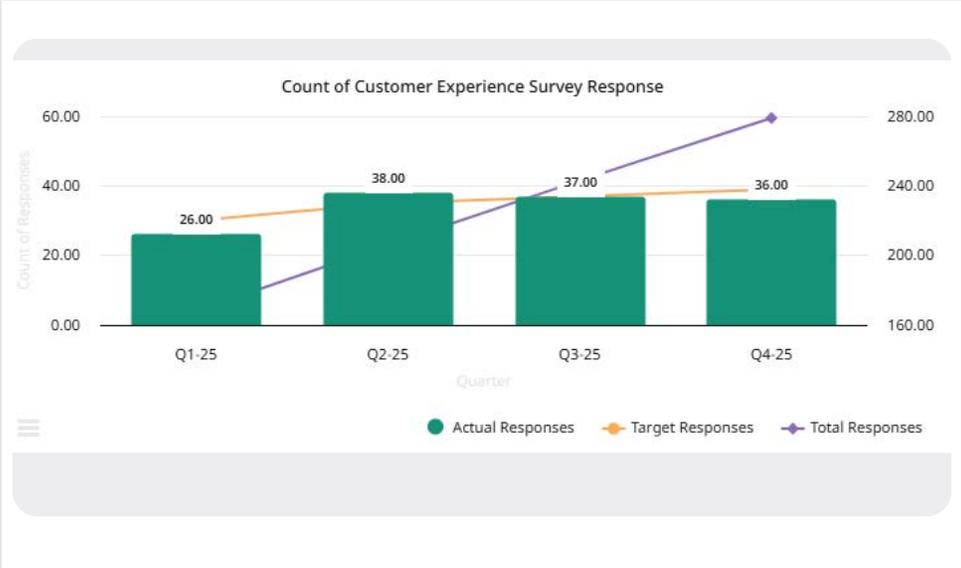


Measures	Charts	Analysis
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OBJECTIVES
Cultivate

Customer Experience Survey Responses

● Count of Customer Experience Survey Responses



The objective of this measure is to consistently increase the number of community providing feedback about their experiences. Q4 demonstrated a slight decline—a clear indicator of needing improvement or special attention to this during the winter/holiday season. Meeting this benchmark validates that ACPH is delivering on its commitments outlined in the Strategic Deployment and Development Initiative. Furthermore, a focus on customer experience reinforces a culture of trust, reliability and intentionality, driving measurable progress toward a service-based public health department.

Measures	Charts	Analysis
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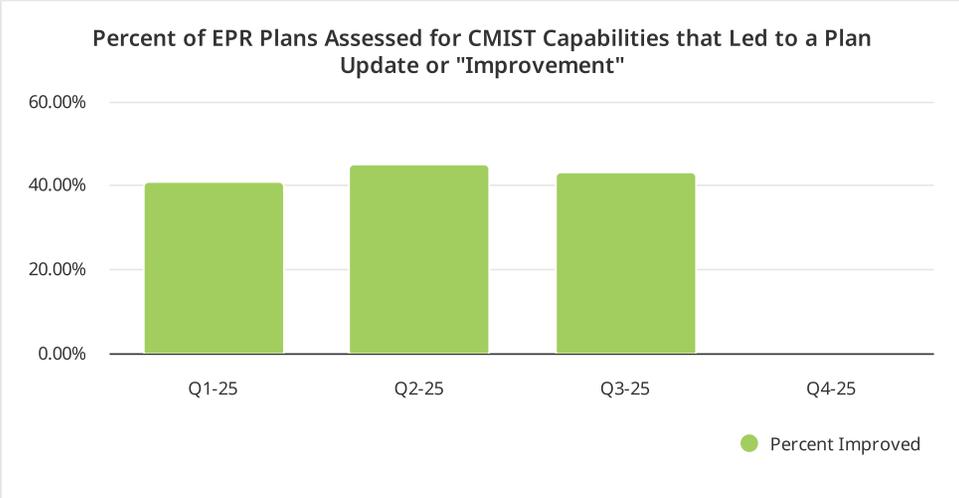
● Percent of Data Projects Reviewed and Informed by the Data Equity Framework



In Q4, 11 data projects were compatible with the Data Equity Tool, but 5 were removed from the denominator because of their tight turnaround time, which was shorter than the inclusion criteria (5 calendar days). Of the remaining projects, 67% (4/6) were put through the Data Equity Framework tool. Our target for Q4 was 70%, which we were slightly under. The removal of 5 projects continues to highlight the need for a shorter tool. We are currently working on drafting a shorter form that can be used for short turnaround requests.

Emergency Preparedness Plans and CMIST Capabilities

● Percent of EPR Plans Assessed for CMIST Capabilities that Led to a Plan Update or Improvement



This data point did not serve to measure the intended purpose and was impacted by real world incidents. It was not a meaningful metric and has been sun-setted as of Q3 2025.

Harm Reduction Services for BIPOC Clients

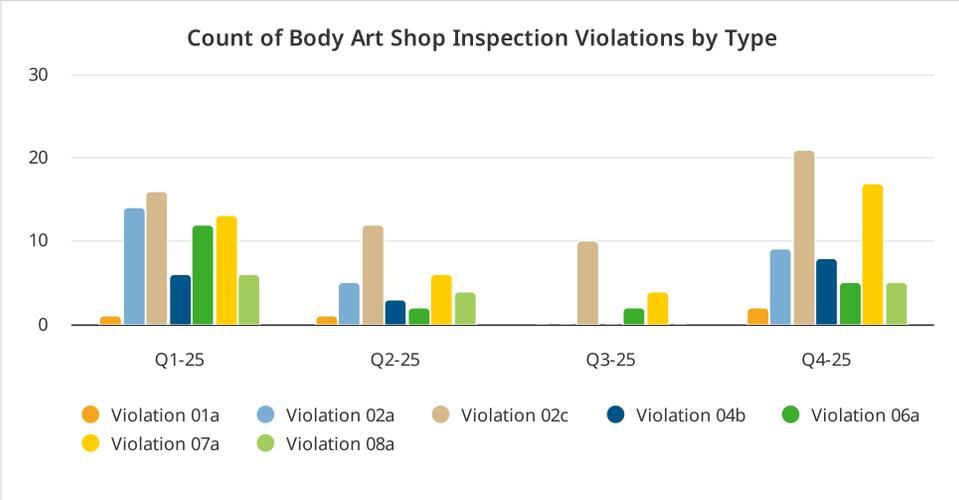
Measures	Charts	Analysis																																							
<p>● Percent of Services That Were Provided to People Who Identify as BIPOC</p>	<p>Percent of Services That Were Provided to People Who Identify as BIPOC</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>Percent of Services Provided to BIPOC</th> <th>Baseline</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Q1-25</td> <td>~60%</td> <td>60%</td> <td>~68%</td> </tr> <tr> <td>Q2-25</td> <td>~60%</td> <td>60%</td> <td>~68%</td> </tr> <tr> <td>Q3-25</td> <td>~60%</td> <td>60%</td> <td>~68%</td> </tr> <tr> <td>Q4-25</td> <td>~60%</td> <td>60%</td> <td>~68%</td> </tr> </tbody> </table> <p>● People Receiving Services ◆ Baseline for People Receiving Services ◆ Target for People Receiving Services</p>	Quarter	Percent of Services Provided to BIPOC	Baseline	Target	Q1-25	~60%	60%	~68%	Q2-25	~60%	60%	~68%	Q3-25	~60%	60%	~68%	Q4-25	~60%	60%	~68%	<p>Because the team is so busy at their fixed sites at It Takes a Village and Englewood, they have less capacity to do outreach to locations where they typically see more BIPOC participants. This number is likely to stay at baseline until staffing shortages are remedied. Despite these challenges, we continue to see people bringing friends in to receive services. This includes many Spanish-speakers and other BIPOC. Trust and stigma are huge drivers of if someone will access services, so word of mouth and bringing people in from participants own community, shows that participants trust us to access services, and they feel less stigmatized with their use and need for services.</p>																			
Quarter	Percent of Services Provided to BIPOC	Baseline	Target																																						
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Q2-25	~60%	60%	~68%																																						
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Q4-25	~60%	60%	~68%																																						
<p>NLP Client Social Vulnerability Index</p>																																									
<p>● Percent of Clients Served Whose Address Falls Within an Area With a High Score on the Social Vulnerability Index</p>	<p>Percent of Clients Served Whose Address Falls Within an Area With a High Score on the Social Vulnerability Index</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>Percent of Clients Served</th> <th>Baseline</th> </tr> </thead> <tbody> <tr> <td>Q1-25</td> <td>0%</td> <td>50%</td> </tr> <tr> <td>Q2-25</td> <td>0%</td> <td>50%</td> </tr> <tr> <td>Q3-25</td> <td>~55%</td> <td>50%</td> </tr> <tr> <td>Q4-25</td> <td>~48%</td> <td>50%</td> </tr> <tr> <td>Q1-26</td> <td>0%</td> <td>50%</td> </tr> <tr> <td>Q2-26</td> <td>0%</td> <td>50%</td> </tr> <tr> <td>Q3-26</td> <td>0%</td> <td>50%</td> </tr> <tr> <td>Q4-26</td> <td>0%</td> <td>50%</td> </tr> <tr> <td>Q1-27</td> <td>0%</td> <td>50%</td> </tr> <tr> <td>Q2-27</td> <td>0%</td> <td>50%</td> </tr> <tr> <td>Q3-27</td> <td>0%</td> <td>50%</td> </tr> <tr> <td>Q4-27</td> <td>0%</td> <td>50%</td> </tr> </tbody> </table> <p>● Clients ◆ Baseline</p>	Quarter	Percent of Clients Served	Baseline	Q1-25	0%	50%	Q2-25	0%	50%	Q3-25	~55%	50%	Q4-25	~48%	50%	Q1-26	0%	50%	Q2-26	0%	50%	Q3-26	0%	50%	Q4-26	0%	50%	Q1-27	0%	50%	Q2-27	0%	50%	Q3-27	0%	50%	Q4-27	0%	50%	<p>Social Vulnerability Index (SVI) data indicate that nearly 50% of the population served falls within the high or very high vulnerability categories, a slight decrease from the 55.26% from the last quarter of reporting, highlighting the consistent percent of families with complex needs and risk factors present in the families engaged through the NLP program. This data reinforces the need the complex system level work in the area of concrete supports such as diapers and car seats without the community capacity to fill the needs of families. The MCH and RHC teams are actively working on improving concrete supports at the system level.</p>
Quarter	Percent of Clients Served	Baseline																																							
Q1-25	0%	50%																																							
Q2-25	0%	50%																																							
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Q3-27	0%	50%																																							
Q4-27	0%	50%																																							

OBJECTIVES

Optimize

Body Art Inspection Violations By Type

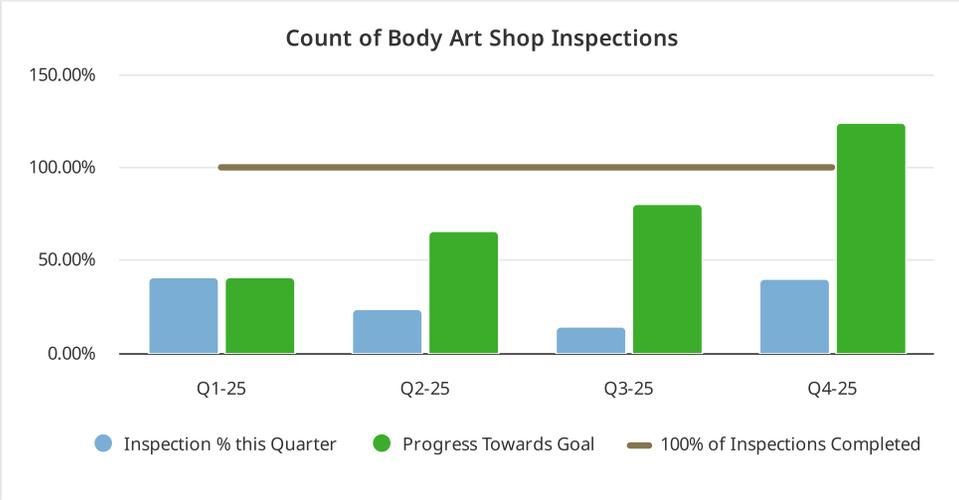
● Count of Body Art Shop Inspection Violations by Type



This chart shows the total number of times each of the associated critical violations were observed at Body Art facility inspections this quarter. Since this is baseline data, quarterly analysis will be provided in following years.

