September 1, 2021

Ms. Nancy Dolson
Director, Special Financing Division Colorado
Department of Health Care Policy and Financing
1570 Grant St. Denver, CO 80203-1818

Dear Ms. Dolson,

Please see the enclosed Hospital Community Benefit Accountability Report from Children's Hospital Colorado. We look forward to discussing and addressing any feedback or questions from the Department.

Thank you,

Heidi Baskfield, JD
Vice President, Population Health and Advocacy
Children's Hospital Colorado

CC: Cynthia Miley

# Hospital Community Benefit Accountability

*Children's Hospital Colorado, Colorado Springs*
*Annual Report*

**September 1, 2021`**

**Submitted to: Department of Health Care Policy & Financing**

## Contents

I. Overview .................................................. 3
II. Checklist .................................................. 4
III. Public Meeting Reporting .................................................. 5
IV. Investment and Expenses Reporting .................................................. 6
V. Additional Information .................................................. 8
VI. Report Certification .................................................. 9
Appendix A - Definitions .................................................. 10

## I. Overview

House Bill 19-1320 requires non-profit tax-exempt general hospitals, Denver Health Medical Center, and University of Colorado Hospital to complete a community health needs assessment every three years and an annual community benefit implementation plan every year[1]. Each reporting hospital is required to convene a public meeting at least once per year to seek feedback on the hospital's community benefit activities and implementation plans. These hospitals are required to submit a report to the Department of Health Care Policy & Financing (the Department) that includes but not limited to the following:

- Information on the public meeting held within the year preceding **September 1, 2021**
- The most recent Community Health Needs Assessment
- The most recent Community Benefit Implementation Plan
- The most recent submitted IRS form 990 including Schedule H
- A description of investments included in Schedule H
- Expenses included on form 990

More information can be found on the Hospital Community Benefit Accountability webpage. Please direct any questions to hcpf_hospitalcommunity@state.co.us.

[1] Long Term Care and Critical Access hospitals are not required to report.

## II. Checklist

**A. Sections within this report**

☒ Public meeting reporting section completed

☒ Investment and expenses reporting section completed

☒ URL of the page on the hospital's website where this report will be posted

https://www.childrenscolorado.org/community/community-health/community-health-needs-assessment/

**B. Attachments submitted with report**

☐ Most recent Community Health Needs Assessment

☐ Most recent Community Benefit Implementation Plan

☒ List of individuals and organizations invited to the public meeting

☒ List of public meeting attendees and organizations represented

☒ Public meeting agenda

☒ Summary of the public meeting discussion

☒ Most recent submitted form 990 including Schedule H or equivalent

☒ Available evidence that shows how the investment improves Community health outcomes (Attachment is optional if description of evidence is provided within this report)

## III. Public Meeting Reporting

Provide the following information on the public meeting held during the previous twelve months:

Date: February 11, 2020 and July 15, 2020

Time: 9:00 am

Location (place meeting held and city or if virtual, note platform): Virtual Meeting, Zoom webinar

Describe your outreach efforts for the public meeting being reported:

Included in summary report

Describe the actions taken as a result of feedback from meeting participants:

Included in summary report

## IV. Investment and Expenses Reporting

Provide the following information on the expenses included on submitted form 990

Total expenses included on Line 18 of Section 1 of submitted form 990:

100,104,375

Revenue less expenses included on Line 19 of Section 1 of submitted form 990:

($21,551,779)

Reporting Hospitals not required to complete form 990 shall provide the above information as described on Lines 18 and 19 of form 990.

In the table below provide a brief description of each investment made that was included in Parts I, II, and III of Schedule H and include the following:

- Cost of the investment. For this reporting purpose, "investment" means the hospital's expense net of offsetting revenue for financial assistance and means-tested government programs, other community benefits such as community health improvement services and community benefit operations, and/or community building activities. See the IRS instructions for Parts I, II, and III of Schedule H of Form 990 at www.irs.gov/pub/irs-pdf/i990sh.pdf.
- For each Schedule H investment that addressed a Community Identified Health Need identify the following categories: (See Appendix A for definitions)
  - ✓ Free or Discounted Health Care Services
  - ✓ Programs that Address Health Behaviors or Risk
  - ✓ Programs that Address the Social Determinants of Health

  There is a crosswalk available on the Hospital Community Benefit Accountability webpage under the resources section.

- For each investment that addressed a Community Identified Health Need briefly describe available evidence that shows how the investment improves Community health outcomes or provide the evidence as an attachment.

## VI. Report Certification

I certify that the information in this report is for **Children's Hospital Colorado _Colorado Springs Hospital** and provided according to all requirements set forth by the Department's regulations found in the Code of Colorado Regulations (CCR) at 10 CCR 2505-10, Section 8.5000.

I agree to provide additional explanation or documentation at the Department's requests within 10 business days of the request.

Name: Annie Lee, JD

Title: Executive Director, Community Health and Medicaid Programs

Phone Number:(720) 777-3575

Email Address:annie.lee@childrenscolorado.org

## Overview of Children's Hospital Colorado, Colorado Springs

Founded in 1908, Children's Hospital Colorado has been a leader in providing the best healthcare outcomes for children for more than 100 years. Our mission is to improve the health of children through the provision of high-quality coordinated programs of patient care, education, research, and advocacy. We also work hard to keep children out of the hospital. Through medical research and advocacy efforts, we are committed to finding ways to keep children safe and healthy.

The 115-bed facility which opened in May of 2019, is southern Colorado's first pediatric-only hospital. It provides more than 175,000 children in southern Colorado and surrounding states with pediatric care closer to home. Our hospital in Colorado Springs also expands on outpatient and therapy care available in southern Colorado, including pediatric outpatient care at Briargate and therapy care in Printer Park.

Children's Hospital Colorado, Colorado Springs Hospital (CHCO CSH) is also the only dedicated pediatric emergency department in southern Colorado. Prior to its opening, as Colorado Springs mayor John Suthers noted, "Colorado Springs was one of only three of the top 80 metro areas in the country lacking a comprehensive pediatric hospital and health system." In the first year of operation, CHCO CSH provided care to 20,200 children in the emergency department; more than 70 children were transported by helicopter to the emergency department.

Our Level III, Neonatal Intensive Care Unit, has expertise in caring for infants born before 32 weeks of pregnancy and newborn infants with complex medical conditions. To earn this designation level, our Colorado Springs NICU cares for a large volume of patients and has care teams available 24 hours a day who have specialized training in neonatology and other necessary subspecialties.

## Community Health Needs Assessment (CHNA) and Implementation Plan

One of our key strategic priorities at Children's Colorado is to create healthier communities through a population health approach. We invest in prevention programs and partnerships to help keep children out of our hospitals. We work to provide access to medical care and support health and wellness in homes, communities, and schools.

Children's Hospital Colorado, Colorado Springs Hospital is in the process of completing our 2021 Community Health Needs Assessment (CHNA). This report is focused on identifying and quantifying community health needs and will be followed by an implementation plan addressing concerns and opportunities revealed by the data.

The IRS requires a newly licensed hospital to meet the CHNA requirement by the last day of the second taxable year. The 2021 CHNA is scheduled to be completed and approved by the Board of Directors in October and is scheduled to be published in November 2021 on our website. As required by regulations, paper copies will also be available to the community at-large.

The primary purpose of this assessment is to better meet our mission of improving the health of all Colorado children. Information gathered from this assessment will serve as the foundation for our population health strategy.

The Implementation Plan will be completed by March 2022 and will guide the implementation of the hospital's strategies for addressing the identified needs.

## Public Meetings and Community Engagement

Children's Colorado engaged in significant community outreach to assess the interests and concerns of caregivers in the neighborhoods and counties the hospital serves. The community engagement activities served to inform our 2021 Community Health Needs Assessment (CHNA) and the development of the implementation plan. We received qualitative data and input from the community through surveys, interviews, and community meetings. Refer to Appendix A for additional detail.

| Engagement Activity | Partners Included | Key Topics of Discussion |
|---|---|---|
| Stakeholder interviews | Partnered with UCHealth Memorial to conduct stakeholder interviews. | Discuss community needs, barriers to address needs, impact of COVID on needs, how health systems can partner to address needs in El Paso County and the state |
| Caregiver survey | Catholic Charities, Safe Kids Colorado Springs, Healthy Communities Collaborative, Child Health Champions. Stakeholders who were interviewed were asked to distribute the caregiver survey to their organizations' networks. | Identify community needs, barriers to address needs, impact of COVID on needs, for children and youth living in El Paso County |
| Facilitated discussions | Healthy Community Collaborative (HCC) is a stakeholder group of community partners consisting of over 60 representatives from schools, hospitals and health systems, non-profit organizations, city and county government agencies, public health, medical care providers, and interested citizens. | *February 11, 2021*- Reviewed the CHNA process and presented the results of the CHNA secondary data analysis. *July 15, 2021*-Pesented both the secondary and primary CHNA results and asked HCC members to prioritize issues of concern |

Conducting community engagement activities during the COVID-19 pandemic required continuous assessment, flexibility, and expanding partnerships. The public health limitations on public gatherings along with competing demands on community organizations and community members shaped our approach.

To accommodate the public meeting requirement, we partnered with the El Paso County Health Department, to join two Healthy Community Collaborative meetings. The Healthy Community Collaborative (HCC) is a stakeholder group of community partners who have been working together since 2011 to implement strategies identified in the El Paso County Community Health Improvement Plan (CHIP). The HCC consists of over 60 representatives from schools, hospitals and health systems, non-profit organizations, city and county government agencies, public health, medical providers, and interested citizens.

As part of the 2021 Community Health Needs Assessment process, we collected community input through stakeholder interviews in partnership with UCHealth. The team also launched a caregiver survey to again insight into prioritized health and social needs.   Initially, the caregiver survey was launched and distributed electronically. To mitigate the challenges of reaching a diverse population of El Paso County residents to complete our caregiver survey, we distributed the online survey in several ways and provided paper copies. Additonal outreach included the distribution of the survey through our hospital volunteer office in Colorado Springs, working with community organizations to provide paper copies in their offices, partnering with community-based organizations to distribute the caregiver survey through their newsletters (with different audiences and reach in the community), and offering the survey in 8 languages: Amharic, Arabic, Burmese, English, French, Karen, Spanish, and Somali.

**Summary of Community Input**

| **Stakeholder Interviews (N=32)** | |
|---|---|
| **Rank*** | **Top Needs** |
| 1 | Mental health and suicide prevention |
| 2 | Housing |
| 3 | Access to care |
| 4 | Food insecurity |
| 5 | Economic issues and access to culturally responsive care |
| (*) Economic issues and access to culturally responsive and inclusive care had the same number of votes | |

| **Caregiver Survey (N=90)** | |
|---|---|
| **Rank** | **Top Needs** |
| 1 | Access to health care and mental health services |
| 2 | Mental health, including suicide |
| 3 | Child abuse and neglect |
| 4 | Access to and/or cost of childcare |
| 5 | Affordable housing |

| **Community Meeting (N=22)** | | |
|---|---|---|
| **Rank*** | **Top Health Needs** | **Top Social and Behavioral Service Needs** |
| 1 | Mental health | Access to health care and mental health services |
| 2 | Child abuse and neglect | Affordable housing |
| 3 | Nutrition | Not getting enough exercise |
| 4 | Unintentional injury | Not having enough food |
| 5 | Unhealthy weight | |
| (*) child abuse and neglect and nutrition had the same number of votes | | |

Children’s Hospital Colorado, Colorado Springs will continue to request and receive feedback through regular community partner meetings held between CHCO's Child Health Advocacy Institute (CHAI) and community stakeholders and community residents and will participate in our community partners’ various meetings to continue to build and support dialogue around our CHNA implementation strategy.

## Community Benefit Investment: Schedule H 990

Children's Hospital Colorado submits their Schedule H 990 as a hospital system with includes our Colorado Springs hospital. For the purposes of this report, we were able to extract the following information for this report; Line 18 of Section 1 (Part 1), Line 19 of Section 1 (Part 1) and specific information regarding free and discounted health care services and subsidized health care.

CHCO strives to apply a uniform, consistent approach to the spread of our high quality and superior approaches to care across our system, inclusive of all of our locations. Accordingly, we have leaders, staff and other resources that serve the entire system, rather than allocating location-specific resources. When the CHCO hospital in Colorado Springs opened in May 2019, we leveraged our system resources to ensure consistent approaches and cost efficiencies, which in turn challenges hospital-specific accounting. As we gain additional experience regarding location-specific needs, our system approaches and resource allocations evolve, and result in more location-specific accounting. However, with little experience from May 2019 to 2020, we do not yet have the experience and location-specific accounting to report. Schedule H 990, Appendix B.

## Addressing Community Health

As a new facility, CHCO CSH will rely heavily on its Community Health Needs Assessment and Implementation plan to build out our community-informed strategies and tactics for addressing community health needs and priorities. We have outlined some of our other Community Health work, which includes addressing social determinants of health, in the Health Behavior and Risk section below.

## Addressing Health Behavior and Risk

### Injury Prevention

As a Level II Trauma Center, CHCO CHS has a full-time injury prevention (IP) coordinator responsible for internal programming, community outreach, and coordination of the Safe Kids Colorado Springs coalition. This essential coalition works to align efforts with the leading causes of trauma treated at the hospital and the identified community needs. The leading causes of trauma are falls, non-accidental trauma, motor vehicle collisions, and bicycles.

The leading cause of death among children are motor vehicle crashes, which informs our IP focus on child passenger safety. We therefore have licensed child passenger safety technicians that ensure safe installations of car seats for infants and children, and our IP coordinator is certified to train additional technicians within CHCO CSH and in communities. In 2019, we also conducted car seat checks by appointment at a monthly inspection station.
Respiratory Health

### Respiratory Health

Spearheaded by Dr. Grace Houser, CHCO CSH's Inpatient Pulmonology Services Director, the following are highlights of our work in respiratory health:

- Active participation in El Paso County Tobacco Free Alliance
- Partnership with Dr. Ted Maynard (vice president of Colorado chapter of the American Academy of Pediatrics), El Paso County Department of Public Health, and others in leadership of Colorado

Springs Tobacco Retail Licensing Coalition, working to advocate for stronger local anti-tobacco policies

- Joint education efforts with El Paso County Department of Public Health tobacco education team, with multiple presentations to local community groups and parent groups providing education on youth vaping epidemic
- Member of Pikes Peak Community Advisory Board for NHLBI DECIPHeR grant-supported program to extend a school-based asthma management program to the Colorado Springs area
- Developed and co-led an internal CHCO grant-supported contest for Colorado middle and high school students to develop creative artwork to share anti-vaping education to peers

**Building Resiliency for Healthy Kids**

In January 2020, the "Building Resiliency for Healthy Kids," a pilot program designed to improve resiliency in children through one-on-one health coaching was delivered. Nearly 300 sixth graders at Eagleview Middle School participated in the pilot program; the program was integral in determining how partnerships like this can be implemented to address the mental health and self-efficacy of youth in Colorado. The demonstration project can provide evidence for how collaborations among community stakeholders (CHCO, UCCS, Pikes Peak United Way, United States Olympic Museum, School District 20 and School District 11) can change the direction of our children's health.

## Other Community Benefit

**Financial Assistance and Means-Tested Government Programs**

CHCO's commitment to providing care to all children, regardless of ability to pay, means that the organization also provides extensive undercompensated care to children beyond the free and discounted services as defined in HB19-1320. Medicaid-covered children constitute roughly 50 percent of our total patient population. Children's Hospital Colorado's Financial Assistance Public Policy and plain language summary are Listed on the organization's homepage. www.childrenscolorado.org

**Health Professional Education**

As part of our mission to improve the health of children. CHCO offers a broad spectrum of training, education and certification programs aimed at developing, strengthening, and sustaining knowledge and expertise in the pediatric medical field. We offer a wide variety of advanced training and learning opportunities for future healthcare professionals and today's clinicians.

As a Level One Trauma Center, we also have an emphasis on education and outreach. The Children's Hospital Colorado Outreach Education team provides outreach and education to first responders, hospital providers, and other medical facilities across a seven-state region (states?). Across the region many of the first responders they train live in rural communities. The team uses evidence-based research and guidelines from the hospital, oftentimes changing the way Emergency Medical Services (EMS) teams respond to situations to achieve improved pediatric outcomes.

**Research**

Research is woven into CHCO's mission: To improve the health of children through the provision of high-quality, coordinated programs of patient care, education, research and advocacy. As part of our mission, CHCO approaches research as a system, not by location. We offer our patients the most innovative

treatments today. Children's Hospital Colorado, in affiliation with the University of Colorado School of Medicine, has been a national center for pediatric research for more than 50 years. Our Pediatric Clinical Translational Research Center (CTRC) accelerates the translation of innovative science to get advanced treatments to patients more quickly. Our physician-scientists have pioneered seminal research in the treatment of pediatric liver disease, infectious disease and vaccines, pediatric and adolescent HIV/AIDS, cystic fibrosis, pulmonary hypertension, pediatric cardiology and neonatology.

