To: Board of Health  
From: Susan Wheelan, M.B.A., Public Health Director  
Date: June 2020 (reflects activities May through June to date)  
Re: Director’s Report

Since the rollout of the State’s ‘Safer at Home’ phase in early May, and subsequent ‘Vast, Great Outdoors’ Executive Order opening up certain recreational activities and houses of worship activities, EPCPH has continued to be keenly focused on balancing the public health and economic health of El Paso County and providing support for moving in a direction to more widely open sectors of our local economy and community. In close collaboration with the Chamber of Commerce, Economic Development, multiple businesses, and County and City entities, we have been mainly focused over the past month in the labor-intensive process of developing variances to accelerate our region’s recovery from the pandemic.

On June 15, Governor Polis announced the path forward for the next phase, “Protect Our Neighbors” This phase will be largely driven by local public health agencies and health systems who have the necessary plans and infrastructure in place to continue easing restrictions. There is a variety of factors that will indicate if a community can be moved to the next phase:

➢ Transmission: Communities need to prove they have had a low level of cases in their community
➢ Hospitalizations: Communities need to prove they have capacity in case of a surge and also enough PPE
➢ Testing and Tracing: Communities need to prove they have adequate testing and contact tracing set up, and need to have a good rate of people who are notified to isolate within 24 hours of a positive test result, and a good rate of people who were possibly exposed notified within 48 hours.

The Governor emphasized that local health agencies will be key to this next phase. In light of this directive, it is imperative that EPCPH continue to maintain the utmost focus, dedicated time and staff resources needed to minimize COVID-19 disease spread in the community through robust education, testing and containment measures.

El Paso County has led the state on several re-opening measures, all while keeping our COVID-19 case rates well below state averages. The graph below demonstrates the flattened curve in cases that El Paso County has maintained in the midst of significantly loosened restrictions since early May, and it is our primary objective to continue this trend so that we can move swiftly to the next phase of recovery:
Public Health Variances

Each variance requires three levels of local approval, followed by approval from the State. Locally, each policy variance must be approved by Public Health, UCHealth, Penrose-St. Francis, and Children’s Hospital, and by the El Paso County Board of County Commissioners. Once approved locally, policy variances are submitted to the Governor’s Office and the Colorado Department of Public Health and Environment (CDPHE), who will review the request and can then decide to modify, approve, or deny it. This process takes about 10-15 days at the State level, recently revised upward from 7-10 days in previous weeks, due to the complexity and variety of the requests submitted.

To date, El Paso County has prepared and sent five variance proposals to the State for approval. Two of these variance proposals have been approved by the Colorado Department of Public Health and Environment (CDPHE), one for high school graduations and another for limited in-person dining in restaurants. Two variance proposals have received partial approval and we have requested additional allowances on those variances from CDPHE and are awaiting response. Those two variance proposals are for places of worship and the Cheyenne Mountain Zoo.

The most recent variance request, addressing additional sectors of our community, was presented to and approved by the Board of County Commissioners on June 9 and submitted to the State. Developed in collaboration with Colorado Restaurant Association, Pikes Peak Area Attractions, Downtown Partnership, and multiple businesses, and...
community leaders, this innovative comprehensive re-opening plan provides clear and comprehensive guidelines to address many sectors and is designed to streamline the time and labor-intensive industry-by-industry process that had been conducted previously. This variance request applies to the following sectors:

- **Gyms** (defined as a building or room used for indoor sports or exercise, such as fitness, dance, exercise or group classes, martial arts classes, exercise studios and centers, recreation centers, and other indoor facilities)
- **Athletic Training Facilities** (defined as gyms used exclusively, either at all times or for certain defined periods of time, by athletes who have an official relationship with an Olympic organization and are training for future Olympic competitions or qualifying events)
- **Theaters**, both movie or recorded performances and live performances
- **Indoor Malls**
- **Indoor and Outdoor Activities**
- **Attractions** (defined as places of interest visited by people for their natural, cultural, educational, historical, or unique entertainment value)
- **Indoor Water Park at Great Wolf Lodge**
- **Libraries**
- **Small Private Special Events**

Public Health has a long history of supporting the business community, assuring organizations open safely. This pandemic and resultant coordination with local businesses and our community partners to re-open various sectors in the region demonstrates the impact of collaboration.