Body Art Inspections

● Count of Body Art Shop Inspections



Goal of 100% of inspections was exceeded due to two main reasons:

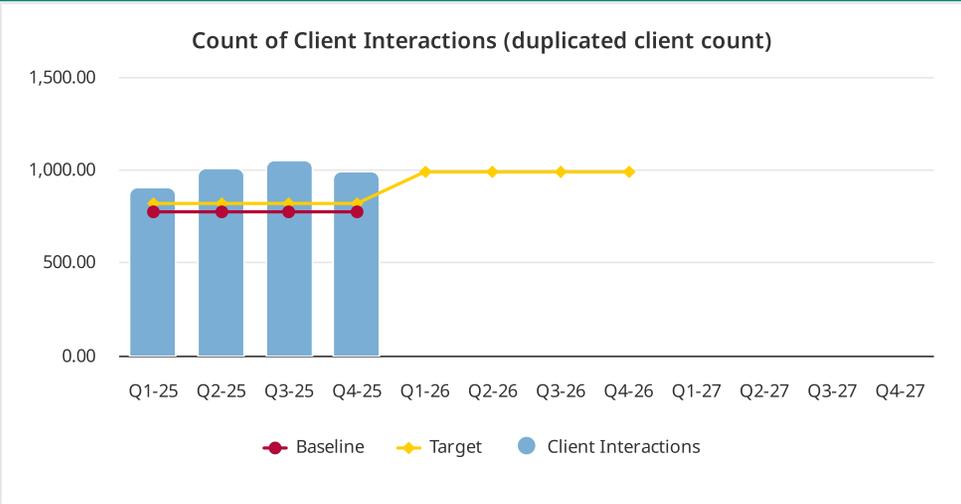
- Growth of count of body art facilities in 2025
- Some facilities required reinspection in the same calendar year

This chart shows the number of inspections, both routine and opening, for Body Art facilities this quarter.

Sexual Health Client Interactions

Measures	Charts	Analysis
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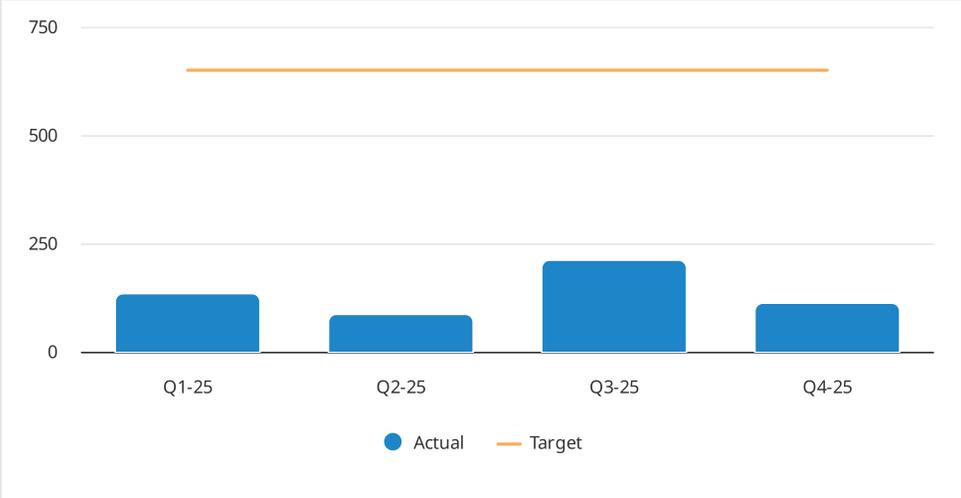
● Count of Client Interactions (Duplicated Client Count)



This measure exceeds our target, reflecting efforts to increase clinic efficiency and maximize clinic capacity to see patients. The slight decrease from last quarter is likely due to a decrease in patients seeking services around the holidays, and staff vacations resulting in fewer available appointment slots.

Enrolled Participants

● Count of Co-Enrollments from WIC into SNAP

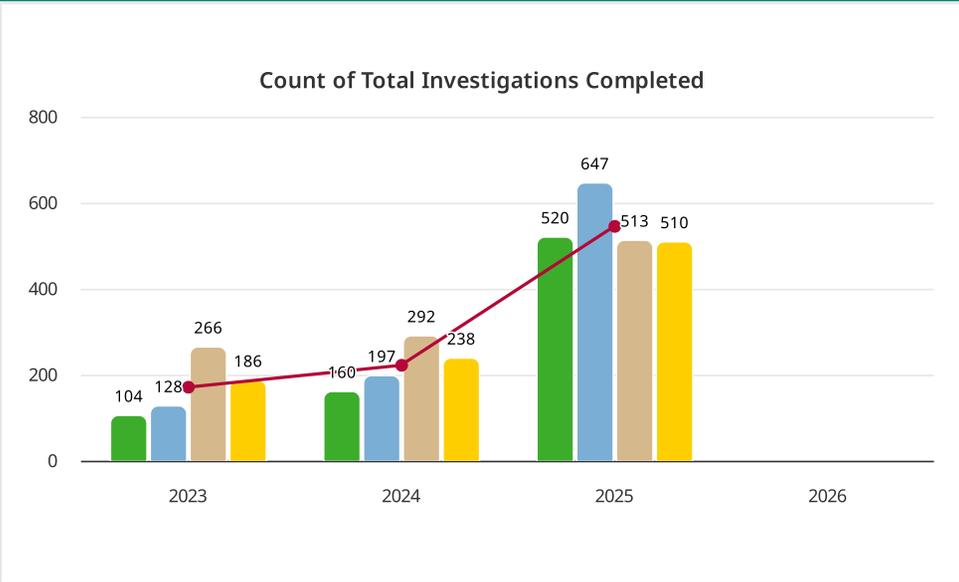


Annual funding cuts has caused a decrease in service provision and numbers served is not a reflection of need but due to funding cuts. Please note during Q2-25 we had a staff member out on medical leave.

Communicable Disease Inspections

Measures Charts Analysis

● Count of Communicable Disease Investigations Completed

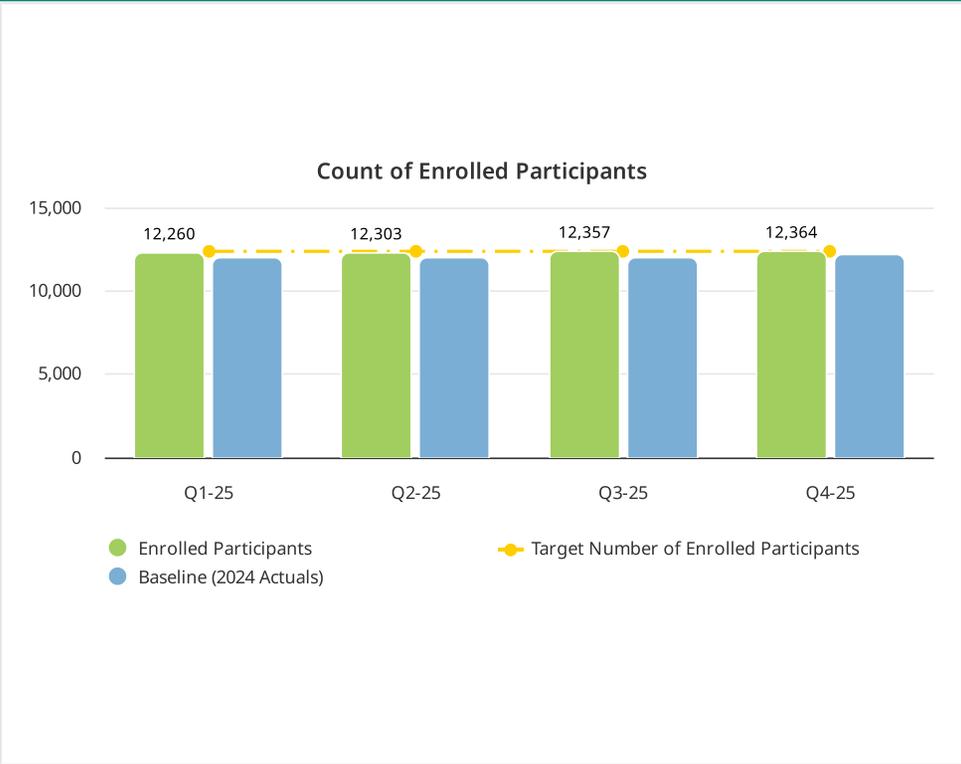


This chart presents quarterly communicable disease investigation data for 2023 through Q4 2025 including an average line for each quarter. Data includes the number of Colorado reportable conditions, outbreaks, and rabies reservoir species investigations completed by the Communicable Disease Epidemiology Program. Q4 2025 shows a significant increase compared to both 2023 and 2024. This increase was largely due to pertussis investigations for confirmed cases and contract tracing efforts and seasonal increases in influenza hospitalizations and outbreaks.

Enrolled Participants

Measures	Charts	Analysis
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● Count of WIC Enrolled Participants

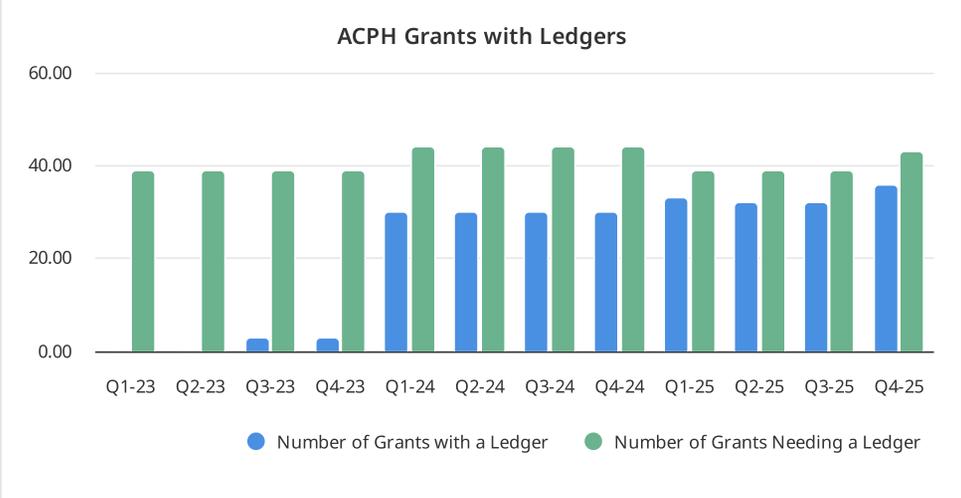


Our WIC caseload has increased since January 2023 by 1,641 participants and our funding has remained flat. This additional caseload support approximately 3.2 additional FTE.

There are many factors that impact WIC enrollment, including hesitation to request services from a government entity, concerns about public charge, stigma, as well as staffing limitations. WIChealth.org online appointment system has allowed our staff to see more participants, however, the system has limitations in participation such as the need to have a smart phone or computer, can only replace specific types of WIC appointments, and it is only offered in English and Spanish. Staff capacity is a challenge due to budgetary restrictions.