Together, through our campus partnership and commitment to child health research, we aim to profoundly transform the lives of children and the populations we serve across the lifespan. Highlights from 2020 include:

- $113.2 MILLION Annual research funding to Children's Colorado and University of Colorado Anschutz Medical Campus
- 290 Unique principal investigators with externally sponsored funding
- #3 National Institutes of Health (NIH) funded Pediatrics
- 43 Funded K-Awardees[1] (October 2019 – April 2021)
- 118 Well-funded child health PIs, with over $250k in research funding
- #8 NIH-funded Pediatrics and Children's Colorado, combined

[1] K awards provide support for senior postdoctoral fellows or faculty-level candidates. The objective of these programs is to bring candidates to the point where they are able to conduct their research independently and are competitive for major grant support.

| Schedule H Categories | Schedule H Amounts | All or part a Community Identified need (Y/N) | Amount for free or discounted health services | Amount for health behaviors or risk | Amount for social determinants of health | Amount for other community identified need category | Name and description of investments | Available supporting evidence |
|---|---|---|---|---|---|---|---|---|
| **Part I Financial Assistance and Means-Tested Government Programs** | | | | | | | | |
| Financial Assistance at Cost (Charity Care) | $399,104 | Y | $399,104 | | | | Health care services provided for free or at reduced costs to low-income patients. | Schedule H 990 – Children's Hospital Colorado; Colorado Springs Hospital component when adjusted for Children's Hospital Colorado. |
| Medicaid | $36,238,590 | Y | $36,238,590 | | | | Government sponsored means-tested health care programs or services. | Schedule H 990 – Children's Hospital Colorado; Colorado Springs Hospital component when adjusted for Children's Hospital Colorado. |

| Schedule H Categories | Schedule H Amounts | All or part a Community Identified need (Y/N) | Amount for free or discounted health services | Amount for health behaviors or risk | Amount for social determinants of health | Amount for other community identified need category | Name and description of investments | Available supporting evidence |
|---|---|---|---|---|---|---|---|---|
| **Part I: Other Benefits** | | | | | | | | |
| Community Health Improvement | *$692,110 | Y | | $378,308 | | $313,802 | Programs include: Injury Prevention, Building Resiliency for Healthy Kids, community education on specific diseases or conditions, health promotion.<br><br>*This is not reflective of the total Community Health Improvement investment, as a hospital system many resources and foundational work pertaining to COS is included in our Schedule H 990. | On-going qualitative and quantitative evaluation. |

| Schedule H Categories | Schedule H Amounts | All or part a Community Identified need (Y/N) | Amount for free or discounted health services | Amount for health behaviors or risk | Amount for social determinants of health | Amount for other community identified need category | Name and description of investments | Available supporting evidence |
|---|---|---|---|---|---|---|---|---|
| Health care Support Services | *$3,360,881 | Y | | $3,356,405 | $4,476 | | After Hours Nurse Line, Parent Smart Nurse Line (open to community)<br><br>*Adjusted for Colorado Springs reporting. | On-going qualitative and quantitative evaluation. |
| Social and Environmental Activities | *$1,064,576 | Y | | $344,960 | $660,527 | $59,089 | Public Policy and advocacy addressing gaps in our behavioral health system for Colorado's children, reducing the cost of school lunches for low-income high school students, boosting access to comprehensive physical education in schools.<br><br>*Investment is across the CHCO system. | On-going qualitative and quantitative evaluation. |

| Schedule H Categories | Schedule H Amounts | All or part a Community Identified need (Y/N) | Amount for free or discounted health services | Amount for health behaviors or risk | Amount for social determinants of health | Amount for other community identified need category | Name and description of investments | Available supporting evidence |
|---|---|---|---|---|---|---|---|---|
| Community Benefit Operations | *$584,219 | Y | | $292,109 | $292,110 | | The administration and evaluation of community benefit programs. Partnership building to address community need. Cost association with conducting the community health needs assessment and development of implementation plan. *Investment is across the CHCO system. | On-going qualitative and quantitative evaluation. |
| Health professions education | *$21,255,223 | Y | | | | $21,255,223 | Costs related to clinical training and licensing for Pharmacy, Nursing, and Allied Health professionals. Graduate Medical Education, EMS recertification and Professional Education and Continuing Education Units opened to the community.<br><br>*Investment is across the CHCO system. | On-going qualitative and quantitative evaluation. |

| Schedule H Categories | Schedule H Amounts | All or part a Community Identified need (Y/N) | Amount for free or discounted health services | Amount for health behaviors or risk | Amount for social determinants of health | Amount for other community identified need category | Name and description of investments | Available supporting evidence |
|---|---|---|---|---|---|---|---|---|
| Subsidized health services | $9,519,297 | Y | | | | $9,519,297 | Subsidized health services are patient care programs provided despite a financial loss. Services are provided because they meet identified community health needs and if these services were no longer offered, they would be unavailable in the area, or the community's capacity to provide the services would be below the community's need. Including: Neonatal Care, Cancer Care, Respiratory Services, Cardiac Care, Mental Health and Endocrinology. | Schedule H 990 – Children's Hospital Colorado |

| Schedule H Categories | Schedule H Amounts | All or part a Community Identified need (Y/N) | Amount for free or discounted health services | Amount for health behaviors or risk | Amount for social determinants of health | Amount for other community identified need category | Name and description of investments | Available supporting evidence |
|---|---|---|---|---|---|---|---|---|
| Research | *$20,433,984 | Y | | | | $20,433,984 | Our Pediatric Clinical Translational Research Center (CTRC) accelerates the translation of innovative science to get advanced treatments to patients more quickly. Our physician-scientists have pioneered seminal research in the treatment of pediatric liver disease, infectious disease and vaccines, pediatric and adolescent HIV/AIDS, cystic fibrosis, pulmonary hypertension, pediatric cardiology and neonat ology.<br><br>*Investment is across the CHCO system. | Schedule H 990 – Children's Hospital Colorado |

| Schedule H Categories | Schedule H Amounts | All or part a Community Identified need (Y/N) | Amount for free or discounted health services | Amount for health behaviors or risk | Amount for social determinants of health | Amount for other community identified need category | Name and description of investments | Available supporting evidence |
|---|---|---|---|---|---|---|---|---|
| Cash and in-kind contributions for community benefit | *$637,026 | Y | | | | *$637,026 | Financial support to support community benefit activities delivered by community- based organizations or entities that address an identified need in such areas as - access to health services, medical education, free clinic services, or social supports (transportation, housing, food security, safety, economic development). Examples include: Children's Diabetic Foundation, Every Child Pediatrics, Donor Alliance and Live Well Colorado, Dawn Clinic. In-kind services include hours spent by staff as part of their work assignment while on the organization's work time, cost of meeting space provided to community groups *Investment is across the CHCO system. | Schedule H 990 – Children's Hospital Colorado |

| Schedule H Categories | Schedule H Amounts | All or part a Community Identified need (Y/N) | Amount for free or discounted health services | Amount for health behaviors or risk | Amount for social determinants of health | Amount for other community identified need category | Name and description of investments | Available supporting evidence |
|---|---|---|---|---|---|---|---|---|
| **Part II: Community Building** | | | | | | | | |
| Workforce Development | *$1,455,777 | Y | | | | $1,455,777 | Medical Career Collaboration, Project Search, and Diversity, Health Equity & Inclusion workforce development.<br>*Investment is across the CHCO system. | On-going qualitative and quantitative evaluation. |
| **Part II: Bad Debt and Medicare** | | | | | | | | |
| Line 2: Bad Debt | $4,672,918 | | | | | | | |
| Line 3: Medicare | $1,740,561 | | | | | | | |

Note: Several adjustments made to reflect specific Colorado Springs CB programs when possible. Amounts will not match the Schedule H 990.

Children’s Hospital Colorado
Hospital Community Benefit Accountability Report

**Appendix A**
Public Meeting

**Healthy Community Collaborative Meeting**

**A G E N D A**

Thursday July 15, 2021
9:00 am – 11:00 am
Location: Virtual Meeting via Zoom

1. Welcome and Getting to Know You
2. Regrouping Discussion and Small Group Activity
3. Presentation: Children's Hospital Colorado - Colorado Springs Community Health Needs Assessment (CHNA) Data and Priorities
4. Wrap up and Next Steps

**Next Healthy Community Collaborative meeting:**

**Thursday August 12, 2021**
**9:00 am – 10:00 am**
**Location: TBD**

**Healthy Community Collaborative Goal Statement:**

Increase healthy life expectancy for all in El Paso County by offering opportunities and removing barriers that prevent people from achieving optimal health by:

1. Reversing the upward trend of obesity across the lifespan by addressing its root causes.
2. Decreasing the incidence of poor mental health and substance use and misuse.

July 15, 2021
Healthy Community Collaborative
Children's Colorado CHNA Prioritization Meeting:

| |
|---|
| Brian Baxter, UCHealth |
| Taryn Bailey, Community Health Partnership |
| Becca, El Paso County Public Health |
| Meghan Haynes, El Paso County Public Health |
| Marla Luckey, El Paso County Public Health |
| Shelbi Lowery, The Arc Pikes Peak Region |
| Sara Cogdill, Fort Carson Dept of Public Health |
| Paige Whitney, University of Colorado Springs |
| Stephen Goodwin, El Paso County Public Health |
| Maggie Youkhana, El Paso County Public Health |
| Sarony Young, DentaQuest |
| Madeline Arroyo, Diversus Health |
| Allen Beauchamp, Trails and Open Space Coalition |
| Jenny Best, El Paso County Public Health |
| Heather Graves, Children's Hospital Colorado |
| Bryan Trujillo, Centura Health |
| Jessie Henderson, Delgado |
| Nicole Odell, Unaffiliated |
| Robin Johnson, El Paso County Public Health |
| Tracy Hodnett, The Resource Exchange |
| Erin Smith, Ft. Carson Public Health |
| Fadi Youkhana, El Paso County Public Health |
| Mary Ellen Benson, Diversus Health |
| Claire Anderson, Innovations in Aging Collaborative |

**2021 CHNA Stakeholder Interviews**

| Organization Name | Organizational Contact | Organization Type | Engagement Activity | Focus Areas |
|---|---|---|---|---|
| Catholic Charities | Andy Barton | Community-based organization | Stakeholder Interview | Social determinants of health, behavioral health, care transitions, maternal child health |
| Colorado Office of Suicide Prevention, CDPHE | Lena Heilmann | State Public Health Agency | Stakeholder interview | Behavioral health, access, health data infrastructure, advocacy |
| City of Colorado Springs, Community Diversity and Outreach | Danielle Summerville | City Government | Stakeholder interview | Advocacy, social determinants of health, healthy equity |
| City of Colorado Springs, Office of Economic Development | Yemi Mobolade | City Government | Stakeholder interview | Population health, consumer advocacy, social needs. |
| Colorado Community Health Alliance (CCHA) | Samantha Richardson; Jessica Zaiger; Megan Billesbach; Terri Ridgway | RAE | Stakeholder interview | High utilizers, total cost of care, coordination, service availability, social determinants of health, behavioral health |
| Colorado Department of Education | Christy Haas-Howard | State Government | Stakeholder interview | Care transitions, complex medical needs, behavioral health, social needs |
| Colorado Department of Local Affairs, Division of Housing | Zac Schaffner | State Government | Stakeholder interview | Population health, social needs, advocacy |
| Colorado Springs Health Foundation | Cari Davis | Foundation | Stakeholder interview | Social determinants of health, maternal child health, behavioral health, vulnerable populations |
| Colorado Springs School District 11 | Cory Notestine | School District | Stakeholder interview | Access, primary care, behavioral health, social supports |
| Colorado Trust | Mia Ramirez | Foundation | Stakeholder interview | Social supports, access, maternal child health, health equity |
| Community Health Partnership | Amber Ptak | Community collaborative | Stakeholder interview | Population health, continuum of care, service availability, behavioral health, |
| Colorado Springs Fire Department | Steven Johnson | Municipal services | Stakeholder interview | High utilizers. care transitions, behavioral health, social supports, |

| Organization Name | Organizational Contact | Organization Type | Engagement Activity | Focus Areas |
|---|---|---|---|---|
| Community and Public Health | | | | disconnected from system |
| Colorado University School of Medicine | Erik Wallace | Academic Institution | Stakeholder interview | Primary care, access, health equity, vulnerable populations |
| Culture of Wellness, Colorado School of Public Health | Deanna LaFlamme | Academic Institution | Stakeholder interview | Maternal and child health, service coordination, social supports |
| Early Childhood Council Leadership Alliance | Maegan Lokteff | Community based organization | Stakeholder interview | Maternal child health, social supports, behavioral health, access, advocacy |
| El Paso County Public Health | Jamie Pfahl | Local Public Health Agency | Stakeholder interview | Population Health, health data infrastructure, maternal child health, behavioral health, acess. |
| El Paso County Public Health, Fountain Valley Communities That Care | Teresa Bassma | State Public Health Agency | Stakeholder interview | Substance Use, Behavioral health, social supports |
| First Visitor Program of Peak Vista Community Health Centers | Mayra Apresa; Maria Garcia; Silvia Lara; Mikayla Fueshko | Federally Qualified Health Center | Stakeholder interview | Maternal and child health, care transitions, social supports, vulnerable populations |
| Homeward Pikes Peak | Beth Hall-Roalsted | Community-based organization | Stakeholder interview | Behavioral health and substance abuse, high utilizers, care transitions, social supports |
| Inside Out Youth Services | Jessie Pocock | Community-based organization | Stakeholder interview | Social supports, advocacy |
| Mt Carmel Veterans Center | Bob McLoughlin; Katie Travis | Community-based organization | Stakeholder interview | Behavioral health, social supports |
| One Colorado | Marv Allen; Alexander Wamboldt | Consumer advocate | Stakeholder interview | Advocacy, disconnected from system, access. health data infrastructure |
| Partners in Housing | Cindy Wells | Community-based organization | Stakeholder interview | Service coordination, social determinants, service availability |

| Organization Name | Organizational Contact | Organization Type | Engagement Activity | Focus Areas |
|---|---|---|---|---|
| Peak Vista Community Health | Autumn Orser | Federally Qualified Health Center | Stakeholder interview | Access, primary care, care coordination, behavioral health, maternal child health, high utilizers |
| Peek Vista Community Health | Bill Lyons | Federally Qualified Health Center | Stakeholder interview | Access, primary care, care coordination, behavioral health, maternal child health, high utilizers |
| Pikes Peak Suicide Prevention | Cassandra Walton | Community based organization | Stakeholder interview | Behavioral health, access, advocacy |
| Pikes Peak YMCA | Gloria Winters | Community based organization | Stakeholder interview | Access, service coordination |
| SafeCare CO by Lutheran Family Services | Becky Huyge | Community based organization | Stakeholder interview | Social determinants of health, maternal and child health, long-term services and supports |
| Springs Rescue Mission | Joel Sibersma | Community based organization | Stakeholder interview | Social supports, service coordination, disconnected from system |
| The Colorado Health Foundation | Chris Bui | Foundation | Stakeholder interview | Social determinants of health, behavioral health |
| The Resource Exchange | Amanda Reed; Lori Ganz | Community based organization | Stakeholder interview | Maternal child health, social supports, long-term services and supports, advocacy |
| Youth Move | Kippi Clausen | Consumer Advocacy | Stakeholder interview | Advocacy, access, behavioral health |

Children's Hospital Colorado, Colorado Springs
Hospital Community Benefit Accountability Report

**Appendix B**
Schedule H 990

**SCHEDULE H (Form 990)**

Department of the Treasury
Internal Revenue Service

# Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization: CHILDREN'S HOSPITAL COLORADO

Employer identification number: 84-0166760

## Part I Financial Assistance and Certain Other Community Benefits at Cost

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | 1a | X | |
| b | If "Yes," was it a written policy? | 1b | X | |
| 2 | If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.<br>[X] Applied uniformly to all hospital facilities [ ] Applied uniformly to most hospital facilities<br>[ ] Generally tailored to individual hospital facilities | | | |
| 3 | Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. | | | |
| a | Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:<br>[ ] 100% [ ] 150% [ ] 200% [X] Other 0.00 % | 3a | X | |
| b | Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:<br>[ ] 200% [ ] 250% [ ] 300% [ ] 350% [X] 400% [ ] Other ______% | 3b | X | |
| c | If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. | | | |
| 4 | Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? | 4 | X | |
| 5a | Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | 5a | X | |
| b | If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | 5b | X | |
| c | If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? | 5c | | X |
| 6a | Did the organization prepare a community benefit report during the tax year? | 6a | X | |
| b | If "Yes," did the organization make it available to the public? | 6b | X | |

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|---|---|---|---|---|---|---|
| a Financial Assistance at cost (from Worksheet 1) | | | 6,045,206. | 1,098,019. | 4,947,187. | .39 |
| b Medicaid (from Worksheet 3, column a) | | | 524,748,343. | 338,670,030. | 186,078,313. | 14.72 |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d **Total.** Financial Assistance and Means-Tested Government Programs | | | 530,793,549. | 339,768,049. | 191,025,500. | 15.11 |
| **Other Benefits** | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 21,047,255. | 4,183,898. | 16,863,357. | 1.33 |
| f Health professions education (from Worksheet 5) | | | 30,304,982. | 9,049,759. | 21,255,223. | 1.68 |
| g Subsidized health services (from Worksheet 6) | | | 55,902,908. | 43,979,274. | 11,923,634. | .94 |
| h Research (from Worksheet 7) | | | 27,792,856. | 7,358,872. | 20,433,984. | 1.62 |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 637,026. | | 637,026. | .05 |
| j **Total.** Other Benefits | | | 135,685,027. | 64,571,803. | 71,113,224. | 5.62 |
| k **Total.** Add lines 7d and 7j | | | 666,478,576. | 404,339,852. | 262,138,724. | 20.73 |

**Part II** **Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|---|---|---|---|---|---|---|
| 1 Physical improvements and housing | | | | | | |
| 2 Economic development | | | | | | |
| 3 Community support | | | 26,078. | | 26,078. | |
| 4 Environmental improvements | | | 53,721. | 10,100. | 43,621. | |
| 5 Leadership development and training for community members | | | 64,758. | | 64,758. | |
| 6 Coalition building | | | | | | |
| 7 Community health improvement advocacy | | | | | | |
| 8 Workforce development | | | 1,584,377. | 128,600. | 1,455,777. | .12 |
| 9 Other | | | | | | |
| 10 Total | | | 1,728,934. | 138,700. | 1,590,234. | .12 |

**Part III** **Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

| | | | Yes | No |
|---|---|---|---|---|
| 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | | 1 | X | |
| 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount | 2 | 22,327,847. | | |
| 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit | 3 | 8,316,641. | | |

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

**Section B. Medicare**

| | | |
|---|---|---|
| 5 Enter total revenue received from Medicare (including DSH and IME) | 5 | 748,101. |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 2,899,894. |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 | -2,151,793. |

8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

**Section C. Collection Practices**

| | | Yes | No |
|---|---|---|---|
| 9a Did the organization have a written debt collection policy during the tax year? | 9a | X | |
| b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI | 9b | X | |

**Part IV** **Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

| | (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | | |

**Part V Facility Information**

**Section A. Hospital Facilities**

(list in order of size, from largest to smallest - see instructions)

How many hospital facilities did the organization operate during the tax year? 4

| Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility) | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (describe) | Facility reporting group |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 CHILDREN'S HOSPITAL CO - ANSCHUTZ<br>13123 EAST 16TH AVENUE<br>AURORA CO 80045<br>WWW.CHILDRENSCOLORADO.ORG<br>010417 | X | | X | X | | X | X | | | A |
| 2 CHILDREN'S HOSPITAL COLORADO - SOUTH<br>1811 PLAZA DRIVE<br>HIGHLANDS RANCH CO 80129<br>WWW.CHILDRENSCOLORADO.ORG<br>01F105 | X | | X | X | | X | X | | | A |
| 3 CHCHO - AT PARKER ADVENTIST HOSPITAL<br>9395 CROWN CREST BLVD.<br>PARKER CO 80138<br>WWW.CHILDRENSCOLORADO.ORG<br>132405 | X | | X | | | | X | | HOSPITAL UNIT OR HOSPITAL-WITHIN HOSPITAL | A |
| 4 CHCO - COLORADO SPRINGS<br>4090 BRIARGATE PARKWAY<br>COLORADO SPRINGS CO 80920<br>WWW.CHILDRENSCOLORADO.ORG | X | | X | X | | X | X | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| 7 | | | | | | | | | | |
| 8 | | | | | | | | | | |
| 9 | | | | | | | | | | |
| 10 | | | | | | | | | | |

