



ARAPAHOE COUNTY

Arapahoe County

Arapahoe County Board of Health

Agenda

Wednesday, June 17, 2026

Open Space Building - Bijou Room

3:00 PM

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

Meeting ID: 270 688 752 384 0

Passcode: qf3ir7EE

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

1. CALL TO ORDER*

2. APPROVAL OF MINUTES*

May Meeting Minutes

[26-314](#)

Attachments: [BOH_Meeting_Minutes_May26_June2026](#)

3. PUBLIC COMMENT*

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

4. BOARD OF HEALTH COMMENTS*

5. GENERAL BUSINESS ITEMS

Environmental Health Fees Adoption

Environmental Health Fees Approval

[26-315](#)

Attachments: [BOH_General_Business_Environmental_Health_Fee_Change_Hearing_June2026_Resolution](#)

6. STUDY SESSIONS*

6.a Presentations

2027 Draft Budget [26-316](#)

Attachments: [BOH_Study Sessions_Presentations_FY27 Draft Budget_June2026](#)

Retail Food Program Overview [26-317](#)

Attachments: [BOH_Study Sessions_Presentations_Retail Food Program Overview_June2026](#)

6.b Director's Report

June Director's Report [26-331](#)

Attachments: [BOH_Study Session_Directors Report_June2026](#)

7. EXECUTIVE SESSION

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

8. ADJOURN*

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



Arapahoe County

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

Board Summary Report

File #: 26-314

Agenda Date: 6/17/2026

Agenda #:

Arapahoe County

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



ARAPAHOE COUNTY

Meeting Minute Summaries

Wednesday, May 20, 2026

3:00 PM

Open Space Building - Bijou Room

Arapahoe County Board of Health

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Passcode: qf3ir7EE

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<https://arapahoe.legistar.com/Calendar>.*

1. CALL TO ORDER*

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

2. APPROVAL OF MINUTES*

2.a Business Meeting Minutes

Attachments: [BOH Meeting Minutes April26 May2026](#)

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

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

3 PUBLIC COMMENT*

There were no individuals present online or in person for public comment.

4 BOARD OF HEALTH COMMENTS*

5. GENERAL BUSINESS ITEMS*

County Attorney, Monica Kovaci, presented the separation agreement to the Board. This is a standard agreement that designates the Public Health Director an appointee of the position, grants the Board of Health authority to terminate such appointment, and outlines the terms of separation. This Separation Agreement is a Countywide standard for department directors.

Attachments: [BOH General Business Separation Agreement May2026](#)

A motion was made by Davis, seconded by Walker, that this Separation Agreement be approved and executed as written. The motion carried by the following vote:

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

6. STUDY SESSIONS*

6.a Environmental Health Fees Follow-Up Q&A

6.b CORE Metric Spotlight

Attachments: [BOH StudySession CORE Spotlight Communicable Disease Epidemiology May2026](#)

6.c Presentations

Attachments: [BOH Study Session Review of Bylaws May2026](#)

6.d Legislative Update

6.e Director's Report

Attachments: [BOH Director's Report May 2026](#)

7. EXECUTIVE SESSION

No executive session was held.

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Board Summary Report

File #: 26-315

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ARAPAHOE COUNTY



Environmental Health Fees for Board of Health Adoption

June 2026

Kristin Byer, Business Operations Manager
Division of Health Protection and Response
Arapahoe County Public Health

EH Fee Adjustments: Hearing & Adoption

Why This is Before the Board

- Fees have not been updated since 2019, when the public health agency was under Tri-County Health Department.

Completion of the Process

- Arapahoe County Public Health (ACPH) has three years of service completed and sufficient data to understand the cost to deliver services.
- Stakeholder feedback gathered and considered.
- Cost recovery and fees analyzed.
- Fee adjustment recommendations shared to the Board of Health.

Purpose of Adjustments

- To improve cost recovery to support public health work.

EH Fee Adjustments: Hearing & Adoption

Fiscal Impact

- Based on 2025 service volumes, the estimated incremental revenue is:
 - 2027: \$36,924
 - 2028: \$57,574
 - 2029: \$78,224

Staff Recommendation

- ACPH staff recommend the Board of Health conduct a public hearing and adopt proposed fee changes as presented.

Motion

- Move to adopt the proposed fee changes
- Effective Date: Jan 1, 2027



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To: Board of Health

Through: Jennifer Ludwig, Public Health Director, Public Health

Prepared By: Kristin Byer, Business Operations Manager, Division of Health Protection and Response

Presenter: Kristin Byer, Business Operations Manager, Division of Health Protection and Response

Subject: Proposed Fee Changes for Adoption – Hearing and Adoption

Purpose and Request: Arapahoe County Public Health requests that the Arapahoe County Board of Health hold a public hearing and consider adopting the proposed updates to Board of Health-governed fees.

Background and Discussion: When Arapahoe County Public Health (ACPH) was established in January 2023, we did not yet have sufficient data to calculate the cost of delivering services. As a result, the Board of Health adopted the existing fee structure from the prior organization, Tri-County Health Department, who provided public health services to Arapahoe County. These fees were last updated in 2019, as staff typically responsible for conducting fee reviews were reassigned to support response to the COVID-19 pandemic.

After three years of operation as a single county health department at Arapahoe County, ACPH has sufficient data to assess the cost of service delivery. We completed this review in accordance with statutory guidance and analyzed the gap between current fees and actual costs. Based on this analysis, we developed recommended fee adjustments for services where costs exceed current fees.

Fiscal Impact: ACPH proposes an effective date of January 1, 2027, for the fee changes. Most fees are structured to remain unchanged for three years. For fees requiring larger increases, a phased approach over three years is recommended to minimize immediate impact. Based on 2025 service volumes, the estimated incremental revenue is:

2027: \$36,924

2028: \$57,574

2029: \$78,224



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Alternatives: The Board of Health may consider the following alternatives:

- Adopt all proposed fee changes
- Adopt select fee changes while leaving others unchanged
- Decline to adopt any fee changes

Staff Recommendation: ACPH staff recommend that the Board of Health conduct a public hearing and adopt proposed fee changes as presented.

Motion(s): Move to adopt the proposed fee changes, effective Jan 1, 2027.



