by: Jennifer Ludwig
Date Prepared: May 13, 2026
Dates Covered: April 13 – May 13, 2026

Mission Moments

Family Connects reached its 100th home visit, serving 90 different families in six different languages. Of these, 97% experienced at least one need during the immediate postpartum period, and 71% had at least one urgent or significant need. Additionally, 37% faced multiple urgent or significant needs, underscoring both the vulnerability of the families we serve and the critical role this program plays in filling an important gap. Huge kudos to our Family Connects nurse, who has supported so many families in a short amount of time. We continue to see increases in referrals and hope to add an additional nurse home visitor if we can identify additional funding.

Another impressive Family Connects milestone: The Family Connects program launched *Aqui Juntos* (Here Together), a family connection space created in response to the social isolation many families with newborns face. Co-planned and facilitated in Spanish with a program participant who has emerged as a strong leader, the first virtual meeting highlighted the need for this space. Participating moms shared the highs and lows of the postpartum period and found common ground in their challenges. **Family Connects aligns with the ACPH Community Health Improvement Plan (CHIP) goal of increasing economic wellbeing.**

A. Community Health Improvement Plan (CHIP) Headlines

- 1) [Family Connects Program Celebrates 100th Home Visit](#) (above)
- 2) [Family Connects Program Reducing Social Isolation Among Spanish Speaking Families](#) (above)
- 3) [ACPH Launches Learning Series to Increase Referrals Across County Departments](#)
- 4) [New Partnership to Increase Immunization Program Turnout for School-aged Children](#)
- 5) [ACPH Partnership Generates ~50,000 Diapers for Client Distribution](#)
- 6) [Arapahoe County Firearm Safety Pilot Highlighted in University Impact Report](#)

B. Events and Engagement Opportunities

Recent events: May 1: Senior Resource Fair in Byers

May 2: Southeast Aurora Islamic Center Health Fair

May 16: Iron Sharp Aurora Safe Summer Soccer City

Upcoming events: June 10: Meet, Greet, and Eat with Littleton City Council

Note: at the Senior Resource Fair in Byers, we received feedback from an older adult community member that they really enjoy reading our Community Pulse email distribution on various health topics.

Please reach out to [Grace Soulen](#) or visit our [Community Engagement Event Request Form](#) to suggest upcoming outreach opportunities. **This initiative aligns with CHIP objectives that advance community engagement.**

C. Program Updates

Administration

- 1) Public Health Leadership Academy kick off: 12 teams from across the country were selected to participate in the inaugural Leadership Academy. The kick-off meeting on April 21 provided a high-level overview and round of introductions. The next virtual meeting is May 20, and a 3-day in-person workshop will be held June 3-5, 2026.
- 2) Arapahoe County Days of Service: Arapahoe County introduced a new benefit this year of 8 hours paid volunteer time. To kick it off, Arapahoe County employees traded their professional roles for hands-on volunteer work during the County's first Days of Service volunteer week, April 16–23. Volunteers created tangible local impact by partnering with 11 nonprofits that service County residents in honor of April's National County Government Month and National Volunteer Month. Countywide, a total of 339 hours were volunteered by 122 staff members.
- 3) Arapahoe Forward Forum: ACPH programs were highlighted on May 11 during an Arapahoe Forward Forum, a new format to showcase Arapahoe County's performance management program.
- 4) Executive Directors Summit: Public Health leaders from across the state convened in a 2-day summit May 12-13. Topics covered included leading in challenging times, policy and budget uncertainty, governance, and AI.
- 5) ACPH Leadership Team Discusses Local Public Health Landscape with Senator John Hickenlooper: Two members of ACPH's Executive Leadership team participated in a small group discussion with Senator John Hickenlooper, his policy team, the Colorado School of Public Health's Associate Dean for Public Health Practice, and leadership from LPHAs in Adams, Denver, Douglas, and Jefferson counties on April 8 to share insights on the impacts of recent events on the local public health landscape. Topics explored included but were not limited to Colorado's measles outbreak; vaccine rates, availability, and affordability; the impact of federal funding reductions; resources for pandemic preparedness; and challenges to accessing and serving the Aurora ICE detention facility. A follow-up discussion is planned for 2027.

