



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

Arapahoe County

Arapahoe County Board of Health

Agenda

Wednesday, February 19, 2025

Willow DOC Room

3:00 PM

The public is welcome to attend the Board of Health meeting in the Arapahoe Board Room, located at 6162 S. Willow Dr. Greenwood Village CO 80111 or virtually on Teams
https://teams.microsoft.com/l/meetup-join/19%3ameeting_NGVjYTk5NzctNDQ2OC00YWRkLWE4MDctMDEyNzUwOTJhYzJi%40thread.v2/0?context=%7b%22Tid%22%3a%2257d7b626-d71d-47f6-84c1-c43bda19ba16%22%2c%22Oid%22%3a%22c0695c0a-202a-41ae-9aa5-a71df8e21ec2%22%7d
Or dial in by phone +1 719-569-5048,,523185124#

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***

January Meeting Minutes

[25-133](#)

Attachments: [BOH Meeting Minutes 20240115](#)

3. **PUBLIC COMMENT***

Individuals are invited to speak to the Board of Health about any topic. To provide Public Comment, please contact the Board of Health Liaison (aschmidt@arapahoe.gov) 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. Virtual public comment is allowed during Public Comment

Period by joining the virtual meeting link or calling 1-719-569-5048 and entering the Conference ID: 443 152 952# when prompted.

BOARD OF HEALTH COMMENTS*

4. **GENERAL BUSINESS ITEMS***
5. **STUDY SESSIONS***

Community Health Nursing Billing [25-134](#)

Attachments: [02.19.25 BOH CHN Division Revenue Presentation](#)

ACPH Director's Report [25-135](#)

Attachments: [BOH Director's Report 2025](#)
[Shots for Tots and Teens 2024 Year-End Report](#)
[Arapahoe Co - PIT Fall 2024 Infographics](#)

6. EXECUTIVE SESSION AND COUNTY ATTORNEY LEGAL MEETING

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

7. ADJOURN*

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

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



Arapahoe County

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

Board Summary Report

File #: 25-133

Agenda Date: 2/19/2025

Agenda #:



Shawn Davis, Chair
 Bebe Kleinman, Vice Chair
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Arapahoe County

Arapahoe County Board of Health

Meeting Minute Summaries

Wednesday, January 15, 2025
3:00 PM

DOC Conference Room

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https://teams.microsoft.com/l/meetup-join/19%3ameeting_NGVjYTk5NzctNDQ2OC00YWRkLWE4MDctMDEyNzUwOTJhYzJi%40thread.v2/0?context=%7b%22Tid%22%3a%2257d7b626-d71d-47f6-84c1-c43bda19ba16%22%2c%22Oid%22%3a%22c0695c0a-202a-41ae-9aa5-a71df8e21ec2%22%7d
 The Board of Health agenda and materials can be viewed online at <https://arapahoe.legistar.com/Calendar>.

1. *CALL TO ORDER

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

2. *APPROVAL OF MINUTES

2.a.

Attachments: [BOH_Meeting_Minutes_20241218](#)

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

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

3. *PUBLIC COMMENT

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4. *DIRECTORS' COMMENTS

5. *GENERAL BUSINESS ITEMS**5.a. Appoint Chair of the Arapahoe County Board of Health**

A motion was made by Levine, seconded by Walker, that Shawn Davis be appointed to serve as Chair of the Arapahoe County Board of Health for 2025. The motion carried by the following vote:

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

5.b. Appoint Vice Chair of the Arapahoe County Board of Health

A motion was made by Davis, seconded by Walker, that Bebe Kleinman be appointed to serve as Vice Chair of the Arapahoe County Board of Health for 2025. The motion carried by the following vote:

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

6. *STUDY SESSIONS**6.a. Program Overview: Tobacco Prevention and Control**

Attachments: [BOH_Tobacco Program Presentation](#)

The purpose of this agenda item is to present an overview of the ACPH Tobacco Prevention and Control Program, within the Partnerships, Planning, and Community Health Promotion Division.

6.b.

Attachments: [BOH_Director's Report_2025](#)

7. EXECUTIVE SESSION AND COUNTY ATTORNEY LEGAL MEETING

No Executive Session was held.

8. *ADJOURN

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ARAPAHOE COUNTY



Community Health Nursing Division

2024 Financial Summary

Makena Slater MSN, RN, NI-BC – Clinical Nurse Informaticist

Hannah Holland – Revenue Cycle Medical Billing and Coding Specialist

Billing Practices in Community Health Nursing

- Programs that bill:
 - Sexual Health
 - Immunizations
 - Nurse Family Partnership (NEW this month) – limited services acceptable for billing
- Who is billed:
 - Medicaid
 - Colorado Access
 - Client Self-Pay
 - Limited 3rd party private insurance
- How we bill:
 - Electronic Health Record utilization: CureMD
 - Medicaid claims – *All programs*
 - Fee-for-service – *Sexual Health and Immunizations*
 - Sliding fee scales based on federal poverty level guidelines – *Sexual Health*
 - Limited private insurance claims – *Sexual Health and Immunizations*
- Why we bill:
 - To support the sustainability of our public health nursing programs

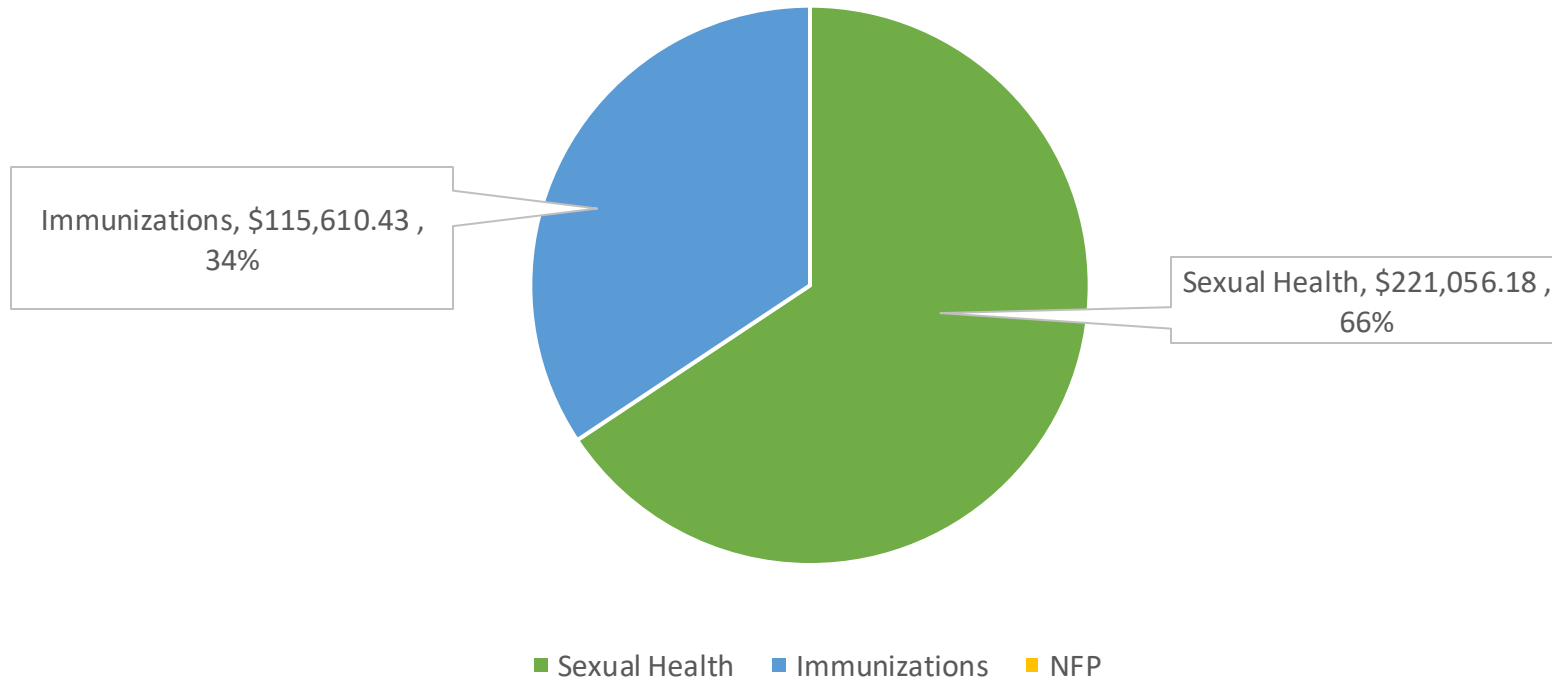
Important to note: The inability to pay a bill is NEVER a reason to deny services to our clients.

