



Shawn Davis, Chair
Bebe Kleinman, Vice Chair
Kristine Burrows
Dr. Mark Levine
Terrence Walker
Michelle Weinraub
Mark Mcmillan

Arapahoe County

Arapahoe County Board of Health

Agenda

Wednesday, November 20, 2024

3:00 PM

Public Health - Willow
DOC Conference Room

The public is welcome to attend the Board of Health meeting in the Arapahoe Board Room, located at 6162 S. Willow Dr. Greenwood Village CO 80111 or virtually on Teams
https://teams.microsoft.com/l/meetup-join/19%3ameeting_NGVjYTk5NzctNDQ2OC00YWRkLWE4MDctMDEyNzUwOTJhYzJi%40thread.v2/0?context=%7b%22id%22%3a%2257d7b626-d71d-47f6-84c1-c43bda19ba16%22%2c%22oid%22%3a%22c0695c0a-202a-41ae-9aa5-a71df8e21ec2%22%7d

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. October Meeting Minutes

[24-666](https://arapahoe.legistar.com/Calendar)

Attachments: [BOH_Meeting_Minutes_20241016](#)

3. *PUBLIC COMMENT

Individuals are invited to speak to the Board of Health about any topic. 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. Virtual public comment is allowed during Public Comment Period by calling 1-719-569-5048 and entering the Conference ID: 443 152 952# when prompted. The last four digits of the number you are calling from will be called when it is your turn to speak.

4. *DIRECTORS' COMMENT

5. *GENERAL BUSINESS ITEMS

5.a 2025-2030 Community Health Improvement Plan Presentation for Adoption

[24-667](https://arapahoe.legistar.com/Calendar)

Attachments: [CHIP_ApprovalPresentation_Nov2024](#)
[CHIP_Nov2024](#)

6. *STUDY SESSIONS

6.a. ACPH Director's Report - November 20th, 2024

[24-668](https://arapahoe.legistar.com/Calendar)

Attachments: [BOH_Director's Report_20241120](#)

7. EXECUTIVE SESSION AND COUNTY ATTORNEY LEGAL MEETING

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 of all abilities. Please contact the Board of Health at 303-734-5412 or BoardOfHealth@arapahoegov.com, at least three (3) days prior to a meeting, should you require special accommodations.

*Items marked with an asterisk will be live streamed for public viewing.



Arapahoe County

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

Board Summary Report

File #: 24-666

Agenda Date: 11/20/2024

Agenda #: 2.a.



Shawn Davis, Chair
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Arapahoe County

Arapahoe County Board of Health

Meeting Minute Summaries

Wednesday, October 16, 2024
2:00 PM

DOC Conference Room
6162 S Willow Dr.

The public is welcome to attend the Board of Health meeting in the Arapahoe Board Room, located at 6162 S. Willow Dr. Greenwood Village CO 80111 or virtually on Teams
https://teams.microsoft.com/l/meetup-join/19%3ameeting_NGVjYTk5NzctNDQ2OC00YWRkLWE4MDctMDEyNzUwOTJhYzJi%40thread.v2/0?context=%7b%22Tid%22%3a%2257d7b626-d71d-47f6-84c1-c43bda19ba16%22%2c%22Oid%22%3a%22c0695c0a-202a-41ae-9aa5-a71df8e21ec2%22%7d
The Board of Health agenda and materials can be viewed online at <https://arapahoe.legistar.com/Calendar>.

1. *CALL TO ORDER

An amendment to the agenda was made to move Study Session Item 6.b. to be discussed as an administrative item.

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

Abs/Exc Terrence Walker

An amendment to the agenda was made to move Study Session Item 6.b. to be discussed as an administrative item.

2. *APPROVAL OF MINUTES

2.a.

Attachments: [2. BOH September Meeting Minutes](#)

A motion was made by Davis, seconded by Levine, that this Minutes be approved. The motion carried by the following vote:

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

3. *PUBLIC COMMENT

4. *DIRECTORS' COMMENTS

5. *GENERAL BUSINESS ITEMS

6. *STUDY SESSIONS**6.a.** Community Health Improvement Plan Update and Overview of Draft Objectives

Attachments: [6.a. CHIP Update BOH_Oct2024](#)

The purpose of this presentation is to provide an update on development of the 2025-2030 Arapahoe County Community Health Improvement Plan and share initial objectives proposed for inclusion in the plan.

6.c. Move plan for 2025

Attachments: [BOH_PPT Presentation - PH Move 2025](#)

The purpose of this update is to provide high-level overview of office location moves occurring in 2025.

6.d. ACPH Director's Report - October 16th, 2024

Attachments: [6.d. BOH_Director's Report_20241016](#)

This is a report from the director of the Arapahoe County Public Health Department for the period of September 18th - October 16th 2024, presented to the Board of Health.

7. EXECUTIVE SESSION AND COUNTY ATTORNEY LEGAL MEETING

A motion was made by Davis and seconded by Burrows to move into executive session pursuant to CRS 24-6-402(4)(b) for purposes of receiving legal advice on the following item(s):

7.a. Informal Study Session Pilot - Open Meetings Law Guidance

The purpose of this presentation is for the Board of Health to reflect on the Informal Study Session Pilot and discuss next steps for continuing or adjusting these sessions and offer direction on the future of informal study sessions.

8. ADMINISTRATIVE SESSION**8.a.** Informal Study Session Pilot

The purpose of this presentation is for the Board of Health to reflect on the Informal Study Session Pilot and discuss next steps for continuing or adjusting these sessions and offer direction on the future of informal study sessions.

9. *ADJOURN

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*Items marked with an asterisk will be live streamed for public viewing.



Board Summary Report

File #: 24-667

Agenda Date: 11/20/2024

Agenda #: 5.a

To: Board of Health

Through: Jennifer Ludwig, Public Health Director, Arapahoe County Public Health

Prepared By:

Heather Baumgartner, Division Director, Partnerships, Planning and Community Health Promotion

Presenter: Heather Baumgartner, Partnerships, Planning and Community Health Promotion Division Director, Grace Soulen, Health Equity and Community Engagement Coordinator, and Brooke Wagenseller, Health Planner

Subject:

2025-2030 Community Health Improvement Plan Presentation for Adoption

..end

Purpose and Request:

The purpose of this agenda item is to present the 2025-2030 Arapahoe County Community Health Improvement Plan for adoption.

..end

Background and Discussion: Colorado statute requires that every five years public health agencies conduct an assessment and planning process that results in the creation of a comprehensive community health assessment and a new community health improvement plan (CHIP). Through completion of the recent [2024 Arapahoe County Community Health Assessment](#) and a collaborative decision-making process with cross-sector partners, two overarching priorities and six corresponding goal areas were identified as most critical to address. This presentation will provide an overview of the CHIP components and next steps in the implementation process. Board members will be asked to approve the Plan for adoption.

Fiscal Impact: Staff and Board of Health members can anticipate the need to identify and dedicate resources to support implementation, coordination, and monitoring of CHIP strategies.

Alternatives: N/A

Staff Recommendation: N/A

Motion(s): N/A



ARAPAHOE COUNTY

ARAPAHOE COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN 2025-2030



Nov 2024 Agenda

- Meeting CHIP Requirements
- Grounding the CHIP in Equity and Engagement
- CHIP Components
- Refinements Made Following October BOH Meeting
- Measuring and Communicating Performance
- Next Steps and Building Assets to Support Impact

ARAPAHOE COUNTY 2025-2030 COMMUNITY HEALTH IMPROVEMENT PLAN



Colorado Public Health Act Requirements

Per the Colorado Public Health Act of 2008 (Section 25-1-501, CRS et. seq.):

- Examination of data about health status and risk factors in the local community
- Assess the capacity and performance of the county public health system
- Identify goals and strategies for improving the health of the local community
- Describe how representatives of the local community develop and implement the local plan
- Address how local public health agency coordinates with the state department and others within the public health system to accomplish goals and priorities identified in the statewide public health improvement plan
- Identify financial resources available to meet identified public health needs and to meet requirements for the provision of core public health services
- Not be inconsistent with the statewide public health improvement plan

Public Health Accreditation Board Requirements

The CHIP must:

- Be developed in collaboration with the community
- Be dated within the last 5 years
- Cover the entire population that the health department is authorized to serve
- Include the following elements:
 - a. Community health priorities, objectives, strategies, measures, and time-framed targets
 - b. Policy changes needed to accomplish objectives
 - c. Individuals and organizations responsible for implementation
 - d. Measurable health outcomes or indicators
- Align with other levels of the health department and national priorities

Shared Definitions of PHAB & Public Health Act

As recommended by the National Association of City and County Health Officials, mandated by the Colorado Public Health Act, and required for voluntary accreditation by the Public Health Accreditation Board (PHAB), which defines a plan as:

"... a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process..."

"A community health improvement plan is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community through a collaborative process.... to improve the health status of that community."

"While the health department is responsible for protecting and promoting the health of the population, it cannot be effective acting unilaterally. ...

"Engage partners and members of the community in a community health improvement process".

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Welcome and Introduction

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About Arapahoe County

Mission, Vision, Goal, and Values

Background of the collaborative development process

Phase 1: Plan the process

Phase 2: Equity and community engagement

Phase 3: Conduct a community health assessment

Phase 4: Assess capacity

Phase 5: Prioritize issues

Phase 6: Develop a plan

Phase 7: Implement, promote, and monitor

Phase 8: Participate in statewide public health improvement opportunities

Appendix A: Community Characteristics

Appendix B: Community Assets

Appendix C: Alignment with State and National Objectives

Appendix D: Outcome Measures





Updates Informed by October BOH Input

- Refined multiple objectives for increased measurability
- Increased staggering of target dates in recognition of capacity limitations
- Work group members by goal area to be shared in Q1
- Identified working definition of community
- Updated housing objectives



ARAPAHOE COUNTY

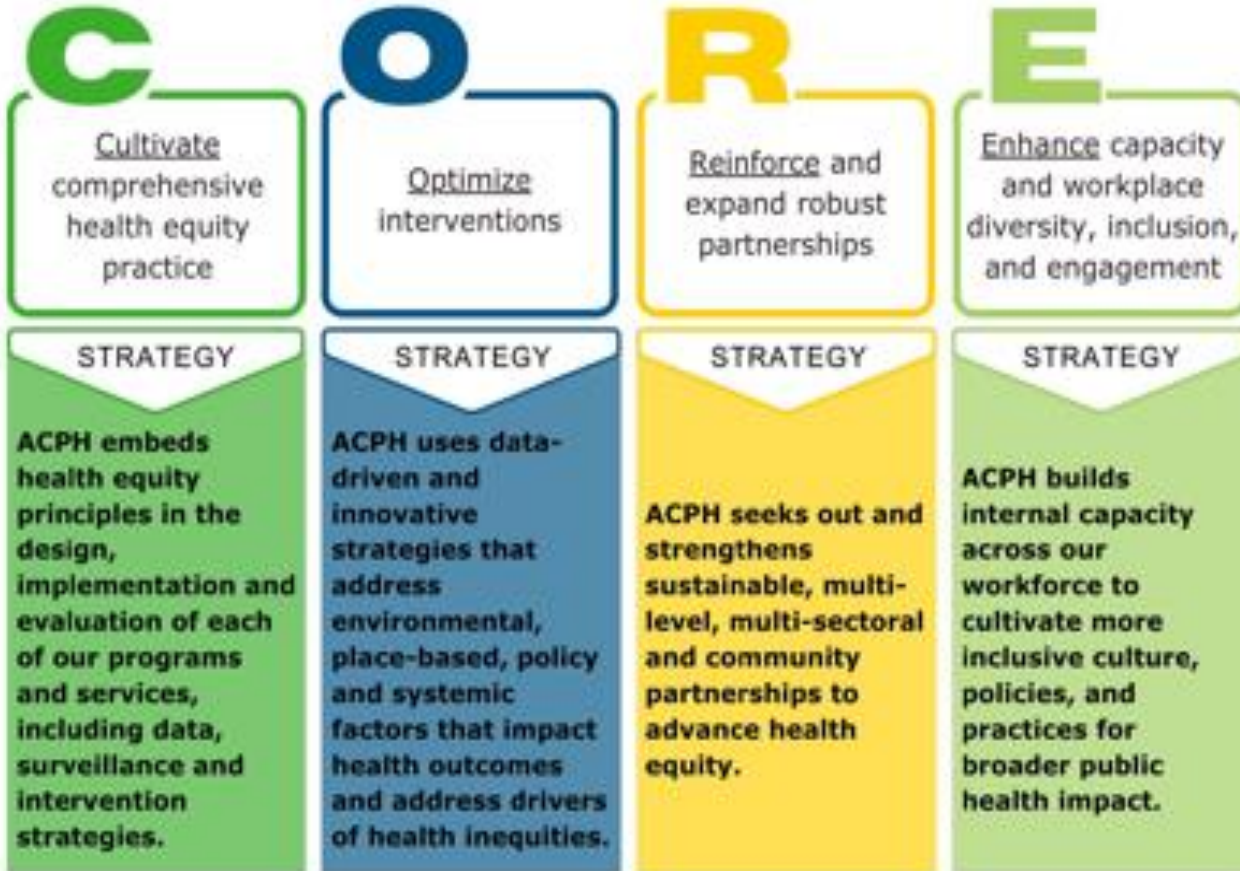
A CHIP Grounded in Equity & Engagement

Building on ACPH Commitments

Arapahoe County Public Health Aligning Strategic Goals

Emphasizing Accountability, Innovation, Workforce and Community

CDC's CORE Commitment to Health Equity



Health Equity Focus Areas

- Populations
- Topic Areas
- Geography

Health Topic Areas

Have you considered health equity through the lens of our CHIP priorities?

Community Health Improvement Plan Priorities

Economic Security and Mobility



For more detailed information on the Community Health Improvement Plan Priorities, please review the 2023 County Public Health Community Assessment [here](#).