**Part V Facility Information** *(continued)*

**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

**Name of hospital facility or letter of facility reporting group** A

**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** 1-3

| | | | Yes | No |
|---|---|---|---|---|
| | **Community Health Needs Assessment** | | | |
| 1 | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | 1 | | X |
| 2 | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | 2 | | X |
| 3 | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 | 3 | X | |
| | If "Yes," indicate what the CHNA report describes (check all that apply): | | | |
| a | [X] A definition of the community served by the hospital facility | | | |
| b | [X] Demographics of the community | | | |
| c | [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | | |
| d | [X] How data was obtained | | | |
| e | [X] The significant health needs of the community | | | |
| f | [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | | |
| g | [X] The process for identifying and prioritizing community health needs and services to meet the community health needs | | | |
| h | [X] The process for consulting with persons representing the community's interests | | | |
| i | [X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | | |
| j | [ ] Other (describe in Section C) | | | |
| 4 | Indicate the tax year the hospital facility last conducted a CHNA: 20 18 | | | |
| 5 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | 5 | X | |
| 6a | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | 6a | X | |
| b | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | 6b | | X |
| 7 | Did the hospital facility make its CHNA report widely available to the public? | 7 | X | |
| | If "Yes," indicate how the CHNA report was made widely available (check all that apply): | | | |
| a | [X] Hospital facility's website (list url): WWW.CHILDRENSCOLORADO.ORG | | | |
| b | [ ] Other website (list url): | | | |
| c | [X] Made a paper copy available for public inspection without charge at the hospital facility | | | |
| d | [X] Other (describe in Section C) | | | |
| 8 | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 | 8 | X | |
| 9 | Indicate the tax year the hospital facility last adopted an implementation strategy: 20 19 | | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? | 10 | X | |
| a | If "Yes," (list url): WWW.CHILDRENSCOLORADO.ORG | | | |
| b | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | 10b | | |
| 11 | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed. | | | |
| 12a | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | 12a | | X |
| b | If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | 12b | | |
| c | If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $ | | | |

**Part V Facility Information** *(continued)*

**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

**Name of hospital facility or letter of facility reporting group** CHCO - COLORADO SPRINGS

**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** 4

| | | | Yes | No |
|---|---|---|---|---|
| | **Community Health Needs Assessment** | | | |
| 1 | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | 1 | X | |
| 2 | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | 2 | X | |
| 3 | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 | 3 | | X |
| | If "Yes," indicate what the CHNA report describes (check all that apply): | | | |
| a | ☐ A definition of the community served by the hospital facility | | | |
| b | ☐ Demographics of the community | | | |
| c | ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | | |
| d | ☐ How data was obtained | | | |
| e | ☐ The significant health needs of the community | | | |
| f | ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | | |
| g | ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs | | | |
| h | ☐ The process for consulting with persons representing the community's interests | | | |
| i | ☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | | |
| j | ☐ Other (describe in Section C) | | | |
| 4 | Indicate the tax year the hospital facility last conducted a CHNA: 20 _____ | | | |
| 5 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | 5 | | |
| 6a | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | 6a | | |
| b | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | 6b | | |
| 7 | Did the hospital facility make its CHNA report widely available to the public? | 7 | | |
| | If "Yes," indicate how the CHNA report was made widely available (check all that apply): | | | |
| a | ☐ Hospital facility's website (list url): | | | |
| b | ☐ Other website (list url): | | | |
| c | ☐ Made a paper copy available for public inspection without charge at the hospital facility | | | |
| d | ☐ Other (describe in Section C) | | | |
| 8 | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 | 8 | | |
| 9 | Indicate the tax year the hospital facility last adopted an implementation strategy: 20_____ | | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? | 10 | | |
| a | If "Yes," (list url): | | | |
| b | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | 10b | | |
| 11 | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed. | | | |
| 12a | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | 12a | | X |
| b | If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | 12b | | |
| c | If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $ | | | |

**Part V Facility Information** *(continued)*

**Financial Assistance Policy (FAP)**

**Name of hospital facility or letter of facility reporting group** A

| | | | Yes | No |
|---|---|---|---|---|
| | Did the hospital facility have in place during the tax year a written financial assistance policy that: | | | |
| 13 | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? | 13 | X | |
| | If "Yes," indicate the eligibility criteria explained in the FAP: | | | |
| a | [X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 0.00 % and FPG family income limit for eligibility for discounted care of 400.0000 % | | | |
| b | [ ] Income level other than FPG (describe in Section C) | | | |
| c | [X] Asset level | | | |
| d | [ ] Medical indigency | | | |
| e | [ ] Insurance status | | | |
| f | [X] Underinsurance status | | | |
| g | [X] Residency | | | |
| h | [ ] Other (describe in Section C) | | | |
| 14 | Explained the basis for calculating amounts charged to patients? | 14 | X | |
| 15 | Explained the method for applying for financial assistance? | 15 | X | |
| | If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): | | | |
| a | [X] Described the information the hospital facility may require an individual to provide as part of his or her application | | | |
| b | [X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | | |
| c | [X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | | |
| d | [X] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | | |
| e | [ ] Other (describe in Section C) | | | |
| 16 | Was widely publicized within the community served by the hospital facility? | 16 | X | |
| | If "Yes," indicate how the hospital facility publicized the policy (check all that apply): | | | |
| a | [X] The FAP was widely available on a website (list url): WWW.CHILDRENSCOLORADO.ORG | | | |
| b | [X] The FAP application form was widely available on a website (list url): WWW.CHILDRENSCOLORADO.ORG | | | |
| c | [X] A plain language summary of the FAP was widely available on a website (list url): WWW.CHILDRENSCOLORADO.ORG | | | |
| d | [X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| e | [X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| f | [X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| g | [X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention | | | |
| h | [X] Notified members of the community who are most likely to require financial assistance about availability of the FAP | | | |
| i | [X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations | | | |
| j | [ ] Other (describe in Section C) | | | |

## Part V Facility Information *(continued)*

**Financial Assistance Policy (FAP)**

**Name of hospital facility or letter of facility reporting group** CHCO - COLORADO SPRINGS

| | | | Yes | No |
|---|---|---|---|---|
| | Did the hospital facility have in place during the tax year a written financial assistance policy that: | | | |
| 13 | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? | 13 | X | |
| | If "Yes," indicate the eligibility criteria explained in the FAP: | | | |
| a | [X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 0.00 % and FPG family income limit for eligibility for discounted care of 400.0000 % | | | |
| b | [ ] Income level other than FPG (describe in Section C) | | | |
| c | [X] Asset level | | | |
| d | [ ] Medical indigency | | | |
| e | [ ] Insurance status | | | |
| f | [X] Underinsurance status | | | |
| g | [X] Residency | | | |
| h | [ ] Other (describe in Section C) | | | |
| 14 | Explained the basis for calculating amounts charged to patients? | 14 | X | |
| 15 | Explained the method for applying for financial assistance? | 15 | X | |
| | If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): | | | |
| a | [X] Described the information the hospital facility may require an individual to provide as part of his or her application | | | |
| b | [X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | | |
| c | [X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | | |
| d | [X] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | | |
| e | [ ] Other (describe in Section C) | | | |
| 16 | Was widely publicized within the community served by the hospital facility? | 16 | X | |
| | If "Yes," indicate how the hospital facility publicized the policy (check all that apply): | | | |
| a | [X] The FAP was widely available on a website (list url): WWW.CHILDRENSCOLORADO.ORG | | | |
| b | [X] The FAP application form was widely available on a website (list url): WWW.CHILDRENSCOLORADO.ORG | | | |
| c | [X] A plain language summary of the FAP was widely available on a website (list url): WWW.CHILDRENSCOLORADO.ORG | | | |
| d | [X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| e | [X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| f | [X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| g | [X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention | | | |
| h | [X] Notified members of the community who are most likely to require financial assistance about availability of the FAP | | | |
| i | [X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations | | | |
| j | [ ] Other (describe in Section C) | | | |

**Part V Facility Information** *(continued)*

**Billing and Collections**

**Name of hospital facility or letter of facility reporting group** A

| | | | Yes | No |
|---|---|---|---|---|
| **17** | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? | 17 | X | |
| **18** | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: | | | |
| a | ☐ Reporting to credit agency(ies) | | | |
| b | ☐ Selling an individual's debt to another party | | | |
| c | ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP | | | |
| d | ☐ Actions that require a legal or judicial process | | | |
| e | ☐ Other similar actions (describe in Section C) | | | |
| f | ☒ None of these actions or other similar actions were permitted | | | |
| **19** | Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? | 19 | | X |
| | If "Yes," check all actions in which the hospital facility or a third party engaged: | | | |
| a | ☐ Reporting to credit agency(ies) | | | |
| b | ☐ Selling an individual's debt to another party | | | |
| c | ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP | | | |
| d | ☐ Actions that require a legal or judicial process | | | |
| e | ☐ Other similar actions (describe in Section C) | | | |

**20** Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)
- d ☒ Made presumptive eligibility determinations (if not, describe in Section C)
- e ☐ Other (describe in Section C)
- f ☐ None of these efforts were made

**Policy Relating to Emergency Medical Care**

| | | | Yes | No |
|---|---|---|---|---|
| **21** | Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? | 21 | X | |
| | If "No," indicate why: | | | |
| a | ☐ The hospital facility did not provide care for any emergency medical conditions | | | |
| b | ☐ The hospital facility's policy was not in writing | | | |
| c | ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) | | | |
| d | ☐ Other (describe in Section C) | | | |

**Part V Facility Information** *(continued)*

**Billing and Collections**

**Name of hospital facility or letter of facility reporting group** CHCO - COLORADO SPRINGS

| | | | Yes | No |
|---|---|---|---|---|
| 17 | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? | 17 | X | |

**18** Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:

- a ☐ Reporting to credit agency(ies)
- b ☐ Selling an individual's debt to another party
- c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP
- d ☐ Actions that require a legal or judicial process
- e ☐ Other similar actions (describe in Section C)
- f ☒ None of these actions or other similar actions were permitted

| | | | Yes | No |
|---|---|---|---|---|
| 19 | Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? | 19 | | X |

If "Yes," check all actions in which the hospital facility or a third party engaged:

- a ☐ Reporting to credit agency(ies)
- b ☐ Selling an individual's debt to another party
- c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP
- d ☐ Actions that require a legal or judicial process
- e ☐ Other similar actions (describe in Section C)

**20** Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)
- d ☒ Made presumptive eligibility determinations (if not, describe in Section C)
- e ☐ Other (describe in Section C)
- f ☐ None of these efforts were made

**Policy Relating to Emergency Medical Care**

| | | | Yes | No |
|---|---|---|---|---|
| 21 | Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? | 21 | X | |

If "No," indicate why:

- a ☐ The hospital facility did not provide care for any emergency medical conditions
- b ☐ The hospital facility's policy was not in writing
- c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d ☐ Other (describe in Section C)

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

**Name of hospital facility or letter of facility reporting group** A

| | | | Yes | No |
|---|---|---|---|---|
| **22** | Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care. | | | |
| **a** | [ ] The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period | | | |
| **b** | [X] The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period | | | |
| **c** | [ ] The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period | | | |
| **d** | [ ] The hospital facility used a prospective Medicare or Medicaid method | | | |
| **23** | During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C. | **23** | | X |
| **24** | During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C. | **24** | | X |

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

**Name of hospital facility or letter of facility reporting group** CHCO - COLORADO SPRINGS

| | | | Yes | No |
|---|---|---|---|---|
| **22** | Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care. | | | |
| **a** | ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period | | | |
| **b** | ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period | | | |
| **c** | ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period | | | |
| **d** | ☐ The hospital facility used a prospective Medicare or Medicaid method | | | |
| **23** | During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C. | **23** | | X |
| **24** | During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C. | **24** | | X |

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SCHEDULE H, PART V, SECTION B

THE FOLLOWING RESPONSE APPLIES TO CHILDREN'S HOSPITAL COLORADO - COLORADO

SPRING:

SCHEDULE H, PART V, SECTION B, LINE 2

CHILDREN'S HOSPITAL COLORADO - COLORADO SPRINGS WAS PLACED INTO SERVICE

IN MAY 2019.

A SINGLE SCHEDULE H, PART V, SECTION B WAS COMPLETED FOR FACILITY

REPORTING GROUP A. THE FOLLOWING HOSPITAL FACILITIES ARE INCLUDED IN

FACILITY REPORTING GROUP A:

(1) CHILDREN'S HOSPITAL COLORADO

(2) CHILDREN'S HOSPITAL COLORADO - SOUTH

(3) CHILDREN'S HOSPITAL COLORADO - AT PARKER ADVENTIST HOSPITAL

SCHEDULE H, PART V, SECTION B, LINE 3E

THE TOP FIVE IDENTIFIED CHNA NEEDS ARE NOT PRIORITIZED AND ALL RECEIVED

EQUAL WEIGHT IN THE IMPLEMENTATION PLAN AND ON-GOING PROGRAMING.

SCHEDULE H, PART V, SECTION B, LINE 5

THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 5

APPLIES TO ALL HOSPITAL FACILITIES INCLUDED IN FACILITY REPORTING GROUP

A:

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PRIOR TO LAUNCHING OUR 2018 ASSESSMENT, CHILDREN'S COLORADO SOLICITED INTERNAL AND EXTERNAL FEEDBACK ON OUR PREVIOUS ASSESSMENT, WHICH WAS CONDUCTED IN 2015. WE WERE INTERESTED IN LEARNING ABOUT AND IMPROVING BOTH THE PROCESS THAT WAS USED PREVIOUSLY AND THE CONCLUSIONS THAT WERE DRAWN IN THAT ASSESSMENT.

A TOTAL OF SEVEN EXTERNAL EVALUATORS PROVIDED DETAILED WRITTEN FEEDBACK ON THE 2015 ASSESSMENT. THEY INCLUDED REPRESENTATIVES FROM PUBLIC HEALTH, NONPROFIT ORGANIZATIONS, HEALTH ADVOCACY ORGANIZATIONS AND HEALTH CARE PROVIDERS. REVIEWERS WERE ASKED TO IDENTIFY KEY STRENGTHS AND WEAKNESSES OF THE PREVIOUS ASSESSMENTS.

FOR THE PURPOSES OF THE ASSESSMENT, WE USED FOUR QUALITATIVE DATA COLLECTION METHODS:

KEY STAKEHOLDER INTERVIEWS WITH COMMUNITY AND HEALTH LEADERS. A TOTAL OF 44 INTERVIEWS WERE COMPLETED WITH INDIVIDUALS WHO REPRESENTED PUBLIC HEALTH, GOVERNMENT, PUBLIC SAFETY, DIRECT SERVICE, PUBLIC EDUCATION AND ADVOCACY ORGANIZATIONS. INTERVIEWEES ALSO REPRESENTED A RANGE OF GEOGRAPHIC AREAS AND ALL FOUR COUNTIES IN OUR COMMUNITY WERE WELL REPRESENTED. 7 OF THE INTERVIEWS WERE WITH STAFF MEMBERS OF THE TRI-COUNTY HEALTH DEPARTMENT, WHICH IS ONE OF THE LARGEST PUBLIC HEALTH DEPARTMENTS IN THE STATE AND COVERS ADAMS, ARAPAHOE AND DOUGLAS COUNTIES. THE LIST OF ORGANIZATIONS INTERVIEWED IS IDENTIFIED IN THE CHNA AND THE NAMES OF THE INTERVIEWEES ARE ON FILE.

**Part V** **Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

FOCUS GROUPS IN EACH OF THE FOUR COUNTIES IN OUR COMMUNITY. WE FOCUSED ON RECRUITING LOW-INCOME AND VULNERABLE POPULATIONS TO THE FOCUS GROUPS THAT WE CONDUCTED. WE CONDUCTED 6 FOCUS GROUPS AND HAD A TOTAL OF 48 PARTICIPANTS. WE CONDUCTED 2 GROUPS IN DENVER COUNTY, 1 IN DOUGLAS COUNTY, AND 3 IN LOCATIONS WHERE BOTH ADAMS AND ARAPAHOE COUNTY RESIDENTS COULD PARTICIPATE.

PARENT SURVEY IN BOTH ENGLISH AND SPANISH. OUR SURVEY TARGETED PARENTS AND CAREGIVERS OF CHILDREN AGES 0-17 WHO LIVE IN THEIR HOME. PARTICIPANTS WERE RECRUITED VIA CHILDREN'S HOSPITAL EMAIL LISTS AND SOCIAL MEDIA AND THROUGH EMAIL CAMPAIGNS WITH OUR PARTNERS. ADDITIONALLY, WE WORKED CLOSELY WITH THE COMMUNITY CAMPUS PARTNERSHIP (CCP), A NONPROFIT ORGANIZATION THAT FOSTERS COLLABORATIONS BETWEEN THE ANSCHUTZ MEDICAL CAMPUS AND THE SURROUNDING AURORA COMMUNITY NEIGHBORHOODS TO IMPROVE THE HEALTH AND ECONOMIC WELL-BEING OF THE AURORA COMMUNITY. MEMBERS OF THE CCP'S RESIDENT LEADERSHIP COUNCIL, WHO ALL RESIDE NEAR THE MAIN CAMPUS, WERE RECRUITED TO CONDUCT THE SURVEYS IN ADDITIONAL LANGUAGES AND TRANSLATE THE RESPONSES. THEY GREATLY EXPANDED OUR ACCESS TO NON-ENGLISH SPEAKERS WHO RESIDE IN THE THREE ZIP CODES CLOSE TO THE HOSPITAL.

IN 2018, ADDITIONAL DEMOGRAPHIC QUESTIONS WERE ADDED TO THE PARENT SURVEY. THIS ALLOWED US TO ANALYZE THE RESULTS IN A MORE IN-DEPTH MANNER. FIRST, AN ANALYSIS OF THE TOP-RATED ISSUES/CONCERNS WAS PERFORMED WITH DIFFERENCES NOTED BETWEEN THE ENGLISH LANGUAGE AND SPANISH LANGUAGE

**Part V** **Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SURVEY RESPONSES. NEXT, WE SORTED RESULTS BY COUNTY AS WELL AS BY INCOME LEVELS TO DETERMINE SIGNIFICANT VARIATIONS IN THE ISSUES IDENTIFIED AS TOP CONCERNS. THIS APPROACH PERMITTED THE TEAM TO GAIN INSIGHT INTO A LARGE CROSS SECTION OF THE POPULATION. IN ALL, 582 RESIDENTS OF OUR FOUR-COUNTY COMMUNITY RESPONDED TO THE SURVEY; 409 IN ENGLISH AND 173 IN SPANISH. THE FOUR COUNTIES WERE FAIRLY EQUALLY REPRESENTED IN THE TOTAL RESPONSES.

ONLINE PROVIDER SURVEY. THE PROVIDER SURVEY WAS A NEW ADDITION TO OUR DATA COLLECTION EFFORTS THIS YEAR AND ALLOWED US TO HEAR DIRECTLY FROM HEALTH CARE WORKERS ABOUT THE COMMUNITY NEEDS THEY ARE SEEING IN THEIR PRACTICES. WE HAD 108 PROVIDER RESPONSES FROM PHYSICIANS, SCHOOL NURSES AND OTHER HEALTH CARE PROVIDERS.

UNDERSERVED POPULATION INPUT. AS PART OF THIS ASSESSMENT, WE PRIORITIZED GETTING INPUT FROM UNDERSERVED POPULATIONS INCLUDING LOW-INCOME AND MINORITY GROUPS AND GROUPS WHOSE PRIMARY LANGUAGE IS NOT ENGLISH. STAKEHOLDER INTERVIEWS WERE CONDUCTED WITH LEADERS OF ORGANIZATIONS THAT SERVE AND/OR ADVOCATE FOR UNDERSERVED GROUPS. SPECIFIC ORGANIZATIONS IDENTIFIED IN THE CHNA. THE TEAM WORKED WITH COMMUNITY PARTNERS TO ENSURE THAT THE PARENT SURVEY REACHED A SOCIO-ECONOMICALLY AND ETHNICALLY DIVERSE POPULATION. 60% OF OUR RESPONDENTS HAVE A HOUSEHOLD INCOME THAT IS LESS THAN THE STATE'S AVERAGE HOUSEHOLD INCOME OF $75,000 AND 21% HAVE HOUSEHOLD INCOMES OF LESS THAN $25,000. 65% OF OUR RESPONDENTS ARE ETHNIC MINORITIES. ADDITIONAL DETAILS AVAILABLE IN THE CHNA.