2024 Totals

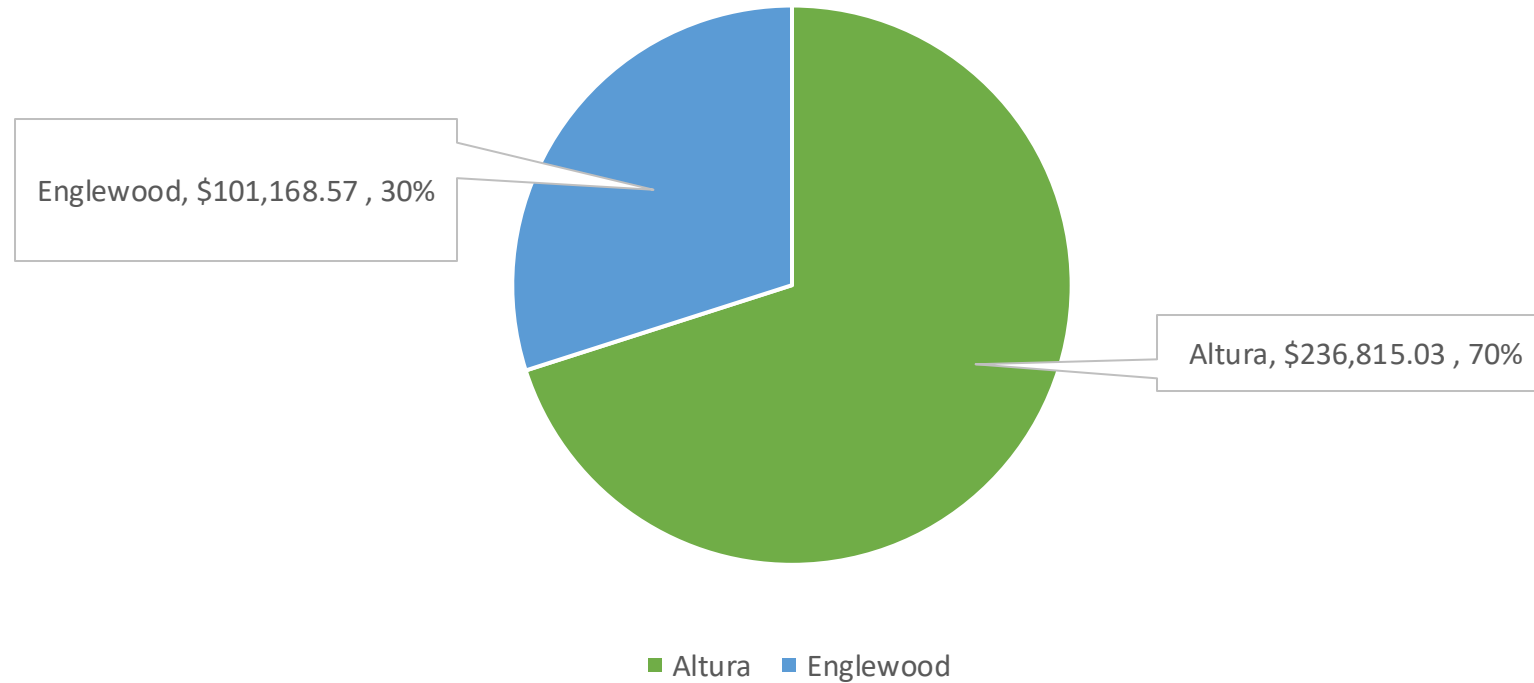
Includes all charges, payments, and write-offs for both client self-pay accounts and insurance plans.

2024 Totals	
Total Charges <i>(amount charged for all dates of service within the year of 2024; includes charges to self-pay clients and insurance plans)</i>	\$964,885.09
Total Write-Offs <i>(writes-offs made within the year for amount left unpaid by insurance plans or for all unpaid charges that are >12mo old)</i>	\$369,794.94
Total Rolling Patient Acct Balance <i>(statement will be sent for all outstanding balances; these will either be paid or written off within 12 months of charge/date of service)</i>	\$156,395.18
Total Payments/Revenue <i>(total revenue received within the year; includes both self-pay clients and insurance plan payments)</i>	\$336,666.61