**COVID-19 Epidemiology and Disease Prevention**

**Contact Tracing:**
El Paso County Public Health (EPCPH) is responsible for outreach to known individuals with a positive test result for COVID-19. This outreach is required within 24 hours of notification of a positive test result. Since the middle of March (90-day mark), the team has spoken with over 1,700 residents to determine where they might have been exposed, and where they might have exposed others. During these conversations, Public Health staff determine who else may be at risk of getting sick. For each reported positive result, we may find many other people that we need to speak with about potential illness. These may be family members, coworkers, or members of the public who visited a location where someone went while sick.

Contact tracing has always been a standard component in our disease prevention strategy; however, as discussed previously, within the context of COVID-19, there has been increased resistance among several individuals in our community to participate in tracing due to concerns about privacy. This has presented formidable challenges in our efforts to prevent disease spread. Given the need to focus on this critical disease prevention activity, we have enhanced our communications and outreach to educate the community on the purpose of contact tracing and to de-mystify the process. Over the past month, a series of PSA-type videos in **English** and **Spanish** on contact tracing have been produced.
and promoted widely, and Public Health has partnered with Small Business Development Center on a lunch-series installment on contact tracing to be held on June 19. In addition, with the expansion of our team of bi-lingual staff, we are able to more effectively engage non-English speaking individuals who have been exposed to the virus so that they, and those with whom they have been in contact, may take appropriate quarantine/isolation measures.

**Epidemiology Staffing:**
Many of the Immunization Program staff members continue to work with Long Term Care Facilities (LTCF) experiencing COVID-19 outbreaks. They are working with facilities that have symptomatic residents or staff, providing infection control recommendations and collecting pertinent data. The team has also worked to become experts on the guidance coming out for LTCFs so they can be a resource for providers and facility administrators as questions arise. All of this is done in an effort to protect our vulnerable elderly population.

The Family Planning (FP) clinic staff are still operating in roles in the El Paso County Public Health COVID-19 response. Many team members are dedicated to the epidemiology team and performing case investigation and phone administration duties. Some of the staff have been allocated to assist the school liaison with graduations.

We are moving forward with building out more sustainable support for disease investigations through our efforts to contract with Pikes Peak Workforce Development and to hire additional CARES-funded positions. We have recently offered several epi positions and are in the search process for an additional Disease Intervention Specialist (DIS).

**Epidemiology Funding:**
To sustain our investigation efforts, EPCPH has received an additional $5.1 million through Epidemiology and Laboratory Capacity (ELC) grants – another segment of CARES, separate from the local County relief. These additional funds will be paid out over 30 months to allow our continued disease investigation and related data analysis and reporting bandwidth as this will not be a short-term effort.

**COVID-19 Data Developments**
The County’s critical needs investment in Public Health’s data infrastructure continues to yield measurable impact in our ability to make data-driven decisions as they relate to disease mitigation efforts, surge capacity planning among our local health service providers, and operational planning among businesses, schools and other entities throughout our community. The data that we have been able to harness through staff expertise and advanced technological tools serves as a critical component of our situational awareness and variance requests with which we are able to make the case for approval by the State.
Over the past month, Public Health’s Data Analytics Team and Epidemiology Teams have worked collaboratively on enhancements to our data repository, which are reflected on Public Health’s COVID-19 Data Dashboard. The dashboard now includes:

- Map showing cases by zip code and accompanying charts showings cases by zip code and by municipality
- Rolling average of cases, to better show cases over time
- More explainers, including some that pop-up as you hover over fields
- El Paso County PCR testing data (including total tests, result and positivity rate)
- Onset page which charts the difference between when a case was reported and when symptoms began
- Incidence page to show incidence metrics

We've had numerous discussions about our 14-day incidents because CDPHE has identified a threshold of 100 cases per 100,000 population, which would trigger the State to re-examine our variances and potentially rescind or roll-back allowances. We are currently well below this threshold. As of this date, we're tracking 28.85 cases per 100,000 over the last 14 days. We are ranked in the medium disease range in the State, which means 25 to 50 cases.