**Part V** **Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SCHEDULE H, PART V, SECTION B, LINE 6A

THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 6A APPLIES TO ALL HOSPITAL FACILITIES INCLUDED IN FACILITY REPORTING GROUP A:

DUE TO THE PROXIMITY OF GEOGRAPHIC LOCATIONS IN 2018 CHILDREN'S HOSPITAL COLORADO CONDUCTED A JOINT CHNA FOR ITS LICENSED HOSPITAL FACILITIES, WHICH INCLUDED MAIN CAMPUS, SOUTH CAMPUS AND PARKER ADVENTIST (HOSPITAL UNIT LICENSE). THE IRS ALLOWS HOSPITAL FACILITIES TO PRODUCE A JOINT CHNA REPORT IF THE FACILITIES USE THE SAME DEFINITIONS OF COMMUNITY AND CONDUCT A JOINT CHNA PROCESS. WE HAVE FOLLOWED THOSE REQUIREMENTS FOR THE 2018 CHNA.

WHILE OUR NETWORK SERVES CHILDREN IN A SEVEN-STATE REGION, FOR THE PURPOSES OF THE 2018 CHNA WE DEFINED COMMUNITY AS ALL CHILDREN LIVING IN THE FOUR-COUNTY AREA FROM WHICH MOST OF OUR PATIENT POPULATION IS DRAWN AND IN WHICH WE HAVE FACILITIES. THIS INCLUDES DENVER, DOUGLAS, ADAMS AND ARAPAHOE COUNTIES. LOCATED WITHIN A 50 MILE RADIUS OF EACH OTHER. IN 2018, WE HAD MORE THAN 15,000 INPATIENT ADMISSIONS, APPROXIMATELY 600,000 OUTPATIENT VISITS, AND MORE THAN 160,000 EMERGENCY DEPARTMENT AND URGENT CARE VISITS. 60% OF ALL VISITS FOR ALL LOCATIONS WERE FROM PATIENTS WHO RESIDE IN DENVER, DOUGLAS, ADAMS AND ARAPAHOE COUNTIES.

**Part V** **Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SCHEDULE H, PART V, SECTION B, LINE 7D

THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 7D

APPLIES TO ALL HOSPITAL FACILITIES INCLUDED IN FACILITY REPORTING GROUP

A:

IN ADDITION TO POSTING THE CHNA ON THE HOSPITAL'S EXTERNAL-FACING WEBSITE AND MAKING THE REPORT AVAILABLE UPON REQUEST, OVER 500 PHYSICAL COPIES HAVE BEEN DISTRIBUTED TO THE COMMUNITY SINCE DECEMBER 2018. AS PART OF THE CHNA COMMUNICATION PLAN CHILDREN'S CHILD HEALTH ADVOCACY INSTITUTE (CHAI) STAFF PRESENTED THE CHNA FINDINGS TO SEVERAL STAKEHOLDER GROUPS. CHAI STAFF ALSO ROUTINELY SHARE CHNA FINDINGS IN MEETINGS WITH COMMUNITY PARTNERS, WITH THE GOAL OF IDENTIFYING OPPORTUNITIES TO ENGAGE IN COLLABORATIVE EFFORTS TO ADDRESS THE AREAS OF NEED. WITH THE GOAL OF MAKING THE CHNA MORE ACCESSIBLE TO THE LARGER COMMUNITY, UPON THE COMPLETION OF THE IMPLEMENTATION STRATEGY, ADDITIONAL MATERIALS WERE MADE AVAILABLE IN VARIOUS FORMATS TO SUMMARIZE BOTH THE CHNA AND ACCOMPANYING PLAN.

2018 CHNA:

HTTPS://WWW.CHILDRENSCOLORADO.ORG/COMMUNITY/COMMUNITY-HEALTH/COMMUNITY-HEA

LTH-NEEDS-ASSESSMENT/

SCHEDULE H, PART V, SECTION B, LINE 11

THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 11

APPLIES TO ALL HOSPITAL FACILITIES INCLUDED IN FACILITY REPORTING GROUP

**Part V** **Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

A:

IN 2018, AS PART OF OUR COMMITMENT TO BE AN ACTIVE PARTNER IN THE COMMUNITY THAT GOES WELL BEYOND THE PROVISION OF PATIENT CARE, WE CONDUCTED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT. THE GOAL OF THE ASSESSMENT WAS TO BETTER UNDERSTAND THE CONCERNS AND PRIORITIES OF THE FAMILIES WE SERVE, THE COMMUNITY ORGANIZATIONS WE PARTNER WITH, AND THE PROVIDERS WHO WORK WITH OUR PATIENTS. THE 2018 COMMUNITY NEEDS HEALTH ASSESSMENT, WHICH SUMMARIZES THESE FINDINGS, CAN BE FOUND AT HTTPS://WWW.CHILDRENSCOLORADO.ORG/COMMUNITY/COMMUNITYHEALTH/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/.

THE CHNA WAS APPROVED BY THE CHCO BOARD OF DIRECTORS IN DECEMBER 2018. THE SUBSEQUENT COMMUNITY HEALTH ACTION PLAN (CHAP) COMPLETED IN 2019 SERVES AS THE FOUNDATION AND ROAD MAP TO ADDRESS THE FIVE PRIORITY NEEDS IDENTIFIED IN THE CHNA. THE PLAN OUTLINES OUR THREE-YEAR GOALS FOR EACH OF THOSE PRIORITIES AND DETAILS THE STRATEGIES WE PLAN TO USE TO TACKLE THESE COMPLEX ISSUES. TO CREATE THE IMPLEMENTATION PLAN, CHILDREN'S HOSPITAL COLORADO USED THE INFORMATION GATHERED THROUGH THE COMMUNITY HEALTH NEEDS ASSESSMENT AS THE MAJOR SOURCE OF INFORMATION AND INCORPORATED ADDITIONAL INSIGHTS FROM PLANNING DISCUSSIONS WITH COMMUNITY PARTNERS. WE ALSO DECIDED TO FOCUS OUR WORK ON FIVE TYPES OF ACTIVITIES. WE BELIEVE THESE ACTIVITIES HAVE THE MOST POTENTIAL TO IMPACT CHILD HEALTH OUTCOMES AND WILL MAKE OUR WORK MORE EFFICIENT AND EFFECTIVE. STRATEGIES INCLUDE; EDUCATION AND TRAINING, DIRECT SERVICES AND SUPPORT,

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SCREENING, REFERRALS AND NAVIGATION, AND POLICY AND ADVOCACY. A SERIES OF FIVE STRATEGY SESSIONS WAS CONVENED WITH PROVIDERS, COMMUNITY HEALTH STRATEGISTS AND ADMINISTRATORS. EACH OF THESE SESSIONS FOCUSED ON ONE OF THE FIVE PRIORITY AREAS THAT HAD BEEN SELECTED THROUGH THE CHNA. WITH THE HELP OF AN OUTSIDE FACILITATOR, TEAMS DEVELOPED VISION STATEMENTS, GOALS AND OBJECTIVES FOR EACH PRIORITY. THE OBJECTIVES SELECTED ARE ALL QUANTIFIABLE AND TIME-LIMITED, WHICH WILL ALLOW FOR EFFECTIVE EVALUATION OF OUR EFFORTS IN THE FUTURE. LINK TO THE 2019 COMMUNITY HEALTH ACTION PLAN:

HTTPS://WWW.CHILDRENSCOLORADO.ORG/4ADC92/GLOBALASSETS/COMMUNITY/CHILDRENS-HOSPITAL-COLORADO-2019-COMMUNITY-HEALTH-ACTION-PLAN.PDF

EVALUATION IS A CRITICAL COMPONENT OF OUR COMMUNITY WORK. THE POPULATION HEALTH EPIDEMIOLOGIST IS RESPONSIBLE FOR COORDINATING THE COLLECTION OF POPULATION HEALTH METRICS TIED TO OUR COMMUNITY HEALTH NEEDS ASSESSMENT THAT IS UTILIZED TO EVALUATE OUR IMPLEMENTATION STRATEGIES AND HEALTH OUTCOMES. THIS WORK IS USED TO INFORM DECISION-MAKING AND PRIORITIZATION OF OUR EFFORTS TO IMPROVE THE HEALTH OF OUR COMMUNITY, BY IDENTIFYING NEIGHBORHOODS AT DISPROPORTIONATE RISK OF INJURY, DISEASE OR OTHER HEALTH CONDITIONS AND INCREASES AWARENESS OF THE SOCIAL DETERMINANTS OF HEALTH IN THE HOSPITAL AND CLINICAL SETTINGS. THE IMPLEMENTATION STRATEGY IS EVALUATED ANNUALLY AND THE FINAL EVALUATION OF THE PREVIOUS IMPLEMENTATION STRATEGY CAN BE FOUND AT:

HTTPS://WWW.CHILDRENSCOLORADO.ORG/4ADCAB/GLOBALASSETS/COMMUNITY/2016-2018-ACTION-PLAN-EVALUATION-REPORT.PDF

**Part V** **Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CHILDREN'S HOSPITAL COLORADO RECOGNIZES THAT THE PUBLIC HEALTH NEEDS OF THE COMMUNITY ARE EXTENSIVE AND INCLUDE MANY ISSUES NOT EXPLICITLY ADDRESSED IN THE IMPLEMENTATION STRATEGY. THROUGH OUR WORK WITH SCHOOLS, PRIMARY CARE, AND COMMUNITY-BASED ORGANIZATIONS AND THE LEGISLATURE, WE WILL REMAIN RESPONSIVE AND CONTINUE TO SEEK OUT INNOVATIVE AND IMPACTFUL WAYS TO CONTRIBUTE TO THE HEALTH OF OUR COMMUNITY.

**Part V Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility** (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 12

| | Name and address | Type of Facility (describe) |
|---|---|---|
| 1 | CHILDREN'S HOSPITAL COLORADO-NORTH<br>469 WEST STATE HIGHWAY 7<br>BROOMFIELD CO 80023 | UC,SPECIALTY CARE,OBSERVATION<br>REHAB & SPORT THERAPY<br>LICENSED CMTY CLINIC 18F110 |
| 2 | CHILDREN'S HOSPITAL CO OP SPECIALTY CARE<br>4125 BRIARGATE PKWY<br>COLORADO SPRINGS CO 80920 | SPECIALTY CARE, ONCOLOGY<br>CLINICS, URGENT CARE |
| 3 | CHILDREN'S HOSPITAL COLORADO-UPTOWN<br>1830 FRANKLIN ST<br>DENVER CO 80218 | EMERGENCY CARE, UC, OP SPCLTY,<br>DIAGNOSTIC, OBSERVATION<br>LICENSED CMTY CLINIC 18M127 |
| 4 | CHILDREN'S HOSPITAL CO THERAPY CARE<br>8401 ARISTA PLACE<br>BROOMFIELD CO 80021 | OT/PT, SPEECH & AUDIOLOGY<br>SERVICES |
| 5 | KIDSTREET<br>3615 MARTIN LUTHER KING BLVD<br>DENVER CO 80205 | REHABILITATION & THERAPY<br>SERVICES |
| 6 | CHILDREN'S HOSPITAL CO THERAPY CARE<br>PRINTERS PARK MEDICAL PLAZA<br>COLORADO SPRINGS CO 80910 | OT/PT, SPEECH & AUDIOLOGY<br>SERVICES |
| 7 | CHILDREN'S HOSPITAL CO THERAPY CARE<br>19284 COTTONWOOD DRIVE<br>PARKER CO 80138 | OT/PT, SPEECH & AUDIOLOGY<br>SERVICES |
| 8 | CHILDREN'S HOSPITAL CO THERAPY CARE<br>9139 S RIDGELINE BLVD, #100<br>HIGHLANDS RANCH CO 80129 | REHABILITATION & THERAPY<br>SERVICES |
| 9 | CHILDREN'S HOSPITAL CO UC & OP CARE<br>3455 LUTHERAN PKWY<br>WHEATRIDGE CO 80033 | URGENT CARE, SPECIALIST CARE<br>SPORTS MEDICINE |
| 10 | CHILDREN'S HOSPITAL CO THERAPY CARE<br>704 FORTINO BLVD, STE A<br>PUEBLO CO 81008 | SPEECH THERAPY, LEARNING<br>DISABILITIES |

**Part V Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? ______

| | Name and address | Type of Facility (describe) |
|---|---|---|
| 1 | CHILDREN'S HOSPITAL CO SPECIALTY CARE<br>9399 CROWN CREST BLVD<br>PARKER CO 80138 | SPECIALTY CARE, SPORTS MEDICINE |
| 2 | CHILDREN'S HOSPITAL CO ORTHOPEDIC CARE<br>9094 E MINERAL AVE, SUITE 110<br>CENTENNIAL CO 80112 | ORTHOPEDIC CARE, RADIOLOGY SERVICES, SPORTS MEDICINE |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |

**Part VI Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART I, LINE 6A

CHILDREN'S COLORADO PUBLISHES AN ANNUAL COMMUNITY BENEFIT REPORT. THE 2019 REPORT WILL BE PUBLISHED AFTER THE FINALIZATION OF THE 2019 SCHEDULE H 990 REPORTING. THE 2018 REPORT CAN BE FOUND AT HTTPS://WWW.CHILDRENSCOLORADO.ORG/COMMUNITY/COMMUNITY-HEALTH/

PRIOR TO THE COMPLETION OF THE REPORT A DISTRIBUTION LIST OF COMMUNITY MEMBERS, PARTNERS AND STATE AND LOCAL OFFICIALS IS DEVELOPED, AND THE REPORT IS DISTRIBUTED UPON COMPLETION. COINCIDING WITH THE PHYSICAL DISTRIBUTION THE REPORT IS THEN PUBLISHED ON THE CHCO WEBSITE.

SCHEUDLE H, PART I, LINE 7

IN 2019, CHILDREN'S HOSPITAL COLORADO PROVIDED $262,138,724 IN BENEFIT TO THE COMMUNITY.

MEDICAID AT CHILDREN'S HOSPITAL COLORADO ACCOUNTED FOR $186,078,313 OF NET COMMUNITY BENEFIT EXPENSE WITH $4,947,187 IN FINANCIAL ASSISTANCE. OTHER BENEFITS ACCOUNTED FOR $71,113,224 IN NET COMMUNITY BENEFIT

**Part VI Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

EXPENSE. OF THAT $16,863,357 IN COMMUNITY HEALTH IMPROVEMENT, $21,255,223 IN HEALTH PROFESSION EDUCATION, $11,923,634 IN SUBSIDIZED HEALTH SERVICES, $20,433,984 IN RESEARCH AND $637,026 IN CASH AND IN-KIND CONTRIBUTIONS FOR COMMUNITY BENEFIT.

INCLUDED IN SUBSIDIZED HEALTH SERVICES ARE THOSE WHICH CHILDREN'S HOSPITAL COLORADO PROVIDES TO ITS PATIENT POPULATION AT A LOSS. IN 2019, PROGRAMS ASSOCIATED WITH THESE LOSSES ARE REHABILITATION, DERMATOLOGY, MENTAL HEALTH AND SOLID ORGAN TRNSPLANT. THE NUMBER REFLECTED IN SUBSIDIZED HEALTH SERVICES EXCLUDES BAD DEBT, MEDICAID AND OTHER MEANS TESTED PROGRAMS SHORTFALLS AND FINANCIAL ASSISTANCE. CHILDREN'S HOSPITAL COLORADO IS COMMITTED TO SERVING ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY.

SCHEDULE H, PART II, LINE 10

IN 2019, CHILDREN'S HOSPITAL COLORADO PROVIDED $1,590,234 IN COMMUNITY BUILDING ACTIVITIES. THESE ACTIVITIES ARE DESIGNED TO PROMOTE THE HEALTH OF THE BROADER COMMUNITY. WE CONTINUE TO BUILD ON OUR LONG AND STRONG

**Part VI Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

RECORD OF COLLABORATION WITH COMMUNITY GROUPS, BUSINESSES, ACADEMIC INSTITUTIONS AND GOVERNMENTAL AND NON-GOVERNMENTAL ORGANIZATIONS, WITH THE GOAL OF IMPROVING HEALTH OUTCOMES AND REDUCING HEALTH DISPARITIES FOR CHILDREN AND THEIR FAMILIES. ADDITIONALLY, SIGNIFICANT RESOURCES WERE ALLOCATED IN 2019 TO SUPPORT EFFORTS TO ENGAGE COMMUNITY MEMBERS IN ADVOCATING FOR ACCESS TO HEALTH CARE AS WELL AS PROVIDING EDUCATIONAL SESSIONS FOR BOTH POLICYMAKERS AND ADVOCATES ON CHILD HEALTH ISSUES OF IMPORTANCE. IMPROVING THE HEALTH OF THE COMMUNITY THROUGH ENVIRONMENTAL EFFORTS WAS ALSO A PRIORITY, INCLUDING LONG-STANDING RECYCLING AND RETRO COMMISSIONING EFFORTS. FINALLY, THE HOSPITAL CONTRIBUTED SUBSTANTIAL RESOURCES TO PROGRAMS, SUCH AS OUR HIRE LOCAL PROGRAM, THAT PROVIDE A PIPELINE FOR AT-RISK HIGH SCHOOL STUDENTS, AND UNDERSERVED COMMUNITY MEMBERS TO PURSUE HEALTHCARE SPECIFIC CAREERS. SELECTED COMMUNITY BUILDING ACTIVITIES ARE HIGHLIGHTED BELOW.

ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS AND SAFETY. DURING THE 2019 COLORADO LEGISLATIVE SESSION, THE CHILDREN'S HOSPITAL COLORADO GOVERNMENT AFFAIRS TEAM WORKED WITH INTERNAL AND EXTERNAL PARTNERS TO KEEP KIDS OUT

**Part VI** **Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

OF THE HOSPITAL BY SUPPORTING LAWS THAT WOULD IMPROVE KIDS' HEALTH-AND DEFENDING AGAINST THOSE THAT WOULD NOT. WE BUILT PARTNERSHIPS WITH OUR ALLIES AND ADVOCATES ACROSS THE STATE, ENGAGED OUR HEALTHCARE PROFESSIONALS AND OTHER TEAM MEMBERS AND GAVE A VOICE TO OUR PATIENTS AND FAMILIES. TOGETHER, WE ADVANCED A NUMBER OF POLICY AND ADVOCACY GOALS THAT HAVE THE POTENTIAL TO LIFT THE TRAJECTORY OF A CHILD'S LIFE.