Populations

Have you considered health equity through the lens of priority populations?

- BIPOC Communities (Black and African American, Hispanic and Latino, Native American, Alaska Native and Indigenous, Asian American, Native Hawaiian and Pacific Islander, Middle Eastern, and North African persons)
- LGBTQIA+ Communities (lesbian, gay, bisexual, transgender, queer, gender non-conforming, and non-binary persons)
- Youth
- LGBTQIA+ Youth
- Children and Youth with Special Health Care Needs (CYSHCN)
- Pregnant/post-partum persons
- Older Adults 65+
- Veterans and military families
- People with disabilities/neurodivergent people
- People facing Antisemitism, Islamophobia, religious bias and/or discrimination
- New Americans (immigrants, refugees, migrant agricultural workers, and people without documentation)
- People with limited English proficiency and non-English speaking persons
- People experiencing homelessness
- People living in rural areas
- People who are socially isolated
- People experiencing mental health distress
- People using substances
- Formerly incarcerated/detained individuals (jails, prisons, and detention facilities)
- People experiencing environmental injustice
- People accessing Medicaid/uninsured/under-insured
- People who are unemployed/living close to, at or below the federal poverty line

*Consider **intersectionality** between and across health equity populations

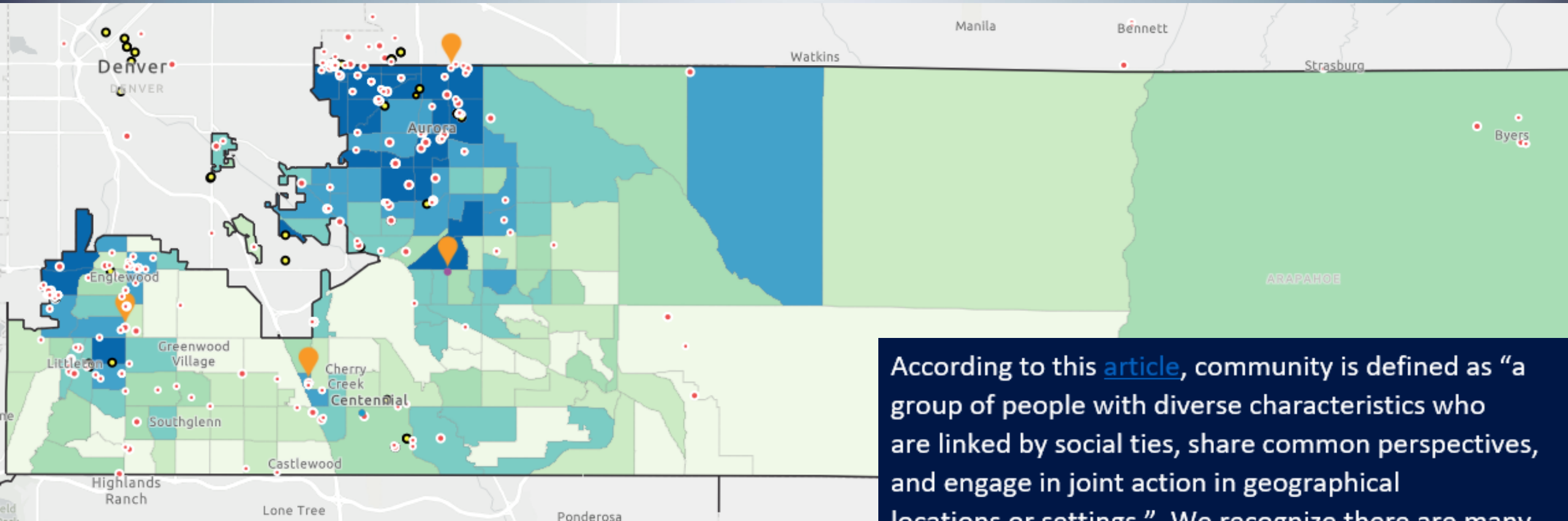
Intersectionality: coined in 1989 by professor Kimberlé Crenshaw to describe how race, class, gender, and other individual characteristics "intersect" with one another and overlap.

Source:
Kimberlé Crenshaw, "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics"



Health Equity Focus Areas, cont.

Geographic Areas



According to this [article](#), community is defined as “a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings.” We recognize there are many different types of communities, and we will engage many communities as we implement the CH18.

Community Engagement Spectrum

While overall trend should be toward more involvement, there are no rights or wrongs. Different or multiple strategies may be used. Most critical is transparency with community members about expectations and how participation will impact decisions.

	Participation		Engagement		Partnership
	Inform	Consult	Involve	Collaborate	Shared Leadership
Community Engagement Goals	Provide the community with relevant information	Gather input from the community	Ensure community needs and assets are integrated into the process and inform planning	Ensure community capacity to play a role in planning and implementing decisions	Bridge the divide between community and govt by meaningfully involving community in decision-making
Message to Community	<i>We will keep you informed.</i>	<i>We'll keep you informed, listen to/acknowledge concerns and aspirations, tell you how your input influenced the decision.</i>	<i>We'll work with you to ensure your concerns and hopes are reflected in what is developed and tell you how input influenced decisions.</i>	<i>We look to you for direct advice in IDing solutions and we'll incorporate your recs into decisions to the max extent possible.</i>	<i>We will share the deliberation process and the making of final decisions.</i>
Outcome	Establish communication and outreach channels, while sharing info and providing services	Develop connections and learn about the needs and interests and perspectives of residents	Initiate partnership and increased cooperation	Increase trust and partnership building	Foster strong partnership between residents and govt, bidirectional trust affecting broader outcomes.
Activities	Fact sheets, Open Houses, Presentations, Billboards, Videos	Public Comment, Focus Groups, Community Forums, Surveys	Community Organizing & Advocacy, House Meetings, Interactive Workshops, Rolling Community Forums	MOUs with CBOs, Community Organizing, Citizen Advisory Committees, Open Forums	Community-Driven Planning, Consensus Building, Participatory Action Research, Participatory Budgeting, Cooperatives

Liberatory Design

Liberatory Design is an approach to addressing equity challenges and change efforts in complex systems. It is grounded in human-centered design, complex systems theory, and deep equity practice (e.g., restorative practices)

Liberatory Mindsets (right)

We will incorporate liberatory design principles, mindsets and modes into the CHIP implementation process with exercises designed for the CHIP workgroups.



Strength in Diverse Efforts & Communities



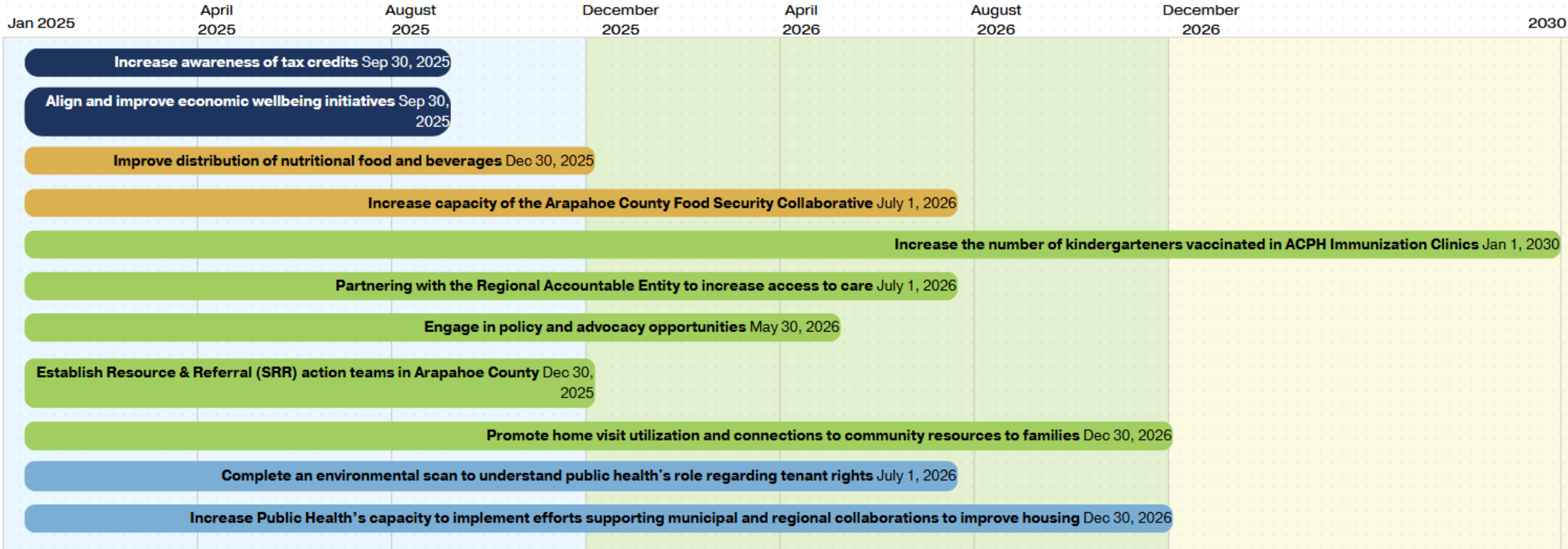
- We would like to acknowledge that ALL public health work is important at ACPH and highly interconnected with CHIP priorities. Work not explicitly included in the CHIP is vital and will be tracked through our performance management system and strategic plan.
- Our CHIP is Arapahoe County-wide, but strategies employed may be at the neighborhood or community level. We hope to convene workgroups including individuals passionate about improving goal areas within their community. Strategies may vary based on geographic and population differences.

Measuring & Communicating Performance

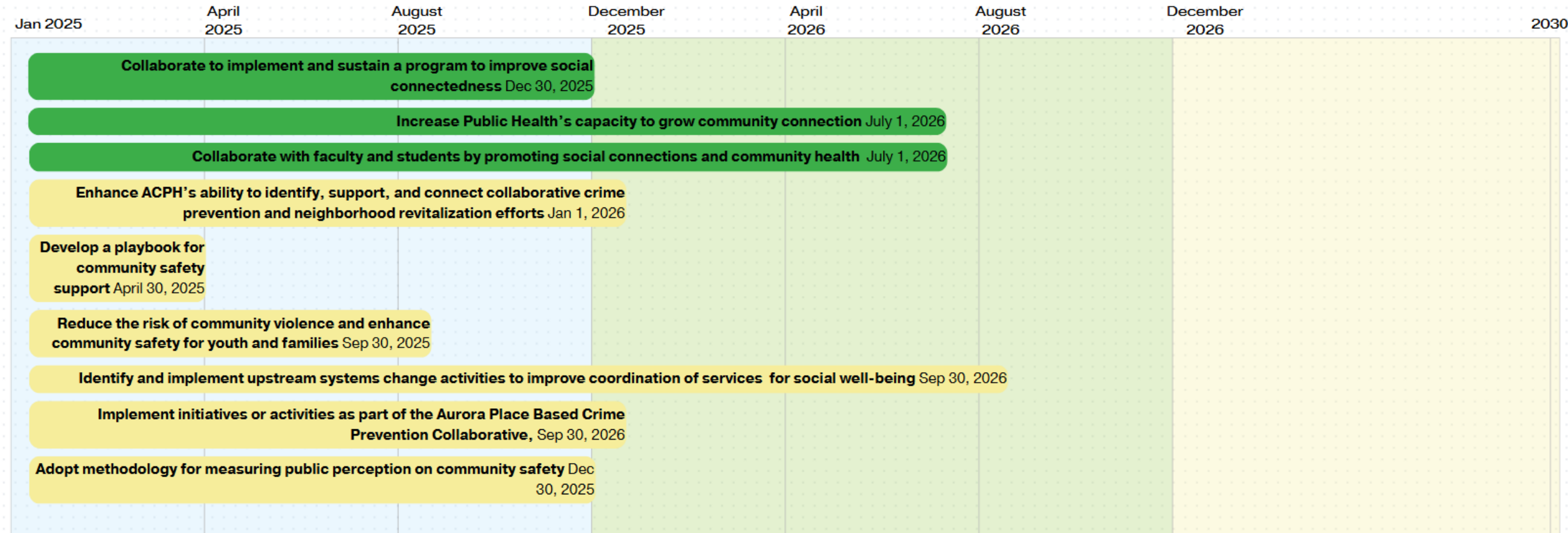
- Detailed action plans by Goal Area
- Quarterly performance tracking fully incorporated into ACPH Performance Management System
- Investigating performance dashboard options to launch in 2025
- Partnership with Arapahoe County Communications Team to support social media and storytelling
- Longer term indicators tracked according to data availability



Timeline of Objectives



Timeline of Objectives





ARAPAHOE COUNTY

Building Assets to Support Impact

Establishing CHIP Infrastructure & Supports

Existing

- Arapahoe County Board of Health
- CHAPS Internal Planning Team
- CHIP Goal Area: Food Security Collaborative (Tri Cites Area)
- CHIP Goal Area: Place-based Crime Prevention Collaborative (Aurora)
- CHIP Goal Area: Arapahoe County Homeless Coordinating Committee
- ACPH RAFT (Performance Management) Team
- ACPH Affinity Groups: Health Equity Action Team, Community Engagement Peer Learning Group, Healthy Aging Advisory Team

New

- CHIP Community Advisory Board
- CHIP Health Care Partners Collaborative
- CHIP Cross-cutting Learning Network
- CHIP Goal Area workgroups created/ID'd for Access to Care, Economic Security, Social Connectedness

Process and Practice Improvements



Youth Advisory Board

Seeking, tracking partner touchpoints/ events by CHIP area



Age-friendly learning opportunities

Enhancing data coordination and sharing



Increasing data equity

Grant Seeking and Leveraging

Submitted July-Nov, by goal area

Awarded Applications

- Access to Healthy and Affordable Food (type: federal passthrough)
- Access to Physical and Behavioral Care (type: regional)

Award Announcement Pending

- Access to Healthy and Affordable Food (type: federal passthrough)
- Access to Access to Physical and Behavioral Care + Access to Healthy and Affordable Food + Social Connectedness (type: state)

Applications Not Selected for Award

- Social connectedness (type: foundation)
- Overall process, partner engagement (type: federal passthrough)



Next Steps

- Submit CHIP to CDPHE
- Translate key information to increase language accessibility
- Launch, implement, and promote CHIP broadly
- Recruit and formalize work group membership
- Begin performance tracking
- Ongoing BOH touchpoints: Updates, showcases, and performance reports



Thank you



For ongoing partnership, referrals, and support

For your guidance to celebrate and center:

- Co-development with community
- Strengths-based lens, building on assets
- Shared leadership, decision-making and efforts, particularly with voices of lived experience and traditionally excluded communities

Kudos to ACPH Planners, Developers, and Contributors

Abby Schmidt
Alexa Escobar Paez
Brooke Wagenseller
Dylan Garrison
Grace Soulen
James Swank
Jennifer Ludwig
Jill Bonczynski
Laura Don

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Melissa Smith
Melissa Spencer
Michele Ebendick
Rebecca Rapport
Talitha Appel
Tania Cerrato
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ARAPAHOE COUNTY 2025-2030 COMMUNITY HEALTH IMPROVEMENT PLAN



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WELCOME AND INTRODUCTION

LETTER FROM THE DIRECTOR

What makes a community healthy? This was the guiding question behind the 2024 Arapahoe County Community Health Assessment. Answers came from every corner of our County—from deep sets of community-specific data to one-on-one conversations to understand what truly matters to our residents.