Grants Without Ledgers

● Count of Grants Currently Without a Ledger

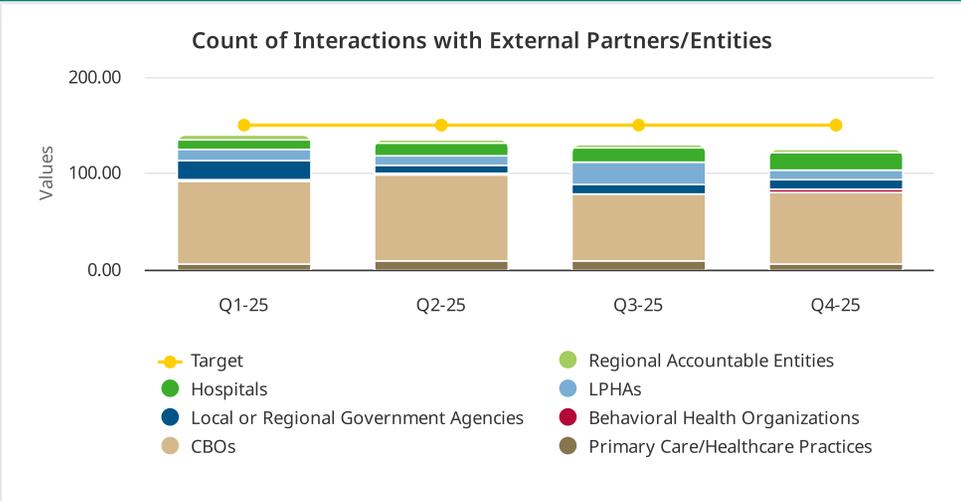


In the 4th Quarter of 2025, six new grants were awarded to ACPH. For these new additional grants, ACPH Finance prepared four new general ledgers in order to accurately track reimbursable expenditures. The new grants without general ledgers are not required to have them.

Regional Health Connector External Partner Interactions

Measures	Charts	Analysis
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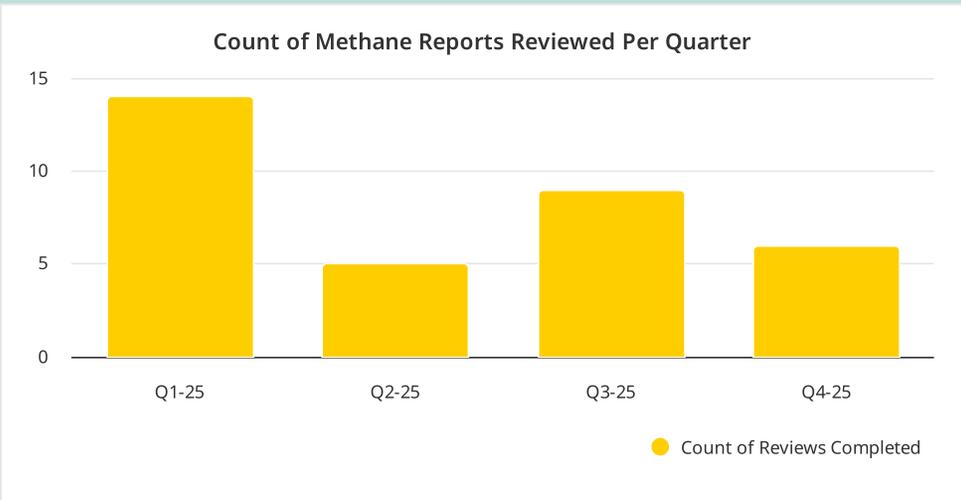
● Count of interactions with external Partners/Entities Contacted By the RHC Program Within Each Quarter for Collaboration and Connection Activities



Q4 is reflective of the strong partnership work that happened between the local public health agencies, hospitals and community based organizations related to firearm injury prevention. The increase in Behavioral Health Organization interactions can be explained by a few BH organizations reaching out for intro meetings and engagement of BH organizations for the resource finder vetting process.

Count of Methane Reports Reviewed		
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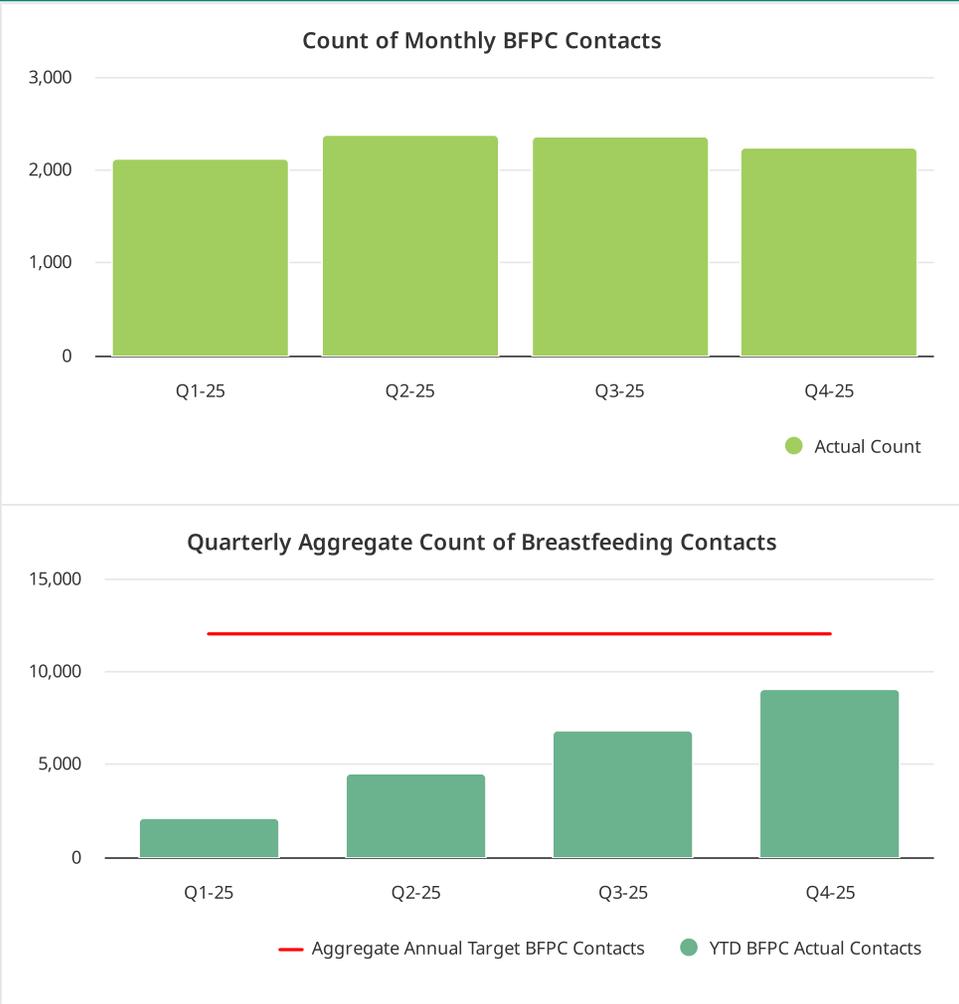
● Count of Methane Reports Reviewed



This chart represents the number of methane vapor reports received and reviewed by the Solid and Hazardous Waste Program staff. As this is baseline data, quarterly analysis will be provided in following years.

Monthly BFPC Contacts		
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● Count of Monthly BFPC Contacts



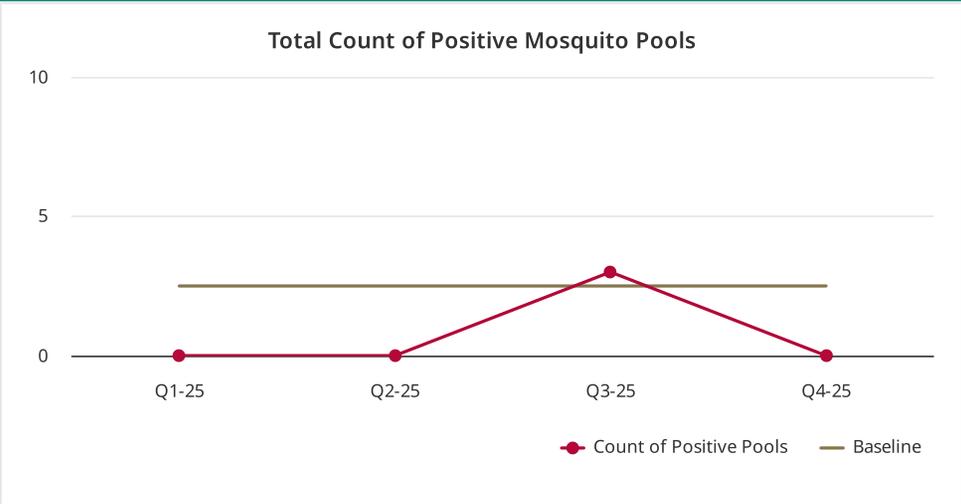
Breastfeeding Peer Counselor contacts are calculated monthly based on data from Compass reports and our EMS texting platform.

External influences - Breastfeeding rates are affected by many variables (support at hospital, home, work/school, daycare, medical issues, legislation, etc.) that are out of our control.

In Q4, there were an additional 2,238 contacts, we are now at a total of 9,081 BFPC contacts.

Measures	Charts	Analysis
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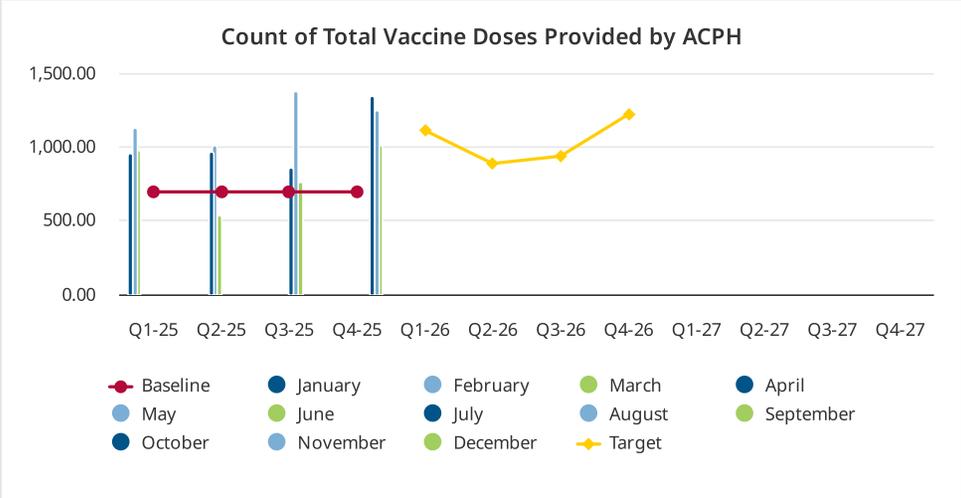
● Count of Mosquito Pools that Tested Positive for West Nile Virus



As this is baseline data, quarterly analysis will be provided in following years.

Vaccines Provided by ACPH

● Count of Total Vaccine Doses Provided by ACPH

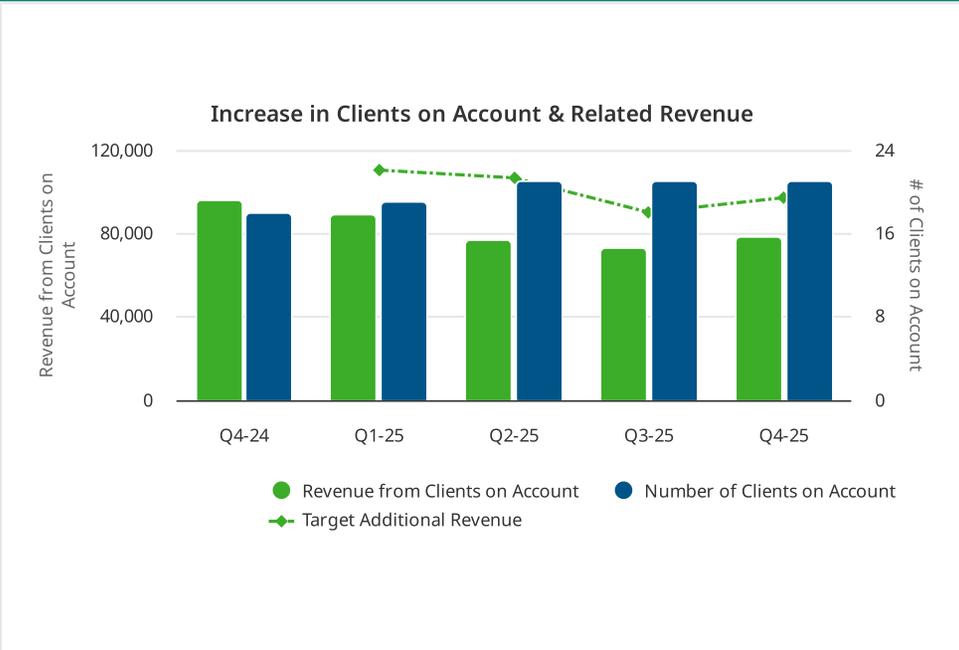


High numbers of administered vaccines consistent with respiratory and school reporting season.