EXAMPLES INCLUDE:

CHILD AND YOUTH BEHAVIORAL HEALTH: COLORADO IS IN A STATE OF CRISIS FOR CHILD AND YOUTH BEHAVIORAL HEALTH, WITH SUICIDE AS THE LEADING CAUSE OF DEATH FOR YOUNG PEOPLE AGES 10-24. AN ESTIMATED ONE OUT OF EVERY SIX TEENS HAS A DIAGNOSABLE MENTAL HEALTH CONDITION. THAT'S WHY WE HELPED FORM A COALITION TO CHAMPION SENATE BILL 195, A BIPARTISAN MEASURE THAT HAS THE POTENTIAL TO TRANSFORM OUR STATE'S MENTAL HEALTH SYSTEM TO BETTER SERVE COLORADO CHILDREN, YOUTH AND FAMILIES AND TO REDUCE COSTLY, UNNECESSARY INTERVENTIONS. SENATE BILL 195 WILL MOVE FORWARD A SET OF PROGRAMS INCLUDING HIGH QUALITY, STANDARDIZED SCREENING AND ASSESSMENT TO IDENTIFY BEHAVIORAL HEALTH NEEDS EARLY, COMPREHENSIVE "WRAPAROUND" CARE

**Part VI** **Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COORDINATION SERVICES TO GET KIDS THE RIGHT CARE AT THE RIGHT TIME, AND BLENDED FUNDING STRATEGIES ACROSS AGENCIES TO BETTER INTEGRATE BEHAVIORAL HEALTH SERVICES AND SUPPORTS FOR CHILDREN. TAKEN TOGETHER, THESE APPROACHES ARE A MAJOR STEP TOWARD IMPROVING OUR STATE'S BEHAVIORAL HEALTH SYSTEM FOR KIDS.

NUTRITION AND PHYSICAL ACTIVITY: WE JOINED A COALITION OF ANTI-HUNGER ORGANIZATIONS TO SUPPORT HOUSE BILL 1171, A MEASURE THAT WILL REDUCE THE COST OF SCHOOL LUNCHES FOR LOW-INCOME HIGH SCHOOL STUDENTS. WHEN STUDENTS HAVE ACCESS TO PROPER NUTRITION, THEIR HEALTH AND ABILITY TO FOCUS IN SCHOOL IMPROVES. WE ALSO WORKED WITH COALITION PARTNERS TO ADVANCE HOUSE BILL 1161, LEGISLATION THAT ENCOURAGES CHILDREN TO BE ACTIVE BY BOOSTING ACCESS TO COMPREHENSIVE PHYSICAL EDUCATION IN SCHOOLS ACROSS COLORADO. COLORADO KIDS STAND TO BENEFIT FROM THE PASSAGE OF THIS BILL THROUGH STRONGER BONES AND MUSCLES, BETTER MENTAL HEALTH, LOWER RISK OF CHRONIC HEALTH CONDITIONS LIKE TYPE 2 DIABETES AND OBESITY, AND MORE.

TEEN VAPING EPIDEMIC: TWENTY SEVEN PERCENT OF COLORADO TEENS REPORT

**Part VI Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CURRENT USE OF ELECTRONIC CIGARETTES - THE HIGHEST RATE IN THE NATION AND FULLY TWICE THE NATIONAL AVERAGE. THE NICOTINE IN THESE PRODUCTS IS HIGHLY ADDICTIVE, TOXIC AND HARMFUL TO THE DEVELOPING BRAIN. IN ADDITION, THE AEROSOLS IN E-CIGARETTES CAN TRIGGER ASTHMA ATTACKS AND EXPOSE YOUNG PEOPLE TO CARCINOGENS AND HEAVY METALS LIKE LEAD AND ARSENIC, BOTH DIRECTLY AND THROUGH SECONDHAND SMOKE. A KEY STRATEGY TO ADDRESS YOUTH USE OF THESE PRODUCTS IS TO ELIMINATE THEM IN PUBLIC PLACES, AS YOUTH CAN BE HIGHLY SENSITIVE TO NORMALIZATION AND PERCEPTIONS OF HARM BASED ON WHAT THEY SEE IN THEIR ENVIRONMENT. IN 2006, COLORADO PASSED THE CLEAN INDOOR AIR ACT TO PROHIBIT THE SMOKING OF CIGARETTES AND OTHER TOBACCO PRODUCTS IN ENCLOSED PUBLIC PLACES LIKE RESTAURANTS, LIBRARIES, HOSPITALS, OFFICES, GROCERY STORES, CHILDCARE FACILITIES AND PUBLIC TRANSPORTATION. THIS YEAR, WE PARTNERED WITH MEDICAL PROVIDERS, BUSINESSES, AND PUBLIC HEALTH ADVOCATES TO SUCCESSFULLY ADVANCE HOUSE BILL 1076, AN UPDATE TO THE COLORADO CLEAN INDOOR AIR ACT THAT ADDS THE USE OF ELECTRONIC CIGARETTES (ALSO KNOWN AS "E-CIGARETTES" OR "VAPING") AS A PROHIBITED ACTIVITY IN CERTAIN PUBLIC INDOOR SPACES AND WORKPLACES.

**Part VI Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SPEAK UP FOR KIDS: INFLUENCING PUBLIC POLICY TAKES THE DIVERSE EFFORTS OF DEDICATED, PASSIONATE INDIVIDUALS AND ORGANIZATIONS COMING TOGETHER TO MAKE A DIFFERENCE. OUR GRASSROOTS ADVOCACY NETWORK, CHILD HEALTH CHAMPIONS, HARNESSES THE POWER OF ITS MEMBERS TO ADVOCATE FOR BETTER CHILD HEALTH THROUGH PUBLIC POLICY. THIS LEGISLATIVE SESSION, WE ADDED 1,321 NEW MEMBERS TO THE NETWORK, INCREASING OUR TOTAL NUMBER OF ADVOCATES TO OVER 9,200. OVER 2,100 OF THESE ADVOCATES WROTE MORE THAN 6,000 EMAILS TO THEIR LAWMAKERS ON POLICY ISSUES THAT IMPACT KIDS AND FAMILIES. WE GREW OUR FOLLOWING ON FACEBOOK BY OVER 116% AND ON TWITTER BY ALMOST 20%, REACHING MORE ADVOCATES ACROSS THE STATE THAN EVER BEFORE. WE ALSO HOSTED THE EIGHTH ANNUAL SPEAK UP FOR KIDS DAY AT THE CAPITOL, TRAINING 180 NEW ADVOCATES FROM ACROSS THE STATE AT AN INTENSIVE, INSPIRING AND HANDS-ON EVENT THAT CONNECTS THEM WITH THEIR LOCAL LEGISLATORS TO HAVE CONVERSATIONS ABOUT PENDING KIDS' HEALTH LEGISLATION.

FINALLY, IN PARTNERSHIP WITH THE AMERICAN ACADEMY OF PEDIATRICS, COLORADO CHAPTER, WE REGULARLY ACTIVATED MORE THAN 20 COMMUNITY PEDIATRICIANS TO

**Part VI Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

REACH OUT TO THEIR LEGISLATORS AT KEY POINTS THROUGHOUT THE SESSION.

PARTNERSHIPS ARE AN ESSENTIAL COMPONENT TO CHILDREN'S COMMUNITY HEALTH WORK. THE HOSPITAL HAS PARTNERED WITH AN ARRAY OF LOCAL, STATE AND NATIONAL ORGANIZATIONS TO COORDINATE, COLLABORATE AND SHARE KEY FINDINGS AND LESSONS LEARNED IN IMPROVING HEALTH AND QUALITY OF LIFE FOR CHILDREN IN COLORADO. BELOW ARE A FEW EXAMPLES OF CHILDREN'S COLLABORATIONS ADDRESSING COMMUNITY BUILDING AND HEALTH IMPROVEMENT.

COALITION BUILDING: IN 2016, CHILDREN'S HOSPITAL COLORADO JOINED FORCES WITH EIGHT OTHER STATEWIDE HEALTH AND EDUCATION ORGANIZATIONS TO FORM THE COLORADO ALLIANCE FOR SCHOOL HEALTH (THE "ALLIANCE"). THE ALLIANCE AIMS TO TRANSFORM HOW HEALTH CARE AND EDUCATION PARTNERS COLLABORATE TO CREATE SUSTAINABLE SYSTEMS THAT RESULT IN HEALTH EQUITY AMONG ALL COLORADO STUDENTS. IN 2019, THE ALLIANCE CREATED A CALL TO ACTION USING DATA AND EVIDENCED-BASED PRACTICES TO OUTLINE OPPORTUNITIES FOR HEALTH AND EDUCATION TO WORK TOGETHER TO MEET THE HEALTHCARE NEEDS OF EVERY STUDENT, AND IDENTIFY ACTIONS WE CAN TAKE RIGHT NOW TO IMPROVE THE HEALTH OF ALL COLORADO YOUTH, ESPECIALLY THOSE MOST VULNERABLE TO LOW SCHOOL

**Part VI Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PERFORMANCE BECAUSE OF POOR ACCESS TO HEALTH RESOURCES. THE ALLIANCE THEN SOUGHT AND FORMED PARTNERSHIPS WITH THREE DISTRICTS, URBAN AND RURAL, IN DIFFERENT AREAS OF THE STATE TO IDENTIFY PROJECTS THAT WILL FURTHER THE CALL TO ACTION WHILE IMPACTING THEIR OWN STUDENTS AND COMMUNITIES. WE ARE COLLABORATING WITH STAKEHOLDERS IN EACH DISTRICT (SUPERINTENDENTS, DIRECTORS OF HEALTH SERVICES, COMMUNITY PROVIDERS AND FAMILIES) TO DESIGN WHAT MEANINGFUL WORK, INTERVENTIONS, AND STIPENDS LOOK LIKE TO THEIR COMMUNITY.

ADDITIONALLY, EFFORTS WILL BE MADE TO ENSURE THOSE MOST IMPACTED ARE ALSO INCLUDED IN DECISION MAKING PROCESSES THROUGHOUT THE PARTNERSHIP. THE EVALUATION PLAN WILL INCLUDE MONITORING HOW EFFORTS ARE BEING IMPLEMENTED ALONG WITH OUTPUTS SUCH AS NUMBER OF STUDENTS/STAFF SERVED, NUMBER OF POLICY/PRACTICE CHANGES MADE, DOCUMENTATION OF PRODUCTS DEVELOPED AND DISSEMINATION METHODS, ETC.

SHORT-TERM OUTCOMES SUCH AS INCREASED VALUE FOR THIS WORK FROM DISTRICTS, PARTNERS AND COMMUNITIES WILL BE MEASURED. ADDITIONALLY, LOCAL

**Part VI Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COMMUNITIES WILL BE ASKED TO SHARE SURVEILLANCE DATA, SUCH AS YOUTH BEHAVIOR SURVEYS AND POLICY/PRACTICE DATA TO GATHER A BASELINE FOR FUTURE COMPARISON.

COMMUNITY SUPPORT: CHILDREN'S HOSPITAL COLORADO SERVES AS LEAD AGENCY FOR SAFE KIDS COLORADO, SAFE KIDS COLORADO SPRINGS, AND SAFE KIDS DENVER METRO. AS PART OF THE SAFE KIDS WORLDWIDE GLOBAL NETWORK OF ALLIANCES, EACH OF THESE INITIATIVES EMPLOYS AN ALLIANCE-BASED APPROACH TO BUILDING CAPACITY TOWARD PREVENTING UNINTENTIONAL INJURIES IN TARGETED LOCATIONS. NEIGHBORHOODS WHOSE CHILDREN ARE AT DISPROPORTIONATE RISK FOR PREVENTABLE INJURIES ARE IDENTIFIED THROUGH DATA SURVEILLANCE "HEAT MAPS." SAFE KIDS PARTNERS WITH NUMEROUS PUBLIC AND PRIVATE BUSINESSES AND ORGANIZATIONS TO IMPLEMENT AND EVALUATE EVIDENCE-BASED APPROACHES UNDER A PUBLIC HEALTH MODEL OF PREVENTION.

CHILDREN'S COLORADO PROVIDES COMMUNITY SUPPORT IN SEVERAL WAYS, INCLUDING GUIDING MONTHLY COALITION MEETINGS, PROVIDING CHILD PASSENGER SAFETY, INFANT SAFE SLEEP, BIKE AND PEDESTRIAN SAFETY, AND TEEN DRIVER SAFETY

**Part VI Supplemental Information**

Provide the following information.

1. **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
2. **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
3. **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
4. **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
5. **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
6. **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
7. **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

RESOURCES, TO PAYING LIABILITY INSURANCE PREMIUMS FOR A LOCAL NPO PARTNER THAT ALLOWS THEM TO CONTINUE CONDUCTING NEIGHBORHOOD CAR SEAT CHECKS. CHILDREN'S COLORADO'S EXPERIENCED INJURY PREVENTION STAFF ALSO PROVIDES PROGRAMMATIC AND FINANCIAL SUPPORT TO A VARIETY OF INJURY PREVENTION INITIATIVES AROUND THE STATE, THEREBY CONTRIBUTING TO A COLLECTIVE IMPACT APPROACH TO THE LARGER INJURY BURDEN.

PHYSICAL IMPROVEMENTS AND HOUSING: RESPIRATORY COMPLAINTS, INCLUDING ASTHMA, ARE ONE OF THE LEADING CAUSES OF EMERGENCY DEPARTMENT VISITS AND HOSPITALIZATIONS AT CHILDREN'S HOSPITAL COLORADO AND THERE IS A WELL-DOCUMENTED LINK BETWEEN EXPOSURE TO MOLD, COCKROACHES, AND MICE AND ASTHMA MORBIDITY. WE WERE INITIALLY APPROACHED REGARDING CONCERNS ABOUT THE QUALITY OF HOUSING IMMEDIATELY SURROUNDING OUR PRIMARY FACILITY AND RELATED HEALTH IMPACTS BY TWO COMMUNITY ORGANIZATIONS WHO SHARED ANECDOTAL EVIDENCE AND PHOTOGRAPHS. THESE REPORTS, WHEN COMBINED WITH OUR HEALTHCARE UTILIZATION DATA, WERE CONCERNING AND POINTED TO A POTENTIAL "HOTSPOT" OF RESPIRATORY MORBIDITY. TO ESTABLISH THE CONDITION OF LOCAL HOUSING AND IMPACT, IF ANY, POOR HOUSING CONDITIONS HAVE ON THE

**Part VI Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

RESPIRATORY AND DERMATOLOGICAL HEALTH OF LOCAL RESIDENTS, WE DECIDED TO CONDUCT A NEEDS ASSESSMENT OF HOUSING QUALITY IN THE NEIGHBORHOODS AROUND THE ANSCHUTZ MEDICAL CAMPUS IN AURORA, COLORADO. THIS COLFAX CORRIDOR HEALTHY HOUSING NEEDS ASSESSMENT WAS FUNDED BY CHILDREN'S HOSPITAL COLORADO AND THE UNIVERSITY OF COLORADO DENVER LATINO RESEARCH AND POLICY CENTER AND INCLUDED FACULTY AND STAFF MEMBERS FROM BOTH ORGANIZATIONS AS WELL AS THE UNIVERSITY OF COLORADO SCHOOL OF MEDICINE. PROJECT PLANNING AND IMPLEMENTATION ALSO UTILIZED PARTNERS FROM THE CITY OF AURORA AND FOUR AURORA-BASED NON-PROFIT ORGANIZATIONS. GUIDANCE WAS PROVIDED BY A COMMUNITY ADVISORY BOARD THAT INCLUDED COMMUNITY MEMBERS AS WELL AS RESIDENTS OF THE FOCUS NEIGHBORHOODS. THOUGH PLANNING BEGAN IN 2017, ALMOST ALL DATA COLLECTION OCCURRED IN 2019. WE COLLECTED DATA FROM 60 FAMILIES; EACH FAMILY INCLUDED AT LEAST ONE CHILD AND ONE CAREGIVER FOR A TOTAL OF 135 PARTICIPANTS. DATA INCLUDE DEMOGRAPHIC INFORMATION, SURVEYS RELATED TO HOUSING CONDITIONS, RESPIRATORY AND DERMATOLOGICAL MORBIDITY, PERCEIVED STRESS, DEPRESSION, AND ANXIETY, LUNG FUNCTION TESTING, AND ANALYSIS OF DUST SAMPLES AND AIR PARTICULATE MATTER TAKEN FROM EACH RESIDENCE. RESIDENCE TYPES INCLUDED SINGLE FAMILY HOMES, MULTI-UNIT

**Part VI Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

HOUSING, MOBILE HOMES, AND MOTELS. WE ARE CURRENTLY ANALYZING DATA AND PREPARING TO SHARE RESULTS. WE VIEW THIS AS THE FIRST STEP OF A MULTI-STAGE PROJECT. NEXT STEPS WILL LIKELY INCLUDE ADDITIONAL RESEARCH, INCLUDING POTENTIAL INTERVENTION RESEARCH. THIS IS EXPECTED TO BE HOUSED EITHER AT THE UNIVERSITY OF COLORADO OR COLORADO STATE UNIVERSITY, BUT SPECIFIC RESEARCH AIMS AND FUNDING SOURCES ARE BEING EXPLORED. ADDITIONALLY, WE PLAN TO RELEASE THE RESULTS TO THE COMMUNITY, ALLOWING COMMUNITY RESIDENTS AND ORGANIZATIONS TO USE IT TO FURTHER THEIR RESEARCH, PROGRAM, AND POLICY EFFORTS.

COMMUNITY HEALTH IMPROVEMENT: CHILDREN'S COLORADO HELPED ESTABLISH PARTNERS FOR CHILDREN'S MENTAL HEALTH (PCMH), A CROSS-SYSTEM RESOURCE, TRAINING AND IMPLEMENTATION HUB THAT AIMS TO IMPROVE MENTAL HEALTH OUTCOMES FOR YOUTH AND FAMILIES. PCMH'S WORK WILL FACILITATE LASTING PARTNERSHIPS ACROSS THE SYSTEM, GATHER AND SHARE CRITICAL DATA THAT CAN INFORM POLICY AND ADVOCACY EFFORTS, DRIVE INNOVATIVE SOLUTIONS AND INCREASE THE AVAILABILITY OF EVIDENCE-BASED PRACTICES TO SUPPORT HIGH QUALITY MENTAL HEALTH CARE. PCMH'S STRATEGIC GOALS ARE DRIVEN BY THE

## Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

MISSION, VISION, AND VALUES ALONG WITH IMPERATIVE GUIDANCE FROM PCMH'S ADVISORY COUNCIL. THE PCMH ADVISORY COUNCIL CONSISTS OF CROSS-SYSTEMS LEADERS, AS WELL AS YOUTH AND FAMILY ADVOCATES INVESTED IN IMPROVING MENTAL HEALTH FOR YOUTH AND FAMILIES. IN 2019, CHILDREN'S COLORADO WAS INVOLVED IN EFFORTS TO FORM THE BEHAVIORAL HEALTH TASK FORCE, ALONG WITH A SPECIAL SUBCOMMITTEE FOR CHILDREN'S BEHAVIORAL HEALTH, AN INITIATIVE ANNOUNCED BY OUR GOVERNOR. THIS MARKED A CRITICAL STEP FORWARD IN OUR EFFORTS TO TRANSFORM THE YOUTH BEHAVIORAL HEALTH SYSTEM IN COLORADO THE CHILDREN'S BEHAVIORAL HEALTH TASK FORCE WILL BE WORKING TO MAP THE LANDSCAPE OF YOUTH BEHAVIORAL HEALTH SERVICES IN COLORADO, IDENTIFY GAPS AND RECOMMEND FIXES.

WORKFORCE DEVELOPMENT: CHILDREN'S COLORADO IS COMMITTED TO TRAINING THE NEXT GENERATION OF HEALTH CARE PROFESSIONALS. THE PROGRAMS BELOW ARE IN ADDITION TO THE COMMUNITY BENEFIT ACTIVITIES CAPTURED UNDER HEALTH PROFESSION EDUCATION AND CAPTURE WORK PRIMARILY FOCUSED ON BUILDING CAPACITY AMONG HIGH-SCHOOL AND COLLEGE STUDENTS.