We learned that to be healthy, our community needs affordable access to nutritious food, safe housing, and mental and physical health care. Equally important, we heard that you want to feel safe and connected to the community and to one another. After a thorough and careful analysis of your feedback and the data, over 70 organizational partners came together to identify two priority areas for community health in Arapahoe County: economic security and mobility, and safety.

These priorities reflect a range of complex underlying challenges, including housing, food, and connectedness, which we also seek to influence. To address these interconnected issues, we've developed a Community Health Improvement Plan—a five-year roadmap to help us achieve wholistic, population-wide health improvements in Arapahoe County. But it is not a journey that Arapahoe County Public Health will take alone.

As Colorado's most diverse county, it is essential that we continue to listen to and engage with our community's many voices, creating even more inclusive spaces for input. We recognize that a single solution can't address every resident's needs, and we're committed to reducing health disparities by focusing our efforts on those who face added barriers.

The path forward, we'll work alongside diverse teams of change-makers - medical providers, nonprofits, safety-net programs, cities, schools, businesses, and residents—all committed to meaningful, collaborative action that builds on the many strengths we already have. Our collaborative efforts will prioritize engaging with our community to achieve a healthy Arapahoe County.

As we begin this new journey towards a healthier Arapahoe County, I invite you to join us in creating a community where everyone has the opportunity to thrive. Together with your support and our shared commitment, we can build a future where every resident enjoys a fair and full chance to live their healthiest life.

Jennifer Ludwig
Director,
Arapahoe County Public Health

ACKNOWLEDGEMENTS

The 2025–2030 Arapahoe County Community Health Improvement Plan (CHIP) has been created through input and collaboration among countless partner organizations and residents. To everyone who has played a role and to new partners coming on board—thank you for sharing your time, insights, and abilities. Together, we will continue to drive improvements that enhance and celebrate quality of life within Arapahoe County.

A special thank you is extended to the staff and leadership of **AdventHealth** who co-designed and sponsored collaborative events where the CHIP vision, mission, values, priorities, and strategies were established and to the highly skilled facilitators and thought partners of **Advancing Dynamic Solutions**.

A Georgia Green Project of Colorado, LLC
Adams County Health Department
AdventHealth
AllHealth Network
Arapahoe County Commissioners
Arapahoe County Community Resources
Arapahoe County District Attorney's Office
Arapahoe County Food Security Collaborative
Arapahoe County Human Services
Arapahoe County Juvenile Assessment Center
Arapahoe County Open Spaces
Arapahoe County Sheriff's Office
Arapahoe Library District
ARC of Aurora
Aurora Economic Opportunity Coalition
Aurora Health Alliance
Aurora Housing Authority
Aurora Mental Health and Recovery
Aurora Public Schools
Black Parents United Foundation
Break Bread
Café 180
Centennial Crossings
Change the Trend
Cherry Creek School District
Children's Hospital, Pediatric Care Network
City of Aurora
City of Centennial
City of Englewood
City of Sheridan
Clermont Assisted Living
Clinix Center for Health
Colorado Action for Healthy Kids
Colorado's Finest High School
Colorado Primary Care Clinic, Inc.
Community College of Aurora
Craig Hospital
Doctors Care
Englewood Schools
Englewood Police Department
Every Child Pediatrics
Family Voices Colorado

Focus Hand and Arm Surgery Center
Food Justice Northwest Aurora
GraceFull Foundation and Café
Greenwood Village
HAAT Force (Homelessness Awareness and Action Task Force South Metro)
I-70 Chamber of Commerce
Innovative Housing Concepts
Integrated Family Community Service
Kaiser Permanente
Kempe Center
Littleton Church of Christ Food Bank
Littleton Public Schools
Malley Senior Recreation Center
Migrant Response Network
Mosaic Church
Movement 5280
New Legacy Charter School
Nourish Meals on Wheels
Parent to Parent of Colorado
Partners for Children's Mental Health
PASCO (Personal Assistance Services of Colorado)
Public Health for Public Safety
Ready to Work Aurora
SECOR Cares-free Food Market
Severe Weather Shelter Network
Shalom Park Nursing Home
Sheridan School District
St. Anna's Home Senior Living Provider
STRIDE Community Health Center
SungateKids
Swedish Medical Center
The Medical Center of Aurora
Town of Bennett
Transportation Solutions Arapahoe County
University of Colorado Dept. of Family Medicine
Community Engagement Program
Village Exchange Center
Wellspring Church
YANA (You Are Not Alone)
YAASPA (Young Aspiring Americans for Social and Political Activism)



ABOUT ARAPAHOE COUNTY

Arapahoe County is home to 13 cities and towns, nine school districts and 450 [local improvement and special service districts](#). It is one of Colorado’s fastest growing counties, with more than 650,000 residents. By 2030, about 800,000 are projected to live here, which would make us the most populous county in the metro area, surpassing the City and County of Denver.

The County spans approximately 805 square miles and its diversity is evident throughout, from vibrant urban, suburban, and rural communities, to an unparalleled open space and trail system, to major employment centers and a robust multimodal transportation network. The County is also home to Centennial Airport, one of the busiest general aviation airports in the nation.

The [history of Arapahoe County](#) is entwined with that of Colorado’s statehood. The County was named for the Arapaho Indians, who along with the Cheyenne Indians occupied most of Colorado when it was still a territory. Arapahoe County was originally part of the Territory of Kansas, and when Kansas became a state in 1861, Colorado was made a territory, with Arapahoe County as one of the 17 original counties stretching east to the Kansas border. Denver was the original County seat until 1902, when Arapahoe County was divided into five counties. The City of Littleton became the new County seat and remains so today.

Please visit Appendix A for additional information about key characteristics of Arapahoe County.

Source: www.arapahoeco.gov

MISSION, VISION, GOAL, AND VALUES

The individuals and organizations who came together to develop this CHIP identified the following mission, vision, goal, and values to guide each phase of the process. Each step taken to implement, monitor, evaluate, and improve the work from 2025-2030 will be held to the principles reflected below.

VISION

Help ensure a healthy, equitable, safe, diverse, and vibrant County where all members of our communities thrive.

MISSION

The collaborative plan will elevate strategies to promote and protect health, safety, and quality of life across Arapahoe County through inclusive, community-based partnerships that create action for an equitable future for all.

OVERARCHING GOAL

Develop and implement a coordinated, strategic approach to improving health outcomes in key areas in a way that is responsive to changing community needs and assets.

VALUES

- Strengths-based lens
- Community-driven solutions
- Health equity-building strategies
- Continuous quality improvement
- Current and emerging partner-led initiatives
- Upstream approaches that impact health-related social needs
- Right-sized efforts aligned with existing capacity, while seeking to build it

BACKGROUND OF THE COLLABORATIVE DEVELOPMENT PROCESS

Colorado's public health system and its partners are committed to protecting and improving the health of people and their communities. In Colorado, this commitment is embodied in the Public Health Act of 2008 (C.R.S. 25-1-505), designed to ensure that core public health services are available to every person, regardless of where they live, with a consistent standard of quality. A key provision of the Act calls for ongoing, comprehensive assessments of the community's health and the system's capacity to meet significant and emerging health-related needs. Guided by this information, collaborative plans are developed every five years to establish a roadmap for making improvements in high impact areas. We are pleased to provide this overview of our pathway to develop the 2025-2030 Arapahoe County Community Health Improvement Plan and invite you to play a role in creating the change necessary to achieve its goals. Focused on a few high priority health issues, the plan will help enhance existing work and ignite new efforts in these areas over the next five years.

Between January 2023 and November 2024, steps to develop the CHIP included the following. While the steps are presented here in a linear fashion, aspects of each will occur continuously throughout the 5-year assessment and planning cycle.

PHASE 1: PLAN THE PROCESS

In early 2023, staff of Arapahoe County Public Health began identifying the timeline, methods, and resources needed to create a bold yet feasible CHIP reflective of community will. Grant funding was pursued to offset related costs. Action steps were planned and conducted in alignment with best practices as outlined by the Colorado Health Assessment and Planning System developed by the Colorado Department of Public Health and Environment and the Mobilizing Action through Planning and Partnerships process developed by the National Association of City and County Health Officials. In addition, the Plan is designed to meet national assessment and planning standards required by the Public Health Accreditation Board. Members of the Arapahoe County Board of Commissioners and the Arapahoe County Board of Health provided valuable, ongoing insight and recommendations.

PHASE 2: EQUITY AND COMMUNITY ENGAGEMENT

A FOCUS ON LISTENING

Because fostering health equity and community engagement is integral to all phases of this process, examples are shared in each section of this document. As a starting point, and to help determine the focus and design of the [2024 Arapahoe County Community Health Assessment](#) (CHA), input was sought from the community.

Direct input from Arapahoe County residents, workers, and policy makers was sought in several ways. Arapahoe County Public Health (ACPH) staff reached out to community stakeholders and partners across the county in conversations that informed and guided each facet of the effort, including key informant discussions with members and leaders of organizations such as health care providers, school districts, businesses, service organizations, and more. These conversations helped develop an understanding of how potential partners would prefer to partner with their local health department, what health-impacting issues they and their constituents were identifying as most significant, and how the CHIP process could honor existing efforts and relationships through cross-sector alignment.

In 2023, over 1,000 people (n=1,018) provided input into the assessment by responding to a survey asking:

- 1) What do you need to live your most happy and healthy life?
- 2) What are the three most important characteristics of a happy and healthy community?
- 3) What does belonging mean to you?

Community members were invited to participate in the survey through an advertisement on the Arapahoe County website and Facebook page, through physical advertisements in libraries, community centers, clinics, local events, and through links disseminated via newsletters and partner listservs. Data from the Centers for Disease Control and Prevention's Social Vulnerability Index were used to help identify communities that might benefit from more tailored or direct promotional approaches, including individuals more highly impacted by current public health concerns. Digital and paper versions of the 18-question instrument were created, as well as English, Spanish, Amharic, and Dari translations and large font printed versions to encourage response rates among communities with different language and functional needs. To ensure precision in gathering information from distinct recipient groups, subtle variations were introduced into the survey design, resulting in the development of four versions. By

using these methods, we aimed to create an equitable and inclusive community survey reflective of the diverse population of Arapahoe County.

Among the responses, 67% were completed by residents, 11% by individuals representing community-based organizations, and 21% by staff across the diverse departments and offices within Arapahoe County government.

WHAT OUR COMMUNITY SAID

Among survey respondents, the following were identified as characteristics of a healthy, happy community:

- Social connection (21%)
- Housing, food and economic security (15%)
- Physical and mental safety (14%)
- Access to physical and behavioral care (12%)

What do you need to live your most happy and healthy life?

“I need to live in a community that promotes health equity by providing accessible resources without discrimination.”

“Acceptance of cultural diversity and the desire to work together to solve problems.”

“I need a place that is more culturally inclusive, has small businesses, and allows for community resources to be in place such as shelters or food banks, etc.”

Survey respondents cited the following as being among the most urgent health topics for their community:

- Economic security (22%)
- Affordable housing (19%)
- Safety (19%)
- Access to physical and behavioral care (18%)

Along with submitted qualitative comments, this information directly informed the design, structure, and data sources used when creating the CHA.



Our community tells us what they need to live a healthy thriving life.

“As a senior citizen, I most value safe and pleasant places to walk. I value strong schools and recreation places for families. I would like to see more law enforcement in areas of high traffic violations, especially along Broadway where drivers run red lights and greatly exceed the speed limit.”

“Access to nature, access to medical care, quality schools, sunshine and clean air, safe streets and communities.”

“Access to safe, free (or low-cost) opportunities for physical activity. Stores with reasonably priced healthy food.”

“Good friends and neighbors.”

“Outdoor opportunities, affordable housing, affordable food access, affordable health care, community events.”

“Información sobre tu comunidad”

“I need daily exercise, time outdoors, nutrition, connection, and safety.”

“Tener una [comunidad] limpia sin basura.”

“Mental health, peace and love, being positive.”

“Food, home, loved ones, friends and a sense of accomplishment.”

PHASE 3: CONDUCT A COMMUNITY HEALTH ASSESSMENT

The comprehensive [2024 Arapahoe County Community Health Assessment](#) was conducted to gain actionable insights into overall health status, factors that contribute to health-related risk and protective factors, and community assets.