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Board Summary Report

File #: 26-316

Agenda Date: 6/17/2026

Agenda #:



ARAPAHOE COUNTY



Financial Update

Breanna Paderewski, Director of Finance and Administration

Agenda

- Funding Landscape
- FY26 1st Quarter Financials
- FY27 Preliminary Budget Review



Funding Landscape for FY2026 - 2027

- Ongoing instability of federal funding, particularly for immunizations, family planning, and disease surveillance
 - CRF 2 Part 200 Proposed changes
- Continued Uncertainty around Colorado State Budget
 - Flat funding across most renewals
 - Decreases in several programs
 - STEPP/Chronic Disease increase
- Overall staff anxiety around grant funding and program reductions (not a funding challenge, per se)



FY26 Quarterly Financials



1st Quarter High Level Summary

Revenue

- Collected 52% of Budget
- Total Revenue \$11.54m
- \$8.58m in County Contribution
- \$3.02m in Reimbursable Grant Revenue

Expense

- Expensed 25.17% of Budget
- Total Expenses \$6.36m
- Salary and Benefits Total \$5.54m, 87.1% of budget

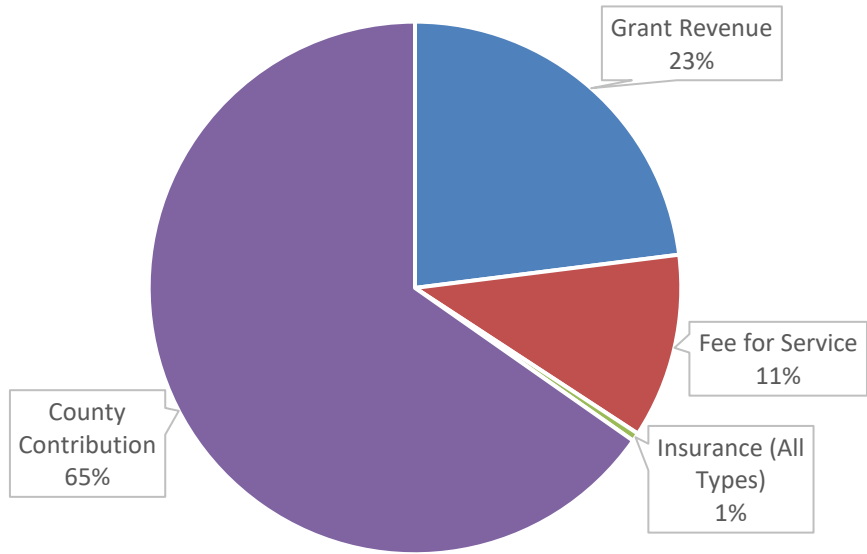
1Q26 Financial Summary

Commitment Item	FY 2026 Budget	1Q26 YTD Actuals	Budget % YTD (25% thru FY)
Revenue			
Fee for Service	\$ (2,265,398)	\$ (1,473,693)	65.05%
Medicaid, Insurance Reimbursement	\$ (187,592)	\$ (67,089)	35.76%
Federal Grant	\$ (6,073,178)	\$ (1,506,212)	24.80%
State Grant	\$ (7,264,741)	\$ (1,349,764)	18.58%
Other Grant	\$ (815,314)	\$ (168,934)	20.72%
County General Funds	\$ (8,582,077)	\$ (8,582,077)	100.00%
Investment Returns	\$ (85,000)	\$ -	0.00%
Total Revenue	\$ (25,273,300)	\$ (13,147,769)	52.02%
Expenditures			
Salaries	\$ 17,553,106	\$ 4,318,934	24.60%
Employee Benefits	\$ 4,911,905	\$ 1,220,749	24.85%
Supplies	\$ 869,040	\$ 259,621	29.87%
Services and Other	\$ 1,713,922	\$ 501,894	29.28%
Capital Outlay	\$ 5,000	\$ -	0.00%
Central Services	\$ 187,127	\$ 59,255	31.67%
Transfer Out	\$ 33,200	\$ -	0.00%
Total Expenditures	\$ 25,273,300	\$ 6,360,453	25.17%



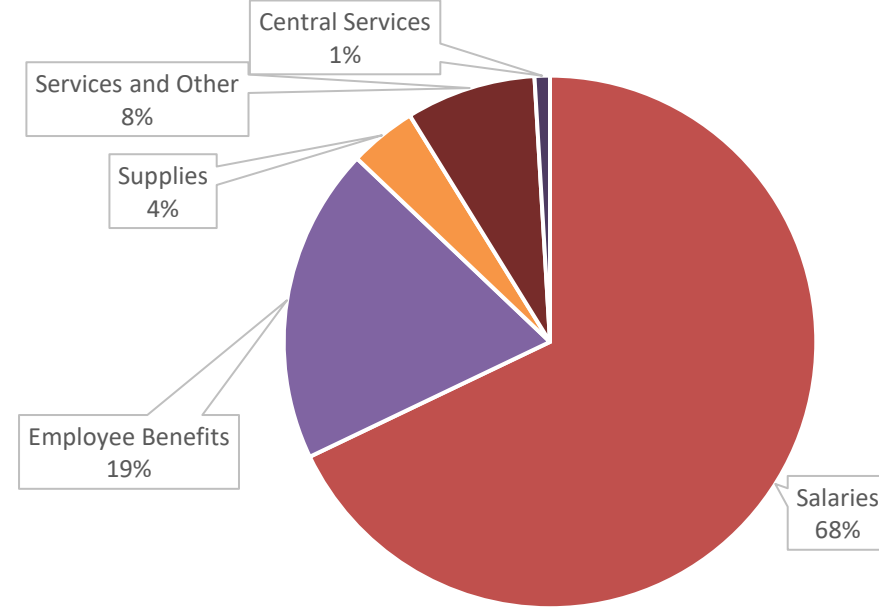
1Q26 Financial Summary

1Q26 Revenue



■ Grant Revenue ■ Fee for Service ■ Insurance (All Types) ■ County Contribution

1Q26 Expenses



■ Salaries ■ Employee Benefits ■ Supplies ■ Services and Other ■ Central Services



Overview FY2027 Budget

The next few slides will cover:

- FY2027 Budget Package Asks
- Preliminary FY2027 Revenue and Expenses

Timeline:

- June – BOH meeting: FY27 Budget review, no action needed
- July – Budget sub-committee meeting: review draft budget
- Aug – BOH meeting: adoption of FY27 Budget
- Sept – Sub-committee present budget to Executive Budget Committee
- Oct – BOCC receives proposed budget package
- Dec – BOCC adopts FY27 budget

FY2027 Budget Asks – Priority 1, WIC Stabilization

- Purpose: WIC is the largest clinical program at ACPH, with staff seeing over 12k clients per month. With year-over-year flat funding and increasing expenses, the Department continuously utilizes the indirect line item to cover payroll expenses. This greatly impacts the Department's fund balance, and therefore the Department's ability to cover administrative expenses as well as respond to unforeseen emergencies. In alignment with other WIC programs across the state, the Department is requesting the funding to cover the WIC Program Management, including two WIC Managers and the Special Project Coordinator.
- Budget ask for FY2027:
 - \$404,197; ongoing, no new FTE

FY2027 Budget Asks – Priority 2, Family Connects

- Purpose: Increase FC program capacity to provide an additional 350 nurse home visits annually in Arapahoe County, strengthening connections to community resources, improving maternal mental health, and intervening in a critical period for high-risk infant and maternal health conditions.
- Impact:
 - Reduced infant hospitalization, reduced emergency department utilization, reduced postpartum anxiety, reduced child abuse and neglect investigations
 - Overall cost savings to health care and human services systems
 - Reduction in racial disparities for maternal anxiety, depression and father support
- Budget ask for FY2027:
 - 1 FTE, Family Connects Nurse
 - \$129,792 salary and benefits; ongoing
 - .5 FTE, Family Connects part-time Business Support
 - \$40,100 salary and benefits; ongoing

FY2027 Budget Asks – Priority 3, Continued

Clinic Operations Support

- Purpose: In 2026, ACPH received funding to support clinical operations for both the Immunization and Sexual Health clinics. Neither of these programs is fully supported by grants and the additional county funding has allowed the programs to maintain service levels and has allowed increased access to services.
- \$250,000 Total clinical operating expense, ongoing
 - \$125,000 in Immunization operating expense; ongoing
 - \$125,000 in Sexual Health operating expense; ongoing



FY2027 Budget Asks – Priority 4, EH Land Use Built Environment

- Purpose: To advocate for and help shape the design of well-connected communities with a lens for community health and wellbeing, including:
 - Walkability, building and street design, drinking water supply, wastewater infrastructure, vector control plans, public transportation, etc.
- How a community is designed and built can significantly impact a person's mental wellbeing and physical health.
- A Land Use & Built Environment Specialist would promote healthy behaviors and ensure that health and environmental issues are routinely identified and addressed in planning and development.
- Budget ask for FY2027:
 - 1 FTE, Land Use & Built Environment Specialist
 - \$129,792 salary and benefits; ongoing



FY2027 Budget Asks – Priority 5, Harm Reduction Capacity

- Purpose: The Harm Reduction program provides essential direct services in the community to prevent drug overdose and HIV/Hep C and STI transmission through naloxone and safer drug use supply distribution, education and referrals to resources, and HIV, Hep C and STI testing. The Department is requesting the funding for the Harm Reduction Team Supervisor.
- Budget ask for FY2027:
 - \$102,700 salary and benefits; ongoing, no new FTE



FY2027 Budget Asks – Priority 6, Injury Violence Prevention Specialist

- Purpose: The Injury & Violence Prevention Specialist builds strong relationships across Arapahoe County to reduce injuries and prevent violence through community-driven action. This role works directly with residents, schools, neighborhood groups, and partner organizations to understand local needs, elevate community voices, and co-create meaningful prevention strategies.
- Budget ask for FY2027:
 - 1.0 FTE, Community Engagement Specialist
 - \$117,992 salary and benefits; ongoing



FY2027 Budget Asks – Priority 7, Rural Outreach Specialist

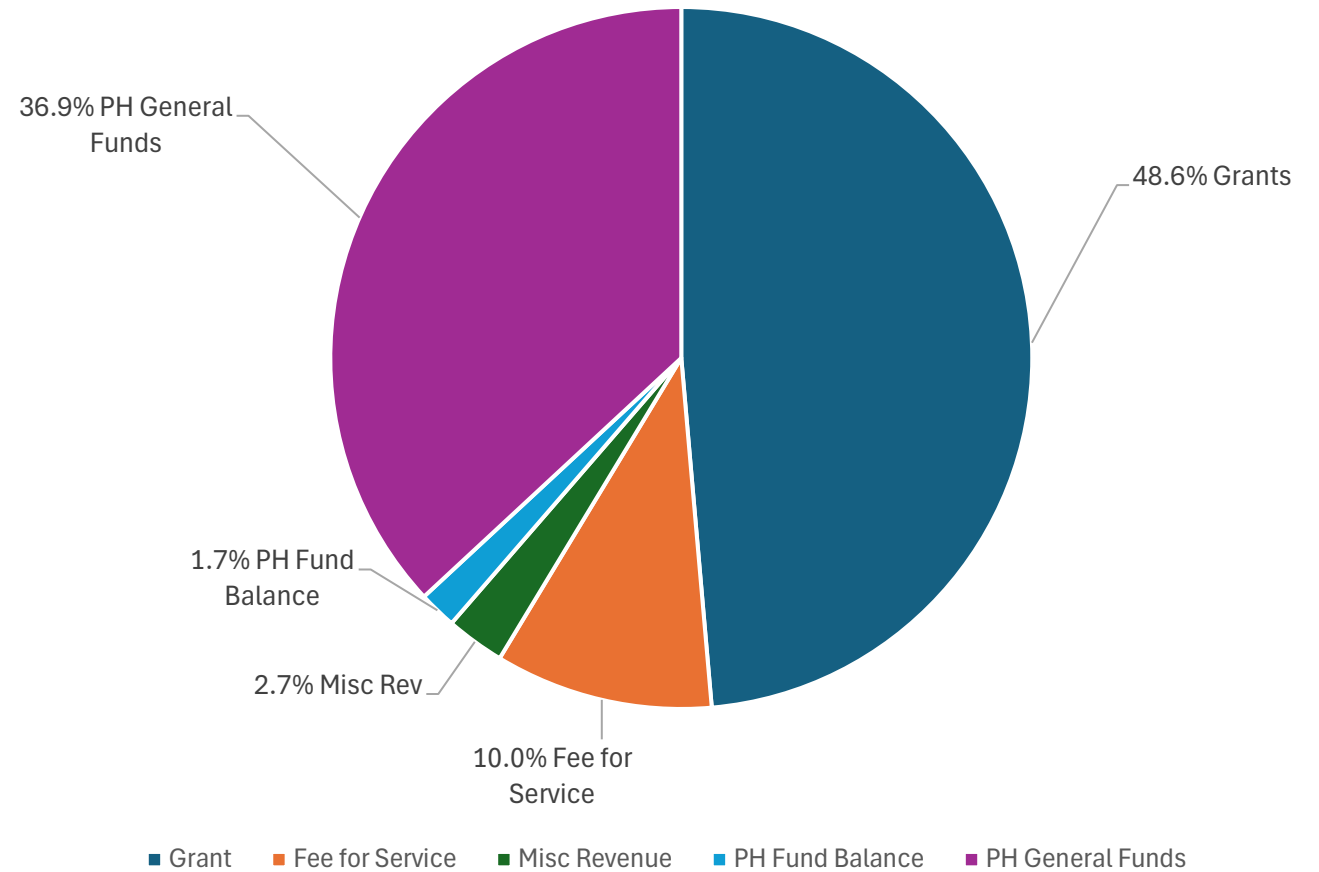
- Purpose: Rural communities face unique challenges related social determinates of health, including access to food and care, as well as to economic stability. With changes to both Medicaid funding and access to food, the need is anticipated to increase. This dedicated outreach specialist would focus on the needs of these communities in Arapahoe County.
- Budget ask for FY2027:
 - 1.0 FTE, Community Engagement Specialist
 - \$117,992 salary and benefits; ongoing