Partnerships, Planning and Community Health Promotion

- 1) Peer Leaders Combining Harm Reduction Outreach with Community Beautification

A 2nd Annual Earth Day Community Cleanup and Outreach Event was held April 21 near Aurora's Colfax and Potomac RTD Station. Created by the EastFaxHR – a community beautification and outreach subcommittee of ACPH's Harm Reduction Participant Advisory Leadership Initiative (PALI) – the event resulted in over 50 individuals being served with hygiene and harm reduction supplies as well as the collection and removal of 15 large bags of trash from the area. In addition to ACPH, participating organizations included Community Medical Services, Social Pain Institute, and the City of Aurora Open Spaces Division, which supported the cleanup with post-event trash bag removal. Community members pitched in and expressed gratitude for the event, exemplified by a sentiment shared by one unhoused community member: *This is my home, I really appreciate everyone coming out to help keep it clean. Could I get a few extra bags so I can help keep it that way?* The team will host similar harm reduction outreach and community cleanup events at Hoffman Park, Del Mar Park, and Spencer Garrett Park throughout the month of May.

2) Belonging Trivia Event for Arapahoe County Staff

On April 29, the county-wide DEI Action Network hosted a Belonging Trivia event through the Belonging Subcommittee. The purpose was to build a sense of belonging for staff at Arapahoe County by connecting with colleagues and enjoying trivia across DEI related topics such as pop culture, history, food, music, and more. Approximately 50 staff from across the county attended and a second date is planned for May 20.

Nutrition Division

1) Grocery Shopping Tours

As part of the WIC CIAO Grant, Community Innovation and Outreach, the WIC Program partners with the Village Exchange Center to offer monthly Grocery Shopping tours at a local grocery store in Aurora, Ahorra Mucho. The shopping tour helps clients learn how to shop using their eWIC card and utilizing the WIC Shopper App to scan and find WIC allowable foods. As part of the tour families also receive a \$25 gift card to help with additional food needs. The tour continues to grow and help more families. We have had 13 tours, with a total of 70 families attending. Our biggest turnout was in April, with 11 families attending.

Success and comments from recent families include: Clients were very excited at the end because they learned they could buy canned hominy using their fruit and vegetable cash value benefit. They said they learned about the importance of the cheese ounces and the tuna benefit. Tour leaders often hear a lot of "wow, I didn't know that, usually I just get this or don't use it at all." Staff also hear families helping each other, sharing brands or tips on what they do when shopping for WIC foods.

2) CDPHE WIC Monitoring Visit

Every two years the State WIC Office conducts a monitoring visit at WIC local agencies by reviewing client records and observing staff and client interactions. The visit ensures WIC staff are following state and federal policies and procedures in certifying eligibility for the program, reviewing risk assessment and educating and referring our clients appropriately based on the assessment or nutrition interview. The monitoring visit is a great opportunity to recognize what staff are doing well in their work and opportunities for improvement in processes. This year the State WIC office is monitoring the Englewood Clinic, Altura Plaza, Aurora South Clinics to observe operations and the Baby Cafe. The visit will finish with a wrap up meeting on May 7.

- 3) Nutrition by the Numbers for the month of March 2026 (overall increases from February 2026 data)
 - a. WIC Clients Enrolled: 12,210
 - b. WIC Benefits Utilized at Arapahoe County WIC Authorized Grocery Stores: \$925,581
 - c. Number of WIC Appointments Seen: 5,318
 - d. Number of Calls Handled through Call Centers: 4,649
 - e. Number of Breastfeeding Peer Counselor Contacts: 1,127
 - f. Number of Breastfeeding Class Attendees: 16
 - g. Number of Mom/Baby Pairs at Baby Cafe: 35
 - h. Number of SNAP Applications Assisted: 49, benefiting 181 household members

Community Health Nursing Division

1) Nurse Liaison Program

- a. The Nurse Liaison Program is excited to announce our family engagement rate for Q1 2026 was 68.94%, up from 62.73% in Q4 2025, representing a 6.24% increase. Additionally, after collaborating with Arapahoe County Department of Human Services (ACDHS) to focus on joint home visits in an effort to minimize time impacts for families, our home visits completed with a case worker increased from 54% in Q4 2025 to 62% in Q1 2026, representing an increase of 8%.

2) Maternal Child Health & Regional Health Connector

- a. ACPH hosted a Spring Schools Webinar focused on Communicable Disease Epidemiology and Measles Updates, Immunizations Update, Revised School Regulations and an Overview of the Child Fatality Prevention System Review.
- b. The Collaborative Resource Hub Work Group launched an all-staff webinar series focused on resources. The first of the webinars was focused on A/D Works. 44 ACPH staff attended the first webinar. **This initiative aligns with the ACPH Community Health Improvement Plan (CHIP) goal of increasing economic wellbeing.**
- c. ACPH was accepted into A Precious Child's Fill a Backpack program. We expect to receive 200 backpacks to distribute to school-aged children, and plan to use these gifts to support turnout for our immunization program. **This initiative aligns with the ACPH Community Health Improvement Plan (CHIP) goal of increasing economic wellbeing.**
- d. ACPH was accepted for our second year as a recipient of the Builders for Babies diaper drive. Last year, we received 50,000 diapers and 180 packs of baby wipes, which we distributed to clients across programs. With other diaper support programs facing diminishing funding, we are grateful to be able to participate in this program. **This initiative aligns with the ACPH Community Health Improvement Plan (CHIP) goal of increasing economic wellbeing.**
- e. The University of Colorado [Firearm Injury Prevention Initiative's \(FIPI\) Three-Year Impact Report](#) highlighted Safe Starts at Home (page 18), an initiative co-designed and piloted by ACPH and ACDHS to train home visitors and caseworkers to talk with families about secure firearm storage. **This initiative aligns with the ACPH Community Health Improvement Plan (CHIP) goal of increasing community safety.**

- f. The MCH team identified a need to expand language access for clients contacting public health. As of the first week of May, callers can now select Amharic, French, Dari, and Arabic as language options. When a caller selects one of these languages, they are connected to Language Line services, which will then connect an interpreter with the caller, and the call will be sent to the appropriate place via the PH phone tree matrix. For public health staff, the primary change is that incoming calls may include both the client and an interpreter.
- g. Over the past year, ACPH has played a key convening role in bringing cross-system partners together to shape the new Collaborative Management Program (CMP) 0–3 Prevention Subcommittee. We are excited to share that the program the subcommittee proposed has now been formally approved by the Colorado Department of Human Services (CDHS), with Arapahoe County Public Health serving as the lead agency to guide implementation of the program forward. The group will focus on strengthening coordinated systems, early supports, and prevention strategies for children ages 0–3 and their families.

3) Immunizations

- a. Immunizations provided 603 vaccines in the month of April. This month is typically low demand due to state-wide school standardized testing and upcoming summer break. One mobile clinic was held in conjunction with Cherry Creek Schools, almost all families served spoke a language other than English.
- b. CDC has restored their published immunization schedule to the version from 2025 to comply with court orders. This moves both AAP and CDC recommendations essentially back in line with each other. This is the latest result of a judicial ruling that is a product of a lawsuit brought by the AAP. A summary of the current state of the rulings and court filings from the Common Health Coalition can be found [here](#). Colorado and ACPH have been following the AAP immunization schedule (along with a majority of states) since the CDC first diverged from evidence-based practice.

4) Sexual Health

- a. Sexual Health is updating their cervical cancer screening algorithm and moving towards HPV based testing and away from HPV-pap co-testing for women 30 years old and older. This is aligned with national guidelines, supported by our Cancer Prevention and Early Detection Program (CPED), and **will save about \$400/month in laboratory fees**. Pelvic exams are still recommended, but this method will also allow some patients to self-collect HPV samples without a pelvic exam in the community setting or if they are uncomfortable receiving an exam in clinic.
- b. Sexual Health RNs will be working with Community Centered Reproductive Health (CORE) to receive training on Nexplanon insertion and removal, a procedure previously done only by nurse practitioners. This innovative project will expand their scope of practice and increase access to birth control in Arapahoe County.
- c. FreeBC, a web-based app that provides free birth control by telehealth and mail order, is kicking off on May 1. The sexual health clinic is partnering with FreeBC to provide birth control options that must be administered in clinic, such as IUDs, implants and injectable birth control.
- d. Sexual Health received a \$10,000 Choose When grant from Caring for Colorado to purchase contraceptive medications and devices and continue to provide birth control for free and low cost to people who need it. The Sexual Health clinic spends about \$125,000/year on IUDs and contraceptive implants, alone.

- e. Below are updated numbers for STIs, HIV and Hepatitis C in Arapahoe County. Overall numbers are trending down, but please note *March data is incomplete.