With regard to long-term care facility cases and their impact on our incidents, residents of long-term care facilities don't generally contribute to community disease spread and should be excluded from our two-week incidents for a trigger point. EPCPH has advocated with CDPHE to remove these and other institutional/congregate setting cases from case counts, and this was approved. Our Data Analytics and Epidemiology teams worked together to extract those cases from our internal dashboard, which puts the County below 25 per 100,000 case threshold, categorized as the low category in the State, and should provide some more flexibility as we go forward to look at expanding variance allowances, and positions us for the next phase of Protect Our Neighbors.

With regard to data to inform our health equity efforts, a snapshot is being developed for the data dashboard to show populations most impacted by COVID-19 (by age, sex, race, zip code) the purpose of which is to engage the community to take health into their own hands and avail themselves of resources and education around COVID-19.

**Health Equity and COVID-19 response**

Health equity is an important part of COVID-19 response - not all residents experience the pandemic the same way (i.e., disparities in accessing testing and treatment, inability to exercise social distancing due to job demands, etc.)

Our Health Equity liaison is part of the Emergency Coordination Center (ECC) structure for the COVID-19 response. Her position was one of the additional positions for which we received critical needs funding in 2019 to focus on health equity within agency programs and now within the COVID-19 response. The main focus of this role is to identify barriers (i.e., language barriers, limited access to essential needs, etc.) to care and support vulnerable communities and to develop mechanisms to address these issues.
During the Board of Health meeting on June 24, we will discuss various activities with regard to existing and future health equity initiatives, particularly as they relate to recovery from the pandemic in distressed areas of our community. Some of these efforts have been referenced throughout this report.

**Status of CARES Act Funding**
As reported last month, the Board of County Commissioners approved allocation to EPCPH of $8.3 million from funds that the County received from the Federal Coronavirus Aid Relief and Economic Security (CARES) Act. $200,000 of this funding will be applied to programmatic and related communication resources for a collaborative effort with UCCS’ Greater Resilience Intervention Team (GRIT), National Alliance on Mental Illness (NAMI) and AspenPointe to address the behavioral health impacts of COVID-19 on our community with particular emphasis on health equity as it pertains to access to mental health resources for disadvantaged areas of our community. A budget proposal is currently under review with the plan to launch activities in the next few weeks.

**Behavioral Health Support**
Our Health Services Division Director has been performing the role of Behavioral Health Liaison with the COVID-19 response. To date we have implemented a letter-writing campaign from all of the school districts to several long-term care facilities to encourage the staff and clients as they address the stressors of isolation and illness. We have received notice that the letters are arriving and have been an encouragement to staff and residents. With support from EPCPH, UCCS’ Dr. Charles Benight’s Greater Resiliency Intervention Team (GRIT) website offers multiple resources to the public, including the opportunity to register for a 5-hour resiliency coach training to help us support others during this time. As mentioned in last month’s report, Dr. Benight also provided a presentation on trauma and self-care for our staff, and will be providing additional presentations to our staff as we work together to serve our community. We have an extensive list of behavioral health resources on our website for the public, and lists of resources have been distributed to multiple organizations in our community.

**Continuity of Operations**

**Environmental Health (EH):**
Over the past several weeks, the EH Director. Program Managers and Leads have continued to be almost exclusively involved in variance development, providing guidance to businesses on public health orders and addressing related questions from establishments and the general public. Since the beginning of May EH staff have fielded just over 2,700 inquiries. Inquiries include:

- Increased questions regarding Long Term Care Facilities/Assisted Living/Nursing Homes
  - When will restricted visitations be lifted?
  - When can residents leave?
• When can their appointments resume?

- Retail Food Establishment
  - Variance requests
  - Mask and glove usage complaints
  - Complaints re: restaurants being over capacity
  - Complaints re: appropriate distancing
  - Bars and nightclubs opening at full capacity and allowing games (darts, pool, etc.)

