

Public Health Director's Report
Prepared by: Jennifer Ludwig
Date Prepared: March 14, 2025
Dates Covered: February 17, 2025 – March 14, 2025

Mission Moments (Fiscal Responsibility)

Financial Risk Audit

As standard practice, CDPHE performs Financial Risk Management Assessments of Local Health Departments. This risk assessment results in a rating, Low to High, based on factors associated with financial practices, processes and internal controls. In March of 2023, three months into existence, ACPH received a medium risk rating. At a medium risk rating ACPH was to be reassessed at 12 to 18 months. During the 2024 re-assessment, ACPH was given a **low-risk** rating. Receiving a rating of 'low risk' has many benefits, such as lower documentation requirements for monthly invoice submissions, and reassessments every 3-5 years.

Licensing

Renewal invoices for Retail Food and Body Art licenses were sent out from late October to early November 2024. All the associated licenses expire December 31 of each calendar year. To date, 99.9% have renewed their license bringing in about \$862,000.

In early February, after receiving multiple notices for renewal from ACPH including mailings, calls, and emails, approximately 60 retail food facilities had not paid their invoice and received a \$500 civil penalty notice for operating without a valid license. The civil penalties resulted in approximately \$30,000 in fees.

Food operators who fail to remit full payment for both their retail food license and civil penalty, and are confirmed to be open and operating, are subject to an injunction ordering their immediate closure until all outstanding fees are submitted. From previous experience, we generally reach full compliance in March.

A. Equity and Engagement

Community Engagement Events attended in the past month included but were not limited to:

- Centennial City Council District 2 Meeting, 2/26
- "We Are Aurora" Community Meeting at Aurora Economic Opportunity Coalition, 2/28
- Multilingual Family Night at Colorado's Finest High School of Choice in Englewood, 3/5

Highlighted Upcoming Events and Opportunities:

- Southeast Aurora Islamic Center Health Fair in Centennial, 4/12
- Spring Cleaning Event with Iron Sharp on East Colfax, 4/19
- ACPH All Staff Meeting, Arapahoe County Fairgrounds, 9AM-3PM, 4/8
- National Public Health Week, April 7-11

Please reach out to [Grace Soulen](#) or visit our [Community Engagement Event Request Form](#) to suggest upcoming outreach opportunities.

B. Program Updates

Finance and Administration

Vital Records: ACPH Vital Records offices have joined two other local locations to participate in the Metro Caring necessary documents program. This program provides vouchers for individuals to receive the needed document to enter school, get jobs, and complete basic life tasks.

Partnerships, Planning and Community Health Promotion

1) Community Health Improvement Plan

- a. ACPH staff leading efforts within each Community Health Improvement Plan goal area are meeting regularly to ensure clarity, coordination, and collaboration across teams. Detailed workplans are being crafted to guide next steps and establish or refine indicators for measuring progress over the coming 12-18 months. To share ongoing successes and challenges, a schedule of CHIP spotlight presentations, like this month's Food Security presentation, is being finalized for 2025. In addition, you'll find CHIP-related updates noted throughout each Board of Health Director's Report in bold italics (e.g., ***This initiative aligns with the ACPH Community Health Improvement Plan (CHIP) goal to advance Economic Security and Mobility.***)

2) Grants Procurement

- a. Meetings of the Arapahoe County Grants Coordinating Team launched this month, bringing together representatives of all Arapahoe County departments. ACPH will be a regular participant and contributor to the group, which is coordinated by the County Commissioners' Office. Together, the team will work to enhance collaboration, efficiency, and effectiveness in our grants procurement and management efforts countywide through implementation of a strategic framework employing:
 - i. Cross-Functional Team Structure
 - ii. Effective Policies & Streamlined Procurement Practices
 - iii. Centralized Data Sharing System
 - iv. Trained & Knowledgeable Grants Staff
 - v. Focused Grant Efforts Aligned with Needs & Priorities

Nutrition Division

1) WIC

- a. In February, ACPH WIC participated with CDPHE WIC at their Food and Nutrition Services (FNS) Vendor Monitoring Evaluation. As part of the federally required assessment, Kathleen Rebollo represented a local WIC agency, providing insights into how Arapahoe County implements policies and procedures related to food packages, EBT cards and vendor monitoring visits.