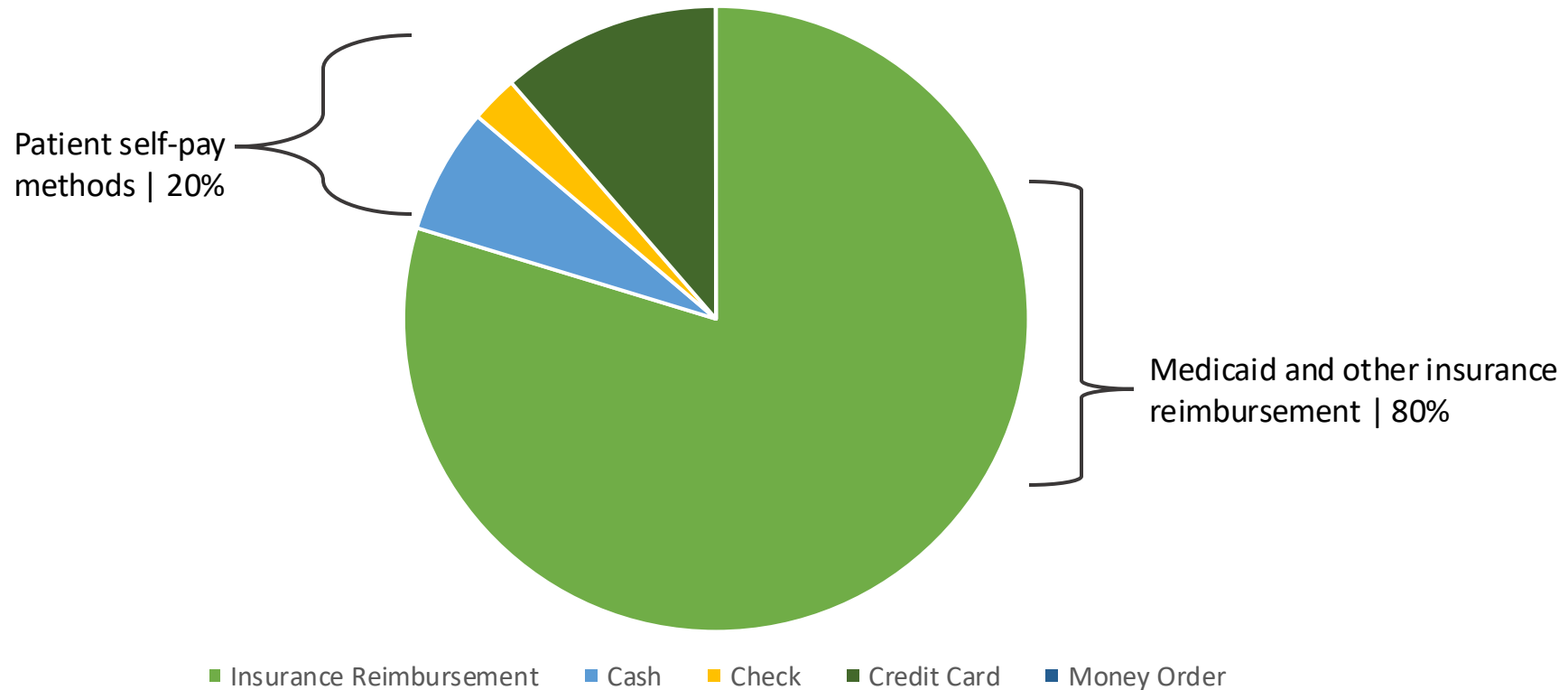
Total Revenue by Program



Total Revenue by Location



Total Revenue by Payment Method





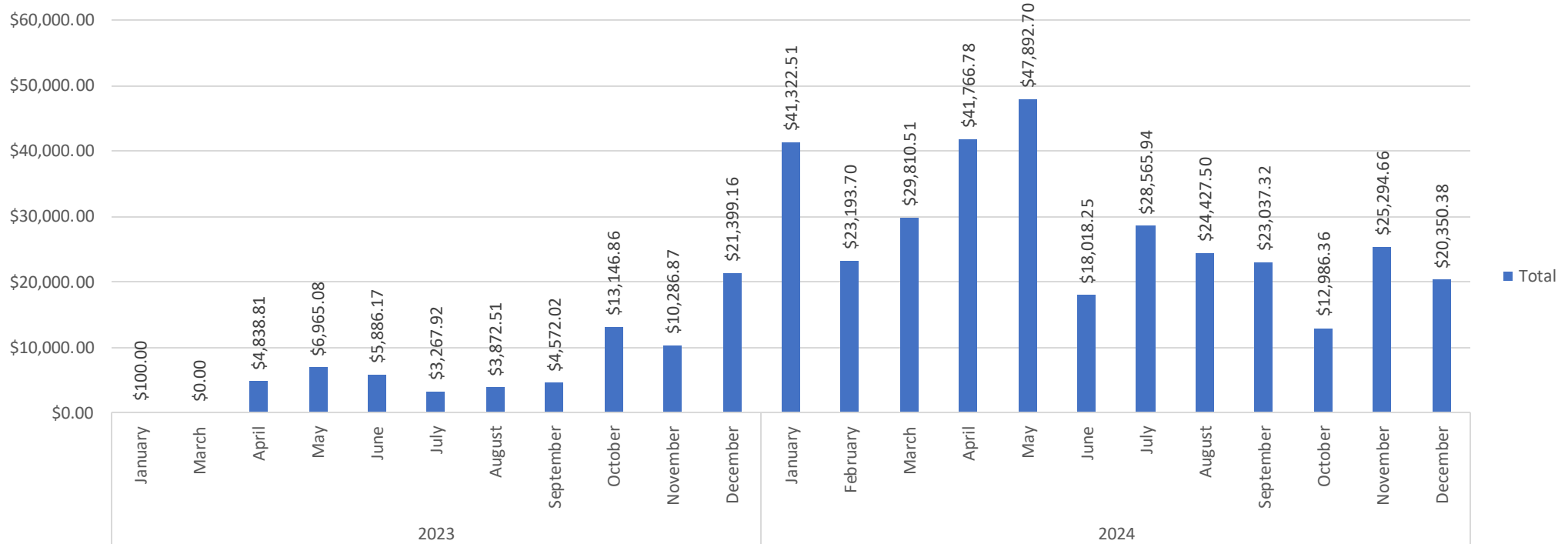
Days Between DOS and Payment

DOS = Date of Service.

2024 Totals	
Minimum Days between DOS and Payment	0
Maximum Days between DOS and Payment	592
Average Days between DOS and Payment	103

Community Health Nursing Division

Total Payment by Year - CHN Division



2023	Sum of Total Payment	Average Payment by Month
CHN Division	\$74,335.40	\$6,194.62

2024	Sum of Total Payment	Average Payment by Month
CHN Division	\$336,666.61	\$28,055.55

Billing Moving Forward

- Continuing:
 - Billing Medicaid and clients who are self-pay for Immunizations and Sexual Health clinic services
 - Sending account statements for charges not paid at time of service
 - Writing off charges according to program-specific procedures
- New:
 - Nurse-Family Partnership has begun billing Medicaid this month for limited services provided by home visitation nurses
 - Track trends in 2025 to understand a reasonable expectation of revenue moving forward



Questions?



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Board Summary Report

File #: 25-135

Agenda Date: 2/19/2025

Agenda #:

Public Health Director's Report
Prepared by: Jennifer Ludwig
Date Prepared: February 14, 2025
Dates Covered: Jan 13 -Feb 14, 2025

Mission Moments

RTD Grant: ACPH received a grant from RTD that allowed us, along with Community Resources and Human Services, to provide public transportation tickets to clients. A total of 10,000 tickets were distributed and below are a few success stories from the field. This initiative aligns with the ACPH Community Health Improvement Plan (CHIP) goal to advance Economic Security and Mobility.

I was assigned an NLP referral regarding sustained abuse and neglect. The four children from 2 to 6 years of age were removed from the mother's home and placed with their father. He did not have transportation related to financial reasons. There were concerns he would not be able to transport the children to get groceries, attend DHS meetings, medical, dental appointments, as well as enroll them into school. He was very grateful that we were able to provide him with RTD vouchers. The children are now up to date on their immunization and receiving much needed dental care and therapies because transportation was no longer a barrier. -Public Health Nurse

I delivered some RTD bus passes to a mom I was working with as she was on the brink of eviction. At the time she was living in Aurora with no car, and was unsure of how she would get to a safe place to sleep for the night with her baby. The bus passes allowed her to utilize public transportation to get to a friend's house where she slept for the night. If we did not provide these passes, this mom likely would have slept on the streets with her baby and husband. -Public Health Nurse

In Child and Adult Protection we serve our families that need transportation to their visits to see their child/children. This is huge impact to our families, to keep that bond going with their children. Also, some of the bus tickets we use for our clients, help them to their jobs and appointment. Having this grant helps get our families reunite. - Child and Adult Protection Case Worker

A. Community Events

ACPH staff appreciated the opportunity to share information and hear from families during a tabling event at Gateway High School's Parent-Teacher Conferences on February 5th. Please reach out to Grace Soulen GSoulen@arapahoegov.com if you are interested in helping ACPH staff build bridges with community members at any of the following upcoming events:

- CU Anschutz Career Expo 2/26
- Jewish Family Services food truck at Englewood office 3/19 and 3/25
- East Colfax Cleanup 4/19
- Sheridan's Children's Day Celebration 4/26

B. Program Updates

Finance and Administration Division

- 1) Grants Management Consultant: Arapahoe County has hired a consultant to facilitate a grants management improvement process. Public Health was asked to submit numerous financial documents, spreadsheets, operating procedures, training materials, and more. The consultants were impressed with the level of processes we have in place for managing our grants and could be seen as best-practice.
- 2) SEFA (Schedule of Expenditure of Federal Awards): Part of the annual audit process, all federal grants must be reconciled by their fiscal year. This process is the culmination of the entire grant management process, each steps accuracy building to the next. This year, the Finance team was able to complete the SEFA for submission, 6 weeks earlier than last year, which is a significant improvement, extremely beneficial to the county finance team, and a testament to the diligence ACPH's finance team puts into their work.

Partnerships, Planning and Community Health Promotion

1) Partnerships

A series of meetings among ACPH and Colorado Access staff are occurring throughout February and March, identifying new opportunities to partner. We are conducting a crosswalk of priority program areas, sharing information and tools, and exploring enhanced ways to increase community engagement. ***This effort supports the Community Health Improvement Plan (CHIP) priority of Access to Affordable Physical and Behavioral Care.***

2) Healthy Aging

This month, ACPH was announced as the first public health agency in Colorado to receive recognition as an [Age-Friendly Public Health System](#). This honor is bestowed by the Trust for America's Health to public health agencies whose efforts align with recommended practices to improve the health and well-being of older people. Kudos to Melissa Smith, ACPH Healthy Aging Coordinator, and the Healthy Aging Advisory Team members, for their efforts to help our agency pursue, earn, and continue to build upon this important recognition. ***This initiative supports the Community Health Improvement Plan (CHIP) objective to advance Healthy Aging.***



3) Clean Indoor Air Compliance Education

PPCHP and the Environmental Health Team are collaborating to inform the creation of an orientation and training schedule for ACPH's new Colorado Clean Indoor Air Act Compliance Specialist. This new role is funded through Proposition EE and will support compliance and investigations to ensure healthy smoke and vape free air in public businesses and multifamily housing. We look forward to increasing the agency's capacity to respond to these important complaints and concerns. Situated within the PPCHP Tobacco Prevention and Control Team, this staff member will incorporate the same great partnership-oriented customer experience approaches practiced by ACPH inspectors within our Health Protection and Response Division.