- Pool reopening questions
- Questions regarding residential pools
- Small and large event questions (bingo, concerts, performances)
- Increase in Retail Food complaints:

Standard business activity is proceeding, as usual, with steady volume.

**Update re: Pikes Peak Area Council of Governments (PPACG) Air Quality Technical Committee (AQTC):**

Upcoming meetings will explore strategies and priorities for El Paso County's participation in the Environmental Protection Agency's (EPA) Advance Program, which helps support communities trying to stay in attainment for ozone. Ideas have been discussed and will continue to be explored and prioritized within the Pikes Peak Region for EPA Advance planning.

We also received updated ozone statewide draft data from CDPHE. Based on data for our two EPC ozone monitors (USAF and Manitou Springs), we have not had high enough values this spring to put us close to the threshold around which we could reach non-attainment. If we continue along this course this summer, the highest values for 2021 look encouraging.

**Vital Records:**

Those seeking birth and death records will soon be able to meet in-person with El Paso County Vital Records by appointment only. Appointments must be placed online at [https://www.elpasocountyhealth.org/service/birth-death-records](https://www.elpasocountyhealth.org/service/birth-death-records). As of June 17, a new scheduling feature is available on the website. Those who are sick, have symptoms of COVID-19 or have been exposed to COVID-19 should stay home. Customers are asked to wear a mask and comply with physical distancing requirements (maintain 6 feet of distance between themselves and those outside their household when possible). Whenever possible, only the applicant should come to the appointment. Customers are asked to complete paperwork in advance and bring a valid photo ID. Customers may also need to bring supporting documentation for proof of relationship or proof of direct and tangible interest.

**Nurse-Family Partnership (NFP):**

Nurse-Family Partnership nurses held 311 telehealth visits over the month of May which is above the monthly average of 265. Meeting clients via telehealth and video
conferencing has helped continue client engagement as well as meet the needs of the most vulnerable during COVID-19. NFP caseload is currently at 192 out of 200. We continue to enroll new clients with verbal consent and had 6 new first-time moms enroll in May. We celebrated six NFP client graduations. Our NFP moms report their appreciation for all the support they receive from their nurses during these stressful times.

**Lab:**
Activities going well with Pretrial added in now.

**Women, Infants, and Children (WIC):**
The new WIC Program Manager started on June 8, 2020. She has a Master’s degree from Johns Hopkins, a background in SNAP, and experience working with refugees. A new WIC Educator started on June 15 for the Southeast (SE) WIC clinic. We are working with HR on filling two vacancies.

We had a slight decrease in caseload in May, from 12,801 to 12,757 (i.e., 44 clients). April was our highest caseload month so far for 2020. Since we are down 2 FTE positions, this is a very minor loss. Consistent with other reports from providers across the state serving clients with Medicaid, the “no show” rate is lower with the ability to provide services via phone/videochat. Clients report appreciation for this service, reducing barriers to care.

**Maternal Child Health (MCH):**
As mentioned earlier in this report, the MCH Health Equity Planner is coordinating with all the units within the COVID-19 Emergency Coordination Center (ECC) to promote health equity. Other activities:

- Some regularly scheduled trainings have resumed, including Brainwise with the YMCA, and are scheduled to resume with local schools in August, depending on the status of re-opening and allowances at that time.
- Organizing a COVID Q&I care coordination program to provide assistance for families which can be counted towards our state deliverables, which is slightly behind given the continued COVID-19 situation.
- HCP is continuing to provide care coordination to the program’s regular clients via telephone and email, with the option for video calls. We are working on resuming HCP outreach efforts with a focused on virtual communication.
Grants Coordination of 6/1/20

Grant Awards in May: None
Pending Grant Decisions: None
Grant Applications in Process: None
May Grant Denials: None
May Grant Research Activity Summary (current through 06/01/2020):
  • Total number of funding sources researched in May using all available data: 42
    o Pending presentation and approval for submission: 3 (May)
    o Not eligible/not a match for EPCPH: 39