During the evaluation, Kathleen guided FNS through Arapahoe County's processes, while CDPHE WIC staff were also interviewed about statewide WIC practices. Following the evaluation, CDPHE WIC staff sent Kathleen an appreciative email stating: *"On behalf of Melanie and the whole state office WIC team, I just wanted to send a great big thank you for representing Arapahoe WIC in the FNS Vendor Monitoring Evaluation this morning. Talk about nerve-wracking. We truly appreciate you taking the time to walk through Arapahoe's procedures and answer their questions. Not to mention all the preparation you did for this*

call. From what Melissa at FNS shared, you nailed it! She seemed impressed—especially with Arapahoe’s Welcome to WIC email and client newsletter. So much so that it might be a noteworthy initiative in the audit write-up, which would be incredible.”

The evaluation was a success and also demonstrates the teamwork and collaborative nature of the WIC Program in the state of Colorado which makes it so successful.

- b. Starting in April, the USDA changed the WIC food packages to meet daily nutritional needs better. These changes provide a balance of key nutrients needed for healthy growth and development. For example, women and children will receive canned fish, a nutritious addition to their diet. To allow for the changes, some foods have been increased, some decreased, and some may be added like fish. Staff have been busy educating clients about the changes and have also provided updates in the monthly newsletter to clients. You can learn about all the food changes and options at the [Colorado WIC webpage](#).

Community Health Nursing Division

1) Maternal and Child Health Program

- a. The MCH team has been hosting a Volunteer Income Tax Assistance (VITA) site in partnership with the Adams County Health Department and Arapahoe County Human Services. This program provides free tax assistance and filing services to households earning under \$67,000 per year. In February, we assisted 34 households, 25 of whom successfully filed their taxes. These 25 households collectively received \$33,264 in federal tax refunds and \$55,827 in state tax refunds for a total of \$81,091. ***This initiative aligns with the ACPH Community Health Improvement Plan (CHIP) goal to advance Economic Security and Mobility.***
- b. In addition, the MCH team is working alongside the Adams and Jeffco MCH teams and has established a Community of Practice with five community agencies serving underserved populations. These agencies include El Grupo Vida, La Piñata, Growing Home, The Action Center, and Latinas Community Connection. The Community of Practice meets at least once a month with the three MCH teams to discuss tax outreach strategies, upcoming tax assistance events, successes, and challenges. ***This initiative aligns with the ACPH Community Health Improvement Plan (CHIP) goal to advance Economic Security and Mobility.***

2) Nurse Liaison Program (NLP)

- a. As part of our commitment to performance improvement, the NLP team established a new performance target of achieving a 40% engagement rate with families referred to the NLP child abuse and neglect intake team. Following the first official pull of the reporting data from CureMD, we are pleased to report that our team has not only met but has exceeded the 40% target. For the period between December 1, 2024, and January 31, 2025, we achieved an engagement rate of 44%. This means that 44% of the families referred participated in at least one home visit, during which we provided essential services including assessments, education, counseling, and case management.

3) Immunizations

- a. Measles Preparedness – please see emergency preparedness and epidemiology sections for more in-depth information. Participating in readiness efforts in the event of a measles case in Colorado.

- b. Mobile Unit – leased for 6 months and has been received. Actively planning events with community partners. Mock clinic planned for March 17. Hiring for a mobile clinic coordinator now.
- 4) Sexual Health
- a. Hired a new NP Clinical Advisor, Jordyn Bode. She has been hitting the ground running revising our syphilis testing procedures and getting oriented to clinic.
 - b. Received a mini-grant to improve services to people who use drug and will be distributing naloxone in clinic soon.
 - c. Received an increase in our CPED budget and have restarted providing no cost mammograms and colposcopies to uninsured patients.
- 5) Regional Health Connector (RHC)
- a. ACPH applied and was awarded a second round of funding through the RTD Transit Assistance Grant (TAG). In addition to ACPH, the grant application included Human Services and Community Resources. The award is in the amount of \$38,005.00, the equivalent of 1,382 standard 10-ride ticket books. ACPH will be taking the lead in coordinating the grant across the County. ***This initiative aligns with the ACPH Community Health Improvement Plan (CHIP) goal to advance Economic Security and Mobility.***
 - b. ACPH’s RHC will be serving as the local public health liaison to the RHC Metro Denver Partnership for Health (MPDH) Behavioral Health Community Ambassador Program. The RHC will be supporting two Community-Based Organizations, Families Forward Resource Center and Village Exchange Center, to reduce mental health stigma in the communities they serve. ***This initiative aligns with the ACPH Community Health Improvement Plan (CHIP) goal to Improve Access to Affordable Physical and Behavioral Care.***