People Served by the Harm Reduction Program

Measures	Charts	Analysis															
<p>● Count of Unduplicated People Enrolled and Served in the Harm Reduction Program Over Each Quarter</p>	<p style="text-align: center;">Count of Unduplicated People Enrolled and Served in the Harm Reduction Program Over Each Quarter</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>People Enrolled and Served</th> <th>Target for People Enrolled and Served</th> </tr> </thead> <tbody> <tr> <td>Q1-25</td> <td>~450</td> <td>~450</td> </tr> <tr> <td>Q2-25</td> <td>~600</td> <td>~480</td> </tr> <tr> <td>Q3-25</td> <td>~650</td> <td>~650</td> </tr> <tr> <td>Q4-25</td> <td>~680</td> <td>~680</td> </tr> </tbody> </table>	Quarter	People Enrolled and Served	Target for People Enrolled and Served	Q1-25	~450	~450	Q2-25	~600	~480	Q3-25	~650	~650	Q4-25	~680	~680	<p>The Harm Reduction team continues to see an increase in people seeking services, likely due to word of mouth and increased visibility in the community. This is also partially due to increased efficiency of fully trained staff, who can see more people in a shorter time period. Some additional thoughts for increased participant encounters and access in services is due to some limited supply distribution to participants (i.e., 10 syringes per person, 1 glass per person). Limits were put in place due to funding limits and ordering constraints as we were regularly running out of supplies, with limits to how much and when we could order again. Because of this, participants were getting less supplies than before. We noticed more people bringing friends into the site for supplies, assuming they were picking up for each other. October was our busiest month to date with 842 encounters and 132 newly enrolled participants.</p>
Quarter	People Enrolled and Served	Target for People Enrolled and Served															
Q1-25	~450	~450															
Q2-25	~600	~480															
Q3-25	~650	~650															
Q4-25	~680	~680															
<p>Vital Records Walk-in vs Scheduled Appointments</p>																	

● Increase in Clients on Account and Related Revenue

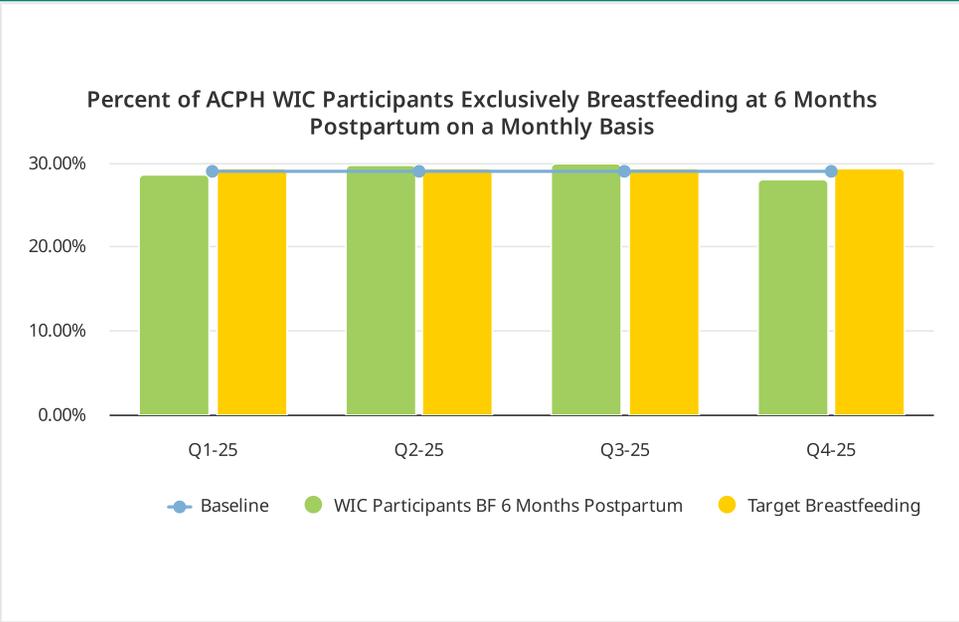


In 2025 we added 2 new on-account clients and re-signed a previous client through our marketing efforts and the addition of a part-time staff member as a dedicated Courier. We are in the process of adding another client in January of 2026, via our partnership with the Aurora Regional Navigation Center, and are in conversations with a current client to add 2-3 additional locations of theirs to our client list and Courier delivery route. While additional revenue through these channels will vary depending on a number of factors, including the recently implemented State fee increase, we hope to continue securing new accounts throughout 2026 to increase the revenue generated from this client base.

Measures	Charts	Analysis																				
<p>● Percent Average WIC Family Benefit Utilization</p>	<p style="text-align: center;">Percent Average Family Benefit Utilization</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>Family Benefit Utilization</th> <th>Baseline</th> <th>Target Benefit Utilization</th> </tr> </thead> <tbody> <tr> <td>Q1-25</td> <td>73.33%</td> <td>73.33%</td> <td>73.33%</td> </tr> <tr> <td>Q2-25</td> <td>72.00%</td> <td>73.33%</td> <td>73.33%</td> </tr> <tr> <td>Q3-25</td> <td>72.33%</td> <td>73.33%</td> <td>73.33%</td> </tr> <tr> <td>Q4-25</td> <td>71.67%</td> <td>73.33%</td> <td>73.33%</td> </tr> </tbody> </table>	Quarter	Family Benefit Utilization	Baseline	Target Benefit Utilization	Q1-25	73.33%	73.33%	73.33%	Q2-25	72.00%	73.33%	73.33%	Q3-25	72.33%	73.33%	73.33%	Q4-25	71.67%	73.33%	73.33%	<p>There are many factors that can impact the purchase of WIC foods by families including client food preferences, capabilities to prepare foods (e.g. homeless), grocery store stocking (e.g. shortages), not understanding of the importance to consume the food, confusion at the store in locating the correct WIC foods or using their eWIC card, stigma at the store using their card, no transportation to get them to the store, etc. Also staff capacity is a challenge due to budgetary restrictions, they are vey busy. Monthly WIC newsletters contain eWIC shopping education, open rates can give us an idea if the family had the opportunity to learn about eWIC shopping. Q4 we went down by .66% from Q3 on benefit utilization.</p>
Quarter	Family Benefit Utilization	Baseline	Target Benefit Utilization																			
Q1-25	73.33%	73.33%	73.33%																			
Q2-25	72.00%	73.33%	73.33%																			
Q3-25	72.33%	73.33%	73.33%																			
Q4-25	71.67%	73.33%	73.33%																			
<p>ACPH WIC Participants Exclusively BF at 6 Months</p>																						

Measures	Charts	Analysis
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● Percent of ACPH WIC Participants Exclusively Breastfeeding at 6 Months Postpartum on a Monthly Basis

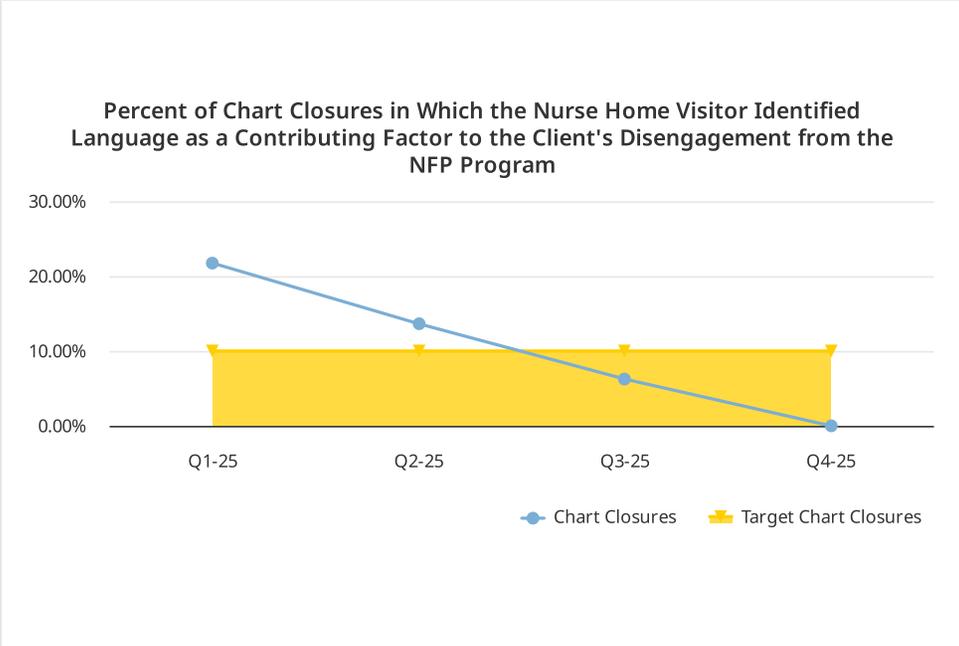


External influences - Breastfeeding rates are affected by many variables (support at hospital, home, work/school, daycare, medical issues, legislation, etc.) that are out of our control.

The Healthy People 2030 objective MICH-15 aims to increase the proportion of infants exclusively breastfed through 6 months of age. In the US, the most recent data from 2021 shows a rate of 27.2%, up from a baseline of 24.9% for infants born in 2015. Our Q4 data of 28% shows we are above the national rates and working towards meeting our goal.

NFP Chart Closures with Language as Contributing Factor

● Percent of Chart Closures in Which the Nurse Home Visitor Identified Language as a Contributing Factor to the Client's Disengagement From the NFP Program

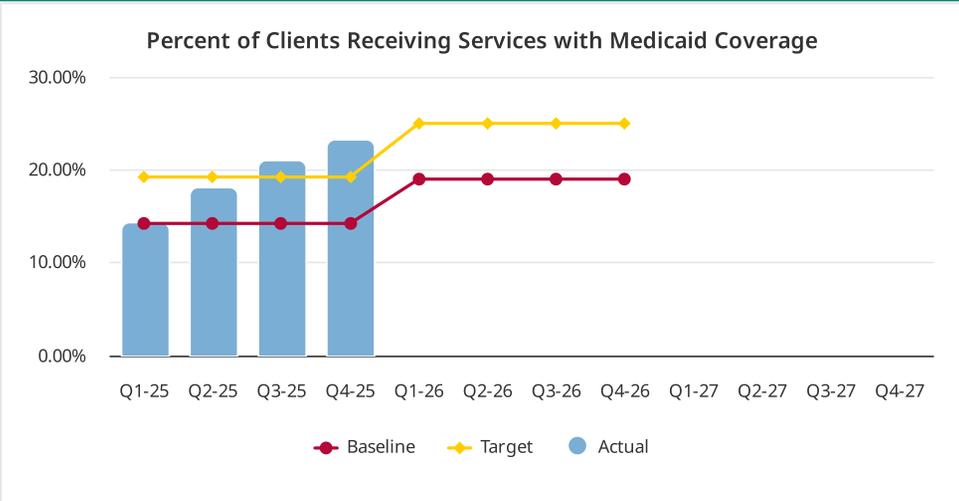


Six of 11 clients who left the program early in this quarter required interpreter services. Of these six clients, five received interpreter services through Language Line only and one was provided services by NFP's bilingual RN. While 2/5 clients experienced issues with call quality (dropped or disconnected calls) during Language Line experience, language was not reported as a reason for clients leaving early. Half (50%) of the clients who required interpreter services (3/6) left the program for non-modifiable factors (fetal death and moving out of the service area).