The health behaviors and outcomes in the report reflect community priorities as gleaned from the input survey described in Phase 2. A wide range of indicators and data sources were considered. In addition to community input, the final indicator list was informed by common key indicators at the national, state, and local level, and epidemiologic analysis of key health problems. The data presented include both primary data (collected specifically for our local health assessment purposes) and secondary data sources (originally collected for another purpose, usually by another organization/institution). Portions of the data used in this assessment were quantitative (information is described in terms of quantity, e.g., the percent of people who graduate from high school), while the data collected from surveys and key informant interviews primarily were qualitative (information is described in terms of attributes, characteristics, properties, such as descriptive perceptions).

Secondary data sources included but were not limited to the following:

1. American Community Survey, U.S. Census Bureau
2. Centers for Disease Control and Prevention
3. Colorado Bureau of Investigations
4. Colorado Department of Education
5. Colorado Department of Human Services
6. Colorado Department of Public Health and Environment
 - a. Colorado Behavioral Risk Factor Surveillance System
 - b. Colorado Electronic Disease Reporting System
 - c. Colorado Vital Records
 - d. Colorado WIC Program (Special Supplemental Nutrition Program for Women, Infants, and Children)
 - e. Health eMoms Survey
 - f. Healthy Kids Colorado Survey
 - g. Pregnancy Risk Assessment Monitoring System
 - h. STI/HIV/Viral Hepatitis Branch
 - i. Tuberculosis and Refugee Health Program
7. Colorado Criminal Justice Reform Coalition
8. Colorado Department of Transportation
9. Colorado Discharge Data Set, Colorado Hospital Association
10. Colorado Health Access Survey, Colorado Health Institute
11. Colorado Health Foundation Pulse Survey
12. Colorado Health Observation Regional Data Service
13. Colorado Immunization Information System
14. Environmental Protection Agency
15. Feeding America
16. Latino Coalition for Community Leadership
17. Metro Denver Homeless Initiative
18. State Demography Office, Colorado Department of Local Affairs
19. U.S. Bureau of Labor Statistics
20. U.S. Department of Agriculture

Through analysis of CHA data and community input, six topics emerged as among the most critical to consider for inclusion in the 2024–2029 Arapahoe County CHIP. These included safety, environment, housing, food security, economic security, and access to physical and behavioral health care. This information set the stage for Phase 4, during which capacity to address those key issue areas was assessed among ACPH and partner organizations.

To ensure broad awareness of and access to CHA findings, the publication was posted to the Arapahoe County website, shared with partners and interested community survey respondents via email, and promoted via newsletter. In addition, key takeaways were presented to Arapahoe County Commissioners, Arapahoe County Board of Health, city and town councils, ACPH staff, and partner organizations for reaction and discussion.

Sample Sources of Data and Information

- America’s Health Rankings
- Arapahoe County 2022 Community Health Assessment
- Centers for Disease Control and Prevention’s Winnable Battles
- Colorado Health and Environmental Assessment 2013
- Colorado Health Indicator Set
- Colorado’s Story: 2018 Public Health and Environmental Assessment
- County Health Rankings and Roadmaps
- Colorado’s Public and Environmental Health Improvement Plan 2024
- Community Health Assessments by other Local Public Health Departments
- Indicators of Health Inequalities
- Local and State Assessments, various
- Tri-County Health Department 2018 Community Health Assessment
- U.S. Department of Health and Human Services Healthy People 2030

PHASE 4: ASSESS CAPACITY

To help ensure that the final CHIP priorities reflected existing or attainable capacity to create impact, a variety of capacity assessment processes were conducted among ACPH staff, organizational partners, and local leaders such as members of the Arapahoe County Board of Health.

CAPACITY INSIGHTS FROM ACPH STAFF

Throughout April 2024, ACPH staff and colleagues from other county departments with subject matter expertise in the key issue areas were invited to participate in one or more of six facilitated focus group sessions to share thoughts about capacity to address the seven top issues emerging from the CHA. Between six and 14 staff participated in each session, with a total of 63 non-unique participants. Information gleaned included recommendations on essential information sources, partner organizations, and strategies to consider within each priority area. The findings also were used to inform the design of an agencywide survey disseminated to all ACPH staff resulting in a broader understanding of public health capacity to address the top issues. Sixty unique responses were received across the six issue areas. Forty-three percent of respondents noted existing capacity-related challenges that would require addressing and 76% reported strong interest/excitement in working on the potential priority areas. Thirty percent cited Reducing Inequities as the most motivating factor followed by Seeing Their Team Succeed (23%), Increasing Individual Expertise (20%) and Contributing to Positive Change (17%).

CAPACITY INSIGHTS FROM PARTNER ORGANIZATIONS

In June 2024, representatives of partner organizations were invited to complete a similar survey to gauge their organization's capacity and interest in partnering over the next five years to address one or more of the potential priority areas. The 62 respondents self-selected the potential priority area(s) on which they wanted to provide input. Valuable information was gleaned regarding anticipated capacity and interest. Public readiness for change in each area was perceived to be moderate-to-high, with higher perceived readiness in the areas of food access and economic security. Among participants electing to weigh in on a given priority, the majority reported already having some level of engagement on the issue and level of effort was anticipated to increase over the coming year. Qualitative ideas for creating positive change were gathered and will be shared with each corresponding Goal Area Team.

Aggregated information gathered through the capacity assessment activities described above along with an online asset scan was shared at the prioritization event and used to help inform the decision-making process. Together, this information helped establish and document a detailed understanding of collective knowledge and recommendations regarding factors that may influence capacity, such as existing initiatives, planned future work, funding, staffing, and partnerships.

PHASE 5: PRIORITIZE ISSUES

The selection of high priority focus areas to drive the CHIP is a requirement of the Colorado Public Health Act. Through completion of the 2024 Arapahoe County Community Health Assessment and engagement through surveys and other qualitative data collections, key topics emerged as among the most critical to consider for inclusion in the 2024–2029 Arapahoe County CHIP.

To help determine final, recommended priority areas, presentations and discussions were conducted with ACPH staff, partner organizations, the Arapahoe County Board of Commissioners, city and town councils (n=6), and members of the Arapahoe County Board of Health.

During the May 2024 Arapahoe County Board of Health meeting, members provided insights regarding perceived capacity to address the top six potential priorities and individually indicated which areas felt most important and/or feasible to address through the CHIP. Access to Physical and Behavioral Care and Economic Security rose to the top based on seven members selecting two priorities.

COLLABORATIVE PRIORITIZATION EVENT

Interested stakeholders were invited to convene in June of 2024 to review and consider information gleaned from the CHA and the capacity assessment in preparation for making recommendations to the Board of Health on a final list of CHIP priority areas. Seventy participants joined the meeting, including ACPH staff and Board of Health members:

- Advent Health
- Arapahoe County Board of Health
- Arapahoe County Child and Adult Protection Services
- Advancing Dynamic Solutions
- Arapahoe County Citizen
- Arapahoe County Department of Human Services
- Arapahoe County DHS, Child and Adult Protection Services
- Arapahoe County Public Health
- Arapahoe County Sheriff's Office
- Aurora Public Schools
- Break Bread
- Cherry Creek Schools
- City of Aurora
- City of Centennial
- City of Englewood
- City of Sheridan
- Clinix Center for Health
- CU Anschutz Dept of Family Medicine
- Doctors Care
- Englewood City Council
- Englewood Municipal Court Restorative Justice Program
- Englewood Police Department
- Food Justice NW Aurora
- GraceFull Foundation
- Grovewood Community Development
- HAAT Force
- Juvenile Assessment Center
- Kaiser Permanente
- Littleton Adventist Hospital
- Nourish Meals on Wheels
- PDF Consulting
- Senior Resources and Veteran Services
- Shalom Park Skilled Nursing
- STRIDE Community Health Center
- The Arc of Aurora
- Urban Symbiosis
- YANA (You Are Not Alone)

At the event, six potential priority areas were considered, based on CHA results and input from organizational partners, ACPH staff, and other stakeholders:

- Access to Physical and Behavioral Care
- Economic Security and Mobility
- Healthy and Affordable Food
- Healthy and Affordable Housing
- Healthy Environment
- Safety

For each topic area, overviews were presented based on information collected through analysis of health burden data, focus groups with public health staff, meetings and conversations with organizational partners and elected officials, recommendations from trusted sources such as the U.S. Surgeon General and Healthy People 2030, and through surveys with community members, county employees, decision makers and a wide variety of partners invested in the wellbeing of Arapahoe County residents. Participants were provided with background information and data snapshots on the six potential priority areas and were asked to draw on their own expertise and lived experiences. Forty-five participants completed scoring tools and engaged in small group deliberative discussions.

Participants scored the six potential priority areas based on the following criteria:

Impact on Health Disparities and Equity	Important for Public Health to Help Address	Capacity to Implement	Strategies Exist to Impact the Potential Priority	Community Support Exists
Addressing the priority, if well implemented, would narrow health disparities (differences among populations impacted) and increase equity across populations.	It is important for public health to have a role to address this priority. Public health would have an important role to elevate or amplify work in the county.	Partners working with public health on this priority collectively have, or can acquire, the capacity needed to implement the priority (e.g., funding, staff expertise, etc.).	Strategies exist that can be implemented locally and produce the desired outcome.	Community support for working on change exists, including political will.

PRIORITIZATION EVENT RESULTS

Shared Commitment to Equity

Equity was cited as the number one reason that adopting a CHIP is important, along with factors such as providing guidance, increasing awareness, ensuring smart use of limited resources, enhancing collaboration and accountability, and generating impact.

Event participants voted Economic Security as the issue with the most potential to impact health disparities. This sentiment echoed results from our resident survey, where community members identified Economic Security as the #1 health-related issue of concern.

Scoring and Discussion Highlights

When asked to name their top choices for issues to address in the CHIP, participants voted most frequently for Access to Physical and Behavioral Care followed by a 3-way tie among Economic Security and Mobility, Healthy and Affordable Housing, and Healthy and Affordable Food. When assessing specific criteria such as importance, capacity, community will, and ability to impact, the following potential priorities rose to the top: Access to Physical and Behavioral Care and Healthy and Affordable Food, followed by Safety. In follow-up discussions, 73% of breakout groups felt that Healthy and Affordable Housing also should be addressed in the CHIP. In addition, several written and verbal comments voiced the need to address the third highest-scoring priority of Safety. As the meeting concluded, more than a third of participants expressed questions or concerns related to limiting the CHIP priorities to Access to Care and Healthy and Affordable Food and Housing. Comments reflected an interest in broadening the adopted priorities while also being careful to consider systemwide capacity during the next phase, as CHIP strategies are designed.

ADOPTED PRIORITIES

In June of 2024, members of the Arapahoe County Board of Health were presented outcomes and recommendations informed by the community prioritization event. Based on a shared interest in addressing social determinants across the five top-scoring issues, the Board approved a motion for the 2024–2029 Arapahoe County Community Health Improvement Plan to advance improvements within the priority areas of Economic Security and Mobility and Safety. Through the priority of Economic Security, it was determined that the Plan will leverage community assets, expertise, and resources to improve conditions associated with access to affordable physical and behavioral care, nutritious and healthy food, and safe and affordable housing. Through the priority of Safety, it was determined that the Plan will work to increase conditions that foster and support socially connected and safe communities.



PHASE 6: DEVELOP A PLAN

STAKEHOLDER GUIDANCE

Throughout the summer and fall, ACPH subject matter experts with knowledge and experience in the prioritized issue areas were invited to provide written input to help guide the CHIP development, including recommendations for the development of key objectives. This took the form of surveys, team meetings, one-on-one consultations and group debrief sessions. Staff guidance, which reflected themes of infrastructure/support, communication, focus, and internal and external alignment, was documented to help guide development of future steps. The resulting recommendations were combined with feedback from Board of Health members and representatives of partner organizations over multiple meetings. These included but were not limited to recommendations to incorporate and celebrate the following within the CHIP: Interconnectedness, alignment with partners and communities, co-development at the neighborhood level, root cause approaches, a strengths-based lens, voices of lived experience, and shared leadership and decision-making, particularly with traditionally excluded communities. The collective recommendations, many of which are visible in the adopted vision, mission, and values, will continue to be used throughout the process to guide and inform the work.

STAKEHOLDER PLANNING EVENTS

In August and September, stakeholders representing 29 cross-sector organizations convened for facilitated CHIP planning and development sessions. Participants represented:

- Community-based organizations (37%)
- City/town government (22%)
- Health care (11%)
- Multi-sector coalitions (11%)
- County government (11%)
- Schools (8%)

During this time, the CHIP vision, mission, overarching goal, and values for the CHIP were established. Through a series of individual and group activities, potential strategies, objectives, and cross-cutting/integrated approaches to impact priority areas were considered and narrowed down following a presentation of data and information relevant to a standard set of decision-making criteria. The resulting scores helped hone down the number of objectives to be recommended for adoption in the CHIP during its initial launch.

Scoring criteria:

- Importance: Addressing this problem should be elevated by being in the plan.
- Feasibility: Work can be done to address the problem (e.g., there is funding/ programming, staffing, community and political will, etc.).
- Alignment: Addressing the problem would be in alignment with existing efforts.
- Impact: Addressing the problem would impact the root cause of the issue.

Thank you to the following organizations for your participation in the CHIP planning events:

- AdventHealth
- Arapahoe County Community Resources
- Arapahoe County Food Security Collaborative
- Arapahoe County Human Services
- Arapahoe County Public Health
- ARC of Aurora
- Aurora Economic Opportunity Center
- Aurora Health Alliance
- Advancing Dynamic Solutions
- Change the Trend
- Cherry Creek School District
- City of Aurora
- City of Centennial
- City of Englewood
- City of Englewood Municipal Court Restorative Justice Program
- Colorado Action for Healthy Kids
- Craig Hospital
- Doctors Care
- Englewood Police Department
- Food Justice Northwest Aurora
- GraceFull Foundation and Cafe
- Kempe Center
- Littleton Public Schools
- Nourish Meals on Wheels
- SECOR Cares-free Food Market
- Town of Bennett
- University of CO Dept of Family Medicine Community Engagement Program
- YANA

Following the partner planning events, ACHP staff recommended the following initial strategies and objectives to the Arapahoe County Board of Health for consideration and discussion.