**Part VI** **Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THE MEDICAL CAREER COLLABORATIVE (MC2) PROGRAM IS AN INTERNAL PIPELINE PROGRAM OFFERING CAREER AND YOUTH DEVELOPMENT OPPORTUNITIES TO UNDERREPRESENTED HIGH SCHOOL STUDENTS IN THE DENVER METRO AREA. INCREASING DIVERSITY AND PROVIDING OPPORTUNITY TO UNDERREPRESENTED POPULATIONS IN THE HEALTH PROFESSIONS HAS BECOME IDENTIFIED AS PARAMOUNT TO THE NATION'S NEED TO ELIMINATE INEQUITIES IN THE QUALITY AND AVAILABILITY OF HEALTH CARE FOR UNDERSERVED POPULATIONS. THE PROGRAM AIMS TO BUILD A MORE REPRESENTATIVE AND CULTURALLY RESPONSIVE HEALTH CARE WORKFORCE BY CREATING A PIPELINE FOR STUDENTS TO MOVE FROM HIGH SCHOOL TO THE HEALTHCARE WORKFORCE. PROGRAM COMPONENTS ARE DESIGNED TO FAMILIARIZE STUDENTS WITH DIFFERENT ASPECTS OF HEALTH CARE, EXPOSE THEM TO A VARIETY OF CAREERS IN THE HEALTH CARE INDUSTRY AND ASSIST THEM IN EXPLORING POST-SECONDARY EDUCATIONAL PROGRAMS. THIS INCLUDES PAID INTERNSHIPS, ONE-ON-ONE MENTORING BY HOSPITAL STAFF, MONTHLY FIELD TRIPS, WORKSHOP AND TRAININGS, ON-SITE PERSONAL AND PROFESSIONAL DEVELOPMENT SEMINARS, AND POST-SECONDARY COACHING, CAREER GUIDANCE AND JOB PLACEMENT ASSISTANCE. THE PROGRAM HAS BEEN SUCCESSFUL IN ITS GOALS, IT'S NOW BEEN ADOPTED BY DENVER HEALTH. THE COMMUNITY-CAMPUS PARTNERSHIP (CCP) WAS CREATED IN 2014

**Part VI** **Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

TO FOSTER COLLABORATIONS AND HEALTHY COMMUNITIES AROUND THE ANSCHUTZ
MEDICAL CAMPUS. THE CAMPUS IS LOCATED IN THE HEART OF ONE OF COLORADO'S
MOST CULTURALLY RICH AND DIVERSE COMMUNITIES. IT IS ALSO ONE OF THE MOST
ECONOMICALLY CHALLENGED AND UNDERSERVED REGIONS. AURORA, AND OTHER
NEIGHBORHOODS SURROUNDING THE CAMPUS, HAVE SOME OF THE HIGHEST RATES OF
HEALTH PROBLEMS AND GREATEST HEALTH NEEDS IN THE STATE. GIVEN THE
INCREASING EVIDENCE THAT IT IS NEARLY IMPOSSIBLE TO IMPROVE HEALTH
WITHOUT ADDRESSING THE ROOT CAUSES RELATED TO THE SOCIAL DETERMINANTS OF
HEALTH, THE CCP HAS IDENTIFIED OPPORTUNITIES FOR IMPROVING THE ECONOMIC
WELL-BEING OF RESIDENTS THROUGH A VARIETY OF PROGRAMS AND ACTIVITIES. ONE
SUCH PROGRAM IS HIRE LOCAL. THE HIRE LOCAL PROGRAM HELPS RESIDENTS GET
CONNECTED TO RESOURCE, PROVIDES JOB-READINESS TRAINING, AND WORKS TO
INCREASES THE NUMBER OF AURORA RESIDENTS EMPLOYED ON THE ANSCHUTZ MEDICAL
CAMPUS. SERVING AS A CENTRAL POINT OF CONTACT FOR ALL LOCAL RESIDENTS,
ESPECIALLY RESIDENTS FROM BACKGROUNDS UNDERREPRESENTED IN HEALTH
SCIENCES, TO ACCESS INFORMATION, SERVICES AND PROGRAMS RELATED TO JOBS ON
ANSCHUTZ MEDICAL CAMPUS. CHILDREN'S COLORADO SERVES ON THE CCP PARTNER
COALITION, PROVIDES FINANCIAL SUPPORT AND IS A PARTNER IN THE HIRE LOCAL

**Part VI Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PROGRAM.

SCHEDULE H, PART III, LINE 2

THE ORGANIZATION RECOGNIZES NET PATIENT SERVICE REVENUE IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION (ASC) 606, REVENUE FROM CONTRACTS WITH CUSTOMERS. THE ADOPTION OF ASC 606 RESULTED IN CHANGES TO THE PRESENTATION FOR NET PATIENT SERVICES REVENUE RELATED TO UNINSURED OR UNDERINSURED PATIENTS. UNDER ASC 606, THE ESTIMATED UNCOLLECTABLE AMOUNTS DUE FROM THESE PATIENTS ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE A DIRECT REDUCTION TO NET PATIENT SERVICE REVENUE, RATHER THAN AS A PROVISION FOR BAD DEBTS, AND ARE BASED PRIMARILY ON HISTORICAL COLLECTION EXPERIENCE. OTHER THAN THESE CHANGES IN PRESENTATION, THE ADOPTION OF ASC 606 DID NOT HAVE A MATERIAL IMPACT ON THE OVERALL FINANCIAL STATEMENTS OF THE ORGANIZATION. EXPANDED DISCLOSURES REQUIRED BY ASC 606 ARE INCLUDED WITHIN NOTE 4, NET PATIENT SERVICES REVENUE.

SCHEDULE H, PART III, LINE 3

**Part VI** **Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CHILDREN'S HOSPITAL INACTIVATES AR BALANCES BETWEEN 150-175 DAYS AFTER THE FIRST BILLING CYCLE. ACCOUNTS ARE REFERRED TO COLLECTION AGENCIES FOR RECOVERY. THE HOSPITAL DOES NOT REPORT ANY BAD DEBT AMOUNT IN COMMUNITY BENEFIT.

SCHEDULE H, PART III, LINE 4

THE ORGANIZATION RECOGNIZES NET PATIENT SERVICE REVENUE IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION (ASC) 606, REVENUE FROM CONTRACTS WITH CUSTOMERS. THE ADOPTION OF ASC 606 RESULTED IN CHANGES TO THE PRESENTATION FOR NET PATIENT SERVICES REVENUE RELATED TO UNINSURED OR UNDERINSURED PATIENTS. UNDER ASC 606, THE ESTIMATED UNCOLLECTABLE AMOUNTS DUE FROM THESE PATIENTS ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE A DIRECT REDUCTION TO NET PATIENT SERVICE REVENUE, RATHER THAN AS A PROVISION FOR BAD DEBTS, AND ARE BASED PRIMARILY ON HISTORICAL COLLECTION EXPERIENCE. OTHER THAN THESE CHANGES IN PRESENTATION, THE ADOPTION OF ASC 606 DID NOT HAVE A MATERIAL IMPACT ON THE OVERALL FINANCIAL STATEMENTS OF THE ORGANIZATION. EXPANDED DISCLOSURES REQUIRED BY ASC 606 ARE INCLUDED WITHIN NOTE 4, NET PATIENT

**Part VI Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SERVICES REVENUE.

SCHEDULE H, PART III, LINE 8

THE SHORTFALL REPORTED IN LINE 7 REPRESENTS MEDICARE SHORTFALLS FOR HIGH NEED PEDIATRIC PATIENTS SERVED BY CHILDREN'S HOSPITAL COLORADO. IF CHILDREN'S HOSPITAL COLORADO DID NOT SUBSIDIZE THE HIGHLY SPECIALIZED CARE, ACCESS FOR THIS POPULATION WOULD BE LIMITED, THUS WE VIEW THIS CARE AS COMMUNITY BENEFIT. THE HOSPITAL UTILIZED COST TO CHARGE RATIO METHODOLOGY TO ARRIVE AT THIS NUMBER. THE AMOUNT INCLUDES ALL COSTS LESS ALL PAYMENTS RECEIVED.

SCHEDULE H, PART III, LINE 9B

YES, THE ORGANIZATION DOES HAVE A WRITTEN DEBT COLLECTION POLICY. PRIOR TO DEBT REFERRALS, ACCOUNTS ARE REVIEWED FOR ALL THIRD-PARTY PAYER ELIGBILITY PRIOR TO QUALIFYING FOR ANY CHARITY CARE OR FINANCIAL ASSISTANCE.

ONCE THE PATIENT'S RESPONSIBILITY IS VALIDATED, THE HOSPITAL PROVIDES

**Part VI Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SLIDING SCALE DISCOUNTS BASED ON INCOME AND/OR EXPENSES. PARENTS WHOSE CHILDREN DO NOT QUALIFY FOR MEDICAID CAN ALSO APPLY FOR THIS DISCOUNT PLAN. THE HOSPITAL HAS A DEDICATED FINANCIAL COUNSELING/SERVICES DEPARTMENT WHO WORK CLOSELY WITH PARENTS TO ESTABLISH PAYMENT PLANS.

SCHEDULE H, PART VI, LINE 2

IN ADDITION TO THE CHNA, CHILDREN'S HOSPITAL COLORADO REGULARLY ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITY WE SERVE. ACROSS THE HOSPITAL, NUMEROUS INTERNAL AND EXTERNAL DATA SOURCES ARE REGULARLY MONITORED AND UTILIZED TO IDENTIFY TRENDS AND OPPORTUNITIES TO IMPACT CHILD HEALTH. ADDITIONALLY, HOSPITAL STAFF DEDICATES SIGNIFICANT TIME TO SERVING ON COMMUNITY BOARDS AND OTHER COMMUNITY GROUPS THAT ASSESS HEALTH NEEDS OF THE COMMUNITY AND PROACTIVELY PARTICIPATES IN THE HEALTH IMPROVEMENT EFFORTS LED BY THESE PARTNERS.

IN 2018, CHCO FORMALIZED A POPULATION HEALTH STRATEGY. THE GOAL IS THE CREATION AND OPERATION OF A COMMUNITY BASED; PARTNER DRIVEN NETWORK OF CARE. THIS NETWORK BOTH EXPANDS ACCESS TO TRADITIONAL PEDIATRIC

**Part VI** **Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

HEALTHCARE AND EXPANDS ACCESS TO NON-TRADITIONAL CARE THAT ADDRESSES A

CHILD'S TOTAL PICTURE OF HEALTH, THE SOCIAL DETERMINANTS OF HEALTH.

OPERATING A COMMUNITY BASED, PARTNER DRIVEN NETWORK OF CARE REQUIRES

IDENTIFYING PARTNERS THAT WILL ENGAGE IN A TRANSFORMATIVE SYSTEM OF CARE,

ONE THAT ALLOWS A PEDIATRIC SPECIALTY HOSPITAL TO WORK WITH COMMUNITY

BASED PARTNERS TO GENERATE IMPROVED HEALTH FOR ALL KIDS IN A TARGETED

REGION, DESPITE NEVER BEING PATIENTS OR HAVING LIMITED INTERACTIONS WITH

THAT HOSPITAL. THE NETWORK SUPPORTS IMPROVEMENTS IN THE DELIVERY OF

TRADITIONAL HEALTHCARE SERVICES, LIKE THE NUMBER OF IMMUNIZATIONS,

WELL-CHILD VISITS, ORAL HEALTH SCREENINGS AND BEHAVIORAL HEALTH

INTERVENTIONS. AND THE NETWORK MUST ALSO SUPPORT IMPROVEMENTS IN SOCIAL

CONDITIONS IMPACTING HEALTH SUCH AS INCREASED ATTENDANCE AT SCHOOL,

INCREASED ACCESS TO NUTRITIONAL FOOD AND SUSTAINED ACCESS TO STABLE

HOUSING. GUIDED BY THE GROWING EVIDENCE IN SOCIAL DETERMINANTS OF HEALTH

(SDOH) RESEARCH, AS WELL AS DATA CHCO COLLECTED THROUGH ITS PSYCHOSOCIAL

SCREENER, IN 2019 CHCO LAUNCHED A NUMBER OF INITIATIVES ANCHORED BY A

HOLISTIC MODEL THAT INTEGRATES CLINICAL CARE WITH RESOURCES THAT ADDRESS

SOCIAL DETERMINANTS OF HEALTH. EXAMPLES OF RESPONDING TO THE NEEDS OF THE

**Part VI** **Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COMMUNITY:

IN OCTOBER 2019, CHCO LAUNCHED RESOURCE CONNECT (WITH HEALTHY ROOTS FOOD CLINIC), OUR VERSION OF A COMMUNITY HEALTH RESOURCE CENTER HOUSED WITHIN OUR NEW COMPREHENSIVE SERVICES BUILDING, THE CHILD HEALTH PAVILION.

RESOURCE CONNECT PROVIDES FAMILIES WITH COMMUNITY-BASED SERVICES TO MEET NON-MEDICAL HEALTH NEEDS SUCH AS HOUSING, BENEFITS, AND FOOD. THE SERVICES ACCESSIBLE THROUGH RESOURCE CONNECT ADDRESS PRIORITY HEALTH NEEDS AND HEALTH DISPARITIES IDENTIFIED IN OUR COMMUNITY HEALTH NEEDS ASSESSMENT, AS WELL AS BY DATA FROM CHCO'S VALIDATED PSYCHOSOCIAL SCREENER ADMINISTERED IN SEVERAL OF OUR PRIMARY CARE CLINICS. WITH THE LAUNCH OF RESOURCE CONNECT AND RELATED WRAPAROUND SERVICES INCLUDING OUR COMMUNITY HEALTH NAVIGATOR PROGRAM AND HEALTHY ROOTS FOOD CLINIC, WE AIM TO DEVELOP AN ARRAY OF INTEGRATED SERVICES THAT INCREASE THE UTILIZATION OF COMMUNITY RESOURCES AND ENROLLMENT IN PIVOTAL PROGRAMS SUCH AS MEDICAID, THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), AND THE COLORADO LOW-INCOME ENERGY ASSISTANCE PROGRAM (LEAP). IN ADDITION, WE ARE

**Part VI** **Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ABLE TO PROVIDE HELPFUL INFORMATION TO PRIMARY CARE PROVIDERS ABOUT THE NONMEDICAL NEEDS OF FAMILIES SO THEY CAN PROVIDE MORE COMPREHENSIVE AND COMPASSIONATE CARE-ULTIMATELY DEVELOPING A PARTNERSHIP MODEL WITHIN HEALTH CARE THAT IMPROVES HEALTH OUTCOMES AT THE INDIVIDUAL AND POPULATION LEVEL WHILE SAVING THE SYSTEM DOLLARS. OUR ENDEAVORS AND LEARNINGS WILL FURTHER BUILD THE EVIDENCE BASE ON HOW TO IMPACT HEALTH OUTCOMES BY ADDRESSING SOCIAL DETERMINANTS OF HEALTH AND INFORM HOW WE ESTABLISH EFFECTIVE HEALTH SYSTEM-COMMUNITY BASED ORGANIZATION COLLABORATIONS WHILE WORKING TOWARD LONG-TERM SUSTAINABILITY.

FROM OCTOBER - DECEMBER 2019, 258 FAMILIES RECEIVED RESOURCE SUPPORT THROUGH RESOURCE CONNECT. THE CHILDREN'S HOSPITAL COLORADO FOOD SECURITY COUNCIL (FSC) WAS FORMED IN RESPONSE TO THE NEED FOR CHILDREN'S HOSPITAL TO HAVE A COORDINATED AND EFFECTIVE STRATEGY TO ADDRESS FOOD INSECURITY FOR FAMILIES WHO SEEK CARE HERE AS WELL AS IN THE COMMUNITY. THE MEDICAL LITERATURE TELLS US THAT CHILDHOOD FOOD INSECURITY CAN LEAD TO POOR HEALTH STATUS; INCREASED HOSPITALIZATIONS, DEVELOPMENTAL DELAY, DETRIMENTAL BEHAVIORAL HEALTH EFFECTS AND POOR EDUCATIONAL OUTCOMES.

**Part VI** **Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THEREFORE, THE MISSION OF THE FSC IS TO INCREASE ACCESS TO TIMELY, QUALITY, AND AFFORDABLE FOOD FOR KIDS AND THEIR FAMILIES WHO ARE FOOD INSECURE, THROUGH HOSPITAL-BASED PROGRAMMING, EXTERNAL PARTNERSHIPS, AND ADVOCACY.

THE HEALTHY ROOTS FOOD CLINIC (HRFC) OPENED IN OCTOBER 2019 AND IS BASED ON THE PRINCIPLE OF FOOD AS MEDICINE AND THE BELIEF THAT HUNGER IS A HEALTH ISSUE. TO PROMOTE AND SUPPORT THE HEALTH OF PATIENTS AND THEIR FAMILIES, THE HRFC PROVIDES NUTRITIOUS FOOD (FRESH AND SHELF STABLE), GUIDANCE ON COMMUNITY RESOURCES AND BASIC NUTRITION AND SAFE FOOD EDUCATION SUPPORT TO THE CHILDREN'S COLORADO HEALTH PAVILION PATIENTS AND THEIR FAMILIES. PATIENTS AND THEIR FAMILIES ARE GIVEN ACCESS TO THE HRFC ONCE PER MONTH FOR UP TO SIX MONTHS IN A YEAR AND RECEIVE 4-5 DAYS' WORTH OF FOOD FOR THE ENTIRE HOUSEHOLD. THIS INITIATIVE IS SUPPORTED THROUGH PARTNERSHIPS WITH FOOD BANK OF THE ROCKIES AND KING SOOPERS. BETWEEN OCTOBER 2019 AND DECEMBER 2019, THE HEALTHY ROOTS FOOD CLINIC DISTRIBUTED 5,181 POUNDS OF NUTRITIOUS FOOD TO PATIENTS AND THEIR FAMILIES REPRESENTING 485 INDIVIDUALS FROM 115 HOUSEHOLDS. HEALTH PROFESSION

**Part VI Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

EDUCATION. AS PART OF OUR MISSION TO IMPROVE THE HEALTH OF CHILDREN, CHILDREN'S HOSPITAL COLORADO OFFERS A BROAD SPECTRUM OF TRAINING, EDUCATION AND CERTIFICATION PROGRAMS AIMED AT DEVELOPING, STRENGTHENING AND SUSTAINING KNOWLEDGE AND EXPERTISE IN THE PEDIATRIC MEDICAL FIELD. WE OFFER A WIDE VARIETY OF ADVANCED TRAINING AND LEARNING OPPORTUNITIES FOR FUTURE HEALTHCARE PROFESSIONALS AND TODAY'S CLINICIANS. THE PROFESSIONAL DEVELOPMENT DEPARTMENT FACILITATES BSN AND GRADUATE EDUCATION FOR NURSING STUDENTS AND WORKS COLLABORATIVELY WITH SCHOOLS OF NURSING TO MEET THEIR ACADEMIC MISSIONS.