Nutrition Division

- 1) Baby & Me Tobacco Free Program Expands to Cannabis Cessation
 - a. In February 2025, the Baby & Me Tobacco Free program began a 2-year pilot cannabis cessation program for pregnant individuals – the first of its kind in the country. Cannabis is

now the most commonly used substance during pregnancy in Colorado, outpacing vaped nicotine. This new program will focus on harm reduction with the goal of raising awareness about the risks of use and reducing cannabis consumption. Pregnant individuals less than 36 weeks gestation who are currently using inhalable or edible cannabis, those who quit use during pregnancy, or those who quit use within 3 months of becoming pregnant will be eligible for the program. Cannabis use during the pilot will be self-reported with data collected on use, type, and frequency. Participants will complete one on one counseling at 4 prenatal and 3 postpartum sessions. Those who quit using cannabis will receive gift cards (up to \$245) to purchase baby items at Walmart. Participants will complete qualitative surveys to determine pre/post cannabis knowledge, attitudes and beliefs. Pregnant individuals using nicotine and cannabis can sign up for both the cannabis and nicotine cessation programs and if a partner also enrolls in the nicotine cessation program, together they can earn up to \$945 in incentives.

2) WIC

- a. WIC continues to see growth in caseload hitting another milestone seeing its highest enrolled caseload of 12,373 in January (an 18% increase since opening our doors in January 2023). Staff completed 5,082 appointments and handled 4,818 calls through our call centers. To help manage the schedule and demand for services, staff have been creative and resourceful by encouraging clients to complete online lessons through WICHealth.org. These lessons can replace certain in-person or phone WIC appointments and can be completed at the client's convenience. Once finished, staff simply need to issue benefits, as documentation is automatically recorded in our Compass -MIS system through integrated systems between the two platforms. This streamlined process saves time for both staff and clients. An example of this in action was during the week of 2/3 to 2/7, where Aurora South issued benefits from WICHealth.org online appointments for 131 families. At the minimum, this saved 15 minutes of appointment time per family which equates to 1,965 minutes or 32.75 hours of appointment time saved for the week.

Community Health Nursing Division

1) Maternal and Child Health Program

- a. The Maternal Child Health team hired the first official position in ACPH's new Family Connects Program. Mikayla Branz joined ACPH on January 27th. Mikayla will assume the roles and responsibilities of the Community Alignment Specialist position as part of the larger Family Connects evidenced-based model. One of the early milestones for this new position will be forming a Community Advisory Board. Our first hospital partner is Denver Health where Mikayla is a doula so she is already a familiar and trusted member of the birthing program at Denver Health. ***Implementation of Family Connects supports the Community Health Improvement Plan (CHIP) priority of Access to Affordable Physical and Behavioral Care.***

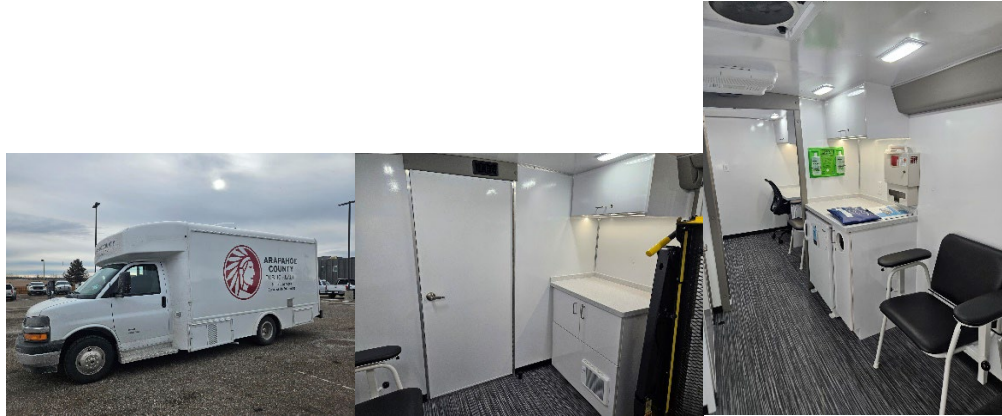
2) Immunizations

These efforts support the Community Health Improvement Plan (CHIP) priority of Access to Affordable Physical and Behavioral Care.

- a. The program administered 948 immunizations in January of 2025. Spring is historically a slower time for the program due to decreasing school needs for compliance and decreased interest in seasonal respiratory immunizations. School-based immunization clinics are ongoing, however, due to strong partnership built by the Community Health Outreach

Nurse. Note that no Spring ‘slowdown’ was experienced in 2024 due to the historic influx of immigrants in need of resources.

- b. The program is utilizing COVID-19 Immunization funding to lease a mobile unit for 6 months. This will enable mobile immunization efforts to offer a clinic space when needed by community partners who would like to host a vaccine clinic but lack space to accommodate it. The unit will potentially also support communicable disease response efforts.



- c. **Attached is the annual summary for Shots for Tots.** This is a long-standing effort coordinated by Immunize Colorado and includes multiple local health departments and local Rotarians. The goal is to provide Saturday access to families who have barriers to accessing immunizations.
- d. The program supported multiple post-exposure prophylaxis (PEP) responses to Hepatitis A exposures through both a food handler and a healthcare worker. See clinic summary information in the Communicable Disease Epidemiology section, including number served.

3) Sexual Health

- a. The program is almost fully staffed with a new Nurse Practitioner Clinical Advisor starting later this month. The NP Clinical Advisor will supervise the nurse practitioner staff and be responsible for reviewing and updating clinical policies and procedures, as well as developing and supporting clinical quality improvement projects and new initiatives to benefit all program staff and clients.
- b. The program has also begun to work more closely with the Harm Reduction team to provide same day treatment for patients with a positive syphilis rapid test in the community. Last year, all 24 Harm Reduction clients who needed syphilis treatment were lost to follow up and none received treatment. Now that we have made field delivered treatment more readily available, we have been able to provide same day treatment for four Harm Reduction clients in January alone.
- c. The clinic is nearing the end of its partnership with Upstream. Through this partnership, we have provided in-depth training on contraceptive counseling to our medical assistants, who are now able to provide this education in clinic in both English and Spanish.
- d. The program received a small grant from the Reproductive Health National Training Center to improve the services we offer to people who use drugs. As part of this work, we will provide training to staff on lived experience with using drugs in the community, Harm Reduction best practices, naloxone administration, and Screening, Brief Intervention and Referral to Treatment for substance use services in clinic. We will also begin to provide naloxone in clinic to those who need it.

- e. The program was recently notified that we will receive an increase in funds to provide cervical and breast cancer screenings to uninsured women. We expended all of our original funding in December, so are excited to begin offering these services at no cost again.
- 4) Harm Reduction
- a. The program has seen a large increase in clients seeking services at the It Takes a Village location after beginning to offer safer smoking supplies.
 - b. **Attached is the 2024 Point in Time Survey specific to Harm Reduction in Arapahoe County.** Unrelated to the annual Point in Time count of unhoused people done across the country, this survey is conducted and submitted to CDPHE annually with syringe access program participants across the state to obtain a snapshot of participant demographics, practices and needs that can be extrapolated to all participants. 28 syringe access participants completed the survey at ACPH in Fall, 2024.
 - c. The program also recently conducted a community survey with their clients that identified a high level of satisfaction with services. Areas of improvement included a request for expanded hours. The program staff plans to discuss this feedback more with the Harm Reduction Community Advisory Board to get a better understanding on how to better meet the needs of the community.