GOAL AREAS, STRATEGIES, AND OBJECTIVES

Cross-Cutting Objectives (Applicable to All Goal Areas):

By Dec. 30, 2025, a minimum of two activities to ensure **meaningful engagement with impacted communities** will be implemented within each goal area.

•**Priority Population:** To be determined by partners working within each goal area

By Dec. 30, 2025, a minimum of two activities with **rural communities** will be implemented within each goal area.

•**Priority Population:** Rural community residents

By Dec. 30, 2025, to improve **equity in data** collection, analysis and communication, data strategies informed by the We All Count Data Equity Framework will be implemented with/for each (5) priority goal area.

•**Priority Population:** To be determined by partners working within each goal area

By December 30, 2026, capacity to incorporate **healthy aging** efforts, such as cognitive health promotion strategies, will be increased within each goal area.

•**Priority Population:** Older adults

PRIORITY: INCREASE ECONOMIC SECURITY AND MOBILITY

What Our Community Said

- In the 2023 Arapahoe County Community Health Assessment Survey, respondents voiced concerns about general economic security, personal finances, and employment-related issues, including:
- The need for stable employment to meet essential expenses and enhance financial well-being.
- Unease with increasing costs of food and housing.
- Desire for strategies to combat housing instability and support for people experiencing homelessness.
- Interest in career counseling services and desire for expanded initiatives promoting economic prosperity through increased job training and employment prospects.
- Poverty and systemic inequality were noted as root causes of economic instability.

Strategy: Promote policies that increase financial literacy and resources for families and businesses.

Objective: By September 30, 2025, align and improve economic wellbeing initiatives within Arapahoe County through community-centered collaboration among entities implementing financial health strategies (e.g., Family and Medical Leave Act, Child Tax Credit, support or referral for assistance programs).

Priority Population: Families with children 18 and under

Objective: By September 30, 2025, increase awareness of, and access to, tax credits.

Priority Population: Arapahoe County Residents

Key Insights

- Economic security directly shapes our mental and physical well-being.
- Opportunities that lead to wealth are not equitably distributed.
- Income increases are not keeping pace with cost-of-living expenses, challenging upward economic mobility



Goal Area: Improve Access to Nutritious and Affordable Food

What Our Community Said

- Access to healthy, affordable food was one of the key issues mentioned by community respondents.
- Community members appreciate programs like WIC, food pantries, and farmers' markets that increase access to affordable food.
- Respondents often mentioned the relationship between high-quality food and health whenever food-related comments were made.

Strategy: Coordinate shared efforts among community organizations working to improve access to nutritious and local foods.

Objective: By December 30, 2025, at least 3 food pantries, in partnership with Food Bank of the Rockies, will implement Healthy Eating Research Nutrition Guidelines for the Charitable Food System to improve the nutritional quality of food and beverages distributed in Englewood, Littleton, and Sheridan.

Priority Population: Clients of emergency food providers and government subsidy programs

Strategy: Address systems-level actions that address cost of food and where affordable food options exist.

Objective: By January 1, 2026, develop, pilot, and evaluate 1 food hub model designed to strengthen the capacity of Arapahoe County emergency food providers.

Priority Population: Clients of emergency food providers and government subsidy programs

Key Insights

- In 2022, grocery food prices in the U.S. increased by 11%.
- In 2021, nearly one in six Arapahoe County high school aged youths (16%) reported experiencing hunger due to insufficient food at home.
- There is a higher density of food deserts in racial/ethnic minority neighborhoods in Arapahoe County compared to white, non-Hispanic neighborhoods.



Goal Area: Improve Access to Affordable Physical and Behavioral Care

What Our Community Said

- Access to care was mentioned as necessary to maintain and improve community well-being and individual happiness.
- Health care coverage, cost, and availability of care were referenced whenever access to care was discussed.
- Having access to mental health services was often mentioned by community members and partners as high priority.

Strategy: Increase access to existing health care programs and services (e.g., enrollment, mobile delivery, reactivation) among those most at risk and experiencing inequities.

Objective: By Jan. 1, 2030, through continued, targeted partnerships with school district staff, increase by 5% the number of kindergarteners vaccinated in Arapahoe County Public Health Immunization Clinics who are eligible for the Vaccines for Kids Program and align with two or more identified social determinants of health categories (e.g., language, race/ethnicity/ insurance) and raise the Arapahoe County MMR (Measles, Mumps, and Rubella) vaccination rate from 89.4% to 90%.

Priority Population: Children entering or in kindergarten

Objective: By July 1, 2026, expand or increase implementation of strategies in partnership with the Arapahoe County Regional Accountable Entity to increase access to physical and behavioral health care and health-related social need resources.

Priority Population: Medicaid-eligible children, pregnant persons, parents, seniors, and individuals with disabilities

Strategy: Increase realized access to community-based programs and services.

Objective: By May 30, 2026, identify and engage in policy and advocacy opportunities that inform and influence systems of care. (e.g., Community Health Worker Bill Implementation).

Priority Population: Medicaid-eligible and uninsured residents

Objective: By December 30, 2025, establish a minimum of two Screening, Resource & Referral (SRR) action teams in Arapahoe County to address previously identified referral barriers of social determinants of health (SDOH) screening, resource, and referral.

Priority Population: Arapahoe County Residents

Strategy: Increase realized access to community-based programs and services.

Objective: By December 30, 2026, offer at least one home visit from a nurse and connection to community resources to families with a new baby through the [Family Connects Model](#).

Priority population: TBD through funding outcomes and birthing center catchment areas

Key Insights

- During and after the COVID-19 pandemic, the health care environment changed significantly. While some of these changes broadened access to care, they also highlighted existing and, at times, worsening disparities related to health care access.
- While there are statewide efforts underway to improve and expand access to care, there remain significant disparities across Colorado and within Arapahoe County.



Goal Area: Improve Access to Safe and Affordable Housing

What Our Community Said

- Housing was often mentioned as a basic human need, along with food, clothing, and access to health care.
- Issues related to housing included affordability, cleanliness, quality, and safety.
- Affordable housing is essential for everyone, with particular importance for older adults, individuals with disabilities, children, and others in need of additional or special types of support.

Strategy: Promote policy and systems changes that support tenant rights to safe and healthy homes.

Objective: By July 1, 2026, complete an environmental scan including structured conversations with municipal code enforcement partners and others to assess and define the role of Arapahoe County Public Health and the public health system in policy designed to enhance tenant rights and ability to file complaints without fear of eviction or retaliation.

Priority Population: Low to moderate-income individuals and families

Strategy: Increase access to safe, stable, and affordable housing through collaboration among community-based organizations and city and county governments.

Objective: By December 30, 2026, increase Arapahoe County Public Health's capacity to implement efforts supporting municipal and regional collaborations resulting in improved housing affordability, habitability, and stock.

Priority Population: Low to moderate-income individuals and families

Key Insights

- Community members and partners reported that finding affordable housing is a significant problem facing their communities.
- Cost of housing is outpacing wages in Arapahoe County.
- Persons of color are disproportionately impacted by the affordable housing shortage.
- There were nearly two times the number of persons experiencing homelessness in 2023 compared to 2020.

PRIORITY: INCREASE COMMUNITY SAFETY



Goal Area: Increase Social Connection

What Our Community Said: What does “belonging” mean to you?

“[Es] ser parte de la comunidad, aportar, y ayudar a mi vecindario.” (“It’s being part of the community, giving back and helping my neighborhood.”)

“Being needed and valued, knowing that I have a unique role to play and making contributions.”

“A community where neighbors get along and help each other, regardless of culture/nationality.”

“Acceptance of cultural diversity and the desire to work together to solve problems.”

“Community belonging connects me to the roots of my culture, traditions, and ancestry.”

Strategy: Foster effective and sustainable efforts to increase positive social connectivity.

Objective: By December 30, 2025, collaborate with at least one organization to implement and sustain a program to improve social connectedness, such as Colorado State University Extension’s [Aging Mastery Program](#).

Priority Population: Older adults and others at risk of social isolation

Objective: By July 1, 2026, increase ACPH capacity to grow community connection opportunities across Arapahoe County through efforts such as grant-seeking and leveraging of existing resources.

Priority population(s): Arapahoe County Residents

Strategy: Foster effective and sustainable efforts to increase positive social connectivity.

Objective: By July 1, 2026, increase the capacity of students and faculty in a minimum of one school district to engage together in improving social connections and community health through use of local [Healthy Kids Colorado Survey](#) data.

Priority Population: Students grades 9-12

Key Insights

- Positive social relationships significantly impact mental and physical health, as well as overall well-being.
- The COVID-19 pandemic heightened awareness of the vital role of social connections, providing new opportunities to strengthen these ties.
- A significant number of community members are concerned about social and political polarization.



Goal Area: Community Safety

What Our Community Said

- The term “safety” was used by community members to mean both “free from crime” and “clean and free of hazards.” Safety was also used to describe freedom from racism-based actions, bullying, domestic violence, and contentious dialogue.
- Safety comments spanned a wide variety of spaces, including the desire to feel safe at home, in outdoor spaces, and other places one spends time. Some community members specifically mentioned safe walking places for the elderly and people with disabilities, especially regarding weather-related mobility.

Strategy: Increase protective factors, including structural determinants, to reduce the risk of community violence and enhance community safety.

Objective: By January 1, 2026, increase ACPH capacity to identify, support, and connect ongoing collaborative efforts across Arapahoe County at the municipal or neighborhood level taking a multi-sector, data-driven approach to localized crime prevention and neighborhood revitalization.

Priority population(s): TBD by data, beginning with residents in the City of Aurora

Objective: By April 30, 2025, develop, pilot, and adopt a rapid response, cross-divisional playbook guiding public health engagement and direct support of one-time, high-need, local community safety responses.

Priority population(s): TBD by data, beginning with City of Aurora residents

Strategy: Increase protective factors, including structural determinants, to reduce the risk of community violence and enhance community safety.

Objective: By September 30, 2025, identify and implement at least 3 initiatives or activities to reduce the risk of community violence and enhance community safety for youth and families, informed by Arapahoe County Child Fatality Prevention System data and other community-prioritized needs.

Priority Population: Children and families

Objective: By September 30, 2026, identify and implement 4 upstream systems change activities to improve coordination of services and supports that promote social and emotional wellbeing of children and families.

Priority Population: Children and families

Strategy: Increase protective factors, including structural determinants, to reduce the risk of community violence and enhance community safety.

Objective: By January 1, 2026, implement at least 3 initiatives or activities as part of the Aurora Place Based Crime Prevention Collaborative, using a multi-sector, data-driven approach to local crime prevention and neighborhood revitalization.

Priority population(s): Residents and businesses of Aurora, particularly along the Colfax Avenue Corridor

Objective: By December 30, 2025, identify or design and adopt a minimum of 1 methodology for measuring changes in public perception of community safety to help inform and enhance the effectiveness of collaborative crime prevention efforts.

Priority population(s): Data-identified areas, beginning with the City of Aurora

Key Insights

- One out of six Arapahoe County youth report missing one or more days of school in the past month due to feeling unsafe.
- In 2021, Colorado saw its highest number of domestic violence fatalities since 2017. The number identified for 2022 was even higher.
- Prevention, education, treatment, and rehabilitation can work together to enhance public safety and further the pursuit of a safer, more equitable society.

“Para vivir una vida sana y feliz, es necesario que nuestra comunidad sea segura, para educar a nuestros hijos por que ellos son el futuro para nuestra comunidad.”

“To live a happy and healthy life, we need our community to be safe, to educate our children because they are the future of our community.”

Source: Arapahoe County Public Health, Community Health Assessment Survey 2023

PHASE 7: IMPLEMENT, PROMOTE, AND MONITOR

Ongoing execution of the CHIP will be supported by an interconnected network of teams, each designed to promote and reinforce strong implementation, promotion, and monitoring.

ARAPAHOE COUNTY BOARD OF HEALTH

CHIP role: The Arapahoe County Board of Health, as outlined in the Colorado Public Health Act of 2008, will approve the CHIP and offer ongoing insight, counsel, connections, and support for achieving CHIP goals.

CHIP COMMUNITY ADVISORY BOARD

Who: Diverse membership in alignment with CHIP values including community voice

Purpose: The CHIP Community Advisory Board will provide insight, counsel, connections, and support for achieving CHIP goals. (Dependent on funding availability)

HEALTH CARE PARTNERS COLLABORATIVE

Who: Interested health care partners with Arapahoe County as a catchment area

Purpose: The Arapahoe County Health Care Partners Collaborative will provide a space for conversations to leverage health system and CHIP efforts to achieve shared goals.

GOAL AREA TEAMS

Who: Partner organizations and ACPH staff working to impact CHIP goals

Purpose: The CHIP Goal Area Teams will engage in structured, cross-sector collaboration to achieve priority-specific CHIP goals. The lead organization and geographic focus may vary by goal area or objective and is likely to evolve over time to meet changing needs and opportunities.

CROSS-CUTTING LEARNING NETWORK

Who: Interested goal area team members

Purpose: The Cross-cutting Learning Network will engage in shared learning across goal areas to achieve common CHIP objectives (e.g., community engagement, data equity, and rural and older adult connections). Shared capacity-building opportunities will be offered based on need, interest, and capacity.

ACPH RAFT TEAM

Who: Internal ACPH staff team focused on performance management and continuous quality improvement

Purpose: The ACPH RAFT Team shepherds the accreditation-aligned performance management system into which CHIP objective-specific performance metrics will be incorporated and continuously tracked. Please visit Appendix D for a list of indicators that will be used to track longer term population-level changes associated with the CHIP goal areas.