Health Protection and Response

- 1) Environmental Health Programs
- a. Water Quality: Diana Rashash, Sr. Water Quality Specialist presented at the Littleton Rotary Club to provide an overview of the programs and services provided by Arapahoe County Public Health and our Environmental Health Programs. After the presentation, questions were fielded from a wide range of topics brought by the Rotary Members including our Water Quality program, PFAS, swimming pool inspections, DEI initiatives, programs for the aging, and if federal actions are impacting our funding sources.
- 2) Emergency Preparedness and Response Program
- a. As we continue to see measles cases rise across the US, Canada and Mexico, ACPH staff identified the need to revisit lessons learned from previous communicable disease incidents and begin preparedness efforts to be better equipped to respond if/when we begin seeing measles cases impact our community. The Emergency Preparedness and Response (EPR) program is facilitating weekly meetings, workshops, and training development to increase cross-divisional staff preparedness. The objectives for our efforts serve as the benchmark to prioritize current applicable ACPH staff activities:
 - i. Developing internal process for maintaining situational awareness
 - ii. Re-visiting lessons learned from previous incidents to ensure efficient planning and improved response operations
 - iii. Identifying internal and external preparedness activities in advance of a single case or outbreak (defined as 3 cases) of measles

- iv. Ensuring equity considerations are identified and included as part of preparedness activities
- b. Staff preparedness is a CORE metric for the EPR program, and it is a requirement for Public Health Accreditation and Project Public Health Ready. In partnership with Executive Leadership, the EPR program has crafted a list of required trainings for all staff at ACPH along with a tracking system to ensure accountability. The trainings include an overview of the Incident Command System (ICS), Psychological First Aid, and additional trainings related to roles and responsibilities for incident response and support. Staff are assigned specific trainings based on their position within the department and the potential for involvement in the organizational structure during a response to an incident impacting the county. While we encourage all interested staff to deepen their understanding of emergency preparedness and response, EPR has established required trainings as a baseline to increase awareness, support knowledge during response and provide skills for resilience.

C. Communicable Disease Epidemiology Report

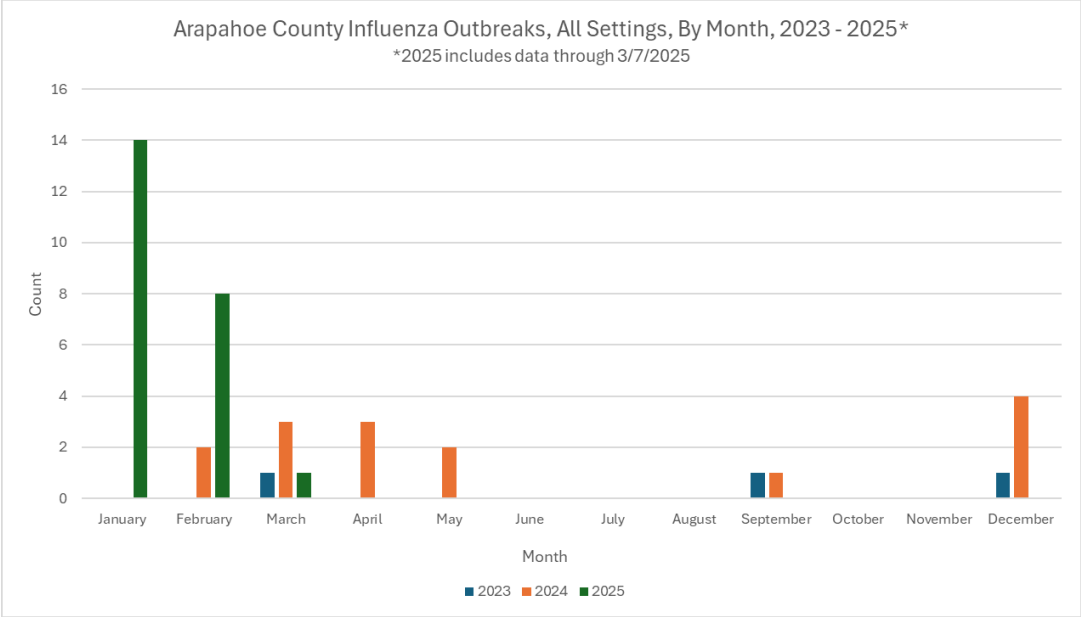
- a. Measles
 - i. Measles is a highly infectious respiratory virus, transmitted primarily via large respiratory droplets. Airborne transmission via aerosolized droplets has been documented in closed areas for up to two hours after a person with measles has been there. Approximately, 90% of susceptible individuals exposed to measles will become sick with measles. Measles is characterized by a prodrome fever and malaise, cough, coryza (runny nose), and conjunctivitis, followed by a maculopapular rash. The rash typically starts on the head along the hairline then spreads to the trunk and lower extremities. Koplik spots, which are tiny white lesions that appear on the inner lining of the mouth, sometimes appear during the prodrome phase of illness. Approximately 30% of cases have one or more complications, which are more common among children younger than 5 years and adults older than 20 years. Complications can include diarrhea, ear infections, croup, and pneumonia. Acute encephalitis, which may result in permanent brain damage, and death are rare but can occur.
 - ii. Before the introduction of the measles vaccine in 1963, infection with measles virus was nearly universal during childhood, and more than 90% of people were immune by age 15 years. Following the introduction of the vaccine, the incidence of measles decreased by more than 98%. While measles is no longer endemic in the United States, cases and outbreaks continue to result from U.S. residents who travel abroad to places with measles, visitors to the United States, and among communities with low vaccination rates. Measles vaccine is incorporated with mumps and rubella vaccine or with mumps, rubella, and varicella as a combined vaccine (MMR or MMRV, respectively). The Advisory Committee on Immunization Practices (ACIP) recommends children routinely receive a first dose at 12-15 months of age and a second dose at school entry (ages 4-6 years). Two doses of MMR are about 97% effective at preventing measles and one dose is about 93% effective. There is no single antigen (measles only) vaccine available in the United States, though measles