Health Protection and Response

- 1) Environmental Health Programs
- a. Water Quality Program:
 - i. Dr. Diana Rashash, Sr. Water Quality Specialist participated as a panel moderator at the Englewood Community Climate Resiliency Workshop on January 16, 2025, where approximately 30 residents gathered to discuss climate change impacts and potential solutions. From that meeting, a follow-up meeting was held with residents on January 23, 2025, where approximately 30 residents further discussed priority vulnerabilities to develop actionable strategies. Diana facilitated the group discussions around the transportation sector (pre-assigned by Englewood). Proposed solutions, such as tree planting programs, air quality initiatives, and financial incentives for climate adaptation, will be evaluated for both feasibility and to explore collaboration with county and state agencies to secure funding and resources. Findings from both workshops will inform Englewood’s long-term sustainability and climate resiliency strategy, integrating community-driven solutions into future policies and programs. The City’s mapping department will create a composite map highlighting climate-vulnerable areas based on workshop input, which will be shared with the community and used for future planning. Residents are encouraged to submit additional feedback via QR code as the City continues outreach efforts. To learn more about the [Climate Action Project](#) or sign up for the [sustainability newsletter](#) to stay involved, click on the embedded links.
 - ii. Diana Rashash, Sr. Water Quality Specialist, joined David Autry (State Office of Homeland Security and Emergency Management) as part of statewide critical infrastructure meetings with water providers in Arapahoe County to make assessments of the ability to operate during disaster events. Diana has participated in the meetings with East Cherry Creek Valley (ECCV) and Willows Water (WW). Key takeaways from the meetings so far include:

1. ECCV does have piping to connect with other providers; however, there are no official agreements about sharing water during emergencies.
2. Neither ECCV nor WW performs their own repairs; the work is contracted out.
3. Both ECCV and WW are now more aware of ACPH's interest in locations that lose water pressure and potential impacts on our regulated entities, including events that are limited enough to not require CDPHE notification.

Our ongoing participation in these meetings will continue to strengthen our partnerships and coordination with the state and water providers in Arapahoe County.

b. Consumer Protection Program

- i. During the month of January, Arapahoe County Public Health took several steps to recognize National Radon Action Month (NRAM) and promote radon awareness throughout the county. A new [Radon web page](#) was launched which provides the public with radon information specific to the county as well as steps that can be taken to reduce radon's harmful effects. Throughout the month, radon specific information was "boosted" on different social media platforms, and also beginning in January, county residents are now able to request free radon test kits using an [online request form](#) or by calling. Public Health extends our gratitude to the BOCC for recognizing this important topic and to Commissioner Baker in particular for his public acknowledgement of radon at the 1/28/25 BOCC meeting. ***This effort supports the Community Health Improvement Plan (CHIP) priority of Access to Safe and Affordable Housing.***

C. Communicable Disease Report

a. Hepatitis A

- i. Hepatitis A is an acute inflammatory condition of the liver caused by the hepatitis A virus (HAV). Infection most commonly occurs when virus particles are shed in the stool of an infected individual and transmitted to others via the fecal-oral route through poor hand washing or overcrowding. Infection with HAV provides lifelong immunity but there is no chronic carrier state for hepatitis A, and it does not cause chronic liver disease like other types of hepatitis. Symptoms of hepatitis A can vary, and asymptomatic or mild infection can occur but are more common in children. Symptoms may include fever, anorexia, fatigue, myalgia, nausea, diarrhea, jaundice, abdominal pain, dark urine, and light-colored stools. Hepatitis A vaccine has been used since the mid-1990s to prevent infection when given prior to exposure to HAV. It has also been found to be effective when provided within two weeks of a possible exposure to prevent infection. In addition, immune globulin (IG) plus hepatitis A vaccine is often considered in settings where exposed, unvaccinated persons are at greater risk for complications due to underlying health conditions and immune status.
- ii. On 1/29/2025, the ACPH Communicable Disease Epidemiology (CDE) Program was notified of an acute (active) hepatitis A case that resided in another jurisdiction but worked in an assisted living facility in Arapahoe County and provided direct patient care to residents. Based on information collected from the case and interviews with

the assisted living facility, 27 residents and 4 staff were identified as directly exposed to HAV. In collaboration with the ACPH Immunization Program and the ACPH Chief Medical Officer, two vaccination clinics were held at the assisted living facility on 1/31/2025 and 2/5/2025 to provide post-exposure vaccination and IG. Employees not directly exposed to HAV and without a documented dose of previous hepatitis A vaccine were also offered one dose of vaccine to increase protection among this population of healthcare workers. In addition to the vaccination clinics, employees were also directed to ACPH Immunization clinics to receive vaccine. As of 2/11/2025, 19 residents and 34 employees received vaccine and/or IG. Eight (8) of the exposed residents were either identified to not need vaccine/IG due to previous vaccination or infection, declined to received vaccine, or were ineligible due to other health conditions. The ACPH CDE Program will monitor this facility for new cases until 2/17/2025 (21 days from last exposure). As of 2/11/2025, no residents or staff at this assisted living facility have developed symptoms consistent with hepatitis A.

b. Marburg Virus Disease

- i. Marburg Virus Disease (MVD) is a rare but highly fatal viral hemorrhagic fever caused by infection with one of two zoonotic viruses, Marburg virus or Ravn virus. Both Marburg and Ravn virus are within the virus family *Filoviridae*, which also includes Ebola viruses. Marburg virus is spread through direct contact with broken skin or mucous membranes with the body fluids of someone who is sick with MVD, or who recently died from their infection. These body fluids include blood, urine, saliva, sweat, feces, vomit, breastmilk, amniotic fluid, or semen. People can also contract MVD if they have contact with an infected animal, needles, or with other objects or surfaces contaminated with the virus. Marburg virus is not spread through airborne transmission. Symptoms of MVD can include fever, headache, muscle/joint pain, fatigue, loss of appetite, gastrointestinal symptoms, or unexplained bleeding. There is currently no FDA-approved vaccine or treatment for MVD. In the absence of early diagnosis and supportive care, MVD has a high mortality rate of 23% to 90%, depending on the virus strain and level of case management for the patient. With early intensive supportive care and fluid replacement, mortality rates can be lower.
- ii. On 1/10/2025, the World Health Organization (WHO) was notified of six suspected MVD cases in the Kagera Region, Tanzania. As of 2/10/2025, there have been 10 – 15 suspected cases (two confirmed) and up to nine deaths, and 42 suspected cases reported. Additionally, there have been 281 contacts identified, including 64 healthcare workers. International rapid response teams were deployed to support the outbreak investigation and response efforts. No new cases have been reported since 1/25/2025 and majority of close contacts have completed the 21-day monitoring period without developing symptoms.
- iii. There are no reported cases in the United States and the CDC has not issued traveler monitoring for travelers returning from Tanzania at this time. Should traveler monitoring be recommended, the ACPH CDE Program will utilize the Colorado Viral Hemorrhagic Response Plan along with our internal protocols to monitor asymptomatic travelers for 21-days should we receive a traveler in our jurisdiction. These plans outline the guidance for travel monitoring of close contacts in Colorado

and additional details on agency roles, communication, medical transport, and coordination should a suspect or confirmed case be identified in Arapahoe County.

c. Sudan Virus Disease

- i. Sudan virus disease is a rare but highly fatal viral hemorrhagic fever disease, belonging to the same family as Ebola virus disease. It is caused by Sudan virus (SUDV). SUDV is spread through direct contact with broken skin or mucous membranes with the body fluids of someone who is sick with Sudan virus disease, or who recently died from their infection. These body fluids include blood, urine, saliva, sweat, feces, vomit, breastmilk, amniotic fluid, or semen. People can also become sick if they have contact with an infected animal, needles, or with other objects or surfaces contaminated with the virus. Symptoms include acute onset of fever, abdominal pain, anorexia, fatigue, malaise, myalgia, sore throat, nausea, vomiting, diarrhea, rash, or unexplained bleeding. In the absence of early diagnosis and supportive care, Sudan virus disease has a high mortality rate of 41% to 70%, depending on the level of case management for the patient.
- ii. On 1/30/2025, the Ministry of Health of Uganda declared an outbreak of Sudan virus disease. As of 2/4/2025, there have been 7 confirmed cases, including one death (14% fatality). All cases are either family members or healthcare workers. Additionally, 298 close contacts have been identified.
- iii. There are no reported cases in the United States and the CDC has not issued traveler monitoring for travelers returning from Uganda at this time. Should traveler monitoring be recommended, the ACPH CDE Program will utilize the Colorado Viral Hemorrhagic Response Plan along with our internal protocols to monitor asymptomatic travelers for 21-days should we receive a traveler in our jurisdiction. These plans outline the guidance for travel monitoring of close contacts in Colorado and additional details on agency roles, communication, medical transport, and coordination should a suspect or confirmed case be identified in Arapahoe County.