CHAPS INTERNAL PLANNING TEAM

Who: ACPH team of cross-divisional staff

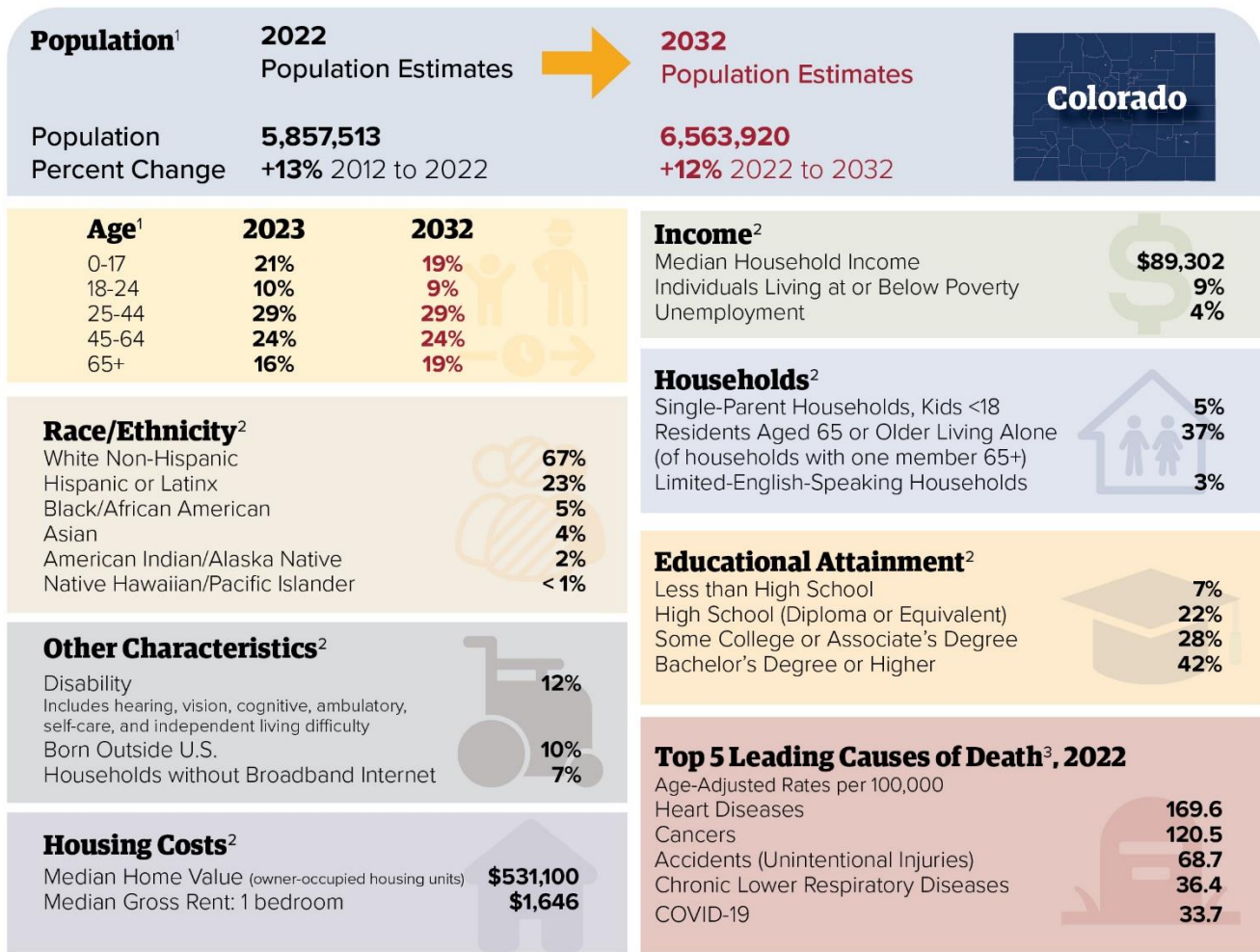
Purpose: The CHAPS Internal Planning Team will guide, plan, and execute the overall CHIP process. Related functions will include but not be limited to:

- Ensuring alignment with public health accreditation requirements
- Providing connectivity, resources, and direction across CHIP support teams
- Maintaining transparency and accountability through tools such as performance dashboards
- Serving as a coordination hub for CHIP funding applications
- Working with the Arapahoe County Communication Services Team to help ensure effective and ongoing promotion of CHIP efforts including through strategies such as storytelling

PHASE 8: PARTICIPATE IN STATEWIDE PUBLIC HEALTH IMPROVEMENT OPPORTUNITIES

The objective of Phase 8 is to ensure that local perspectives are incorporated into statewide public health improvement planning and implementation. In addition to submitting the 2025–2030 Arapahoe County CHIP to the Colorado Department of Public Health and Environment, ACPH staff will participate in opportunities to share and exchange related tools, resources, needs, and opportunities with and among partners at the state level and across Colorado.

APPENDIX A: COMMUNITY CHARACTERISTICS



¹Source: Colorado Department of Local Affairs, July 2021 Estimates, 2032 Population Forecast

²Source: American Community Survey, 1-Year Estimates 2022

³Source: Vital Records Program, Colorado Department of Public Health and Environment

Population¹ **2022** **2032**
 Population Estimates Population Estimates

Population **659,119** **723,012**
 Percent Change **+11% 2012 to 2022** **+10% 2022 to 2032**

Age¹

	2022	2032
0-17	22%	20%
18-24	9%	8%
25-44	30%	30%
45-64	24%	24%
65+	15%	18%

Income²

Median Household Income	\$93,784
Individuals Living at or Below Poverty	8%
Children Living at or Below Poverty	10%
Unemployment	4%

Race/Ethnicity²

White Non-Hispanic	57%
Hispanic or Latinx	21%
Black/African American	12%
Asian	7%
American Indian/Alaska Native	1%
Native Hawaiian/Pacific Islander	< 1%

Households²

Single-Parent Households, Kids <18	6%
Residents Aged 65 or Older Living Alone (of households with one member 65+)	36%
Limited-English-Speaking Households	5%

Other Characteristics²

Disability Includes hearing, vision, cognitive, ambulatory, self-care, and independent living difficulty	11%
Born Outside U.S.	16%
Households without Broadband Internet	6%

Educational Attainment²

Less than High School	8%
High School (Diploma or Equivalent)	22%
Some College or Associate's Degree	27%
Bachelor's Degree or Higher	43%

Housing Costs²

Median Home Value (owner-occupied housing units)	\$549,200
Median Gross Rent: 1 bedroom	\$1,762

Top 5 Leading Causes of Death³, 2022

Age-Adjusted Rates per 100,000	
Heart Diseases	165.7
Cancers	132.0
Accidents (Unintentional Injuries)	68.9
Chronic Lower Respiratory Diseases	33.4
COVID-19	31.1

¹Source: Colorado Department of Local Affairs, July 2021 Estimates, 2032 Population Forecast
²Source: American Community Survey, 1-Year Estimates 2022
³Source: Vital Records Program, Colorado Department of Public Health and Environment

APPENDIX B: COMMUNITY ASSETS

The work of this CHIP will seek to celebrate, amplify, and support the many community assets in place across Arapahoe County. The following list is not exhaustive, but is a starting point, resource, and reminder of the benefits and importance of working together.

Social Connections



- After school programs (e.g., Girls on the Run and Boys & Girls Clubs)
- Arapahoe County Fairgrounds and Park
- Arts organizations
- The Center on Colfax (LGBTQ+ social programs)
- Citizen advisory boards
- Community gardens
- Community markets
- Community newsletters and newspapers
- Community service clubs (e.g., Elks, Rotary, Lions, Optimists, Kiwanis, and Sertoma)
- Counseling and support programs
- Family resource centers
- Indoor and outdoor malls
- Leadership groups (e.g., Toastmasters International and La Raza Youth Leadership Program)
- Libraries
- Local “meet-up” and organized social groups (e.g., “Denver Cruisers” and running clubs)
- Local community events and festivals
- Nextdoor
- Places of worship
- Parks and public spaces
- Recreation centers and gyms
- School playgrounds
- The Senior Hub
- Social and resource centers (e.g., community, older adult, and veteran)
- Sporting events and youth sport organizations
- Theaters, restaurants, and entertainment venues
- Town hall meetings
- Volunteer organizations active in disasters
- Yoga and meditation centers

Resources & Assistance



Economics

- AmeriCorps, VISTA, and Service Corps programs
- Arapahoe County Housing Resource Navigation
- Arapahoe County Human Services
- Arapahoe/Douglas Workforce Development Board
- Aurora-South Metro Small Business Development Center
- Chambers of commerce
- City and county governments
- Economic development organizations
- Faith-based organizations
- Large employers
- Legal assistance and resources
- Low-Income Energy Assistance Program (LEAP)
- Small businesses
- Workforce centers (e.g., Arapahoe/Douglas Works!)

Education

- Adult education classes
- Arapahoe Library District
- Community emergency response teams
- Colleges (e.g., Arapahoe Community College, Community College of Aurora)
- Colorado Child Care Assistance Program (CCAP)
- Community Centered Boards (supporting developmentally disabled populations)
- Early Childhood Councils
- English as a Second Language (ESL) classes
- Graduate Equivalency Degree (GED) classes
- Head Start and Early Head Start
- Primary and secondary schools
- Vocational schools (e.g., Pickens Technical College)

Health & Wellness



- 12-step groups (e.g., Alcoholics Anonymous, Narcotics Anonymous)
- Arapahoe County Board of Health
- Arapahoe County Regional Opioid Abatement Council
- Arapahoe Park and Recreation District
- Colorado Access
- Colorado Crisis Services
- Colorado QuitLine
- Community health centers
- Community mental health centers
- Counselors and therapists
- Dialysis centers
- Doctors Care
- Domestic violence organizations and shelters
- Health clubs
- Hospitals
- Kids In Need of Dentistry (KIND)
- Local health alliances
- Parks and hiking trails
- Private health care providers
- Regional Accountable Entities (RAEs)
- Safety net providers
- School-based health centers
- Older adult resource centers
- YMCAs

Neighborhood Conditions



- Arapahoe County Homeless Coordinating Committee
- City housing authorities
- City planning departments
- Community gardens
- Community-based organizations
- Denver Regional Council of Governments (DRCOG)
- Emergency housing organizations
- FlexRide and Via Mobility Services
- Food banks and pantries
- Congregate meal programs (e.g., older adult center lunch programs)
- Habitat for Humanity
- Local businesses
- Local non-profit organizations
- Meals on Wheels and Rural Meals on Wheels
- Open Spaces Department
- Regional Transportation District (RTD)
- Resettlement agencies and refugee/immigrant organizations
- Schools and universities
- Severe Weather Shelter Network
- United Way 211
- Walking and biking groups

Safety & Preparedness



- 911
- ArapAlert
- Arapahoe County Emergency Preparedness and Response
- Arapahoe County Justice Coordinating Committee
- Arapahoe County Sheriff's Office
- Arapahoe County Non-Emergency Dispatch
- Colorado State Patrol
- Crisis intervention and co-responder teams
- Fire and rescue services
- Local police departments
- Medical Reserve Corps
- Neighborhood Watch programs
- Office of Emergency Management
- School resource officers (SROs)
- Victims' assistance programs

APPENDIX C: ALIGNMENT WITH STATE AND NATIONAL OBJECTIVES

Arapahoe County	Healthy People 2030	CDPHE 2024 Public and Environmental Health Improvement Plan
Cross-cutting Strategies		
Implement activities to ensure meaningful engagement with impacted communities.		
Implement activities with rural communities.		
Implement strategies informed by the We All Count Data Equity Framework to improve equity in data collection, analysis and communication.	Enhance the use and capabilities of informatics in public health. (PHI-R06)	Continually improve data collection methodologies such as the disaggregation by race/ethnicity, enhanced analysis techniques to remove biases, development of health indicators that reflect cultural strengths and assets of communities, and the facilitation of qualitative information gathering.
Increase capacity to incorporate healthy aging, such as cognitive health promotion strategies, across goal areas.	Increase the proportion of adults with subjective cognitive decline who have discussed their symptoms with a provider. (DIA-03)	
Increase Economic Security & Mobility		
Align and improve economic wellbeing initiatives through community-centered collaboration among entities implementing financial health strategies.	Reduce the proportion of people living in poverty. (SDOH-01)	
Increase awareness of, and access to, tax credits.		
Improve Access to Nutritious & Affordable Food		
Improve the nutritional quality of food and beverages distributed by food pantries and other organizations.	Reduce household food insecurity and hunger. (NWS-01) Increase the proportion of schools that do not sell less healthy foods and drinks. (ECBP-D02)	
Increase the capacity of Arapahoe County emergency food providers by developing, piloting, and evaluating a food hub model addressing barriers.		
Improve Access to Affordable Physical and Behavioral Care		
Increase the number of VFC-eligible kindergarteners vaccinated who align with two or more identified social determinants of health categories (e.g., language, race/ethnicity/insurance) and raise the MMR vaccination rate.	Maintain the vaccination coverage level of 2 doses of the MMR vaccine for children in kindergarten. (IID-04) Increase the proportion of people with health insurance. (AHS-01) Reduce the proportion of people who can't get medical care when they need it. (AHS-04) Increase the proportion of people with a	Implement an evidence-based, multi-pronged, statewide approach to increase immunization rates in counties with low kindergarten vaccination coverage of measles, mumps, and rubella (MMR) and to improve local response capacity.

	<p>usual primary care provider. (AHS-07)</p> <p>Increase the proportion of children who receive a developmental screening. (MICH-17)</p> <p>Increase the proportion of children and adolescents who receive care in a medical home. (MICH-19)</p> <p>Increase the proportion of children and adolescents with special health care needs who have a system of care. (MICH-20)</p>	
Expand or increase implementation of strategies in partnership with the local Regional Accountable Entity to increase access to physical and behavioral health care and health-related social need resources.		
Identify and engage in policy and advocacy opportunities that inform and influence systems of care.		
Establish Screening, Resource and Referral action teams to address previously identified social determinants of health-related referral barriers.		
Offer at least one home visit from a nurse and connection to community resources to families with a new baby through the Family Connects Model.		
Improve Access to Safe and Affordable Housing		
Increase capacity to support coordinated efforts to manage housing-related resources, leverage partnerships, and improve access to services.	<p>Reduce the proportion of families that spend more than 30 percent of income on housing. (SDOH-04)</p> <p>Reduce blood lead levels in children aged 1 to 5 years. (EH-04)</p>	
Assess and define the role of Arapahoe County Public Health in policy change to enhance tenant rights and ability to file complaints without fear of eviction or retaliation.		
Increase Social Connection		
Implement and sustain a program to improve social connectedness, such as Colorado State University Extension's Aging Mastery Program.	<p>Increase the proportion of children and adolescents who show resilience to challenges and stress. (EMC-D07)</p> <p>Increase the proportion of adolescents who have an adult they can talk to about serious problems. (AH-03)</p>	<p>Identify, implement and evaluate strategies that address positive social norms, connectedness and economic stability, particularly in the aftermath of COVID-19.</p> <p>Focus community grants in geographic areas of social vulnerability and/or with high suicide and overdose rates to help shore up the social determinants of health.</p> <p>Promote and disseminate resources and tools that support mental health</p>

		promotion and help-seeking strategies among disparately impacted and hard-to-reach populations (e.g., Man Therapy, Operation Veteran Strong).
Increase capacity to grow community connection opportunities through efforts such as grant-seeking and leveraging of existing resources.		
Increase Community Safety		
Increase capacity to identify, support, and connect ongoing collaborative efforts at the municipal or neighborhood level taking a multi-sector, data-driven approach to localized crime prevention and neighborhood revitalization.	<p>Reduce the rate of minors and young adults committing violent crimes. (AH-10)</p> <p>Reduce the number of young adults who report 3 or more adverse childhood experiences. (IVP-D03)</p> <p>Reduce homicides. (IVP-09)</p> <p>Reduce firearm-related deaths. (IVP-13)</p> <p>Reduce child abuse and neglect deaths. (IVP-15)</p> <p>Reduce nonfatal child abuse and neglect. (IVP-16)</p> <p>Reduce the rate of deaths in children and adolescents aged 1 to 19 years. (MICH-03)</p>	
Develop, pilot, and adopt a rapid response, cross-divisional playbook guiding public health engagement and direct support of one-time, high-need, local community safety responses.		
Identify and implement initiatives to reduce the risk of community violence and enhance community safety for youth and families, informed by Arapahoe County Child Fatality Prevention System data and other community-prioritized needs.		
Identify and implement upstream systems change activities to improve coordination of services and supports that promote social and emotional wellbeing of children and families.		
Use/engage in a multi-sector, data-driven approach to localized crime prevention and neighborhood revitalization.		

APPENDIX D: OUTCOME MEASURES

The table below outlines a sample of population-level outcome measures that will be used alongside shorter-term performance measures to track trends associated with CHIP objectives.

5-Year Population Outcome Areas	Data Sources
Access to Affordable Physical and Behavioral Care	
Increase vaccination compliance rates among VFC-eligible kindergarteners	Colorado Immunization Information System, CDPHE
Reduce percentage of residents reporting denial of care due to insurance type	Colorado Health Access Survey, Colorado Health Institute
Decrease the prevalence of poor mental health days	Behavioral Risk Factor Surveillance System, CDPHE
Reduce high fair/poor general health rates among residents with income < \$74,999	Behavioral Risk Factor Surveillance System, CDPHE
Decrease the percentage of uninsured residents younger than 18	American Community Survey, US Census Bureau; Colorado Health Access Survey, CHI
Reduce the percentage of residents not receiving needed general doctor care for non-cost reasons	Colorado Health Access Survey, Colorado Health Institute
Reduce the percentage of residents not receiving needed specialist care for non-cost reasons	Colorado Health Access Survey, Colorado Health Institute
Access to Nutritious and Affordable Food	
Increase percentage of students who eat fruit daily	Healthy Kids Colorado Survey, CDPHE
Decrease daily consumption of sweetened beverages	Healthy Kids Colorado Survey, CDPHE
Increase usage of SNAP benefits	SNAP Application and Caseload Data, CDHS
Reduce the percentage of residents worried about affording nutritious meals	Behavioral Risk Factor Surveillance System, CDPHE
Reduce the percentage of residents from racial minorities worried about affording nutritious meals	Behavioral Risk Factor Surveillance System, CDPHE
Reduce food insecurity during pregnancy	Pregnancy Risk Assessment Monitoring System, CDPHE
Access to Safe and Affordable Housing	
Reduce the percentage of homeowners paying 30% or more of their income on housing	American Community Survey, US Census Bureau
Reduce the percentage of homeowners from racial minorities paying 30% or more of their income on housing	American Community Survey, US Census Bureau
Reduce the number of people experiencing homelessness in Arapahoe County	Point in Time Survey, Metro Denver Homeless Initiative

Reduce emergency department visits for respiratory conditions such as asthma within five years	Colorado Syndromic Surveillance Program, CDPHE
Community Safety	
Decrease prevalence of violent crimes and property crimes	Unified Crime Reporting Program, Federal Bureau of Investigation
Lower mortality rate among minors	Colorado Vital Statistics Program, CDPHE
Decrease school absenteeism among youth due to safety concerns	Healthy Kids Colorado Survey, CDPHE
Reduce incidents of bullying among high school students	Healthy Kids Colorado Survey, CDPHE
Social Connection	
Increase civic/social activity and reduce isolation	American Time Use Survey, US Bureau of Labor Statistics
Increase proportion of residents who report usually or always receiving the social and emotional support they need	Behavioral Risk Factor Surveillance System, CDPHE
Increase proportion of residents who report rarely or never feeling isolated from others	Behavioral Risk Factor Surveillance System, CDPHE





Arapahoe County

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

Board Summary Report

File #: 24-668

Agenda Date: 11/20/2024

Agenda #: 6.a.

To: Board of Health

Through: Jennifer Ludwig, Public Health Director, Arapahoe County Public Health

Prepared By:

Jennifer Ludwig, Public Health Director, Arapahoe County Public Health

Presenter: Jennifer Ludwig, Public Health Director, Arapahoe County Public Health

Subject:

ACPH Director's Report - November 20th, 2024

Purpose and Request:

This is a report from the director of the Arapahoe County Public Health Department for the period of October 16th - November 15th 2024, presented to the Board of Health.

Background and Discussion: This is an informational report for the Board of Health from the Public Health Director.

Fiscal Impact: N/A

Alternatives: N/A

Staff Recommendation: N/A

Motion(s): N/A - Informational Item Only

Public Health Director's Report
Prepared by: Jennifer Ludwig
Date Prepared: November 15, 2024
Dates Covered: October 11 – November 14, 2024

A. Executive Office

- a. Public Health Director provided public comments on October 15, 2024, on proposed rules concerning rabies vaccination in animals transferring to Colorado.
- b. Jennifer is serving on the Town of Bennett's Safety committee, which held it's first meeting on October 22. Bennett appreciates the support and additional attention we have been able to provide as a single county health department.
- c. The AuroraSAVE (Standing Against Violence Everyday) Governing Board met on October 23 and shared early program successes. Jennifer serves on the Board and has since followed up with new leadership to discuss expanded partnership opportunities, especially related to the Community Health Improvement Plan priorities.
- d. Commissioner Warren-Gully arranged a meeting with Public Health and Colorado Access to begin discussions about how we can partner. Follow up conversations will be scheduled for December or January.
- e. Penny Grande, Deputy Director, has appointed a Project Manager for the 2025 moves and planning continues.
- f. A Safety and Security Coordinator has been hired and will be housed out of the Altura office, serving all of Public Health. The position will report to Penny.
- g. Penny, along with Jessica Gomez, has made many safety improvements to Altura including more lighting in the parking lot, mirrors in the parking lot to expose blind spots, a peephole in the side door, and employee only parking close to the building.

B. Equity and Engagement

Upcoming Events and Opportunities

- 1) A few of the events we look forward to participating in include
 - Homeless Shelter Medical Camp SSSIO 11/23
 - Soccer with Santa Sheridan Rising Together for Equity 12/6
 - Visit the Village Arapahoe County 12/7
 - Lavished with Love Iron Sharp Foundation 12/14

C. Program Updates

Partnerships, Planning and Community Health Promotion

- 1) Please reach out to [Grace Soulen](#) or visit our [Community Engagement Event Request Form](#) to suggest upcoming outreach opportunities. To continue increasing pathways for creating language equity, ACPH staff now have an additional vendor option for accessing translation services. This service change is designed to enable a faster turnaround and an increase in translation project requests.
- 2) Congratulations to members of the Community Health Promotion Team, who were selected through a competitive application process to participate in the national Substance Use and Overdose Community Response Learning Community through the Council of State Governments Justice Center. They will join other community programs across the country focused on using public health and community-centered approaches to substance use and overdose response.

- 3) PPCHP's Community Health Promotion Team along with the Community Health Nursing Division's Harm Reduction Team submitted an application for funding to CDPHE's Harm Reduction Grant Fund, established through Senate Bill 19-008, funding local communities to rethink and expand opportunities to address drug use-associated harms through evidence-informed harm reduction approaches, rather than through the criminal legal system. Six organizations will receive 5-year grants to begin July 1, 2025, with a maximum annual award of \$300,000. If selected, the project would build county capacity to bring lived and living experience into programs and services and create a Peer Support Specialist position to work with ACPH's Harm Reduction Team on delivering services through the lens of lived and living experience and support health educators with outreach.

Nutrition Division

- 1) WIC Authorized Grocery Stores Updates

In 2024, the WIC Local Agency Retailer Coordinators monitored 17 of the 47 authorized WIC grocery stores in Arapahoe County, meeting the requirement to review one-third of county stores annually. These visits strengthen relationships between Arapahoe County WIC and local stores, providing a chance to address questions and review essential policies for accepting WIC benefits. Additionally in October, Ahorra Mucho, a new grocery store across from the Altura Plaza WIC office and located inside La Plaza Colorado, was oriented and authorized to accept the eWIC card, expanding food access in East Aurora. The store manager was very pleased to be authorized to accept WIC benefits and to join the WIC Program in serving residents in the area. Arapahoe County WIC authorized grocery store sales from January through October 2024, totaled \$2,691,405.58.

- 2) Vitamin Angels Grant Received

In an effort to ensure that uninsured, underinsured, and Medicaid eligible clients of childbearing age (15-44) who are pregnant, postpartum, breastfeeding, or capable of and desiring to achieve pregnancy receive essential prenatal vitamins to promote perinatal health and fetal development, the Community Health Nursing and Nutrition Division partnered together to apply for prenatal vitamins through Vitamin Angels. Vitamin Angels is a public health nonprofit working to improve nutrition for pregnant women, infants and young children. We were awarded the grant, which allows us to distribute prenatal vitamins to anyone who is of childbearing age, regardless of whether they are currently pregnant. Any of the programs within Community Health Nursing and Nutrition may distribute the prenatal vitamins to clients, but the primary focus will be in WIC (Women, Infant, Children), Sexual Health, Harm Reduction, and the home visiting programs (Nurse Family Partnership and Nurse Liaison Program).

Community Health Nursing Division

- 1) Maternal and Child Health Program

MCH staff have been working to determine feasibility for implementing a new program called Family Connects. Family Connects is an evidence-based universal home visitation model designed to reduce the stigma associated with targeted programs for specific populations; increase trust and navigation of the health care system; and ensure families are referred to appropriate community resources by providing nurse home visits to all families with newborns post-discharge from their birthing hospital.

We anticipate new funding through the Title V Maternal and Child Health Block Grant and Illuminate Colorado will be secured in 2025 to cover initial costs, and we are looking to secure additional funding from the Colorado Department of Education through the Public Health Institute at Denver Health and the Colorado Access Community Giving Program, as well as additional funding sources that will help support the FTE needed to provide the home visits.

2) Nurse Family Partnership

- a. Modified the program structure to maintain fidelity to the NFP model as implemented through Invest in Kids and the National Service Office by supporting the current nurse manager in assuming supervision role in addition to the nurse manager role. In this, she assumed responsibility for supervising four additional PHN's, and the Director of Community Health Nursing assumed the NFP Administrator role for the program. This modification was successfully completed while maintaining employee satisfaction within the program.
- b. The program provides NFP home visits in Arapahoe and Douglas Counties and is currently finalizing plans for program expansion into Elbert County.
- c. Program and division leadership are working on a proposal to Invest in Kids and the National Service Office to reallocate an existing business support position to an in-person interpretation role who will go on home visits with the nurse home visitors. If approved, this position will provide in-person interpretation support to home visitors and clients during scheduled home visits.

3) Immunizations

- a. The program administered 1,327 vaccines in October.
- b. Six mobile clinics were conducted. Locations included:
 - i. Whispering Pines Apartment complex adjacent to the Altura Plaza building
 - ii. Arapahoe County Detention Center
 - iii. A clinic specific for the Arapahoe County Election Judges
- c. Hiring is in process for two key leadership positions: Immunizations Nurse Manager and Immunizations Nurse Supervisor (Call Center).
- d. The program began participating in a quality improvement project with KITS-rBCT (the Kindergarten Immunization Training and Engagement Project). This project is a collaboration with the Colorado Immunization and Information System (CIIS) at CDPHE and University of Colorado Anschutz Medical Campus to help improve vaccination rates. We will take a clinic role and will be working on QI projects with them related to communications to our families as well as participation in focus groups with families of kindergartners.