Sexual Health Clients with Medicaid

Measures	Charts	Analysis
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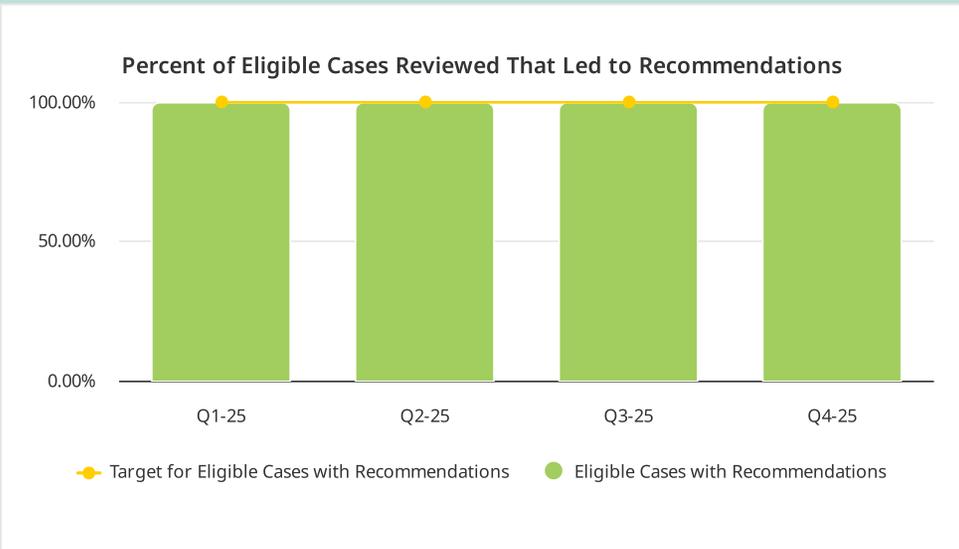
● Percent of clients receiving services with Medicaid coverage



This exceeds our goal of 19%. An increase in patients receiving Medicaid likely does not reflect an increase in patients in the community who are receiving Medicaid. It reflects efforts made to improve staff's capacity to check Medicaid eligibility and bill appropriately, thereby increasing clinic revenue. We will continue to monitor over time.

Child Fatality Cases with Recommendations

● Percent of Eligible Cases Reviewed That Led to Recommendations

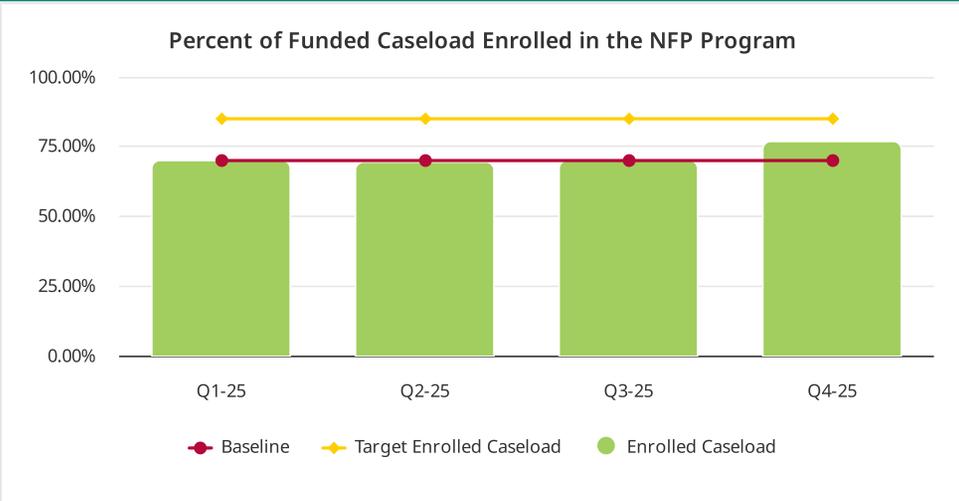


In Q4, the Arapahoe County Child Fatality Prevention System review team met 1 time and reviewed a total of 1 case. This was a smaller group due to the circumstances of the case and timeline for completing review as the coordinator was returning from extended leave. In 100% of the cases, the team made recommendations on preventing future deaths. The cases and subsequent recommendations were in the fatality area of neglect. Due to the nature of the review, the recommendations were not posted to the Child Fatality Review page of the ACPH website.

NFP Funded Caseload

Measures	Charts	Analysis
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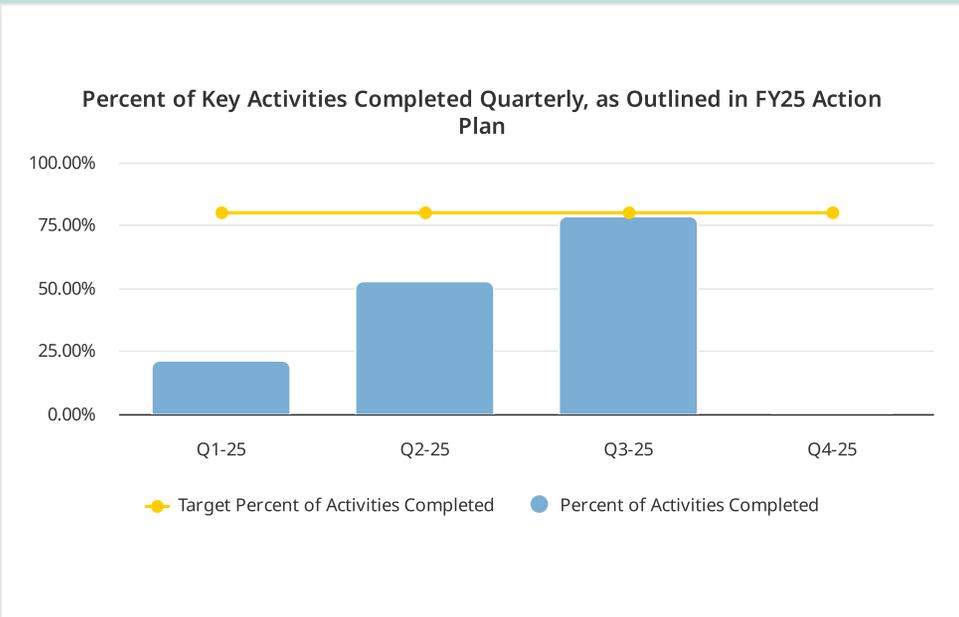
● Percent of Funded Caseload Enrolled in the NFP Program



Staff are working hard to enroll new clients, retain existing clients and graduate those who have completed the program. Engaging prospective referrals for interest in the program has required more effort to convert eligible referrals to program enrollment.

Maternal Child Health Key Activities

● Percent of Key Activities Completed Quarterly, as Outlined in FY25 Action Plan



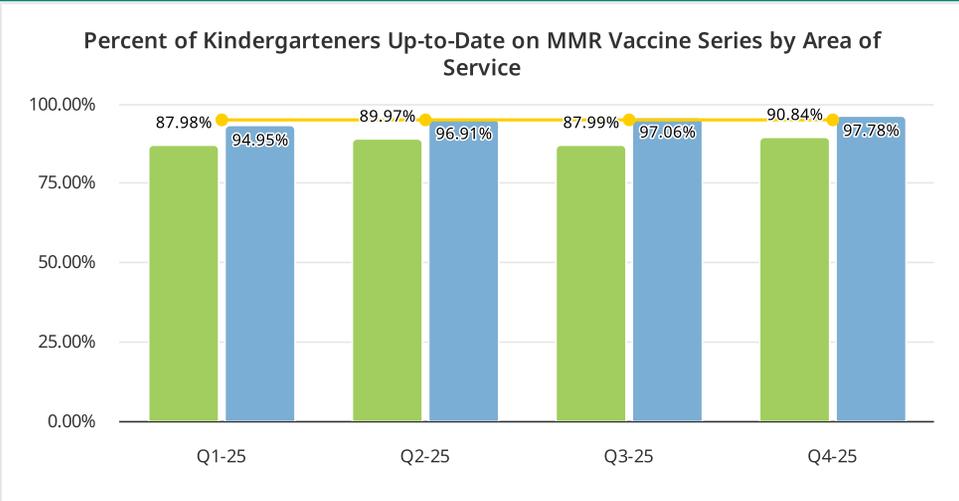
MCH received a new action plan for Q1 of FY26 (Q1 2026=Oct 2025-Dec 2025). As a result, all activities were restarted. While no activities were completed during the first quarter, we initiated and began 83% of the key activities outlined in the action plan.

Of the 19 key activities related to Access to Supports, 16 have been started and/or are ongoing but not yet completed. For Economic Mobility, 8 of 10 activities have been started and/or are ongoing. Additionally, 10 of 12 Social Emotional Wellbeing activities have been started and/or are ongoing but not yet completed.

Kindergarteners Up-To-Date on MMR

Measures	Charts	Analysis
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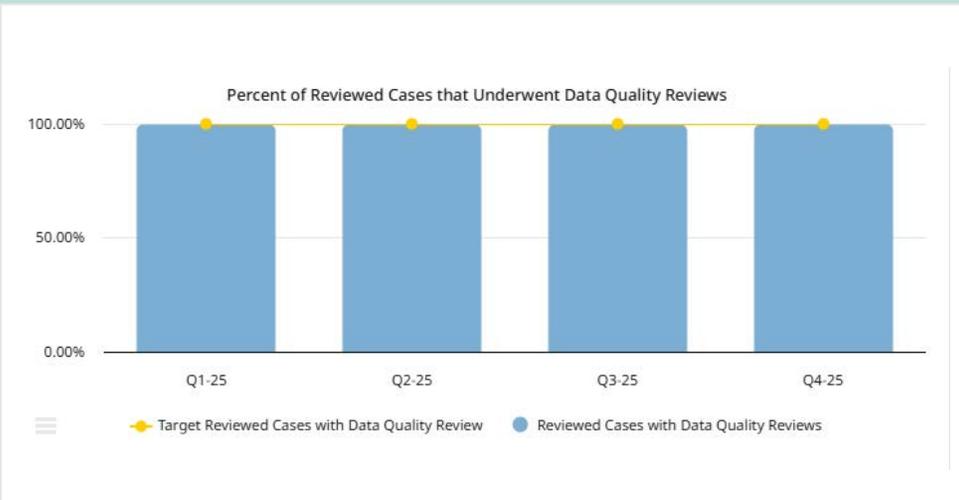
● Percent of Kindergarteners Up-to-Date on MMR Vaccine Series by Area of Service



Nine mobile clinics were held in Q4. Data cleaning in CIIS ensured ACPH assigned clients

Child Fatality Cases with Data Quality Reviews

● Percent of Reviewed Cases that Underwent Data Quality Reviews



In Q4, the Arapahoe County Child Fatality Prevention System review team met 1 time and reviewed a total of 1 case. In 100% of cases, case data was entered into the National Center for Fatality Review & Prevention Case Reporting System (CRS). In 100% of cases, the data was reviewed using the data quality checklist tool within the CRS.

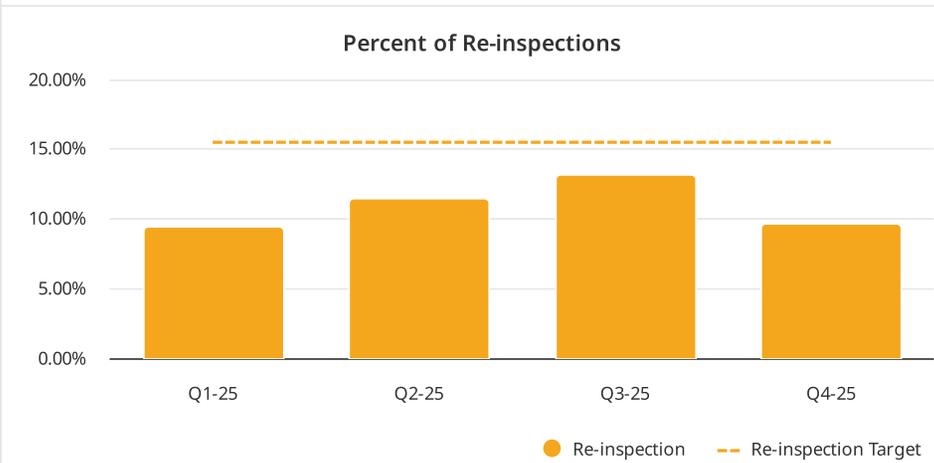
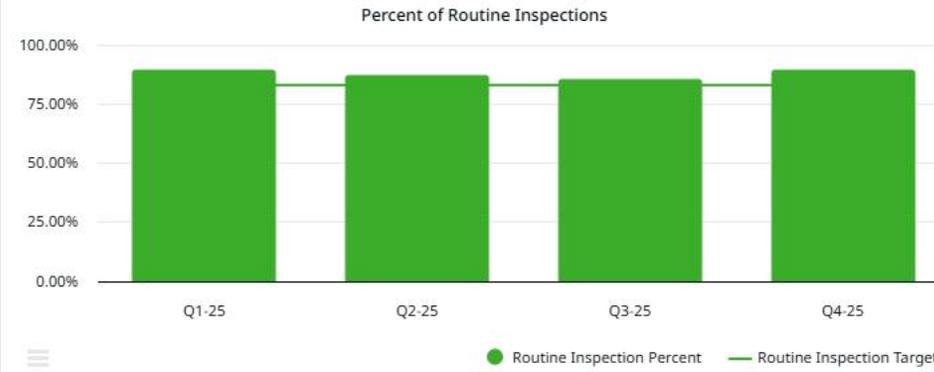
Retail Food Inspections

Measures

Charts

Analysis

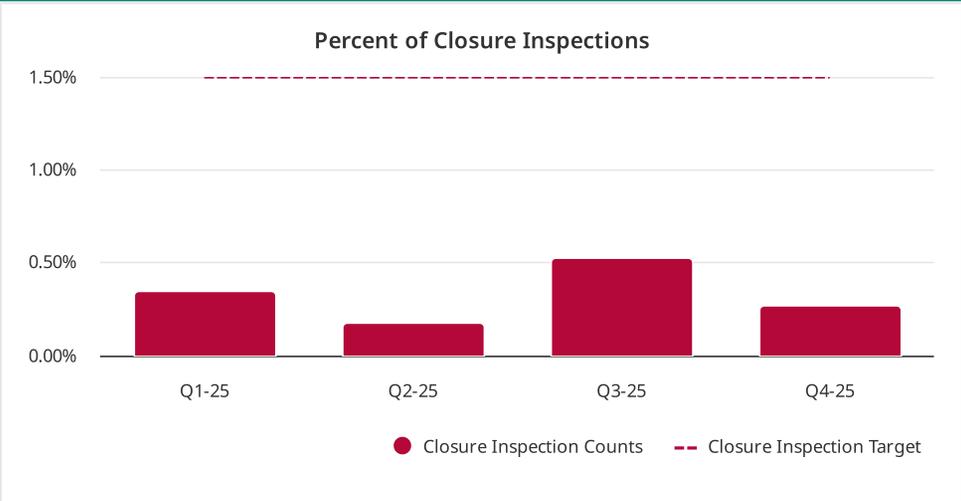
- Retail Food Establishment Inspections, Re-Inspections, and Closures



In comparison to statewide data for CDPHE's FY2025, ACPH's numbers for calendar year 2025 show a slightly lower overall pass rate (statewide at approximately a 90% pass rate and ACPH at an 86.5% pass rate) and a slightly higher reinspection rate (statewide at 9.5% and ACPH at 13%). The ACPH closure rate is very consistent with the statewide average of .4%.

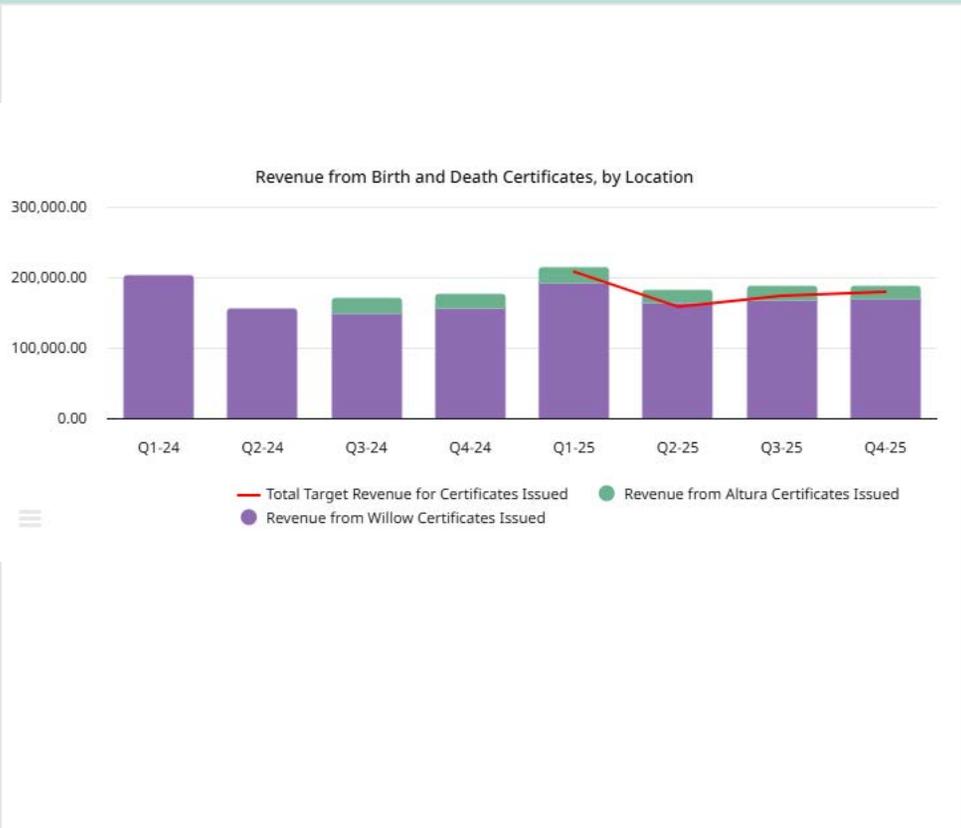
There are many factors that could contribute to these slight differences, but likely such factors as diversity of facility type and inspection approach would factor more significantly. Overall, pass, reinspection, and closure rates for ACPH are very consistent with the standard deviations targeted by CDPHE.

Measures	Charts	Analysis
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Vital Records Birth and Death Certificates

● Revenue from Enhanced Efforts to Grow Issuance of Additional Birth and Death Certificates, By Location



ACPH Office of Vital Records was able to surpass the target revenue goal each quarter in 2025, in large part due to the Altura office location's added revenue since opening in July of 2024. This year was unique due to the Real ID deadline in May of 2025, which increased our sales of Birth Certificates significantly. 2026 will be a unique year as well due to the State Vital Records Office mandate of increasing fees for Birth and Death Certificates, so we are going to closely track issuance in addition to revenue to try to assess the impact of the fee increase, if any, on the number of Birth and Death Certificates ordered. Our goal going forward will be to continue to increase revenue generated by the issuance of Birth and Death Certificates through marketing efforts, accessibility, and stellar customer service, despite the increase in fees.

Measures

Charts

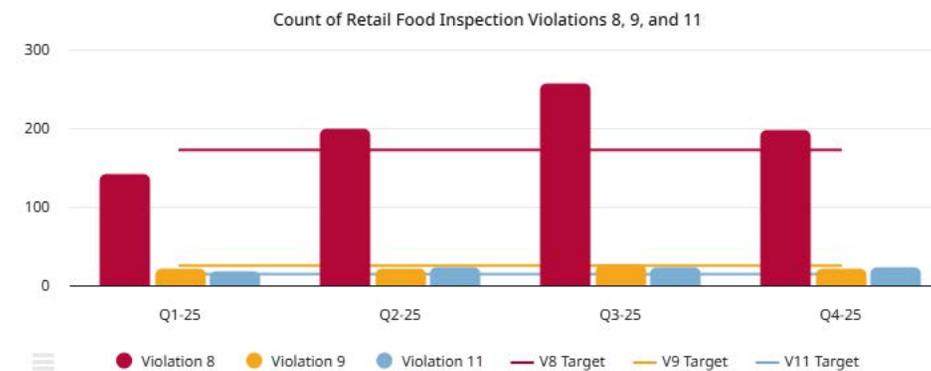
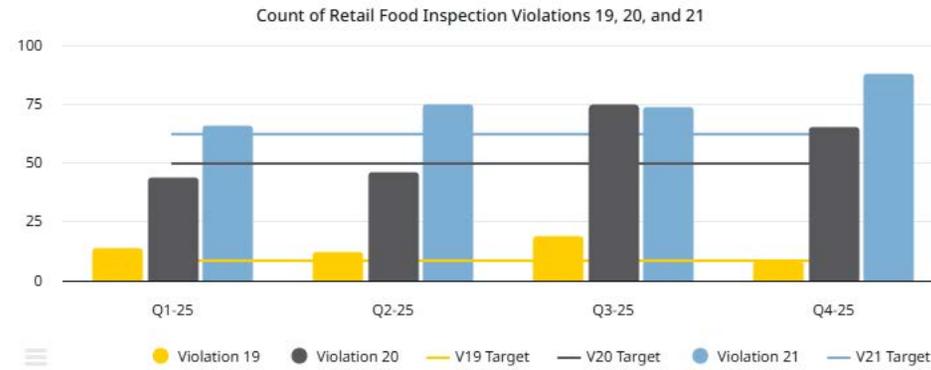
Analysis

Measures

Charts

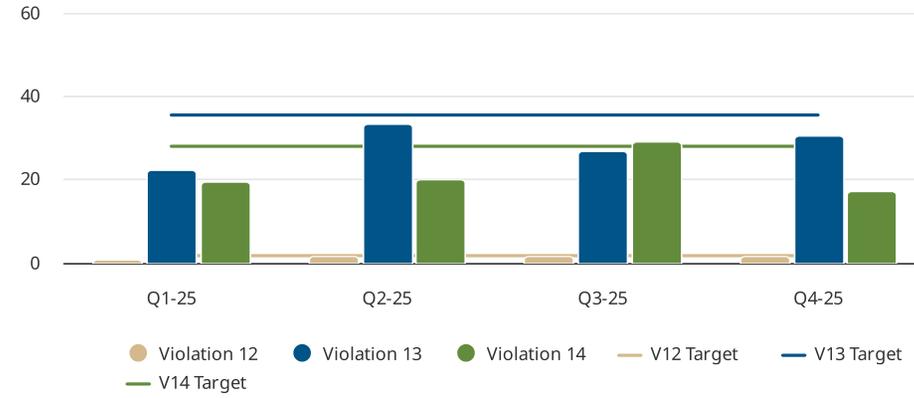
Analysis

● Count of Most Impactful Retail Food Inspection Violations by Type

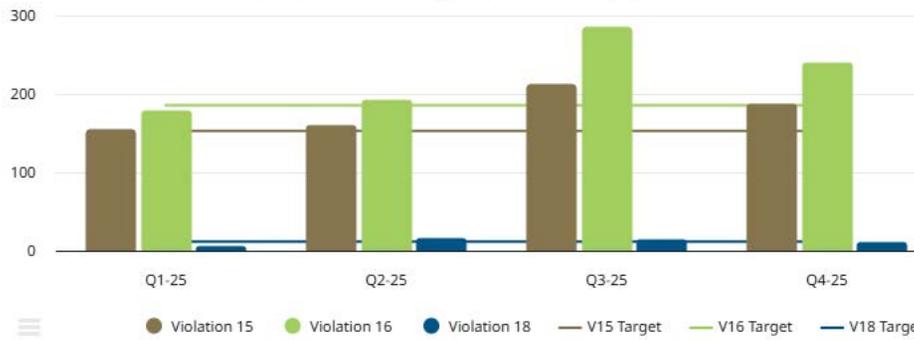


As this is baseline data, quarterly analysis will be provided in following years.