D. Legislative Update

Bill	Status	Positions Taken	Overview
SB25-050 Racial Classification on Government Forms	Hearing: Feb 18	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	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	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.

SHOTS FOR TOTS AND TEENS

END OF YEAR REPORT 2024



Shots for Tots
and teens

OVERVIEW OF THE 2024 SHOTS FOR TOTS AND TEENS PROGRAM

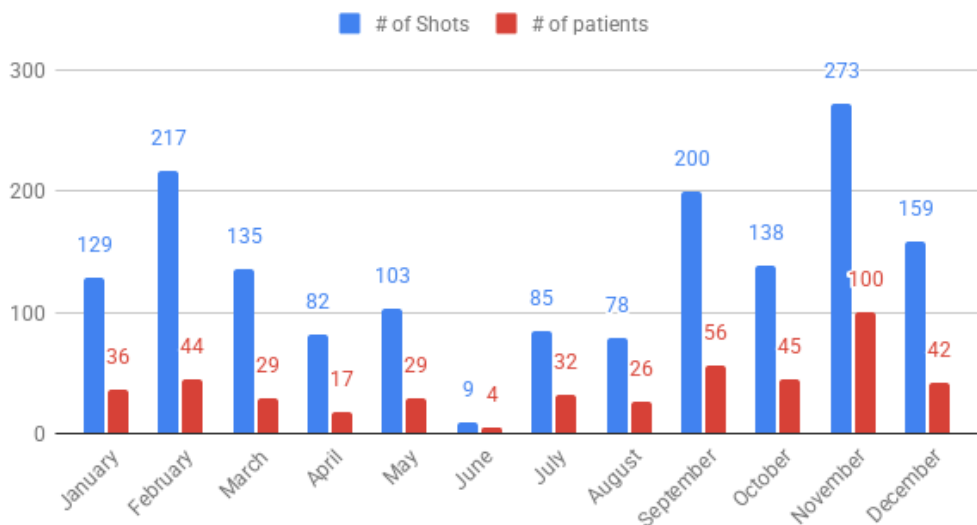
[Shots for Tots and Teens](#) (SFTT) is a partnership between Immunize Colorado, Jefferson County Public Health, Adams County Health Department, Arapahoe County Public Health, and Boulder County Public Health to provide free and low-cost vaccines in community settings in Lakewood, Westminster, Aurora, and Longmont throughout the year. Since 2002, the Shots for Tots and Teens clinics have been responsible for delivering **48,431 vaccines** to **18,526 patients**. In 2024, the partnership held **26 clinics** that delivered **1,608 vaccines** to **460 patients**. The vast majority of all SFTT patients were children (364); the clinics were also able to serve 55 adult patients. The SFTT clinics continued to be an important resource for medically underserved families. 99% (358) of children and 97% (62) of adult patients were un- or under-insured or covered through Medicaid. 33% of patients spoke English, while 59% of patients' primary language was Spanish and 8% of patients spoke another language other than English or Spanish. The SFTT clinics were able to serve patients in four different communities including Aurora, Lakewood, Westminster, and Longmont.

Arapahoe County hosted a monthly clinic during all 12 months of the year, providing 969 vaccines to 254 patients. Adams County hosted six clinics throughout the year, providing 362 vaccines to 110 patients. Jefferson County hosted three clinics in the later half of the year, providing 170 vaccines to 62 patients. And Boulder County hosted five clinics, providing 107 vaccines to 34 patients. Jefferson County and Adams County continued to host their clinics at their office locations. Boulder County hosted clinics at their Longmont Hub. Arapahoe County hosted clinics at the Martin Luther King, Jr. Library. The library was an excellent partner and the location proved welcoming and accessible to clients; however, due to construction happening at the library in 2025, Arapahoe will move their clinics back to their Aurora office for the next year. In total, the clinics provided 133 COVID-19 vaccines to adults and children in 2024 along with other routinely recommended vaccines. Arapahoe County was able to host the WIC (woman, infants, and children) program at five clinics and Aurora Fire at two clinics. Jefferson County was able to host West Metro Fire at all three of their clinics, a family navigator at two clinics, and Benefits in Action at one clinic. They also distributed COVID-19 tests and masks at all clinics free of charge. These supplemental services are beneficial to many patients in attendance.

Throughout the year, Colorado's childhood immunization rates dropped to their lowest levels in years. For the 2023-24 school year, immunization rates dropped for all school-required vaccines among all students. For all Colorado students, rates for each vaccine dropped from 2022-23, and rates for all vaccines for kindergarteners dipped below 89% (except hepatitis B). In Colorado, only 62% of children received a flu vaccine during the 2023-24 flu season, down two points from the previous season. This trend highlights a continued need for individual, community, and policy level action to improve routine childhood immunization rates. Access barriers to immunization also remain a critical issue, one that reinforces the importance of community-based immunization clinics like SFTT as an essential safety net for Colorado families.

2024 CLINIC STATISTICS

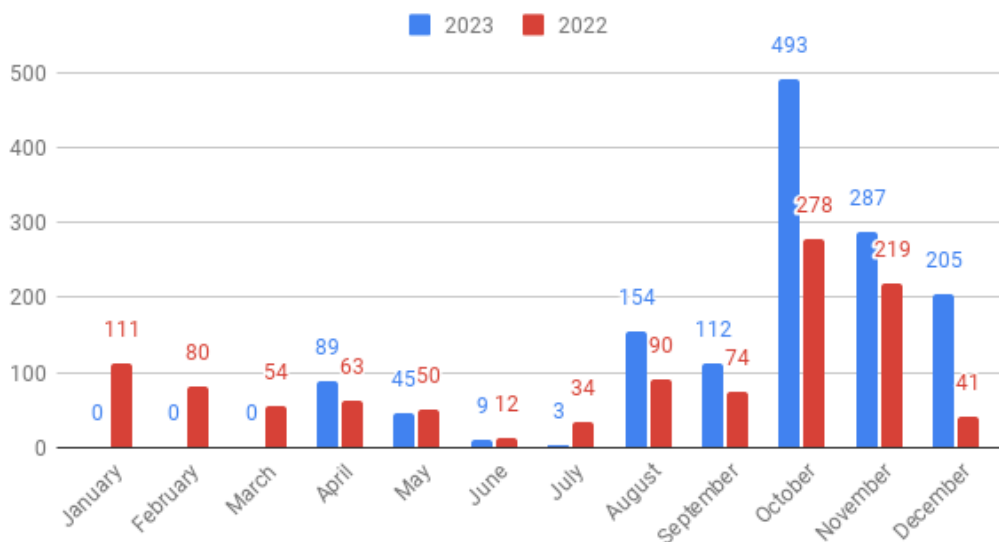
Total Patients and Vaccines by Month



Compared to 2023, 2024 Shots for Tots and Teens clinics saw a 15% increase in the number of shots administered to patients (from 1,397 in 2023 to 1,608 in 2024) and a slight increase in the total number of patients (from 506 in 2023 to 460 in 2024). There were more clinics in 2024 (24) compared to 2023 (19).