4) Sexual Health

- a. The program model has been modified to better meet the needs of the community, increase clinic efficiency, meet grant deliverables while addressing a budget shortfall, and expand community-based services. This was accomplished in a tiered approach, implementing small changes to gain small wins throughout the year, culminating into a full implementation in November. This resulted in the loss of two employees and an overall decrease in FTE, but a cost savings to the program of just under \$182,000.
- b. Hiring is in process for two key leadership positions: Nurse Practitioner Clinical Advisor is being actively recruited, and we just hired a Nurse Supervisor for the Englewood Clinic and to lead outreach activities. She will start at the end of November.
- c. We have been in discussions with the Arapahoe County Detention Center about offering STI testing services on a weekly basis, ideally beginning in January 2025. CDPHE funding will

support a large portion of the implementation expenses of this project. Similar programs have already been implemented in Pueblo, Jefferson, and El Paso counties, and we will utilize their best practices to guide implementation of this program.

5) Harm Reduction

- a. The program has started to provide Harm Reduction education session at the Arapahoe County Detention Center once per month while we determine next steps in providing STI testing/treatment moving forward.

Health Protection and Response

1) Division Administration

Michele Askenazi is participating in the Centers for Disease Control and Prevention’s (CDC) [Board of Scientific Counselors](#) for the CDC Office of Readiness and Response meeting November 20-21. She serves as the NACCHO Liaison Member to this Board to represent local public health. The Board of Scientific Counselors (BSC) is an advisory committee chartered under the Federal Advisory Committee Act. The Board provides advice and recommends strategies and goals for readiness and response activities pertaining to programs and research within the agency and the ORR divisions and monitors the overall strategic direction and focus of the ORR divisions and offices.

2) Emergency Preparedness and Response Program

- a. The EPR Program is facilitating additional community engagement opportunities as a follow up to the community engagement event at the Whispering Pines Complex last month and to potentially hold events at the Edge at Lowry in the coming months. Because this is a more complex and urgent need for routine public health work, but not an incident, EPR is supporting the organization of these efforts and maintaining situational awareness but not leading a response. This is being used to establish a foundation for these types of efforts for the future. ACPH is coordinating these ongoing efforts with Human Services, Community Resources, and STRIDE for these efforts.
- b. On October 30, 2024, EPR Program staff served as evaluators for a pediatric medical surge full scale exercise at AdventHealth Littleton. Actors portraying victims of a bus accident were transported to the emergency department, triaged, and moved through the hospital to receive urgent medical attention. The exercise tested the hospital command center, the ability to hold and reunify pediatric patients with loved ones, and communication between different hospital departments. The hospital did a fantastic job with a complicated scenario, and we were happy to partner in supporting the exercise as evaluators and learn more about hospital operations during an incident.
- c. The EPR Program convened cross departmental partners in Public Health along with County Office of Emergency Management staff to begin planning for Administrative and Financial Preparedness. This first of at least two workshops is being used to walk through internal departmental and county finance, procurement, and staffing processes during routine operations and clarifying how these may be adjusted during incident response to ensure operations are maintained to protect life and preserve property during disasters.

D. Communicable Disease Report

- a. E. coli O157 Outbreak Associated with McDonalds
 - i. The Colorado Department of Public Health and Environment (CDPHE), the U.S. Centers for Disease Control and Prevention (CDC), the U.S. Food and Drug

Administration (FDA), and local public health agencies (LPHAs) are currently investigating a multistate outbreak of O157 Shiga toxin-producing *E. coli* (STEC) associated with McDonalds.

- ii. There are over a hundred different serotypes belonging to the group of gram-negative bacteria *E. coli*, which the majority cause no human illness. The STEC serogroup most commonly identified and associated with severe illness and hospitalization in the United States is *E. coli* O157. STEC is transmitted via the fecal-oral route through ingesting food or water that is contaminated with human or animal feces containing the bacteria. Transmission may also occur from person-to-person and from contact with infected animals or the environments they live in. STEC infection has also been associated with consumption of contaminated ground beef, unpasteurized juice and cider, unpasteurized milk and other dairy products, raw fruits and vegetables, uncooked flour and dried meats. Individuals with STEC can have a wide variety of symptoms or may be asymptomatic. Symptoms can include non-bloody or bloody diarrhea, abdominal cramps (often severe), nausea and vomiting. Most people recover within 5 to 7 days. *E. coli* O157 infection in young children may lead to potentially life-threatening complications such as hemolytic uremic syndrome (HUS) in up to 20% of cases.
- iii. With the current outbreak, epidemiologic and traceback information show that fresh, sliced onions served on the McDonald's Quarter Pounder hamburgers are the likely source of illness. On 10/22/24, the CDC released a public web notification about this outbreak. This posting can be found at this [link](#) and continues to be updated as new information is available. As of 10/30/24, 90 cases have been identified across 13 states. There have been 27 hospitalizations and 1 death. There has been one case identified in Arapahoe County as of the writing of this report. McDonald's pulled fresh, sliced onions and fresh quarter pound beef patties while a specific food ingredient was being determined as the source of illness. Taylor Farms, the supplier of sliced onions to the affected McDonald's locations, also recalled onions. Taylor Farms directly contacted other food service businesses, such as restaurants, and it is not likely that the recalled onions went to grocery stores or directly to consumers. Based on the actions from both companies, CDC believes the current risk to the public is very low.
- iv. If members of the public are concerned that they or family members may have become ill after dining at McDonald's, here are the steps they should take:
 1. If they are still experiencing diarrhea, stay home from school, work, and childcare.
 2. Seek testing from a health care provider, specifically a stand-alone test or GI panel that tests for Shiga toxin-producing *E. coli* (STEC). *Note: Public Health is not able to cover costs associated with medical visits or testing.*
 3. Contact their local public health agency and ask to make a foodborne complaint with their environmental health program or other appropriate staff.
- v. The Arapahoe County Public Health Communicable Disease Epidemiology Program and the Environmental Health Consumer Protection Program continue to support

this outbreak investigation by conducting in-depth interviews with all STEC cases, answering questions, responding to public inquires related to this situation, and conducting routine inspections at retail food establishments. The CDPHE Department of Environmental Health and Sustainability (DEHS) continues to work with Colorado McDonald's locations to ensure compliance measures are in place and that sliced onions are removed from use. On [10/31/24](#), Arapahoe County Communications released information regarding this outbreak on social media to spread awareness and direct the public to call Arapahoe County Public Health and their health care provider to report illness.

b. Rabies

- i. Rabies is regularly found in Colorado wildlife, especially skunks and bats. However, rabies virus can be transmitted among all mammals. Rabies season typically runs from May through October, but rabid animals are found throughout the entire year. As of 11/6/24, 58 animals have tested positive for rabies in Colorado compared to 51 positive animals in 2023. Of these 58 rabid animals, 56 were bats and 2 were domestic dogs. Arapahoe County had three rabies positive bats and 1 positive domestic dog so far this year compared to 1 positive bat in 2023.
- ii. The Arapahoe County Public Health Communicable Disease Epidemiology (CDE) Program conducts in-depth investigations for rabies to determine the need for testing and post-exposure prophylaxis (PEP) vaccine to prevent infection. When rabies PEP is recommended, CDE coordinates all vaccine doses and remains in close contact with the individual to ensure that the full series is completed. CDE has recommended rabies PEP for 72 Arapahoe County residents so far this year in response to a direct exposure to an animal that tested positive for rabies or a direct exposure with a rabies reservoir species or animal suspected of having rabies that could not be tested.
- iii. Colorado Rabies Data: [CDPHE Web Page](#)

c. West Nile Virus

- i. West Nile virus (WNV) season typically runs from May through October in Colorado. As of 11/6/24, 72 human cases have been reported in Colorado compared to 634 cases in 2023. Of these 72 cases, 24 were hospitalized, 38 people experienced neurologic symptoms, and 4 people have died. Arapahoe County has had 8 cases so far this season, compared to 56 cases in 2023.
- ii. This season our Environmental Health (EH) program staff conducted surveillance at 4 designated locations within the county to trap and test mosquitoes for WNV. Twenty-four samples were sent for testing, including one positive lab result. The Communicable Disease Epidemiology (CDE) Program continues to conduct in-depth investigations for WNV to determine case classification criteria, identify sources of infection as well as trends, and provide education about the illness and how to prevent illness. The CDE and EH Programs worked closely together to monitor positive pool locations and where individuals test positive to help aid in community and public education and outreach.
- iii. Colorado West Nile Data: [CDPHE Web Page](#)

d. Marburg Virus Disease

- i. Marburg Virus Disease (MVD) is a rare but highly fatal viral hemorrhagic fever caused by infection with one of two zoonotic viruses, Marburg virus or Ravn virus. Both Marburg and Ravn virus are within the virus family *Filoviridae*, which also includes Ebola viruses. Marburg virus is spread through direct contact with broken skin or mucous membranes with the body fluids of someone who is sick with MVD, or who recently died from their infection. These body fluids include blood, urine, saliva, sweat, feces, vomit, breastmilk, amniotic fluid, or semen. People can also contract MVD if they have contact with an infected animal, needles, or with other objects or surfaces contaminated with the virus. Marburg virus is not spread through airborne transmission. Symptoms of MVD can include fever, headache, muscle/joint pain, fatigue, loss of appetite, gastrointestinal symptoms, or unexplained bleeding. There is currently no FDA-approved vaccine or treatment for MVD. In the absence of early diagnosis and supportive care, MVD has a high mortality rate of 23% to 90%, depending on the virus strain and level of case management for the patient. With early intensive supportive care and fluid replacement, mortality rates can be lower.
 - ii. As an update to the October Director’s Report, there have been 66 cases including 15 deaths (23% case fatality rate) in Rwanda. Majority of these cases have been among healthcare workers. There have been several cases unlinked to a known exposure, suggesting additional cases may have been undetected or unreported. No confirmed cases of MVD related to this outbreak have been reported in the United States or other countries outside of the Republic of Rwanda to date.
 - iii. While no cases have been reported in the United States, the CDC issued traveler monitoring for travelers returning from Rwanda. The ACPH Communicable Disease Epidemiology (CDE) Program will utilize the Colorado Viral Hemorrhagic Response Plan along with our internal protocols to monitor asymptomatic travelers for 21-days should we receive a traveler in our jurisdiction. These plans outline the guidance for travel monitoring of close contacts in Colorado and additional details on agency roles, communication, medical transport, and coordination should a suspect or confirmed case be identified in Arapahoe County.
- e. New World Screwworm
- i. New World screwworm (NWS) infestation is a type of myiasis that occurs when NWS fly larvae (*Cochliomyia hominivorax*) infest the living flesh of warm-blooded animals—most commonly livestock and less commonly birds, pets, and humans. The screwworm flies are attracted to and lay their eggs on and in open wounds and mucous membranes. The name screwworm refers to the feeding behavior of the larvae (maggots) as they burrow (screw) into healthy tissue. NWS larvae cause extensive damage by tearing into the host's tissue with sharp mouth hooks. The wound can become larger and deeper as more larvae hatch and feed on living tissue. As a result, NWS can cause serious damage to the animal or person it infects. Bacterial superinfection can also occur because of the NWS infestation. People at higher risk include:
 - Those living in rural areas in regions or countries where NWS is endemic, and where livestock are raised.
 - People who frequently work with livestock.

- Anyone with open sores or wounds, including from a recent surgery, as the flies will lay eggs on open sores.
 - Vulnerable populations, including people who are immunocompromised, those at extremes of age, and people experiencing malnutrition.
- ii. NWS is endemic in the American tropics and subtropics which includes the countries of South America, Cuba, Haiti, and the Dominican Republic. However, there have been recent human and animal cases in Central American countries for the first time in many years where NWS was previously controlled. The USDA eradicated NWS from the U.S. in 1966 using sterile insect technique, a method where sterile flies are released into the wild. In addition to severe illness and infection in both humans and animals, NWS can have serious economic impact. During the 20th century, the presence of NWS cost the U.S. livestock industry more than \$100 million annually in livestock losses, trade embargoes, and eradication work.
 - iii. The Arapahoe County Public Health Communicable Disease Epidemiology Program remains up to date on the situation in Central America to monitor surveillance trends and public health response should a case be reported in Colorado and to monitor the reintroduction risk to the U.S.
- f. Pertussis
- i. Pertussis (Whooping Cough) is caused by the bacterium *Bordetella pertussis* which causes respiratory illness. Pertussis is transmitted person-to-person via the respiratory route through large aerosolized respiratory droplets or direct contact with secretions from the respiratory tract. Pertussis causes a long illness lasting 6 to weeks but can last up to 3 months. Pertussis is characterized into three distinct stages of illness (catarrhal stage, paroxysmal stage, and convalescent stage) with progressively worsening symptoms. Symptoms of pertussis include an onset of nasal congestion, runny nose, sore throat, mild dry cough which develops into coughing fits, high-pitched inspiratory whoop, vomiting, and apnea.
 - ii. Cases of pertussis in Colorado decreased from 2020 – 2022, averaging 126 cases each year statewide. However, there has been a statewide increase since fall 2023. As of 10/31/24, 632 cases of pertussis have been reported in Colorado this year. For comparison, the five-year pre-pandemic average (2015-2019) for each year in Colorado was 676 cases. CDPHE is expecting that statewide pertussis cases are returning to pre-pandemic levels. Cases in Arapahoe County are following a similar trend where cases were declining until 2022, with the lowest number of cases reported in 2021 (figure below). There have been 49 cases reported so far in 2024 compared to 37 cases reported in all of 2023.
 - iii. Arapahoe County Public Health continues to recommend the [pertussis vaccination series](#) as the most effective method to prevent serious infection. The Community health Nursing Immunization Program and the Communicable Disease Epidemiology Program worked with Arapahoe County Communications to develop preventive messaging to share on social media in response to the rise in cases ([Facebook](#)). The Communicable Disease Epidemiology Program conducts in-depth case investigations with pertussis cases to determine source of infection, monitor illness, identify public

events the individual may have attended while infectious, and recommend post-exposure prophylaxis antibiotics to close contacts to prevent infection.