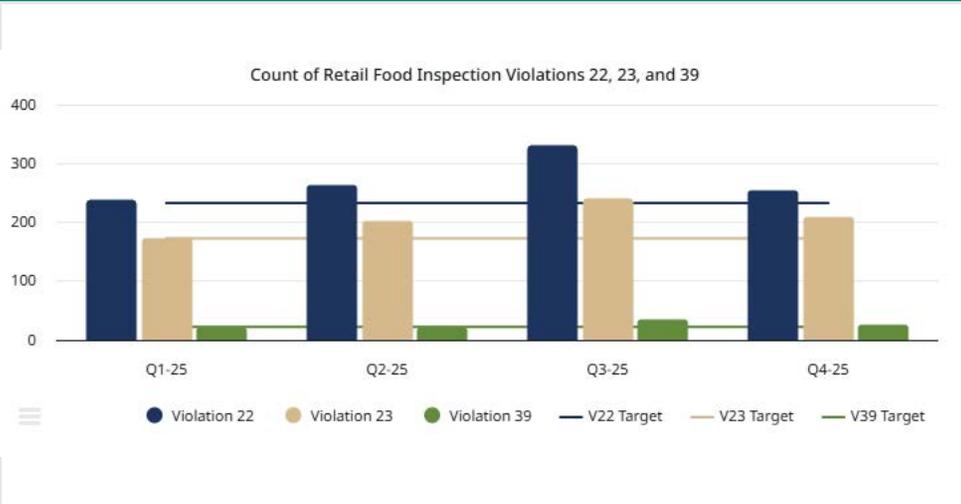
Count of Retail Food Inspection Violations 12, 13, and 14



Count of Retail Food Inspection Violations 15, 16, and 18

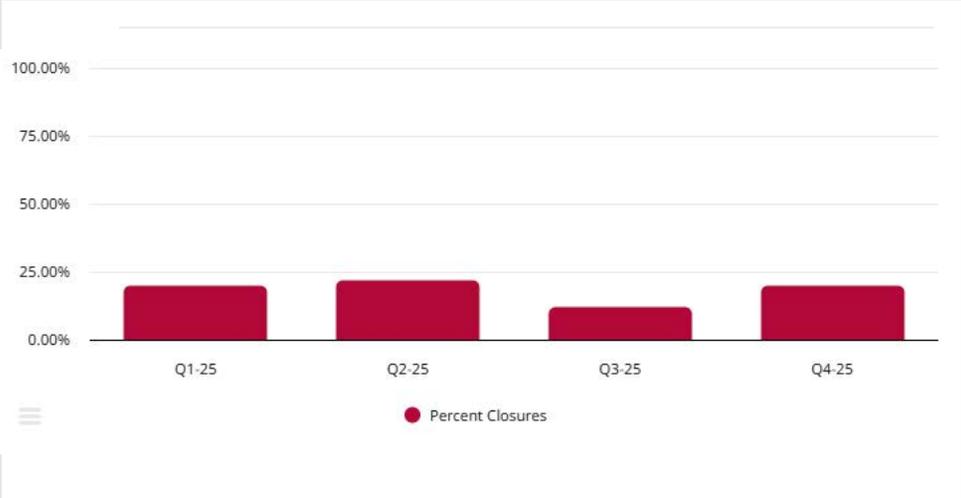


Measures	Charts	Analysis
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● Percentage of Pool and Spa Inspections Resulting in Closures

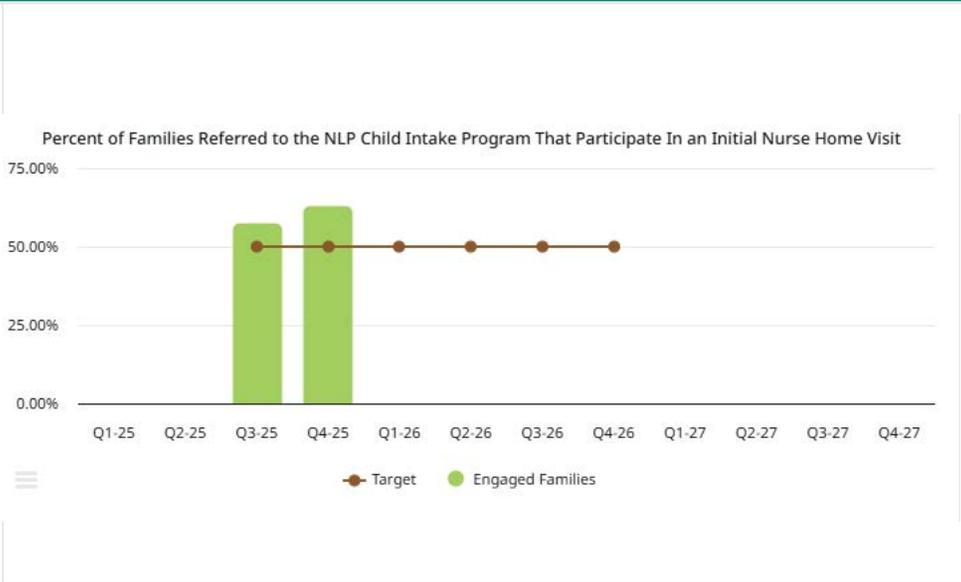


This chart represents the percentage of pool closures ordered by the Water Quality Program staff during pool inspections. As this is baseline data, quarterly analysis will be provided in following years.

NLP Referral Engagement Rate		
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Measures Charts Analysis

Percent of Families Referred to the NLP Child Intake Program That Participate In an Initial Nurse Home Visit

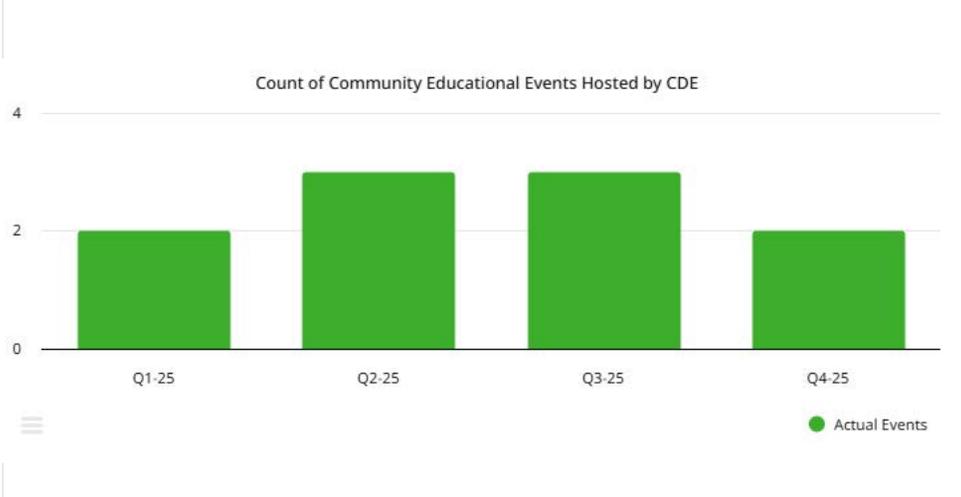


This is the second Q of reporting since the NLP program relaunch in July 2025. The engagement rate for this period was 62.73%, above the 50% target and an increase from the first Q of reporting. In early August, the program implemented a referral workflow process improvement resulting in an increase in timely referrals from DHS, partly explaining the continued observed increase above the 50% goal. Note: The engagement rate goal increased from 40% under the previous model to the current goal of 50% based on the performance of Q1 under the new model and reinforced by this Q of reporting.

OBJECTIVES Reinforce

Community Educational Engagements by Communicable Disease Program

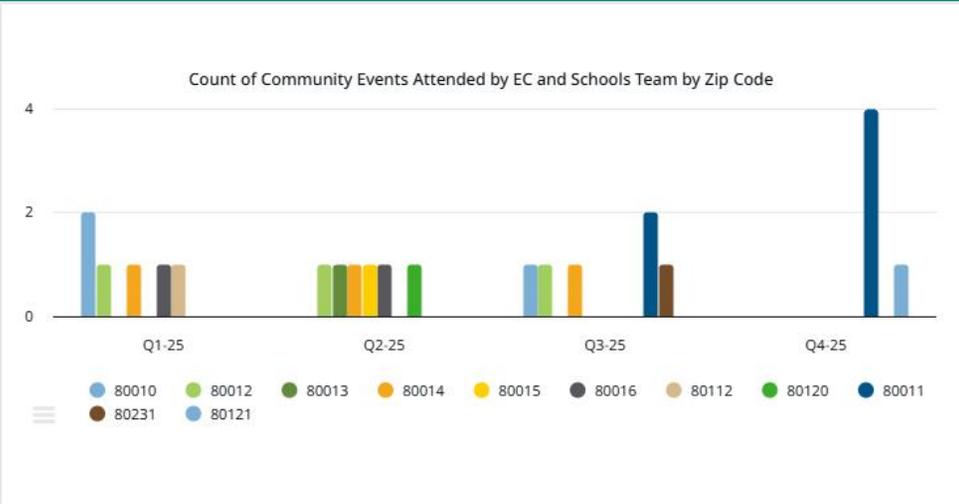
Count of Community Engagement and Education Events Hosted by CDE



The Communicable Disease Epidemiology Program hosted two training events for community partners in Q4 2025. These events included two trainings for medical staff at a local congregate setting on measles and general communicable disease outbreaks, reporting.

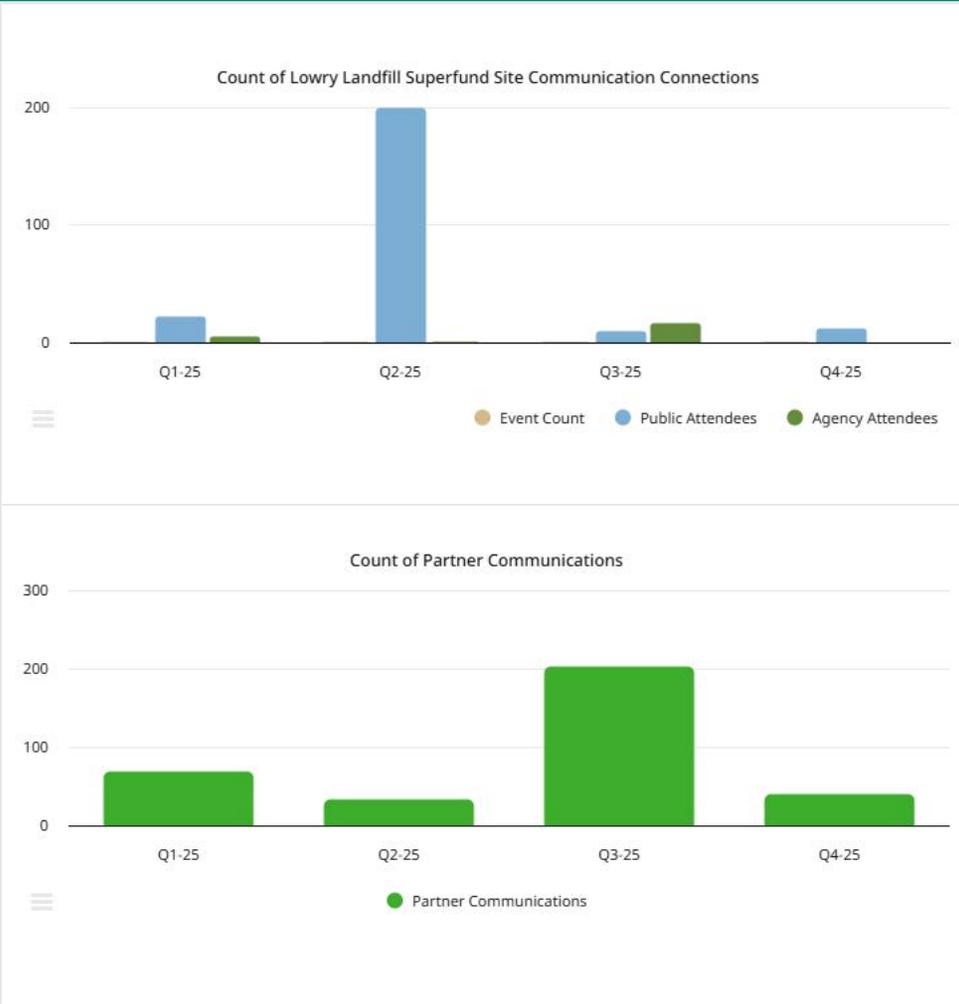
Community Events Attended by Early Childcare and Schools Team

● Count of Community Events Attended by Early Childcare and Schools Team



This chart represents the number of community events the Early Childhood and Schools program staff have participated in across the county. As this is baseline data, quarterly analysis will be provided in following years.