Total Cases in Arapahoe County	Chlamydia	Gonorrhea	Syphilis	Congenital Syphilis	HIV	Hepatitis C
2024	3,014	812	443	9	69	98
2025	2,839	676	336	7	69	90
January 2026	210	55	14	0	5	6
February 2026	198	35	17	1	2	6
March 2026*	203	45	1	0	5	8
2026 total to date	611	135	32	1	12	20

5) Harm Reduction

- a. On April 17, staff from human services, community resources and the workforce center joined the harm reduction team as volunteers through the Arapahoe County Days of Service program. Together, we prepped harm reduction supplies and learned about each other's work and how to best serve Arapahoe County together.
- b. On April 23, Harm Reduction and Sexual Health participated in a Days of Service Day at Project Cure. It was great to support this community resource, enjoy a teambuilding lunch, and learn more about where those medical supplies go when we donate them.
- c. The Harm Reduction team is in the process of doing a cost analysis of the supplies that we distribute to reduce waste and support cost efficiency and financial sustainability.
- d. HRP finished the active period of the HIV Testing in Syringe Service Programs SAIA Study (Systems analysis intervention approach) in March and entered the maintenance period in April. The team will continue to submit HIV testing data to the SAIA study coaches and use micro-interventions discussed throughout the active period, to sustain routine HIV testing during syringe access drop in.

Health Protection and Response (HPR) Division

- i. Environmental Health (EH) Programs
 - a. *EH Participation in Englewood Earth Day Event:* EH staff partnered with the Elections staff as part of the Arapahoe County Sustainability Initiative to host an outreach table at the Englewood Earth Day event on April 25 at Centennial Park. Despite cold weather, the event drew steady community participation, resulting in the collection of numerous bags of trash and more than eight discarded tires during the associated waterway cleanup. Throughout the event, staff engaged residents in conversations about environmental stewardship and encouraged participation in Earth Day pledge activities. Notably, an attendee from South Platte Renew (SPR) initiated a discussion regarding PFAS concerns. The conversation included an exchange on ACPH’s previous PFAS study, current wastewater observations from SPR, and emerging industry specific contributors—particularly carpet cleaning companies, whose wastewater contains elevated PFAS levels due to stain and water-resistant chemical