vaccines administered in other countries do offer adequate protection against the disease.

- iii. Individuals are considered immune from measles if they have laboratory evidence of measles immunity or disease, were born before 1957, or have 1 or 2 documented doses of MMR vaccine. Adequate vaccination for children between the ages of 12 months and 4 years is 1 dose of MMR vaccine. For children 4 years and older, college students, healthcare personnel, and international travelers, 2 documented doses of MMR vaccine are needed. For adults born after 1957 who do not fall into the aforementioned categories, 1 documented dose of MMR vaccine is sufficient. Children ages 6 months through 11 months may receive 1 dose of MMR vaccine prior to the age of 1 if they will travel internationally or to a location with an active outbreak. The vaccine is not FDA-approved for administration to infants less than 6 months old and is contraindicated for pregnant people and those who are severely immunocompromised.
- iv. If an individual who is not protected from measles through vaccine or previous infection is exposed to an ill individual, post-exposure prophylaxis (PEP) may be offered. MMR Vaccine within 72 hours of exposure for people 6 months or older is the preferred form of PEP for anyone not considered high-risk and is moderately effective at preventing measles infection. Children younger than 6 months old, pregnant people, and severely immunocompromised adults cannot receive MMR vaccine and should instead receive immune globulin, a sterilized blood product which contains antibodies, within six days of measles exposure to help prevent infection.
- v. As of 3/11/2025, 242 measles cases have been reported across the United States this year to include the following states: Alaska, California, Florida, Georgia, Kentucky, New Jersey, New Mexico, New York, Pennsylvania, Rhode Island, Texas, Virginia, Maryland and Washington. This is compared to 285 cases in the United States in all of 2024. The majority of cases (228) have occurred in Texas and New Mexico due to an ongoing outbreak and continued community spread. Most of the 228 cases are among children who had not received the MMR vaccine. As a part of this outbreak, unfortunately two deaths have been reported. More cases are expected as this outbreak continues to expand rapidly. Additionally, there have been 168 cases reported in Canada and 4 in Mexico in 2025.
- vi. Preparedness efforts from ACPH Executive Leadership, Communicable Disease Epidemiology (CDE), Immunization, EPR, Communications, Chief Medical Officer, Safety, and Health Equity are underway to ensure we are ready to respond should a case be reported in Arapahoe County. Additional coordination work is being conducted with CDPHE, other LPHAs, hospitals, and community partners to collaborate on ways we will work together during a response to measles in Colorado. A Health Alert Network (HAN) was released by CDPHE on 3/11/2025, notifying providers of the ongoing outbreak and increase in cases, symptoms to monitor, how to test for measles, public health notification, and urging hospitals to review their own communicable disease containment plans and safety protocols for staff.