CHILDREN'S COLORADO'S ADVANCED PRACTICE NURSES (APNS) ACT AS CONTENT EXPERTS IN PROVIDING CLASSROOM/SIMULATED INSTRUCTION FOR PEDIATRIC COURSES. STUDENTS ARE SUPERVISED BY CHILDREN'S HOSPITAL COLORADO CLINICAL SCHOLARS AND ASSISTED AT THE BEDSIDE BY EXPERIENCED STAFF NURSES. THE GROWTH OF THIS PROGRAM EACH YEAR, AS WELL AS THE 10 IN-STATE AND 7 OUT-OF-STATE SCHOOL PARTNERSHIPS, REFLECT CHILDREN'S COLORADO'S STRONG COMMITMENT TO TRAINING THE NEXT GENERATION OF PEDIATRIC NURSES. IN ADDITION, SIXTEEN PROFESSIONAL CONFERENCES CURRENTLY PROVIDE NURSING

**Part VI Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CONTINUING PROFESSIONAL DEVELOPMENT AND ARE OFFERED TO EXTERNAL/COMMUNITY NURSES AND OTHER LICENSED PROFESSIONALS. ADDITIONALLY, MORE THAN 10 EDUCATIONAL SERIES PROVIDING NCPD WERE OFFERED IN 2019. THESE EDUCATIONAL ACTIVITIES WERE GEARED TOWARD COMMUNITY NURSES AND HEALTHCARE PROFESSIONALS IN SCHOOLS, RURAL HOSPITALS PROVIDING PEDIATRIC CARE RESEARCH. LEADERSHIP AT THE HOSPITAL BELIEVES THAT ADVANCES IN RESEARCH LEAD TO IMPROVED OUTCOMES FOR ALL CHILDREN, THROUGH BOTH TREATMENT AND PREVENTION EFFORTS IN AND OUTSIDE OF HOSPITAL SETTINGS.

RESEARCH IN CHILDHOOD DISEASES FORMALLY BEGAN IN 1978 AT CHILDREN'S HOSPITAL COLORADO. TODAY, CHILDREN'S HOSPITAL COLORADO IS NATIONALLY RECOGNIZED FOR ITS EXCELLENCE IN RESEARCH IN THE DISEASES OF THE NEWBORN, CHILD, AND TEEN. AS A NONPROFIT PEDIATRIC HOSPITAL, CHILDREN'S HOSPITAL COLORADO'S MISSION IS TO IMPROVE THE HEALTH OF CHILDREN THROUGH HIGH-QUALITY PATIENT CARE, RESEARCH, EDUCATION AND ADVOCACY. AND BECAUSE RESEARCH AND INNOVATION ARE KEY TO RE-IMAGINING AND REALIZING THE FUTURE OF CHILD HEALTH, WE STARTED OUR CENTER FOR INNOVATION IN 2016. THE CENTER FOR INNOVATION AT CHILDREN'S COLORADO PROVIDES AN OPPORTUNITY FOR

**Part VI** **Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

INNOVATORS TO COME TOGETHER TO DEVELOP GROUNDBREAKING IDEAS THAT WILL ENRICH AND SAVE LIVES THROUGH BETTER TECHNOLOGY AND HEALTHCARE.

MEDICAL FACULTY PROFILE: CHILDREN'S HOSPITAL COLORADO HAS AN OPEN MEDICAL STAFF, MEANING COMMUNITY PRACTITIONERS CAN HOLD PRIVILEGES AT THE HOSPITAL. THERE ARE 2,341 MEDICAL STAFF AND 280 RESIDENTS AND FELLOWS, INCLUDING ADVANCED PRACTICE NURSES, MORE THAN HALF OF WHOM ARE COMMUNITY-BASED. THOUGH THERE ARE THOUSANDS OF REFERRING PROVIDERS ALONG THE FRONT RANGE OF THE ROCKY MOUNTAINS AND THE PRAIRIES, CHILDREN'S COLORADO'S COMMUNITY STAFF MEMBERS ARE ITS FRONT-LINE PARTNERS IN ADVANCING A CONTINUUM OF CARE FOR YOUNG PATIENTS. ITS COMMUNITY CLINICAL STAFF MEMBERS PROVIDE TRAINING OPPORTUNITIES IN PRIMARY CARE FOR MEDICAL STUDENTS AND RESIDENTS.

CHILDREN'S HOSPITAL COLORADO IS AFFILIATED WITH FAMILY MEDICINE RESIDENCY PROGRAMS IN COLORADO AND WYOMING, WHICH PROVIDES A SIGNIFICANT BENEFIT TO THE REGION WITH A LARGE RURAL POPULATION AND A SHORTAGE OF RURAL PHYSICIANS. CHILDREN'S HOSPITAL COLORADO ALSO ENSURES THAT THE PRIMARY

**Part VI Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CARE PERSPECTIVE IS ADDRESSED IN DISCUSSIONS ABOUT HOW TO BEST PROVIDE THE BROADEST SPECTRUM OF CARE TO THE REGION'S CHILDREN.

ADDITIONALLY, BOTH HOSPITAL AND COMMUNITY MEDICAL STAFF SERVE ON VARIOUS BOARDS AND COMMITTEES, SUCH AS THE COLORADO CHAPTER OF THE AAP, MDA NATIONAL CLINICAL ADVISORY COMMITTEE, COLORADO CHILDREN'S IMMUNIZATION COALITION, THE STATE TRAUMA BOARD, VARIOUS HEALTH ADVISORY BOARDS AND NUMEROUS SCHOOL HEALTH PROGRAMS. MANY ALSO PARTICIPATE IN INTERNATIONAL MEDICAL MISSIONS TO IMPROVE THE HEALTH OF CHILDREN WORLDWIDE. LEADERSHIP IN THE COMMUNITY: CHILDREN'S HOSPITAL COLORADO HAS IDENTIFIED "COMMUNITY" AS A STRATEGIC THEME IN ITS OVERALL STRATEGIC PLAN TO ELEVATE THE IMPORTANCE OF IDENTIFYING AND RESPONDING TO THE HEALTH NEEDS OF THE BROADER COMMUNITY.

CHILDREN'S HOSPITAL COLORADO USES ITS INFLUENCE IN THE COMMUNITY TO SERVE AS A CONVENER ON KEY CHILD HEALTH ISSUES IN RESPONSE TO THE PRIORITY COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2018 CHNA, AS WELL AS OTHER KEY CHILD ISSUES. THE HOSPITAL'S DEDICATED TEAM MEMBERS DO NOT LIMIT THEIR

**Part VI Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CARE TO ONLY HOSPITALIZED PATIENTS. TEAM MEMBERS CONTRIBUTE THOUSANDS OF HOURS OF STAFF TIME OR AS VOLUNTEERS TO ACTIVITIES SUCH AS: EDUCATING COMMUNITY GROUPS ABOUT FIRST AID, NUTRITION, INJURY PREVENTION, EATING DISORDERS, MENTAL HEALTH ISSUES AND OTHER IMPORTANT TOPICS; PARTICIPATING IN COMMUNITY COMMITTEES, NONPROFIT BOARDS, HEALTH COALITIONS AND OTHER SIMILAR ORGANIZATIONS; AND ATTENDING HEALTH FAIRS, COMMUNITY CLINICS, HANDICAPPED SPORTS PROGRAMS AND CAMPS FOR CHILDREN WITH SPECIAL NEEDS. COLORADO MANAGED CARE COLLABORATIVE BOARD, COLORADO PEDIATRIC COLLABORATIVE BOARD, HEALTHY CHILD CARE COLORADO BOARD, AURORA HEALTH CARE ACCESS TASK FORCE, MARCH OF DIMES AND THE COLORADO ASSOCIATION OF SCHOOL NURSES ARE JUST A FEW OF THE MANY ORGANIZATIONS WHERE STAFF MEMBERS DEDICATE THEIR TIME AND EXPERTISE.

SCHEDULE H, PART VI, LINE 3

CHILDREN'S HOSPITAL COLORADO HAS A PROCESS FOR INFORMING AND EDUCATING FAMILIES ABOUT HOW THEY MAY BE BILLED FOR PATIENT CARE AND THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE. CHILDREN'S HOSPITAL COLORADO'S FULL TIME PATIENT FINANCIAL COUNSELORS ARE DEDICATED TO WORKING WITH FAMILIES

**Part VI Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

TO PROVIDE GUIDANCE REGARDING AVAILABLE FINANCIAL ASSISTANCE WHICH ENSURES THAT ITS PATIENT POPULATION RECEIVES THE CRITICAL CARE IT NEEDS. ADDITIONALLY, CHILDREN'S HOSPITAL COLORADO PROVIDES PATIENT ASSISTANCE TO HELP IDENTIFY COMMUNITY-BASED RESOURCES, FACILITATE SERVICES AND PROVIDE APPROPRIATE REFERRAL ASSISTANCE TO HELP WITH CONTINUITY OF CARE.

INPATIENT PROCESS: THIS PROCESS APPLIES TO PATIENTS WHO ARE BEING ADMITTED FOR OBSERVATION, SURGERY OR OTHER INPATIENT SERVICES. IF THE PATIENT IS PRE-SCHEDULED, CHILDREN'S HOSPITAL COLORADO PATIENT ACCESS WORKS TO CONTACT THE FAMILY PRIOR TO ADMISSION TO ARRANGE FOR A FINANCIAL SCREENING APPOINTMENT. REGARDLESS OF WHETHER AN APPOINTMENT IS SET PRIOR TO ADMISSION, THE PATIENT FINANCIAL COUNSELING TEAM WORKS WITH THE FAMILY TO DETERMINE THEIR SELF-PAY STATUS (EITHER NON-COMMERCIAL OR GOVERNMENT INSURANCE) AND SUBSEQUENTLY WORKS WITH THEM TO SCREEN FOR FINANCIAL ASSISTANCE OPTIONS.

OUTPATIENT PROCESS: WHEN A PATIENT SCHEDULES A NON-EMERGENT OR URGENT OUTPATIENT CLINIC VISIT, THEY WILL IDENTIFY THEMSELVES AS SELF-PAY IF

**Part VI Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THEY DO NOT HAVE EITHER COMMERCIAL OR GOVERNMENT INSURANCE. AT THIS POINT, THEY ARE GIVEN TWO OPTIONS: (1) PAY A $200 DEPOSIT AT THE TIME OF APPOINTMENT AND BE BILLED ANY REMAINING BALANCE OR (2) SCHEDULE TIME WITH PATIENT FINANCIAL COUNSELING FOR ASSISTANCE. IF THE PATIENT WAS SEEN IN THE EMERGENCY DEPARTMENT OR URGENT CARE WITHOUT THE PRE-SCREEN, THEY STILL CAN APPLY FOR FINANCIAL ASSISTANCE WITH THE PATIENT FINANCIAL COUNSELING OFFICE. ALL SELF-PAY FAMILIES ARE AUTOMATICALLY GIVEN A 35 PERCENT DISCOUNT.

CHILDREN'S HOSPITAL COLORADO HAS A FORMAL POLICY REGARDING ELIGIBILITY CRITERIA FOR CHARITY CARE. THE DECISION TO PROVIDE CHARITY CARE WILL BE, IN ALL CASES, BASED ON A REVIEW OF THE INCOME, ASSETS AND LIABILITIES OF THE FAMILY AT THE TIME OF ADMISSION TO THE HOSPITAL OR CLINIC. THE LEVELS OF CHARITY CARE AND FINANCIAL ASSISTANCE PROVIDED BY CHILDREN'S HOSPITAL COLORADO WILL BE DETERMINED BASED ON FEDERAL POVERTY GUIDELINES WHICH MAY BE ADJUSTED UP TO 200 PERCENT AND REVISED FROM TIME TO TIME. FAMILIES WITH ADJUSTED GROSS INCOME BETWEEN 200 PERCENT AND 400 PERCENT OF FEDERAL POVERTY GUIDELINES MAY ALSO BE CONSIDERED FOR CHARITY CARE WITH A CAP FOR

**Part VI Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

OUT-OF-POCKET RESPONSIBILITY. DETERMINATION OF ELIGIBILITY WILL BE EFFECTIVE FOR SIX MONTHS AND APPLY TO ALL PATIENTS REGARDLESS OF IMMIGRATION STATUS. CHILDREN'S COLORADO WORKS TO PROVIDE NECESSARY HOSPITAL-RELATED SERVICES CONSISTENT WITH ITS MISSION, ITS STATUS AS A NONPROFIT HOSPITAL AND ITS STEWARDSHIP RESPONSIBILITY TO ITS DONORS.

CHILDREN'S HOSPITAL COLORADO'S FINANCIAL ASSISTANCE PUBLIC POLICY AND PLAIN LANGUAGE SUMMARY ARE LISTED ON THE ORGANIZATION'S HOMEPAGE WWW.CHILDRENSCOLORADO.ORG.

SCHEDULE H, PART VI, LINE 4

CHILDREN'S COLORADO PROVIDES COMPREHENSIVE MEDICAL CARE FOR KIDS FROM BIRTH THROUGH ADOLESCENCE. IN 2019, OUR COMPRHENSIVE HEALTH CARE SYSTEM PROVIDED CARE TO 242,807 CHILDREN. CHILDREN'S COLORADO SERVES A SEVEN-STATE REGION; HOWEVER, MOST OF OUR PATIENTS COME FROM COLORADO AND SPECIFICALLY THE DENVER METRO AREA. ADDITIONALLY, CHILDREN'S HOSPITAL COLORADO IS THE ONLY LEVEL 1 PEDIATRIC TRAUMA CENTER IN OUR SEVEN-STATE REGION.

**Part VI Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

DEMOGRAPHICALLY, CHILDREN SERVED COME FROM DIVERSE CULTURAL AND ETHNIC BACKGROUNDS. NORTHWEST AURORA, SURROUNDING THE MAIN CAMPUS IS ONE OF THE MOST DIVERSE AREAS IN THE STATE. MORE THAN HALF OF AURORA'S 350,000 RESIDENTS BELONG TO A MINORITY POPULATION, AND OVER 100 LANGUAGES ARE SPOKEN IN AURORA PUBLIC SCHOOLS. ALONG WITH ITS DIVERSITY, AURORA FACES CHALLENGES WITH HEALTH DISPARITIES, LOWER INCOME AND EMPLOYMENT LEVELS AND OTHER SOCIAL DETERMINANTS OF HEALTH AND ECONOMIC WELL-BEING AS COMPARED TO OTHER PARTS OF AURORA, THE METRO DENVER AREA AND THE STATE OF COLORADO. IN RESPONSE TO OUR DIVERSE POPULATION, CHILDREN'S COLORADO TRANSLATES MEDICAL CARE AND EDUCATION INSTRUCTIONS INTO 65 + LANGUAGES, INCLUDING SIGN LANGUAGE, TO DELIVER CULTURALLY SENSITIVE, HIGH-QUALITY PEDIATRIC HEALTH CARE. MOST PATIENTS SPEAK ENGLISH, FOLLOWED BY A SIGNIFICANT NUMBER OF FAMILIES WHO SPEAK SPANISH, ARABIC, BURMESE, VIETNAMESE, SOMALIAN, RUSSIAN AND KOREAN. THE PAYER MIX OF THE POPULATION SERVED IS 45.1% MEDICIAID, 47.4% MANAGED CARE/COMMERCIAL, 5.5% OTHER GOVERNMENT AND 2.0% SELF-PAY AND INDIGENT CARE.

**Part VI** **Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART VI, LINE 5

IN 2019, CHILDREN'S HOSPITAL COLORADO PROVIDED $16,863,357 IN COMMUNITY HEALTH IMPROVEMENT AND COMMUNITY BENEFIT OPERATIONS. CHCO IS COMMITTED TO IMPROVING THE HEALTH OF CHILDREN THROUGH THE PROVISION OF HIGH-QUALITY, COORDINATED PROGRAMS OF PATIENT CARE, EDUCATION, RESEARCH AND ADVOCACY. CHILDREN'S HOSPITAL COLORADO WORKS TO DELIVER ON THIS MISSION NOT ONLY IN THE DENVER METRO AREA AND IN THE STATE OF COLORADO, BUT ALSO THROUGHOUT THE ROCKY MOUNTAIN REGION. THERE ARE EXTENSIVE EFFORTS LED BY CHILDREN'S HOSPITAL COLORADO THAT POSITIVELY IMPACT THE HEALTH AND SAFETY OF CHILDREN IN THE COMMUNITY.

THE PROGRAMS INITIATIVES DESCRIBED IN THIS SECTION DEMONSTRATE THE BROAD RANGE OF ACTIVITIES IN WHICH CHCO HAS INVESTED TO IMPACT THE HEALTH PRIORITIES IDENTIFIED IN OUR COMMUNITY HEALTH NEEDS ASSESSMENT. THESE PROGRAMS EXEMPLIFY THE TYPE OF WORK THAT CHCO LEADS, SUPPORTS OR PARTNERS WITH OTHERS TO ACHIEVE IMPROVED OUTCOMES FOR CHILDREN AND FAMILIES IN COLORADO. ALL OF THE PROGRAMS, FOR EXAMPLE, ARE EVIDENCE-BASED AND DESIGNED TO ENGAGE AND BE INFORMED BY COMMUNITY MEMBERS AND PARTNER

**Part VI** **Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ORGANIZATIONS. DUE TO THE NUMBER OF PROGRAMS AND INITIATIVES THAT ARE PART OF LARGER COMMUNITY EFFORTS, THE OUTLINED PROGRAMS DO NOT CONSTITUTE AN EXHAUSTIVE LIST OF ACTIVITIES IN WHICH CHCO HAS INVESTED TO ADDRESS HEALTH PRIORITIES.

HIGHLIGHTS OF THIS WORK IN 2019 INCLUDE:

IDENTIFIED HEALTH PRIORITY: ASTHMA AND RESPIRATORY CARE. ASTHMA IS THE MOST COMMON CHRONIC DISEASE IN CHILDREN, AFFECTING 7.5% OF ALL CHILDREN IN THE UNITED STATES. SEVERE CHILDHOOD ASTHMA IS ALSO A SIGNIFICANT ECONOMIC BURDEN ON OUR HEALTHCARE SYSTEM, ACCOUNTING FOR UP TO 50% OF THE ESTIMATED $10 BILLION ANNUAL TOTAL COSTS FOR CHILDHOOD ASTHMA. INEQUITIES ARE SEEN IN ASTHMA PREVALENCE, TREATMENT, AND OUTCOMES; IT IS MORE COMMON IN BLACK CHILDREN AND IN CHILDREN WHO LIVE BELOW 250% OF THE POVERTY LINE. BLACK AND LATINO CHILDREN ARE LESS LIKELY TO RECEIVE PREVENTIVE CARE AND MORE LIKELY TO VISIT THE ED AND BE HOSPITALIZED THAN WHITE CHILDREN.

**Part VI** **Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

STUDIES INDICATE THAT THE DISPARITIES IN ASTHMA MORBIDITY AND MORTALITY AMONG MINORITY POPULATIONS AND UNDER-RESOURCED COMMUNITIES ARE LARGELY DUE TO VARIATIONS IN SOCIAL DETERMINANTS OF HEALTH; THUS, ADDRESSING THESE FACTORS MAY BE PIVOTAL IN IMPROVING CLINICAL OUTCOMES IN ASTHMA. ASTHMA HOME VISITS HAVE BEEN SHOWN TO BE AN EFFECTIVE MECHANISM TO DELIVER TAILORED, CULTURALLY APPROPRIATE ASTHMA EDUCATION WHILE ALSO ADDRESSING BARRIERS TO ASTHMA CARE. JUST KEEP BREATHING IS AN ASTHMA HOME VISIT PROGRAM BASED AT CHCO IN WHICH HEALTH NAVIGATORS PROVIDE HOME-BASED ASTHMA MANAGEMENT EDUCATION AND SUPPORT TAILORED TO EACH ENROLLED PATIENT AND THEIR FAMILY.

NAVIGATORS HELP INCREASE PATIENT AND FAMILY ENGAGEMENT IN ASTHMA CARE AND ADDRESS PATIENT-IDENTIFIED BARRIERS TO CARE BY FOCUSING ON SIX PRIMARY TASKS WITH FAMILIES: CONNECTION TO CARE; FACILITATION OF COMMUNICATION BETWEEN PRIMARY CARE PROVIDERS, SPECIALISTS, AND SCHOOLS; BARRIER IDENTIFICATION AND RESOURCE PROVISION; ASTHMA EDUCATION; HOME ENVIRONMENTAL ASSESSMENT AND REMEDIATION; AND MEDICATION ADHERENCE. SUPPORT PROVIDED TO EACH FAMILY VARIES BASED ON BARRIERS IDENTIFIED BUT

**Part VI Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COMMONLY INCLUDES MEDICATION DEVICE TECHNIQUE TEACHING, HELP WITH APPLICATIONS FOR BENEFITS (E.G., MEDICAID AND WIC PAPERWORK), AND REMEDIATION SUPPLIES SUCH AS HEPA-FILTER VACUUMS, SAFE CLEANING SUPPLIES, AND PEST EXTERMINATION SERVICES.

IDENTIFIED HEALTH PRIORITY: PREMATURITY. COLORADO FACES ONE OF THE HIGHEST PRETERM BIRTH RATES OF ANY STATE IN THE NATION. CHCO HAS INVESTED IN IMPROVING BOTH PROVIDER AND COMMUNITY AWARENESS OF THE FACTORS THAT PUT A MOTHER AT RISK OF PRETERM DELIVERY WILL HELP TO DECREASE PREMATURITY IN OUR STATE. THIS INCLUDES CONFRONTING BIAS AND THE SYSTEMIC RACISM THAT ARE DRIVING FACTORS IN THIS PERVASIVE HEALTH DISPARITY. SPECIFICALLY, IN COLORADO, PREMATURITY AND INFANT MORTALITY RATES FOR NON-HISPANIC BLACK BABIES ARE ALMOST THREE TIMES HIGHER THAN RATES FOR NON-HISPANIC WHITE BABIES. THE BLACK HEALTH INITIATIVE SEEKS TO ADDRESS THE SOCIAL ISOLATION AND TOXIC STRESS STEMMING FROM INSTITUTIONAL RACISM, AND THE INCIDENCES OF PRE-TERM BIRTH AND INFANT MORTALITY RATES AMONG US-BORN BLACK MOTHERS AND THEIR FAMILIES THROUGH FOUR STRATEGIC FOCUS AREAS: SOCIAL CONNECTEDNESS; AWARENESS AND EDUCATION; POLICY AND SYSTEMS

**Part VI Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CHANGE; AND PATIENT-PROVIDER RELATIONSHIPS.

TO INFORM THE WORK OF THE BLACK HEALTH INITIATIVE, 68 AFRICAN AMERICAN WOMEN WITHIN THE DESIGNATED TARGETED AREA HAD OPPORTUNITY TO PARTICIPATE IN DINNER TALK/FOCUS GROUPS, 10% OF WHOM HAD EXPERIENCED A PRETERM BIRTH OR INFANT DEATH WITHIN THE DEFINED 2-YEAR PERIOD OF MORTALITY. LEARNING OF THE DISCREPANCIES IN INFANT MORTALITY AND PRE-TERM BIRTHS AFFECTING THE STABILITY OF THEIR FAMILY AND COMMUNITY, THESE WOMEN COMMITTED TO ASSIST IN FURTHER PROGRAMMING SUITED TO MEET IDENTIFIED PRIORITY HEALTH CARE NEEDS. IT ALSO INTENDED TO PROVIDE A SAFE PLACE FOR AFRICAN AMERICAN WOMEN IN THE COMMUNITY TO TELL THEIR STORIES AND DISCUSS ADDITIONAL ISSUES THAT AFFECTED THE OUTCOMES OF SUCCESSFUL PREGNANCIES AND INFANT SURVIVAL. THROUGH THE COLLABORATIVE EFFORTS OF FAMILY FORWARD RESOURCE CENTER, GUERRILLA MAMAS, LLC, AND THE DAWN CLINIC, WE HAVE BEEN ABLE TO ESTABLISH A WELL-ROUNDED GROUP OF HEALTH CARE PROFESSIONALS AND COMMUNITY ADVOCATES WHO ARE COMMITTED TO FURTHERING THE WORK OF RAISING HEALTHY BABIES AND SAVING OUR CHILDREN. FROM THESE SESSIONS AND A SPECIFIC NAMING COMMITTEE, THE KINDRED MAMAS MENTORSHIP PROGRAM FOR AFRICAN AMERICAN

**Part VI** **Supplemental Information**

Provide the following information.

1. **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
2. **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
3. **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
4. **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
5. **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
6. **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
7. **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

WOMEN, AS PART OF THE BLACK HEALTH INITIATIVE HAS BEEN BORN. WOMEN IN THIS COMMUNITY NOW HAVE A PLACE WHERE THEY CAN CONNECT WITH OTHER WOMEN WHO HAVE WALKED SIMILAR PATHS.

IDENTIFIED HEALTH PRIORITY: NUTRITION, PHYSICAL ACTIVITY AND OBESITY. WHILE COLORADO IS TYPICALLY VIEWED AS A HEALTHY, FIT AND ACTIVE STATE, THE REALITY IS THAT WE FACE SUBSTANTIAL CHALLENGES WITH NUTRITION, PHYSICAL ACTIVITY, AND OBESITY. NEARLY ONE QUARTER OF OUR STATE'S CHILDREN ARE OVERWEIGHT OR OBESE, AND VULNERABLE POPULATIONS HAVE SIGNIFICANTLY HIGHER RATES OF OBESITY. WHILE NUTRITION AND PHYSICAL ACTIVITY ARE DISTINCT ISSUES, THEY ARE ALSO CLOSELY CORRELATED WITH OBESITY AND WE HAVE THEREFORE DECIDED TO THINK OF THEM AS A CONNECTED SET OF CONCERNS. WITH FEWER THAN HALF OF CHILDREN IN THE STATE GETTING THE RECOMMENDED 60 MINUTES OF DAILY PHYSICAL ACTIVITY AND ONLY 1 IN 8 CONSUMING 3 OR MORE SERVINGS OF VEGETABLES A DAY, WE KNOW THAT THERE IS A GREAT DEAL OF WORK TO BE DONE. OUR RECENT ACCOMPLISHMENTS IN THIS AREA INCLUDE IMPLEMENTING PEAK CHAMPIONS, A CAMP PROGRAM FOR LOW-INCOME, UNDERSERVED YOUTH WHO ARE OVERWEIGHT OR OBESE. THE PROGRAM, WHICH RUNS IN

**Part VI Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THE SUMMER TO HELP CHILDREN WHO ARE OVERWEIGHT AND OBESE, INCORPORATES PHYSICAL ACTIVITY AND NUTRITION CURRICULUM TO ENGAGE YOUTH IN CONTINUOUS PHYSICAL ACTIVITY WHILE LEARNING ABOUT GOAL SETTING, TEAMWORK, CULINARY SKILLS AND HEALTHY LIFESTYLES.

IN 2019, CHCO ALSO CREATED TRAIN-THE-TRAINER MATERIALS, MAKING THE PEAK CHAMPIONS CONTENT ACCESSIBLE TO OTHER ORGANIZATIONS (PRIMARILY SCHOOLS) INTERESTED IN IMPLEMENTING THE PROGRAM.

IDENTIFIED HEALTH PRIORITY: INJURY PREVENTION. UNINTENTIONAL INJURY IS THE LEADING CAUSE OF DEATH FOR CHILDREN BETWEEN THE AGES OF 1 AND 24 IN COLORADO. INJURY IS ALSO THE LEADING CAUSE OF HOSPITALIZATION FOR CHILDREN AGES 1 TO 14 IN OUR STATE, WITH FALLS AND MOTOR VEHICLE ACCIDENTS AS THE MOST FREQUENT INCIDENTS. CHILDREN'S HOSPITAL COLORADO HAS A LONG-STANDING COMMITMENT TO WORKING WITH THE COMMUNITY (E.G. CONVENING AND LEADING GROUPS LIKE SAFE KIDS COLORADO) TO PREVENT INJURY AND TO HELP KEEP KIDS SAFE. CHILD PASSENGER SAFETY (CPS) CONTINUES TO BE A HALLMARK OF CHCO'S INJURY PREVENTION WORK, AS WE CONTINUE TO FACILITATE

## Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THE PROVISION AND SAFE INSTALLATION OF CAR SEATS BY CERTIFIED CPS TECHNICIANS.

MOREOVER, WE HAVE COMPLETED THOUSANDS OF CAR SEAT INSPECTIONS AND HAVE TRAINED DOZENS OF COMMUNITY PARTNERS ON CHILD PASSENGER SAFETY AND PARTNERED WITH COMMUNITY GROUPS AND SCHOOLS STATEWIDE TO PROVIDE SAFE DRIVING TRAINING TO TEENS.

IDENTIFIED HEALTH PRIORITY: MENTAL AND BEHAVIORAL HEALTH. MORE THAN 80% OF YOUTH WHO DIE BY SUICIDE HAVE SEEN THEIR PRIMARY CARE PROVIDER WITHIN A YEAR OF THEIR DEATH, MANY WITHIN THE PREVIOUS MONTH. THIS INDICATES A SIGNIFICANT OPPORTUNITY TO BETTER EQUIP PROVIDERS WITH THE KNOWLEDGE AND RESOURCES TO IDENTIFY AND TREAT WARNING SIGNS. PCMH IS COORDINATING WITH NATIONAL, STATE, AND LOCAL THOUGHT LEADERS TO CREATE A SUICIDE PREVENTION STRATEGY THAT INCLUDES THE EVIDENCE BASED ZERO SUICIDE MODEL AND A PEDIATRIC CARE PATHWAY FOCUSED ON UNIVERSAL SUICIDE SCREENING OF ALL PEDIATRIC PATIENTS. AS PART OF THIS WORK, PCMH PARTNERED WITH THE ZERO SUICIDE INSTITUTE TO HOST A FIRST-OF-ITS-KIND ZERO SUICIDE ACADEMY

**Part VI Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

FOCUSED ON YOUTH SUICIDE PREVENTION IN PRIMARY CARE. SCHOOLS ARE INCREASINGLY BEING CALLED UPON TO ADDRESS THE SOCIAL AND EMOTIONAL NEEDS OF STUDENTS, BUT MANY ARE CHALLENGED BY LIMITED RESOURCES AND FUNDING. TO ADDRESS THIS ISSUE, PCMH IS PROVIDING TRAINING AND TECHNICAL ASSISTANCE TO COLORADO HIGH SCHOOLS TO INCREASE THEIR CAPACITY TO EFFECTIVELY IDENTIFY, INTERVENE, AND SUPPORT STUDENTS AT RISK FOR SUICIDE. PCMH IS PARTNERING WITH THE SCHOOL COMMUNITY TO CREATE CUSTOMIZED, SUSTAINABLE, AND FEASIBLE SUICIDE INTERVENTION PROTOCOLS, STRUCTURES, AND STRATEGIES THAT ARE EMBEDDED IN EXISTING SCHOOL PRACTICES.

IDENTIFIED HEALTH PRIORITY: ORAL HEALTH: WHILE ORAL HEALTH REMAINS AN IMPORTANT PUBLIC HEALTH ISSUE AND WAS ONE OF THE CHNA PRIORITY NEEDS IDENTIFIED IN CHCO'S 2015 CHNA, THE RATES OF CHILDREN IN COLORADO WHO ARE VISITING DENTISTS HAS STEADILY IMPROVED. CHCO IS GRATIFIED THAT MORE CHILDREN ARE RECEIVING THE CARE THEY NEED AND REMAINS COMMITTED TO ENSURING THAT CHILDREN'S ORAL HEALTH NEEDS ARE BEING MET. THE GROW AND SMILE PROJECT PROVIDES A UNIQUE OPPORTUNITY FOR ORAL HEALTH PROMOTION AND IMPROVED ACCESS TO ORAL HEALTH SERVICES FOR PREGNANT AND PARENTING YOUTH,

**Part VI Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

AND FOR PRESCHOOL-AGE CHILDREN IN OUR COMMUNITY. WORKING WITH SCHOOL NURSES, DIRECTORS AND PARENT LIAISONS, WE PROVIDED ORAL HEALTH PROMOTION OPPORTUNITIES FOR PARENTS AND STUDENTS OF AURORA PUBLIC SCHOOLS (APS) DURING BACK TO SCHOOL NIGHTS, FAMILY DAYS, AND SCHOOL HEALTH FAIRS. AT THESE EVENTS, WE FREQUENTLY ENGAGED OUR AUDIENCE AROUND TOPICS SUCH AS FIRST DENTAL VISITS, AT-HOME DENTAL CARE, AND HOW TO ACCESS DENTAL CARE WHEN NEEDED. THESE OUTREACH EVENTS WERE ALSO A GOOD OPPORTUNITY TO MEET PARENTS AND PROMOTE OUR PROGRAM. ORAL HEALTH INFORMATION AND EDUCATION FOR PARENTS WERE PROVIDED AT EIGHT PARENT EVENTS IN OUR TARGET PRESCHOOLS DURING 2019, EXCEEDING OUR GOAL AND REACHING MORE THAN 1600 PARENTS THROUGH 35 COMMUNITY OUTREACH EVENTS IN 2019.

IN 2019, OVER 400 AURORA PUBLIC SCHOOL (APS) STUDENTS RECEIVED PREVENTIVE ORAL HEALTH CARE AT SCHOOL SCREENINGS, THE SCHOOL-BASED DENTAL CLINIC AND AT SCREENING EVENTS. OVER 1200 AURORA PUBLIC SCHOOL STUDENTS RECEIVED CLASSROOM-BASED ORAL HEALTH EDUCATION AND WERE GIVEN TOOTHBRUSHES, TOOTHPASTE, FLOSS AND A BRUSHING CHART. THROUGH QUARTERLY APS ELECTRONIC NEWSLETTERS, 40,000 STUDENTS AND THEIR FAMILIES HAVE ACCESS TO ORAL

## Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

HEALTH INFORMATION AND DIRECT LINKS TO GROW AND SMILE PAGE. CHCO INCREASED ACCESS TO DENTAL CARE FOR YOUNG CHILDREN (0-3 YEARS OLD) BY EXPANDING TRAINING FOR MEDICAL PROVIDERS IN OUR CHILD HEALTH CLINIC TO DELIVER PREVENTIVE ORAL HEALTH SERVICES DURING WELL-CHILD CHECKS. MORE THAN 50 MEDICAL PROVIDERS AND SUPPORT STAFF IN OUR CLINIC HAVE BEEN TRAINED OR RETRAINED IN INFANT ORAL HEALTH. FOLLOWING THIS TRAINING, THERE WERE 246 CAVITY FREE AT 3 VISITS COMPLETED IN 2019.

ADDRESSING SOCIAL DETERMINANTS OF HEALTH. SINCE ITS INCEPTION IN 2010, CHCO'S CHILD HEALTH ADVOCACY INSTITUTE (CHAI) HAS DESIGNED, BUILT, TESTED AND REFINED A VARIETY OF CLINICAL-COMMUNITY COLLABORATIONS AIMED AT IMPROVING HEALTH OUTCOMES AT THE INDIVIDUAL AND POPULATION LEVEL. GUIDED BY THE GROWING EVIDENCE IN SOCIAL DETERMINANTS OF HEALTH (SDOH) RESEARCH, AS WELL AS DATA CHCO COLLECTED THROUGH ITS PSYCHO-SOCIAL SCREENER, CHCO LAUNCHED A NUMBER OF INITIATIVES ANCHORED BY A HOLISTIC MODEL THAT INTEGRATES CLINICAL CARE WITH RESOURCES THAT ADDRESS SOCIAL DETERMINANTS OF HEALTH.

**Part VI Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

IN 2019, BUILDING UPON THE SUCCESS OF COMMUNITY HEALTH NAVIGATORS (CHNS) EMBEDDED IN OUR PRIMARY CARE CHILD HEALTH CLINIC AND AT TWO NEARBY WOMEN, INFANT, CHILDREN (WIC) OFFICES, WITH THE DEBUT OF AN OFFSHOOT INITIATIVE CALLED ENHANCED SCHOOL PROGRAMING TO PROMOTE WELLNESS. THROUGH THIS PROJECT, WE ARE PILOTING THE INTEGRATION OF CHNS DIRECTLY IN AURORA PUBLIC SCHOOLS' (APS) ACTION ZONE, A NETWORK OF FIVE AUTONOMOUS SCHOOLS WITHIN APS. AFTER MONTHS OF BUILDING RELATIONSHIPS AND CONVENING PLANNING MEETINGS, THE PROJECT KICKED OFF WITH THE PLACEMENT OF A CHN AT CRAWFORD ELEMENTARY AND PARIS ELEMENTARY IN AURORA. BY HAVING THE CHNS CO-LOCATED DIRECTLY WITHIN THE SCHOOL AS OPPOSED TO AT THE SCHOOL-BASED HEALTH CENTER, THE CHN ROLE IS HEIGHTENED AND MORE ACCESSIBLE TO THE ENTIRE SCHOOL COMMUNITY, INCLUDING FAMILIES WHO CAN BE CONNECTED, VIA THE CHN, TO RESOURCES THAT HELP ADDRESS SOME OF THEIR CHALLENGES. IN ADDITION TO THE CHN PLACEMENT WITHIN AURORA PUBLIC SCHOOLS, OUR ENTIRE CHN TEAM CONTINUES TO BE A CRITICAL RESOURCE TO UNDER RESOURCED AND VULNERABLE FAMILIES, ESPECIALLY AS THE CHNS OFTEN SHARE MANY OF THE SAME LIVED EXPERIENCES AS OUR FAMILIES. IN 2019 THE CHN TEAM PROVIDED RESOURCE SUPPORT TO 7,494 FAMILIES IN BOTH CLINIC AND COMMUNITY SETTINGS.

**Part VI** **Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

KIDS ARE OUR BOTTOM LINE: DRIVEN BY ITS MISSION AND DREAM OF A WORLD WHERE CHILDREN NO LONGER NEED A HOSPITAL, CHILDREN'S HOSPITAL COLORADO REINVESTS FUNDS TO CONTINUE TO IMPROVE AND EXPAND UPON CURRENT PEDIATRIC PATIENT NEEDS.

SCHEDULE H, PART VI, LINE 7

THERE ARE NO FILING REQUIREMENTS IN THE STATE OF COLORADO. CHCO DOES PROVIDE THE ANNUAL COMMUNITY BENEFIT REPORT TO THE COLORADO HOSPITAL ASSOCIATION AND SELECTIVE GOVERNMENTAL ENTITIES.