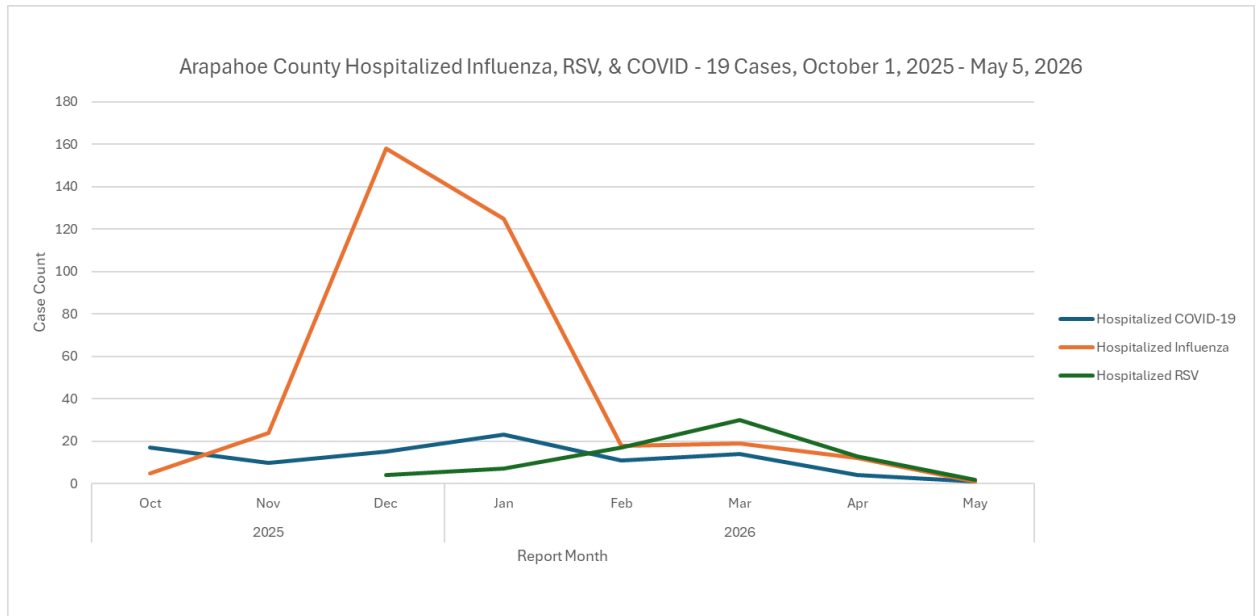
- treatments in carpets. This interaction highlighted the importance of continued public education and cross agency collaboration on PFAS reduction strategies.
- b. *EH Water Program PFAS Grant*: The EH Water Program was awarded a 2026-2027 CDPHE grant for \$10,000 to work with a CDPHE contractor to investigate PFAS concentrations in 10 surface water locations throughout Arapahoe County. The sample sites will include publicly accessible locations on tributaries to drinking water sources. Once completed, the staff will assure results are available to the public, outreach is conducted at local partner meetings and community events, and data presented on the county webpage. The investigation of PFAS concentrations in these surface water locations allows ACPH to share information regarding local conditions with residents, as the EPA has finalized drinking water standards for treated water and PFAS is included on the list of monitored compounds in freshwater fish.
 - c. *EH Early Childhood and Schools Program Partners with Englewood Public Library*: On April 23, 2026, the EH Early Childhood and School staff strengthened a valuable community partnership with Englewood Public Library. During the visit, staff shared public health guidance on cleaning, sanitizing, disinfecting, handwashing, and prevention strategies for common concerns such as lice and bed bugs, while also exchanging resources to support safe, healthy spaces for children and families. Future collaboration opportunities now include introducing the Sick Simon lesson plan during Storytime and partnering on community events. This connection highlights how building relationships with trusted community partners extends our reach, promotes prevention, and creates meaningful impact beyond traditional regulatory work.
- ii. Emergency Preparedness and Response (EPR) Program
 - a. EPR staff attended and presented at the 2026 NACCHO Preparedness Summit held in Baltimore, Maryland. The Preparedness Summit is the largest gathering of public health emergency preparedness and response professionals from across the country and around the globe. The EPR staff presented on the ACPH Public Health Incident Response and Support Team (PHIRST), including detail on how it was established, as well as practices around trainings, exercises, activations, and continuous improvement processes. Audience reception was extremely positive with participants excited to learn more about how the EPR program gained support and engagement from staff across the public health department.
 - b. On April 22, 2026, staff from the EPR Program and County Communications participated in the National Disaster Medical Response System (NDMS) full scale exercise at the Denver International Airport. This exercise tested the receipt of wounded military members from foreign conflict into the metro Denver area for treatment and rehabilitation. The exercise simulated 100 patients arriving at DIA and tested triage, assignment to hospitals in Colorado, patient tracking, public messaging, and included questions on the support of family and loved ones relocating to the area to be near the soldiers in the area. ACPH is an active member in the planning committee for this patient surge planning process and continues to support federally required exercises on a routine basis.
 - c. On April 29, 2026, The EPR program organized, facilitated and hosted the third cross-jurisdictional tabletop exercise with participants from EPR, Communicable Disease, Immunizations, and Communications representing thirteen counties along the front range and CDPHE. During this facilitated discussion, participants walked through a measles outbreak scenario impacting multiple counties focusing on the integration of public

- information into response structures, coordination across jurisdictional boundaries, public information tactics, and lessons learned through recent incidents. This exercise was, once again, widely appreciated by those in attendance and continued to deepen our relationships and understanding with our counterparts in other areas across the front range.
- d. In partnership with the Division of Community Health Nursing, the EPR program hosted a staff prophylaxis drill to test our ability to dispense antibiotics to protect staff responding to an incident impacting the county. As required by state statute, ACPH holds a cache of antibiotics to provide prophylaxis to staff so they can continue to support our communities while maintaining their own health and safety.
- iii. Communicable Disease Epidemiology (CDE) Program
- a. *Rabies*: Rabies is reported throughout the year in Colorado but increases in the summer months. Reports of human and domestic pet interactions with rabies reservoir species (bats, skunks, raccoons, and foxes) have been increasing both statewide and in Arapahoe County. As of 5/5/2026, five animals (4 skunks, 1 bat) tested positive for rabies this season in Colorado. One skunk tested positive in Arapahoe County. In collaboration with Arapahoe County Communications, a News Post was released on [4/16/2026](#) notifying the public of the first positive result for the season in Arapahoe County and associated prevention messaging.
 - b. *Respiratory Season Update*: Nationwide, current levels of emergency department visits for viral respiratory illnesses are decreasing across most areas of the country. The Centers for Disease Control and Prevention (CDC) determined the highest hospital demand due to COVID-19, flu, and RSV for the 2025-2026 season occurred in January 2026. This peak was within 20% of the combined peak number of hospitalizations last season and consistent with the predictions for this year's respiratory season.