b. Influenza

- i. Influenza (also known as “flu”) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death. Flu symptoms usually come on suddenly. Symptoms can include fever/feeling feverish, chills, cough, sore throat, runny or stuffy nose, muscle or body aches, headaches, fatigue, vomiting and diarrhea. Most people who get the flu will recover in a few days, but some may develop more severe complications such as pneumonia which can be life-threatening and result in death. The best way to prevent illness is to receive the flu vaccine each year. Everyone 6 months and older is eligible to get a flu vaccine every season, ideally by the end of October but people should continue to get vaccinated as long as flu viruses continues to be present in the community. Flu vaccines help to reduce the burden of illness, hospitalizations, and deaths. Vaccination has also been shown to reduce the severity of illness in people who get vaccinated but still get sick.
- ii. Flu activity this 2024-2025 is the highest it's been in nearly a decade. This season is classified as a high severity season overall and for all age groups (children, adults, older adults) and is the first high severity season since 2017 – 2018. CDC estimates that there have been at least 40 million illness, 520,000 hospitalizations, and 22,000 deaths from flu so far this season (CDC [FluView](#)). Colorado monitors state flu activity throughout the year and conducts additional enhanced surveillance between October and May when flu activity is at its highest (CDPHE Viral Respiratory Diseases [Dashboard](#)). In Arapahoe County, 503 hospitalized influenza cases have been reported in 2025 compared to 538 in all of 2024. Outbreaks due to influenza have also increased significantly. As of 3/11/2025, there have been 23 outbreaks of influenza reported so far in 2025 compared to 15 in 2024 and 3 in 2023. The CDE Program continues to monitor reports of flu activity in the county and works with facilities such as long-term care facilities, schools, childcares, healthcare facilities, and other congregate settings to control the spread of influenza by incorporating disease control measures, providing education on enhanced cleaning, providing guidance on exclusion and notification letters, and encouraging vaccination.



**2025 Outbreak settings include long-term care facilities, schools, and childcare facilities.*

D. Legislative Update

Bill	Status	Positions Taken	Overview
SB25-050 Racial Classification on Government Forms	Hearing: Feb 18 3/11/25 Referred to appropriations	BOCC: Support	Concerning a requirement that a government form that requests disclosure of the race or ethnicity of the individual completing the form include a space to indicate that the individual's race or ethnicity is Middle Eastern, North African, or South Asian.
SB25-056 Reduce Premium Cigar Excise Tax	Introduced 1/17/25, Finance Committee 2/4/25 Postpone Indefinitely 2/4/25	CALPHO: Oppose	Effective July 1, 2025, the bill defines "premium cigar" and reduces the statutory rate of excise taxation of this particular tobacco product from the current rates for all non-cigarette tobacco products other than moist snuff of 36% of the manufacturer's list price (MLP) from July 1, 2024, through June 30, 2027, and 42% of the MLP on and after July 1, 2027, to 20% of the MLP, effectively rolling back the increases in the statutory taxation rate for such tobacco products since 2005.
SB25-072 Regulation of Kratom	Appropriations 2/4/25	CALPHO: Monitor	Would repeal certain provisions regarding the regulation of kratom that are included in sections 2 and 3 of the bill with amendments. Would prohibit a processor from manufacturing, packaging, labeling, or distributing in the state a food or dietary supplement that consists of kratom leaf or kratom leaf extract unless the manufacturer of the kratom product has obtained a registration of the kratom product from the executive director of the department of revenue.
HB25-1120 Septic System Replacement Enterprise	Hearing 2/13/25 Appropriations 3/14/25	CCI: Oppose CALPHO: Monitor	The bill establishes a septic-system replacement enterprise, a government-owned business that collects fees on septic-system permits to fund a loan program for replacing failing septic systems.
HB25-1190 Expanding Cottage Foods Act	Introduced 2/10/25 Dylan Garrison testified against this bill. It died on 3/3.	CALPHO: Oppose BOCC: Oppose	The "Colorado Cottage Foods Act" (act) allows for the sale and consumption of a limited range of homemade foods that do not require refrigeration. The bill expands the act by allowing for the sale and consumption of homemade foods that require refrigeration.
HB25-1295 Food Truck Operations	Introduced 3/4/25 Hearing 3/19/25	CALPHO: Monitor	The bill creates a reciprocal licensing and permitting system for the operation of food trucks within the jurisdictions of local governments in the state.