Despite gains from 2023, Shots for Tots and Teens clinic numbers did not return to pre-pandemic averages in 2024. In 2019, SFTT clinics administered 2,514 shots to 851 patients, indicating a 36% decrease in shots and a 50% decrease in the number of patients from 2019 to 2023. This is likely due to the continued shifting of clinic locations, newer clinics like Boulder County having participated for just two years, and fewer clinics in total held in 2024 than pre-pandemic.

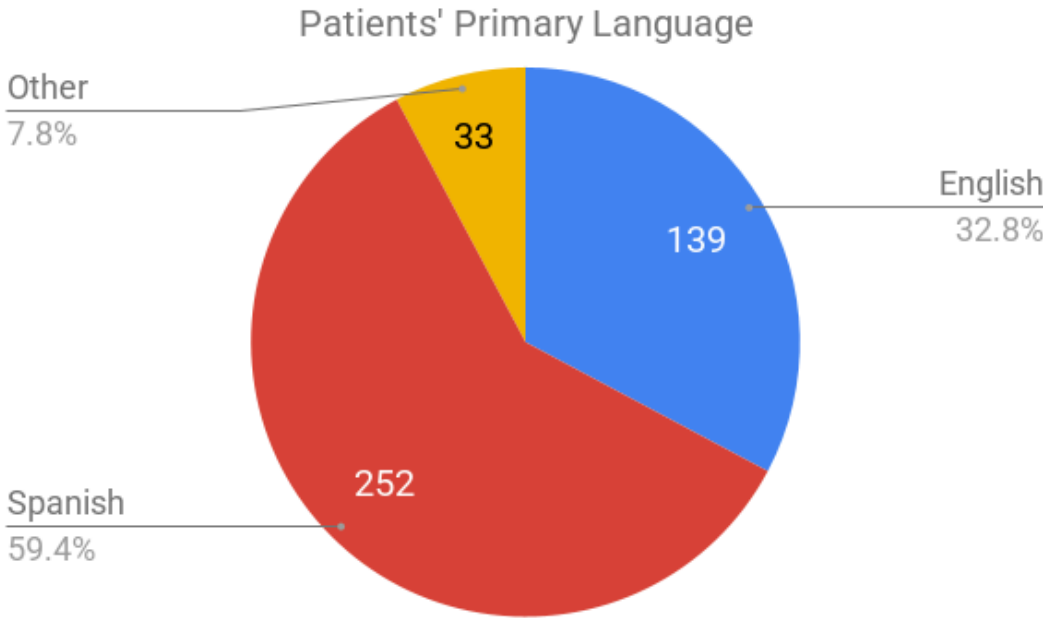
Total Vaccines Given by Month in 2023 vs. 2022



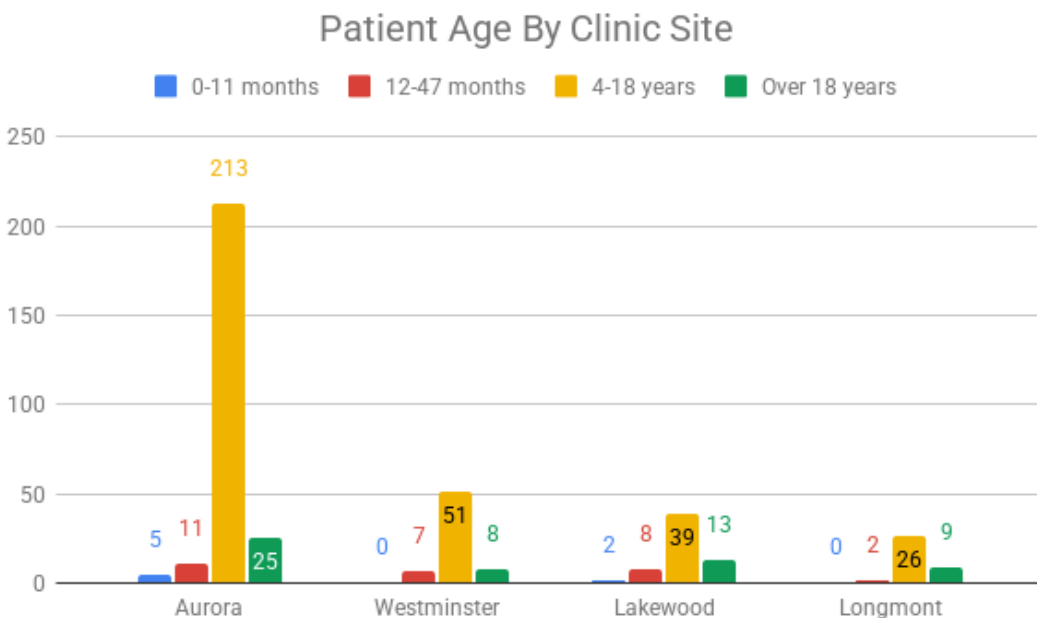
In 2023, Boulder County Public Health joined the Shots for Tots and Teens program, bringing the clinic site total to four. They hosted six clinics in 2024 compared to four in 2023, helping increase the clinic total. Adams County Health Department also increased their clinic number from three in 2023 to six in 2024. Capacity for all clinic partners remained a challenge in 2024, as did funding for the program, which moved to an every-other-year model instead of yearly. These challenges underscore the need to more robustly fund local public health generally and immunization clinics specifically.

2024 PATIENT CHARACTERISTICS

In 2024, the majority of Shots for Tots and Teens patients spoke Spanish (59%). 33% of patients spoke Spanish and 8% spoke a language other than English or Spanish. This is a marked change from 2023 when English was the primary language spoken.



The majority of SFTT clinic patients in 2024 were children, and the majority of children were 4–18 years old (329). There were 7 patients aged 0–11 months, 28 patients aged 12–47 months, and 55 patients over 18 years (adults). The Aurora clinic site, which hosted more clinics and saw more patients than the other clinic sites, had the highest number of patients in each age group.*

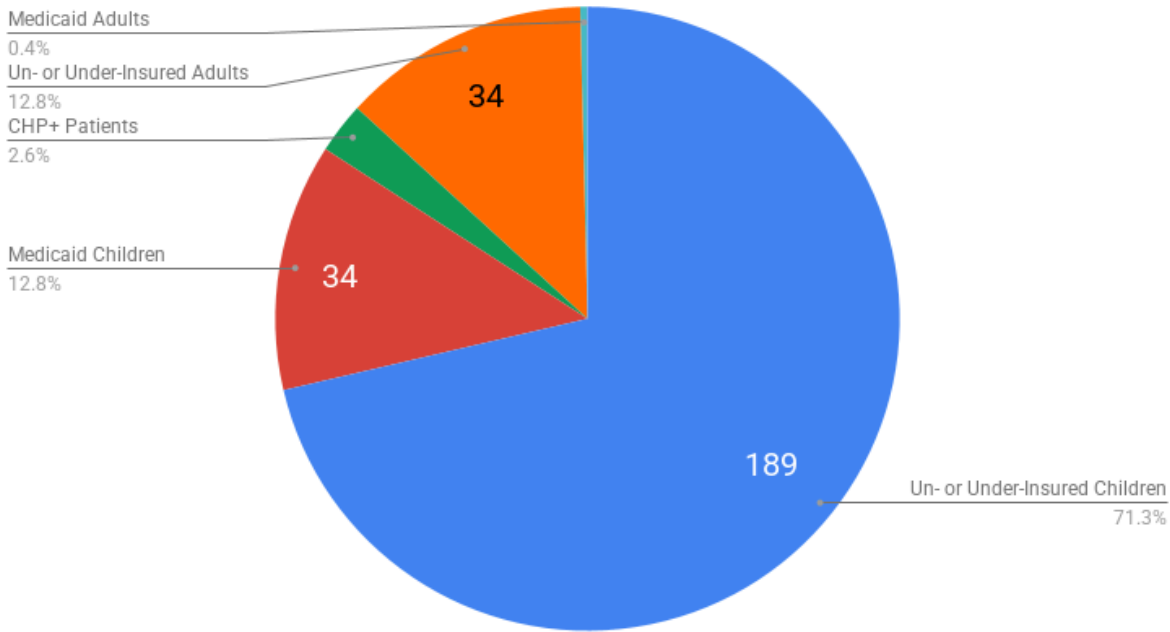


*Some clinics did not report data for all clients. Data shown is what was reported for clients whose data was collected.