Influenza: Surveillance for the 2025-2026 influenza season officially began on October 1, 2025. Statewide influenza hospitalizations have been declining since late December. Influenza hospitalizations for Arapahoe County residents peaked in December followed by a continued decline. The number of influenza-associated hospitalizations was higher than the previous two seasons. There have been 59 influenza outbreaks reported and managed in Arapahoe County since October 1, 2025. In regard to influenza vaccine effectiveness, the [Morbidity and Mortality Weekly Report \(MMWR\) interim estimates of the seasonal influenza vaccine effectiveness](#) was released on March 12, 2026. Analysis of data from three vaccine effectiveness (VE) networks estimated interim pediatric influenza VE was 38% - 41% in outpatient settings and 41% against influenza-associated hospitalization. Interim adult influenza VE was 22%–34% in outpatient settings and 30% against influenza-associated hospitalization. These data indicate that the 2025-26 seasonal influenza vaccine reduced the risk for influenza-associated outpatient visits and hospitalizations.

RSV: Surveillance for the 2025-2026 RSV season officially began on October 1, 2025. Statewide RSV hospitalizations appear to be decreasing since the end of February. RSV hospitalizations in Arapahoe County peaked in March and have continued to decline. There have been 15 RSV outbreaks reported and managed in Arapahoe County since October 1, 2025.

COVID-19: Since COVID-19 does not appear to follow the same seasonal pattern as influenza and RSV, COVID-19-associated hospitalizations are monitored year-round. Statewide COVID-19 hospitalizations appear to have peaked in early January. COVID-19 hospitalizations in Arapahoe County also peaked in January and have continued to decline. However, increases in COVID-19 are commonly seen in summer and rates of hospitalizations are often equal or higher than rates seen in fall/winter. There have been 21 COVID-19 outbreaks reported and managed in Arapahoe County since October 1, 2025.



iv. **Norovirus:** Norovirus is a very contagious virus that causes vomiting and diarrhea. It is sometimes referred to the “stomach flu” or the “stomach bug”. However, norovirus illness is not related to the flu. It is possible to get norovirus many times in your life because there are many different types of noroviruses and infection with one type may not protect you against other types. Norovirus symptoms typically include diarrhea, vomiting, nausea, stomach pain, fever, headache, and body aches. Symptoms usually develop 12 to 48 hours after being exposed to norovirus. Norovirus is a very difficult virus to destroy and can live on surfaces in the environment for several weeks. Norovirus can spread by having direct contact with someone with norovirus, like caring for them, sharing food or eating utensils, or eating food prepared by someone with norovirus, eating food or drinking liquids that are contaminated with norovirus, and touching contaminated objects or surfaces and then not washing your hands properly.

Public health recommends the following to prevent norovirus illness:

- i. Wash your hands with warm, soapy water often
- ii. Hand sanitizer is not effective against norovirus
- iii. Cook shellfish thoroughly and wash fruits and vegetables
- iv. Clean and disinfect contaminated surfaces with [EPA-approved products effective against norovirus](#)
- v. Wash laundry in hot water
- vi. Stay home for a full 48 hours after vomiting and diarrhea has stopped

In the United States, reports of norovirus generally increase from November to April with peak season usually between January and March. While a single case of norovirus is not a reportable condition in Colorado, norovirus outbreaks are reportable and make up a considerable portion of all outbreaks reported each year. Nineteen (19) norovirus outbreaks have been reported in Arapahoe County so far in 2026. The CDE Program works closely with facilities reporting a norovirus outbreak to ensure proper cleaning and disinfectant products are being used, provide education on norovirus and proper vomit and diarrhea cleanup, monitor for trends in illness, and provide notification letters to families, residents, and staff to prevent further illness spread.