Year over Year Comparison

Revenue	2024 Actuals	2025 Actuals	FY2026 Budget	FY2027 Projected Budget	\$ Difference: FY26 v FY27	% Difference: FY26 v FY27
Grant	15,718,745	14,599,984	13,504,742	13,201,118	(303,624)	-2.2%
Fee for Service	2,132,615	2,321,391	2,452,990	2,727,590	274,600	11.2%
Misc Revenue*	188,149	151,281	733,491	733,491	-	0.0%
Public Health Fund Balance	-	-	-	471,869	471,869	
Public Health General Funds						
On-Going	6,000,000	6,000,000	6,000,000	6,000,000	-	0.0%
On-going due to merit/comp	211,355	541,558	1,053,666	1,819,928	766,262	72.7%
On-going budget asks	253,590	475,129	557,750	1,292,566	734,816	131.7%
One Time	614,070	429,861	970,662	908,185	(62,477)	-6.4%
Public Health General Funds Total	7,079,015	7,446,548	8,582,078	10,020,679	1,438,601	16.8%
Totals	25,118,524	24,519,204	25,273,300	27,154,747	1,881,446	7.4%
Expense						
Salaries	15,183,665	15,935,416	17,553,106	18,071,037	517,931	3.0%
Benefits	4,028,354	4,308,676	4,911,905	5,302,159	390,254	7.9%
Supplies	861,948	724,916	869,040	638,843	(230,197)	-26.5%
Services	3,314,379	2,517,249	1,709,632	2,256,878	547,246	32.0%
Community Programs	56,571	68,030	9,290	27,134	17,844	192.1%
County Services	353,300	400,141	220,327	220,327	-	0.0%
On-going Budget Asks				638,369	638,369	
Totals	23,798,217	23,954,428	25,273,300	27,154,747	1,881,447	7.4%

FY27 Budget – Projected Revenue

Revenue	\$ Totals	Overall Percentage	Grant %
Total Grant Revenue	13,201,118	48.6%	
Federal	5,548,582		42.0%
State	7,257,553		55.0%
Other	394,983		3.0%
Fee for Service	2,727,590	10.0%	
Misc Revenue	733,491	2.7%	
PH Fund Balance	471,869	1.7%	
PH General Funds	10,020,679	36.9%	
Total Revenue	27,154,747		

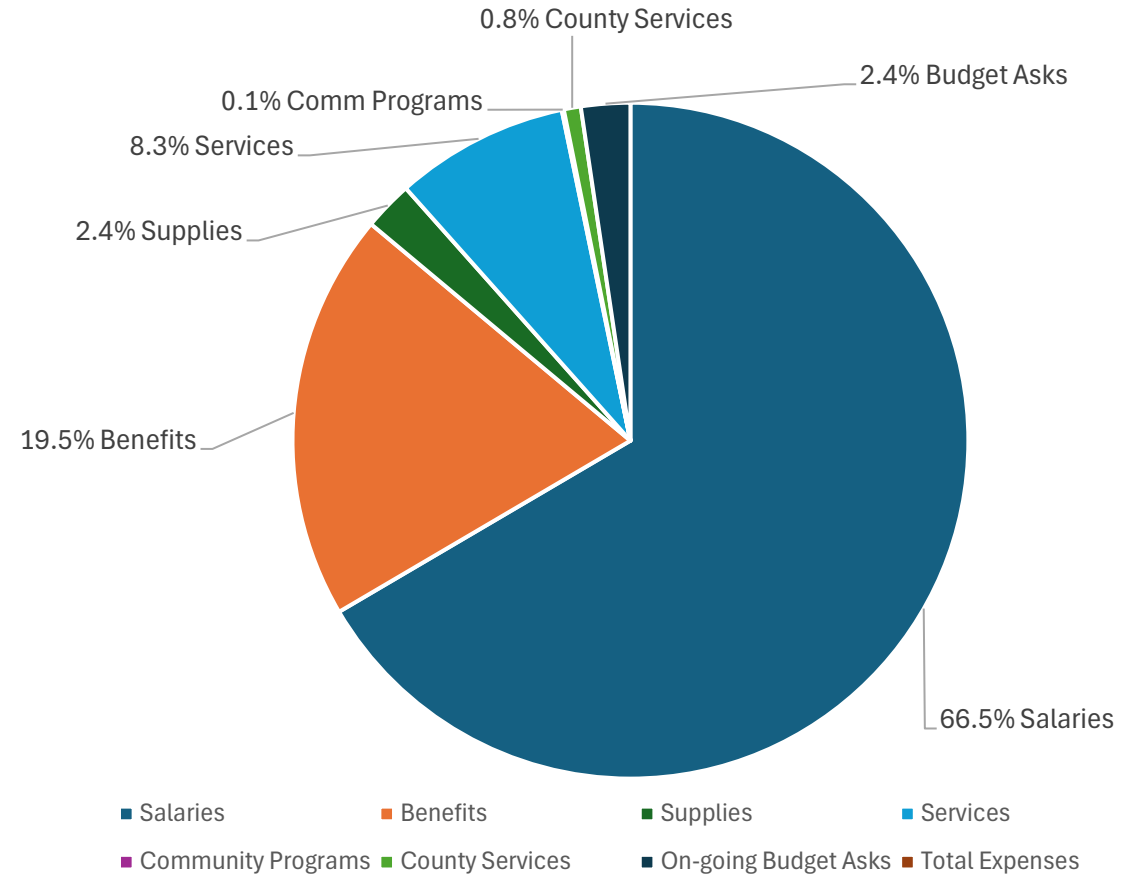


Steadily Decreasing Grant Revenue as a percentage of overall revenue

				Budget	Projected
	2023	2024	2025	2026	2027
Grant Revenue	\$ 14,018,286	\$ 15,718,745	\$ 14,559,984	\$ 13,504,742	\$ 13,201,118
All Revenue	\$ 23,685,582	\$ 25,120,983	\$ 24,519,205	\$ 25,273,300	\$ 27,154,747
% of Grant Rev	59.18%	62.57%	59.38%	53.43%	48.6%

FY27 Budget – Projected Expenses

Expenses	\$ Totals	Overall Percentage
Salaries	18,071,037	66.5%
Benefits	5,302,159	19.5%
Supplies	638,843	2.4%
Services	2,256,878	8.3%
Community Programs	27,134	0.1%
County Services	220,327	0.8%
On-going Budget Asks	638,369	2.4%
Total Expenses	27,154,747	



Questions



Arapahoe County

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Board Summary Report

File #: 26-317

Agenda Date: 6/17/2026

Agenda #:



ARAPAHOE COUNTY





ACPH Retail Food Inspection and Enforcement Overview

Board of Health Meeting

June 17, 2026

EH Manager Dylan Garrison and EH Supervisor Josh Skeggs

Agenda



Authority and Purpose

Retail Food Landscape in Arapahoe County

ACPH Inspection Philosophy

Inspection Basics

Compliance Rates

Enforcement Overview

Review of Board of Health Responsibilities

Authority and Purpose

Authority

CDPHE derives its primary authority to establish a food protection program and set statewide retail food regulations from the **Colorado Food Protection Act**, which is found in Colorado Revised Statutes (C.R.S.) 25-4-1601 et seq. At the discretion of CDPHE, this authority may be *delegated* to local public health agencies through a “scope of work” agreement.

Purpose

The purpose of the retail food regulations is to establish minimum food safety standards and protect public health and safety.