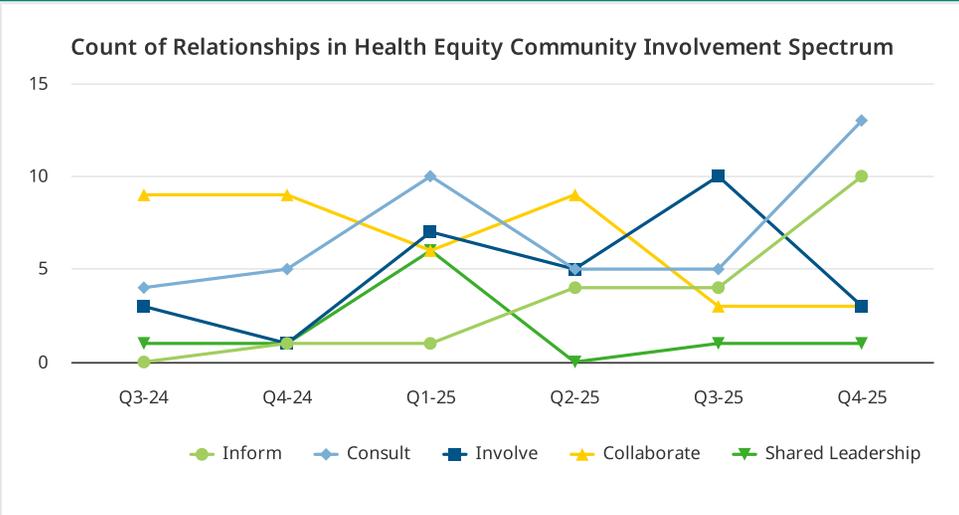
● Count of Lowry Landfill Superfund Site Communication Connections



This chart represents the number of outreach events, partners communications, and attendees at open houses related to the Lowry Landfill Superfund Site. As this is baseline data, quarterly analysis will be provided in following years.

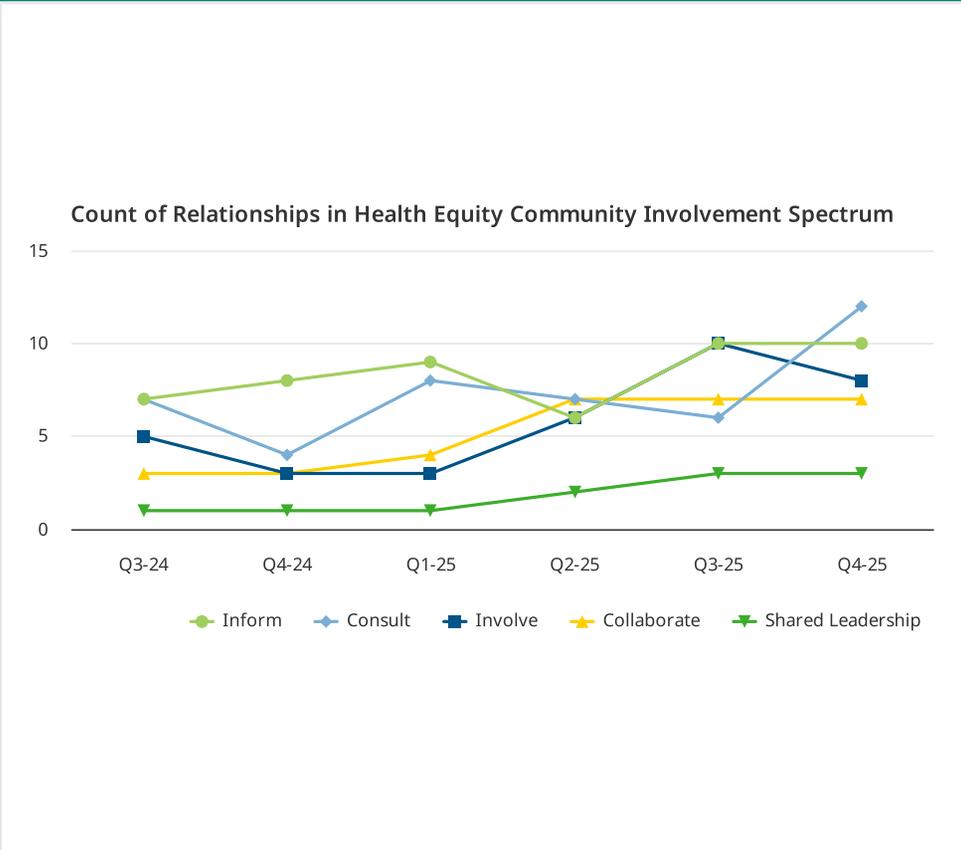
Post card mailings will be included in 2026 data and represent 4,522 mailings in 2025 Q1 and 4769 mailings in 2025 Q3. ACPH will coordinate with EPA and CDPHE to discuss possibility of obtaining website traffic data related to the Lowry pages to document any traffic increases driven by the mailings.

● Count of Relationships in Each Phase of the Health Equity Community Involvement Spectrum



County Q4, 2025 is aligned with our grant fiscal year Q2, 2026. A full-time Coalition Director started on December 15, 2025 with funding through the Telluray Foundation and a commitment from the county. The Food Hub Committee and Sweetened Beverage Fee Committee held meetings in Q2. Funds were received from the City of Littleton to hire a contractor to lead the Food Hub planning process. Holland & Hart law firm is providing pro bono legal research to guide the ordinance planning process for the sweetened beverage fees.

Count of Relationships in Each Phase of the Health Equity Community Involvement Spectrum

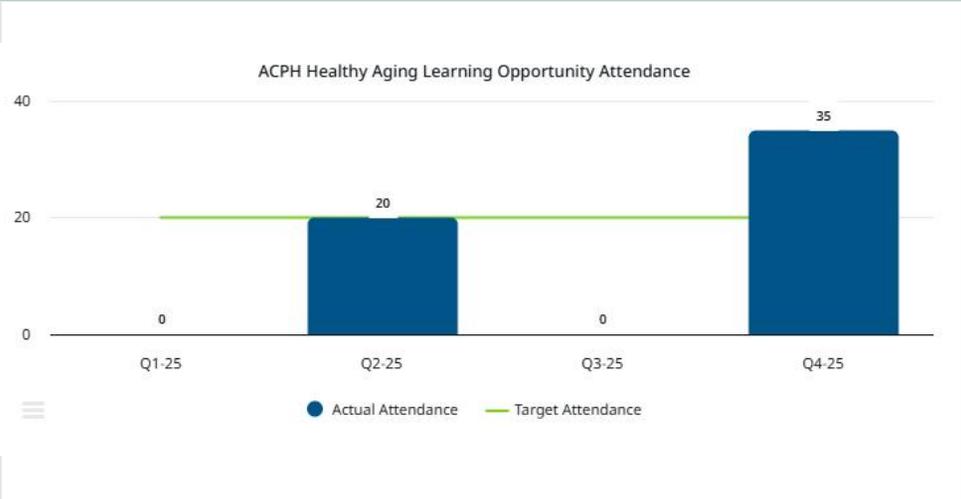


FY26 Q2 (County Q4, 2025) is aligned with our grant's fiscal year (October, November, December). In Q2, our team identified a gap in reaching youth at higher risk for nicotine and vape use, particularly young men who may not be consistently attending school or connected to traditional prevention programs, and we addressed this by forming new partnerships with Street Fraternity and Struggle of Love to bring prevention education directly into their community spaces. Through these collaborations, we delivered a presentation to young men at Street Fraternity and expanded outreach to youth in the north Aurora area through Struggle of Love, allowing us to engage young people who are often underserved by school based efforts and increasing access to accurate prevention information while strengthening relationships with organizations that support at risk youth.

Measures	Charts	Analysis
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Healthy Aging Education and ACPH Staff		
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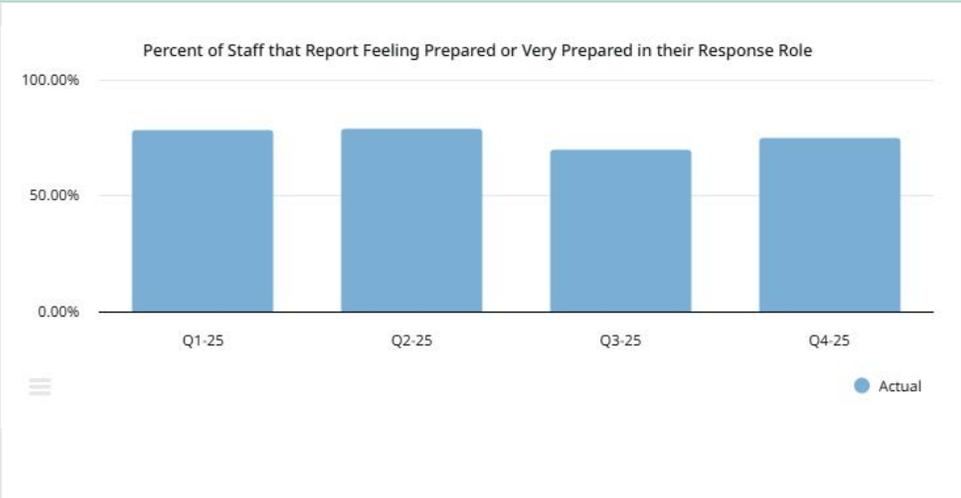
● Count of ACPH Attendance at Learning Activities Hosted by The Healthy Aging Program



35 participants (above the targeted 20) attended a hybrid training on Protecting Against Fraud and Scams for Older Adults, and all of us; informal feedback was very positive!

ACPH Staff Emergency Preparedness		
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● Percent of Staff That Report Feeling Prepared or Very Prepared in Their Response Role

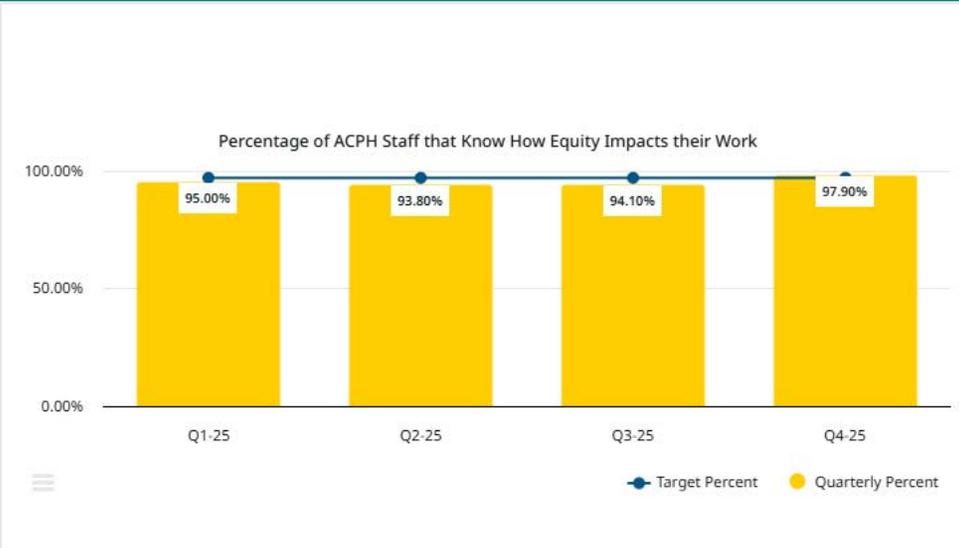


The EPR Program did some additional preparedness outreach for staff on their role during a response. We anticipated and saw a small bump in the metric.

ACPH Staff and Equity Work		
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Measures Charts Analysis

● Percent of Staff Who Know How Equity Impacts Their Work



The objective of this measure is to consistently achieve the 97% benchmark. Q4 demonstrated a significant improvement, enabling us to close the year above target—a clear indicator of success. Meeting this benchmark validates that ACPH is delivering on its commitments outlined in the Strategic Deployment and Development Initiative. Furthermore, embedding Ambassador Program trainings into individual performance plans for all staff reinforces a culture of consistency and intentionality, driving measurable progress toward equity goals.