



FROM DATA TO ACTION: BRINGING STI CARE TO THE COMMUNITY

Lessons Learned from Arapahoe County Public Health

Our Community

Arapahoe County is located outside of Denver, Colorado, encompassing urban, suburban, and rural areas. Aurora, the largest city in the county, is the third largest, and most ethnically and linguistically diverse city in Colorado, with 21% of residents born outside of the United States. Arapahoe County Public Health (ACPH) was established in 2023 after the dissolution of a larger, multi-county entity.



ACPH's mobile harm reduction unit

Arapahoe County saw a 200% increase in syphilis and a 700% increase in congenital syphilis between 2019–2023. In 2024, Arapahoe County had 11 congenital syphilis cases, the highest seen in decades. In 2025, only one congenital syphilis case has been reported (as of July 2025). Rates of other sexually transmitted infections (STIs), HIV, and Hepatitis C have remained steady since 2019. The overdose rate per 100,000 in Arapahoe County was 32.2 in 2023, an 188% increase since 2019.

Our Work

ACPH sexual health and harm reduction teams work closely together to address the STI/overdose syndemic. Through our harm reduction program, we offer overdose reversal tools such as naloxone and fentanyl test strips, as well as access to HIV and STI testing services. **We've seen a 23.8% syphilis positivity rate among people who use drugs in our harm-reduction program.*** Between June 2024 and June 2025, the harm reduction program saw a nearly 890% increase in syringe access program encounters. With more participants accessing our harm reduction program, we're reaching even more people impacted by this syndemic.

**Rate reflects the period April 2023 to July 2025 and the presence of treponemal antibodies to syphilis, indicating a current or former infection.*



From the Clinic to the Community: How We Deliver STI Services



Clinics: ACPH operates two clinics offering STI services, family planning, cervical cancer screening and prevention, and pre-exposure prophylaxis (PrEP). All patients are screened for substance use disorder and to assess interest in harm reduction services. Harm reduction staff hold office hours in these clinics to facilitate warm handoffs and same-day referrals; otherwise, patients are referred to the harm reduction care coordinator for follow-up.



Harm reduction settings: ACPH distributes harm reduction supplies 3x per week at a fixed community location, at least 1x per week on a mobile unit, and via street outreach. Rapid chlamydia, gonorrhea, and syphilis testing are offered at the fixed location, and RNs are on call to provide same-day treatment for syphilis under standing orders. Same-day treatment for chlamydia and gonorrhea are available on the mobile unit when staffed by a RN.



Field-delivered syphilis treatment: ACPH provides field-delivered syphilis treatment in the community for patients who cannot realistically access treatment in the clinic. The program accepts referrals from disease intervention specialists—who are employed by the state health department—and community partners. RNs also deliver syphilis treatment in the county jail 1x per week and are on call for the harm reduction program when they are testing in the community.

From Data to Action: Improving STI Treatment Access

In 2024, we referred 24 harm reduction participants to our brick-and-mortar clinic location for STI treatment—but none ultimately received treatment. Many of our harm reduction patients are unhoused and face multiple barriers to accessing care, including transportation, competing priorities to take care of basic needs, lack of trust in the medical system, and the fact that the building housing our primary clinic has front-door security. To improve the completion of treatment, **we made the following changes to our STI treatment protocols:**

- Developed **standing orders** to initiate syphilis treatment based on a positive rapid test and prior to receiving confirmatory results.
- Scheduled an RN to be on call to provide **field-delivered treatment** to harm reduction patients.
- Began **staffing our mobile harm reduction unit with an RN** to provide same-day syphilis, chlamydia, and gonorrhea treatment.
- Created a list of patients lost to follow-up so the harm reduction team could **re-engage them in the community** and encourage and facilitate treatment.



ACPH staff conducting STI testing within their mobile unit

As a result, we have successfully treated 6 of the 12 patients referred by the harm reduction program for syphilis treatment between January–July 2025.

Lessons Learned



Treat before it's too late: While it may be ideal to wait for confirmatory testing and conduct a full physical exam after a positive rapid syphilis test, we've learned that the cost of treating (or even over-treating) a few patients is far lower than the cost of losing them to follow-up and missing the chance to provide care.



Break-through competing priorities: Losing patients to follow-up is a persistent challenge, especially when basic needs take precedence. Incentives like prepaid phones and gift cards, paired with partnerships with trusted community programs and agencies, can help patients prioritize returning, completing treatment, and staying connected to care.



Safety first: Strong safety protocols not only ensure program success but also build staff confidence when delivering services outside traditional clinical settings. Safety protocols and practices also help ensure that services are consistent and predictable for those receiving services, which can reduce the likelihood of escalated situations and more quickly defuse tension.*



Stretch resources, sustain services: Thoughtfully aligning multiple funding sources can extend program impact. For example, opioid settlement funds were used to purchase a rapid chlamydia/gonorrhea testing machine intended for harm reduction participants, while Title X funds support STI services delivered through our mobile unit.

* Learn more about creating shared safety at harm reduction sites [here](#).

Syndemic: This term [refers](#) to multiple epidemics that co-occur within a population as result of shared social and contextual factors, resulting in worse health outcomes.

This is the first case study in the series, *Syndemic Solutions in Action: Lessons Learned from Local Health Departments*. Scan the QR code to access additional information and resources.



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This report was made possible by the National Association of County and City Health Officials (NACCHO), in partnership with the Centers for Disease Control and Prevention (CDC), Division of STD Prevention (DSTD). It was supported through Cooperative Agreement #5 NU38PW000037-02-00. The contents are the sole responsibility of its authors, and do not necessarily represent the official views of the sponsors.



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