Retail Food Inspection & Training Landscape

- ~2,300 “Retail Food Establishments” (RFE's) in AC
 - ~150 facilities per Environmental Health Specialist (EHS)
- ~300 Mobile Food Units licensed by ACPH in 2025
- In 2025: 169 Temporary Food Vendor Licenses issued spanning 68 Special Events
- ~3,100 total inspections in 2025: includes reinspections, mobile units and special events
- All EHS staff in CP are trained internally and eventually “standardized” by CDPHE staff
- All EHS are required to complete a suite of FDA training courses

ACPH Inspection Philosophy

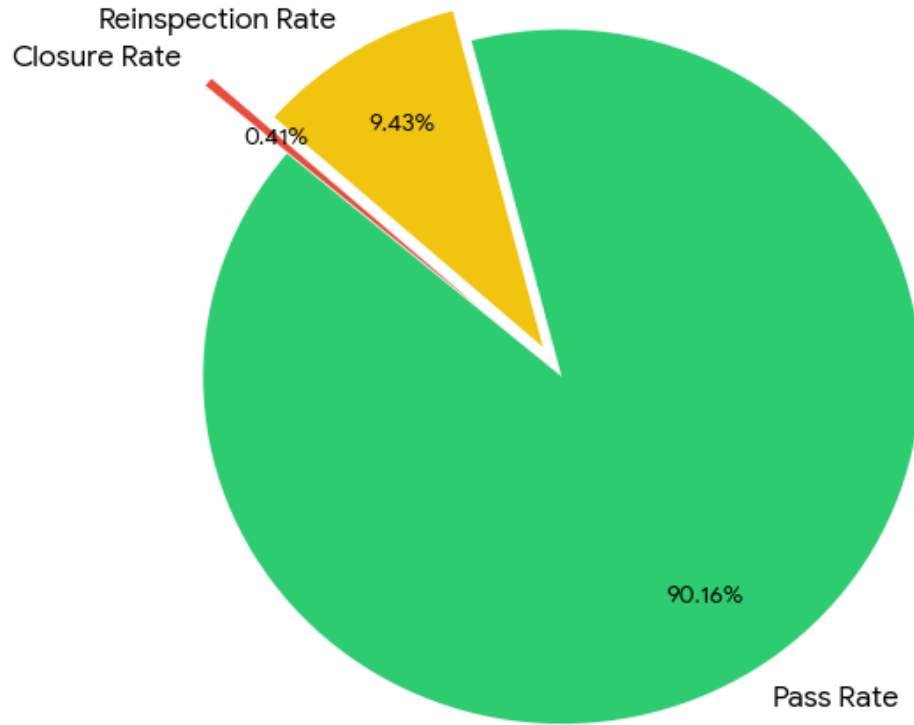
- Prioritizing education and partnership
- Emphasizing collaboration and working with operators to find solutions
- Establishing rapport and building relationships
- Avoiding a picky or overly punitive approach
- Recognizing the value of entrepreneurship and the importance of small business
- Embracing equity and promoting cultural awareness

Retail Food Inspection Basics

- **Inspection Frequency**
- **Violations**
 - Categorized by Risk
 - Assigned points or a point range based on risk
 - Assigned points based on "pervasiveness"
- **Inspection Outcomes:**



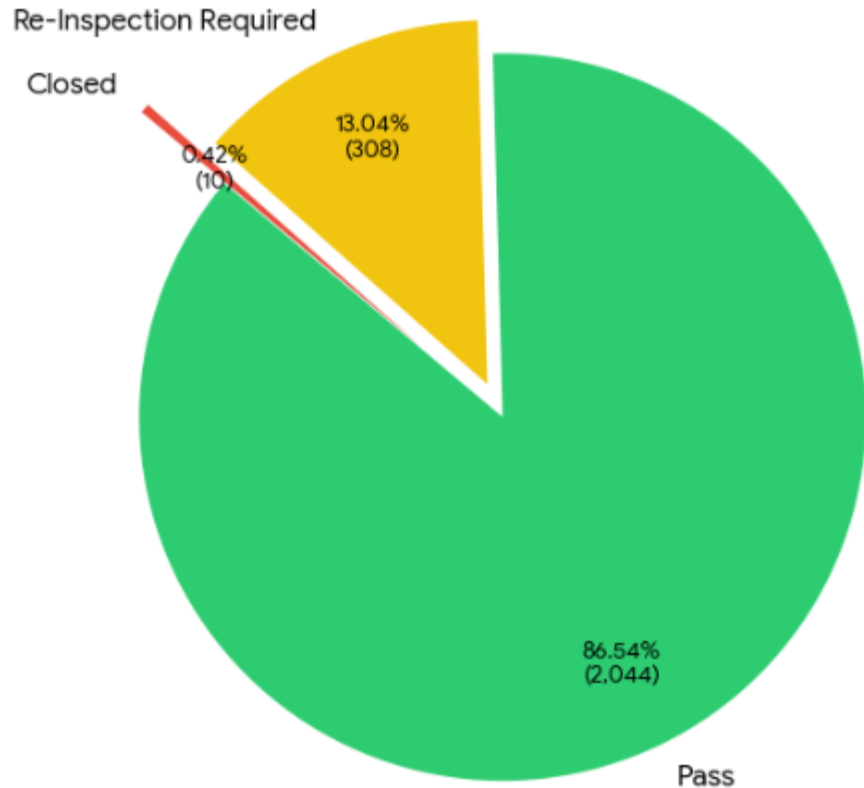
Inspection Status Breakdown



Statewide Inspection Results Fiscal Year 2025

- Total Inspections: 22,485
- Average Score: 22.20

Inspection Results Breakdown



ACPH Inspection Results Fiscal Year 2025

- Total Inspections: 2362
- Average Score: 26.14

Enforcement Overview

- May suspend license for imminent health hazard
 - No water, outbreaks, pest infestations, fires, lack of managerial control, grossly unsanitary conditions
- Penalties of \$250-\$1000 after repeated offenses
 - 4 strikes rule
 - No more than 3 civil penalties assessed per 12 month period
 - Increases inspection frequency
 - Other immediate violations: operating without a license; failure to pay a civil penalty; etc.
- Voluntary condemnation of adulterated or unsafe food
- Compliance agreements

Enforcement Overview

License Suspension

- Violations remain after third reinspection
- Violations found requiring reinspection in 4 out of 5 inspections in 12 month period- Up to 3 day suspension
- Imminent health hazard- Until corrected

License Revocation

- Initiated after severe noncompliance to protect public health
- Initiated when all other options exhausted
- Requires hearing for due process - Hearing conducted by BOH
- None so far with ACPH

Injunctions

- Enjoins business or individual from violating laws and regulations
- Temporary or permanent
- County or District court

Arapahoe County Board of Health Responsibilities

Public Health Act – C.R.S. 25-1-508(5)

- To hold hearings, administer oaths, subpoena witnesses, and take testimony.
- To issue orders necessary to exercise its powers and duties.

Food Protection Act – C.R.S. 25-4-1604(1)(i)

- BOH delegated powers and duties to grant, refuse, suspend or revoke licenses.
- To hear and determine all complaints against licensees.

Administrative Procedures Act – C.R.S. 25-5-104 and 105

- An agency shall not revoke a previously issued license until after holding a hearing as provided by APA.
- BOH makes ultimate determination on license revocation or other remedies.





Thank You
and
Questions



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Board Summary Report

File #: 26-331

Agenda Date: 6/17/2026

Agenda #:

June Director's Report



ARAPAHOE COUNTY
PUBLIC HEALTH

Public Health Director's Report

Prepared by: Jennifer Ludwig

Date Prepared: 06/10/2026

Dates Covered: 05/14/2026- 06/10/2026

A. Mission Moments

The Early Childhood and Schools Program team played an active role in helping Arapahoe County schools access CDPHE's first-year, limited funding opportunity for the removal of hazardous chemical waste from school settings. Staff advertised the opportunity to public school districts and private schools, followed up with districts multiple times, and encouraged participation so schools could use available state funding for waste removal that would otherwise be a direct cost to them. Staff also coordinated with districts on required application materials, including chemical inventories, chemical hygiene plans, procurement procedures, and LPHA review documentation, and provided supportive LPHA recommendation statements recognizing each district's commitment to chemical management best practices and regulatory compliance. Through this effort, ACPH successfully supported applications from two of the largest school districts in Arapahoe County, Cherry Creek School District and Aurora Public Schools, with applications that may support chemical waste removal across multiple school facilities. Englewood School District has also started gathering materials for the application with our assistance. Invoice amounts so far have totaled approximately \$21,000. This effort helped schools take advantage of a new funding source that may not be available in future years while supporting safer chemical management, waste reduction, and improved school environmental health practices.

B. Community Health Improvement Plan (CHIP) Headlines

- 1) [ACPH awarded grant to improve permitting and resident communication](#)
- 2) [ACPH applied for USDA funding to assess a regional food hub's feasibility](#)
- 3) [Family Connects hosts in person gathering](#)
- 4) [Immunization Program supports Family Connects through bilingual family outreach and feedback collection](#)
- 5) [Resource Hub webinar highlights summer opportunities for youth and families](#)
- 6) [Maternal Child Health highlights safety efforts at statewide gun violence prevention convening](#)

C. Events and Engagement Opportunities

Upcoming events: 6/20 Juneteenth Celebration/Health Fair in Aurora with NAACP and Aurora PD, 6/24 Migrant Workers Center Fair in Denver, 7/15 Meet Greet and Eat with City Council in Littleton.

Please reach out to [Grace Soulen](#) or visit our [Community Engagement Event Request Form](#) to suggest upcoming outreach opportunities. **This initiative aligns with the Community Health Improvement Plan (CHIP) cross-cutting objective to advance community engagement.**

D. Program Updates

Administration and Finance

- 1) Healthcare Leaders Roundtable: Heather and Jennifer have been conducting key informant interviews with members of the Healthcare Roundtable to dive deeper into policy and funding concerns, and to explore opportunities. The group's next meeting is June 11, and Colorado Health Institute will be presenting local data from the most recent Colorado Health Access Survey.
- 2) Public Health Leadership Academy: Jennifer and Commissioner Warren-Gully traveled to Washington DC the first week of June for the in-person workshop of the inaugural Public Health Leadership Academy. Twelve counties were selected to participate in the program, and the workshop laid a foundation for shared understanding of public health priorities and how to tailor messages that resonate with various audiences. There are two more virtual sessions, with the capstone event in August.

Partnerships, Planning and Community Health Promotion Division

- 1) Customer Experience Enhancements Underway

This month, ACPH was awarded funds through CDPHE's Continuous Quality Improvement LPHA Mini-Grant Program to measurably improve stakeholder experience. Through this 5-month project, we propose to integrate payment processing directly into our environmental health application system, reducing administrative touchpoints and costs, accelerating processing timelines, and improving clarity and overall experience for customers. In addition, the project will introduce Qualtrics text functioning into community outreach workflows to support faster, more accessible communication with residents. **This initiative aligns with the ACPH Community Health Improvement Plan (CHIP) objective of increasing community engagement.**

- 2) Grant Application Submitted to Assess Regional Food Hub Feasibility

In partnership with the Arapahoe Food Security Coalition (AFSC), ACPH applied for funding to the U.S. Department of Agriculture's Local Food Promotion Program to evaluate the feasibility of developing a regional food hub. If funded, a comprehensive assessment will be conducted of food access organization demand, producer participation, supply chain opportunities, and the governance, infrastructure, operational, and financial requirements of a future food hub. Key deliverables will include a feasibility assessment, identification of a preferred model and implementation pathway, and a phased implementation plan. The resulting plan will provide a roadmap for strengthening local food supply chains and directly benefiting approximately over 25 food access organizations; local and regional farmers, ranchers, and food businesses; more than 10,000 residents experiencing food insecurity; and the broader regional food system and

community. **This initiative aligns with the ACPH Community Health Improvement Plan (CHIP) goal of increasing economic wellbeing.**

Nutrition Division

7) Baby and Me Tobacco Free Program Transitioning to Strong Start July 1

On July 1, 2026, the Baby & Me Tobacco Free program will be transitioning to the Colorado based Strong Start program. Strong Start is a multiple-component, pre-and postnatal intervention designed for integration within health systems, community health clinics, and prenatal service settings with both an in person and telehealth option. It will address tobacco, nicotine and cannabis use while concurrently supporting maternal mental health. Pregnant people who were regular users of tobacco, nicotine or cannabis in the three months before becoming pregnant are eligible for the program – and their supportive partners. Program participants will complete a 12-session perinatal curriculum and will receive \$25 per completed session plus a \$50 enhanced incentive for four milestone sessions to support sustained engagement across the perinatal period. The maximum potential earning per pregnant person is \$500 (\$300 per partner). Tobacco/nicotine biomonitoring will be used to track quit metrics and to provide informational feedback, not to determine the incentive amount. Cannabis biomonitoring will not be completed due to limited equity-centered testing evidence and the programs non-punitive design intended to reduce stigma and encourage honest engagement. Two ACPH staff members will be attending the statewide facilitator training scheduled for July 15-16, 2026.

8) Nutrition by the Numbers for the month of April 2026

- a. WIC Clients Enrolled: 12,228
- b. WIC Benefits Utilized at Arapahoe County WIC Authorized Grocery Stores: \$939,598
- c. Number of WIC Appointments Seen: 5,438
- d. Number of Calls Handled through Call Centers: 4,124
- e. Number of Breastfeeding Peer Counselor Contacts: 1,156
- f. Number of Breastfeeding Class Attendees: 15
- g. Number of Mom/Baby Pairs at Baby Cafe: 17
- h. Number of SNAP Applications Assisted: 60 applications assisted supporting 211 household members

Community Health Nursing Division

1) Family Connects

- a. Family Connects hosted our first in-person gathering for our new parent group, *Aqui Juntos* ("here together"). Ten parents and their babies met at a local library for a sing-along, a sharing circle focused on birth and postpartum experiences, and open time to connect with other parents. The response was overwhelmingly positive: for some parents, this is the only space they have to connect with others, and they're already reporting feeling more supported and less alone. Based on parent requests, we are planning consistent monthly in-person library sessions, as well as monthly virtual sessions. All sessions are co-planned and co-facilitated in Spanish by a staff member and a program alum. **This initiative aligns with the ACPH Community Health Improvement Plan (CHIP) goal of increasing economic wellbeing.**

- b. With funding from Colorado Access to support Family Connects, the Immunizations (IZ) program is partnering with Family Connects by contributing an experienced bilingual administrative staff member to support data collection and feedback gathering. This staff member will serve as a key connection point for program improvement and help ensure families feel confident in their next steps following their nurse home visit. **This initiative aligns with the ACPH Community Health Improvement Plan (CHIP) goal of increasing economic wellbeing.**
- 2) Maternal Child Health & Regional Health Connector
- a. The Collaborative Resource Hub Work Group held the second in a series of webinars focused on increasing staff knowledge about resources. The webinar this month was focused on summer opportunities for youth and families. Arapahoe County Libraries and Colorado Department of Education presented on their programming. The webinar was recorded for all staff to access. **This initiative aligns with the ACPH Community Health Improvement Plan (CHIP) goal of increasing economic wellbeing.**
 - b. MCH was selected to be part of a panel presentation on June 3rd at the CDPHE Office of Gun Violence Prevention's annual grantee convening. This speaking engagement offered the opportunity to highlight our work on firearm safety. **This initiative aligns with the ACPH Community Health Improvement Plan (CHIP) goal of improving community safety.**
- 3) Nurse Liaison Program (NLP)
- a. NLP was able to attend the Perinatal Substance Use Integration Conference on May 7 and 8 which featured a combination of peer sharing and moving accounts of lived experience from women in recovery, interactive exercises like applying the techniques of brief interventions and motivational interviewing, as well as focused education topics such as how to use the Stanley Brown Safety Plan for suicide prevention, the role that alcohol use plays in intimate partner violence and how substance use effects parent-infant relationships.
- 4) Immunizations
- a. The Immunization Program administered 566 vaccines in the month of May. Two offsite clinics were held in partnership with Cherry Creek and Aurora Public Schools.
 - b. CDPHE released new state-wide [immunization data](#) for students from the 2025-26 school year. In most categories, the percentage of students who are fully immunized decreased slightly and the number of students with immunization exemptions increased. This continues a downward trend that began with the COVID-19 pandemic. A recently published news article highlights the impact on children and families as Colorado mirrors national trends as [‘Hospitals See Diseases Resurge as Vaccinations Decline’](#). In response, CDPHE is working on state-wide reminder-recall and public messaging campaigns. Arapahoe County will have an Americorp Vista volunteer beginning this summer who will work with local school district nurses on a needs assessment around immunizations.
 - c. All Immunization staff participated in the Point of Dispensing exercise with the Emergency Preparedness Program, practicing antibiotics distribution in a scenario with anthrax

exposure.

5) Sexual Health

- a. Due to the ongoing bicillin shortage, Sexual Health has acquired and begun to administer lentocilin, an alternative treatment for syphilis. The FDA has issued a temporary authorization to import lentocilin from Europe due to limited availability of bicillin. Bicillin and lentocilin are the only options to treat syphilis in pregnant women. Lentocilin is significantly more expensive than bicillin, but ACPH was able to purchase with supplemental funds from CDPHE.
- b. With the support of Community Centered Reproductive Health (CORE) two sexual health RNs completed didactic training to insert Nexplanon contraceptive implants. This is a procedure typically done by nurse practitioners. They will be able to perform this procedure, thereby expanding their scope of practice and expanding access to contraceptive care in our community after their clinical training is complete.
- c. In May, five patients accessed free contraceptive care through the FreeBC app. Although ACPH Sexual Health clinics provide free contraceptive care to people who meet income requirements, FreeBC allows us to reduce the cost for those patients whose household income places them above the threshold for free care under Title X.
- d. Below are updated numbers for STIs, HIV and Hepatitis C in Arapahoe County. Overall numbers are trending down, but please note *April data is incomplete.

Total Cases in Arapahoe County	Chlamydia	Gonorrhea	Syphilis	Congenital Syphilis	HIV	Hepatitis C
2024	3,014	812	443	9	69	98
2025	2,839	676	336	7	69	90
January 2026	210	55	14	0	5	6
February 2026	198	35	18	1	2	6
March 2026	204	46	8	0	5	8
April 2026*	225	45	2	0	4	10
2026 total to date	837	181	42	1	16	30

6) Harm Reduction

- a. In addition to regular services at It Takes a Village and the Englewood office, the Harm Reduction team tabled at Englewood Public Library this month. They also welcomed Community Medical Services to co-locate with them at It Takes a Village on May 11. CMS is a Medication Assisted Treatment provider for substance use disorder in our community.
- b. Harm Reduction leadership is working with PPCHP and other subject matter experts to inform the development of a new Opioid Fatality Review program.
- c. Harm Reduction staff attended the Perinatal Substance Use Disorder conference, hosted by the Integrated Care for Women and Babies (ICWB), and Colorado Ambulatory Partnership for Health Innovation and Research Excellence (CAMPHIRE) programs. It brought together many different health and social service providers to network, share and learn how to better support pregnant people and mothers who are in active use, and those seeking or in active recovery. It was incredibly informative and fun!

- d. HRP Staff supported the EPR Points of Dispensing drill at the Fairgrounds on 5/13. Staff supported actors with forms and translation/equity for the drill.

Health Protection and Response (HPR) Division (*Environmental Health, Communicable Disease Epidemiology and Emergency Preparedness and Response Programs*)

1) Environmental Health (EH) Programs

- a. The EH-Consumer Protection, Special Events Team, was recently highlighted at the Arapahoe Forward Forum on 05/11/2026 for their outstanding process improvement efforts on the food festival vendor application system. By redesigning and implementing a more efficient workflow, we have transformed a previously time-consuming and inconsistent process into a streamlined, user-friendly, and highly reliable system. The process redesign not only reduced administrative burden, it also significantly improved the experience for vendors, resulting in faster turnaround times, clearer communication, and fewer errors. The process improvements also resulted in cost savings to the County of over \$2000, and satisfaction for vendor application processing increased by 75%, satisfaction for coordinator application processing increased by 87%, processing time per application for vendors decreased by about 19 minutes, and processing time per application for coordinators decreased by about 27 minutes.
- b. The EH – Consumer Protection, Retail Food Program, is providing a unique Certified Food Protection Manager class. The class is being offered in English and Spanish by Arapahoe County Public Health and the Colorado Department of Public Health and Environment (CDPHE) for interested businesses or individuals. Certified Food Protection Manager (CFPM) training is required by the regulations, as CFPM’s play a key role in overseeing the daily operations at food service establishments in the County. CFPM’s ensure restaurants and food venues meet the highest food safety and regulatory compliance standards—helping to prevent contamination and foodborne illness. Bringing the CFPM training in-house will allow retail food operators to more easily comply with existing regulations and will also help facilitate relationship building between operators and staff. The first training is scheduled for July 22 from 9a to 2p at Arapahoe CentrePoint Plaza and registration information is found at [CFPM Registration](#). Additional training dates will be scheduled based on demand.
- c. The EH - Early Childhood and Schools Program recently hosted the Buckley Space Force Public Health team on two routine childcare public health inspection shadow visits. The experience provided valuable opportunities to align inspection approaches, share differences in local regulations vs. federal regulations, and learn from one another. The Buckley Space Force team expressed they found the experience extremely beneficial and appreciated the opportunity to directly observe the ACPH inspection process. As a result of the positive collaboration, Buckley has expressed interest in continuing the partnership through quarterly shadow inspections and ongoing knowledge-sharing opportunities to continue the partnership and collaboration.

2) Emergency Preparedness and Response (EPR) Program

- a. On June 11, 2026, ACPH EPR and EH staff participated as evaluators during a full-scale exercise in the City of Aurora. The exercise scenario was related to a simulated chemical spill resulting from a tanker accident in the portion of Aurora sitting in Adams County.

Participants included Adams County Health Department, City of Aurora Office of Emergency Management, law enforcement, Aurora Water, and other community and response partners who would be impacted by an incident of this nature. In addition to serving as evaluators, ACPH staff were involved in exercise design and development by providing subject matter expertise for response activities during exercise play. Staff specifically focused on the coordination between responders and the water provider around waterway contamination concerns.

3) Communicable Disease Epidemiology (CDE) Program

- a. *Hantavirus*: Hantaviruses are a group of viruses carried by rodents that can cause severe disease in humans. Hantaviruses can differ worldwide. On [5/2/2026](#), the World Health Organization (WHO) and CDC reported multiple hantavirus infections and deaths aboard a cruise ship off the west coast of Africa. Laboratory testing confirmed the Andes virus, which is the most common cause of hantavirus of South America where the cruise originated. Andes hantavirus can cause person-to-person transmission with very close contact. There is no evidence of asymptomatic transmission of Andes virus. The initial case(s) are believed to have been exposed through tourist activities in Argentina before boarding the cruise ship and subsequent cases were exposed through close person-to-person contact on the ship. As of 6/3/2026, 13 cases (confirmed and probable) including 3 deaths have been reported.

In Colorado, Sin Nombre hantavirus is endemic and can be spread by deer mice. Sin Nombre hantavirus is not spread person-to-person, rather transmission occurs when people come in contact with rodent urine, droppings, or saliva. While rare, transmission can also occur following a bite or scratch from an infected rodent. In Colorado, the deer mouse is the main rodent known to transmit Sin Nombre hantavirus. Sin Nombre hantavirus causes hantavirus pulmonary syndrome (HPS) which is an acute febrile illness that can include symptoms such as fever, chills, myalgia, headache, gastrointestinal symptoms (nausea, vomiting, diarrhea), and muscle aches (especially in thighs, hips, and back). Illness will progress to more serious symptoms such as cough, shortness of breath, severe hypoxemia and shock. Severe illness can progress rapidly, and supportive care such as oxygen and mechanical ventilation are usually necessary. The overall mortality rate in Colorado cases is approximately 38%.

While rare, Sin Nombre hantavirus is reported nearly every year in Colorado. Thirty-nine (39) cases have been reported in the state since 2016, including two cases in 2026. One case has been reported in Arapahoe County in 2026. Prior to this year, the last case reported in Arapahoe County was in 2008. On [5/22/2026](#), ACPH reported that an Arapahoe County resident tested positive for hantavirus. Following a joint investigation from the Communicable Disease Epidemiology and Environmental Health programs, it was determined that the individual had no recent travel history and did have known local rodent exposure in Colorado and Sin Nombre hantavirus is expected. In response to the Andes hantavirus outbreak associated with the cruise, Arapahoe County Communications prepared hantavirus public education on both Sin Nombre and Andes hantaviruses on the website which was later updated with notification of the Arapahoe County case.

- b. *Ebola Virus Disease*: Ebola virus disease (EVD) is a rare but severe viral hemorrhagic fever caused by viruses in the Orthoebolavirus genus. Bundibugyo virus disease (BVD) is caused by Bundibugyo ebolavirus, one of several viruses that can cause EVD in humans. Ebola viruses spread through direct contact with the blood or body fluids of a person who is sick with or has died from EVD, contaminated objects, or infected animals. Symptoms can include fever, fatigue, headache, muscle pain, vomiting, diarrhea, abdominal pain, and unexplained bleeding or bruising. Severe illness can progress rapidly to shock, multisystem organ failure, and death. The overall case fatality rate for BVD outbreaks has historically ranged from approximately 25–50%. Unlike Zaire ebolavirus, there is currently no approved vaccine specifically for BVD. On 5/15/2026, the Democratic Republic of the Congo (DRC) Ministry of Health declared an outbreak of Ebola virus disease caused by Bundibugyo virus in Ituri Province and Uganda. On 5/17/2026, the World Health Organization (WHO) declared the outbreak a Public Health Emergency of International Concern (PHEIC) due to ongoing transmission, cross-border spread, challenges with outbreak detection, and concerns related to conflict and population displacement in the affected region. As of 6/3/2026, WHO has reported 475 cases (confirmed and suspect) and 61 deaths (confirmed and suspect) associated with the outbreak in DRC, with additional cases identified in Uganda.

WHO, CDC, Ministries of Health, and international partners continue supporting response activities including surveillance, laboratory testing, case investigation, contact tracing, infection prevention and control, risk communication, and evaluation of investigational vaccine candidates and therapeutics. CDC issued a [Health Alert Network \(HAN\) advisory](#) notifying healthcare providers and public health agencies of the outbreak and recommending continued vigilance for travelers returning from affected areas with compatible symptoms and epidemiologic risk factors. Travelers arriving from outbreak-affected areas in DRC and Uganda are currently being routed through four designated U.S. airports to support enhanced entry risk assessments and public health monitoring. State and local public health agencies are conducting traveler monitoring activities to assess exposure risk levels and monitor travelers for symptoms for 21 days following departure from an affected country. The overall risk to the U.S. public remains low. Ebola viruses are not spread through casual contact or airborne transmission. However, rapid identification, isolation, infection prevention precautions, and prompt public health notification remain critical to limiting transmission if a suspected case is identified. CDC continues coordinating with domestic and international partners to support outbreak response and preparedness activities.

On 5/23/2026, Arapahoe County Public Health (ACPH) began receiving travelers requiring traveler monitoring. As of 6/3/2026, 8 travelers have been reported in Arapahoe County through the travel monitoring process. These individuals are monitored for 21 days following the last date they were in an affected country.

On 5/27/2026, ACPH activated the Public Health Incident Response Support Team (PHIRST) at a low-level activation to support situational awareness, internal communication, and preparedness planning related to the outbreak. The activation is initiated to ensure

coordinated communication and operational readiness across agency programs should the situation worsen, response activities exceed routine operational capacity, or a symptomatic traveler under monitoring be identified locally. ACPH will continue coordinating with CDPHE, healthcare providers, and regional partners regarding situational awareness, guidance updates, traveler monitoring activities, and preparedness planning.