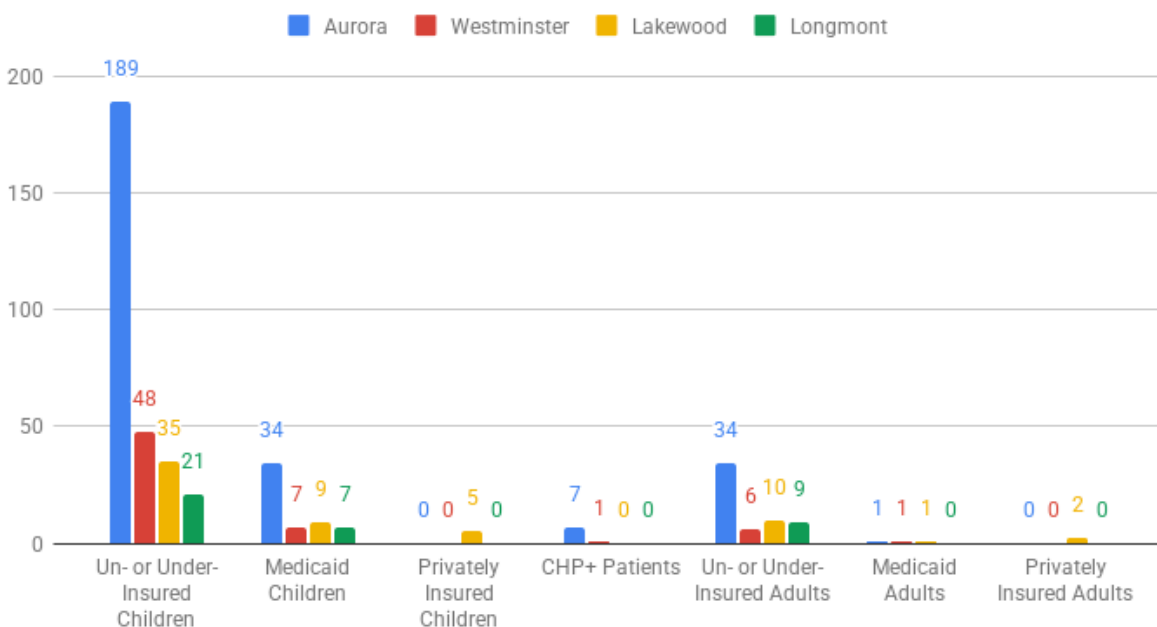
2024 PATIENT CHARACTERISTICS

The majority of patients (adults and children) at all SFTT clinics were un- or under-insured (352 patients). The second most reported insurance was Medicaid (60 patients), followed by private insurance (7 patients) and CHP+ (8 patients). All but one clinic were not able to see privately insured patients in 2024, which likely explains the low number of patients with this insurance type. *

Patients' Insurance Status



Insurance Status By Clinic Site



*Some clinics did not report data for all clients. Data shown is what was reported for clients whose data was collected.

SYRINGE ACCESS PROGRAM (SAP) POINT-IN-TIME SURVEY RESULTS: PARTICIPANT DEMOGRAPHICS & PRACTICES

ARAPAHOE COUNTY PUBLIC HEALTH



WHAT IS THE POINT IN TIME SURVEY?

In Fall 2024, 28 Arapahoe County Public Health SAP participants completed the survey.

The results from the survey help us understand the people who access syringe services, the services people are getting, and how we can make them better. *This summary includes ACPH results only.*

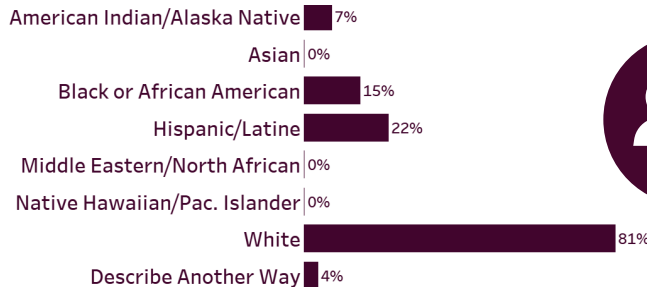
GENDER IDENTITY

Man **50%**

Woman **43%**

Trans or nonbinary **7%**

RACE & ETHNICITY



Average age of participants:

40



3 in 5

reported their housing status as **homeless**

INJECTION PRACTICES

In the past 30 days



1 in 10

participants used a syringe that may have been **used by someone else**

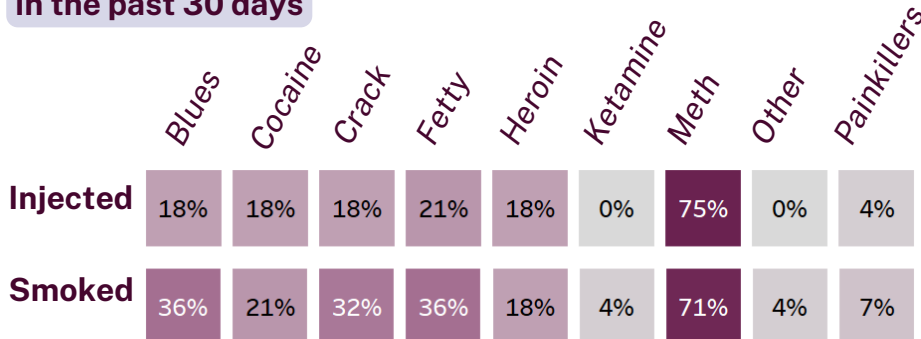


5 in 10

participants used a syringe that they had **already used on themselves**

DRUGS USED

In the past 30 days



86% reported **injecting** at least one drug listed

86% reported **smoking** at least one drug listed

Infographics & Data Details:



SYRINGE ACCESS PROGRAM (SAP) POINT-IN-TIME SURVEY RESULTS: SERVICES, REFERRALS, & NEEDS

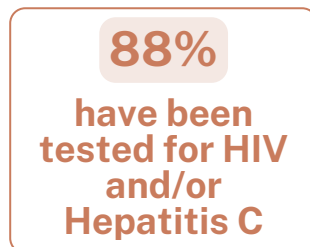
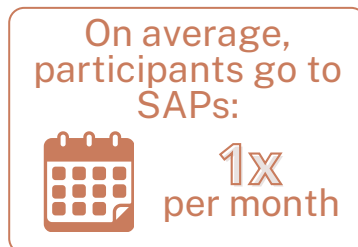
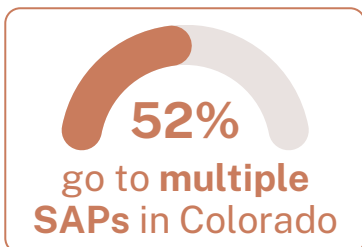
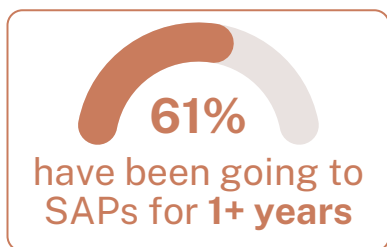
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SAP Services



Top services that people receive at SAPs

- 1 Safe drug use supplies
- 2 Syringe disposal
- 3 Fentanyl test strips
- 4 Naloxone

Other common services: condoms/lubes, xylazine test strips, wound care, food or clothing, hepatitis C testing, HIV testing, and vein care

Referrals



Top services that SAPs help people get connected to

- 1 Food/nutrition assistance
- 2 Shelter/housing assistance
- 3 HIV testing
- 4 Syphilis testing

Other common referrals: Mental/behavioral health, gonorrhea/chlamydia testing, hepatitis C testing, and substance use treatment

What type of support would you want at a SAP?

13 people wrote in a response, including:

“Housing, vouchers, showers”

“Getting clean”

“Moving/getting around and housing”

“Smoking bubbles access please”

“Homeless transportation”

“Just keep it up <3”

Infographic & Data Details:

