Children's Hospital Colorado
Here, it's different.™

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 Annual Report

September 1, 2021

Submitted to: Department of Health Care Policy & Financing

COLORADO
Department of Health Care Policy & Financing

Contents

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: August 4, 2021 and August 5, 2021

Time: 12:00-1:00pm amd 6:00-7:00 pm

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, page XXX

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

Included in summary report, page XXX

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:

$1,163,761,048.00

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

$85,200,839

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 - Anschutz Medical Campus** 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 H. 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

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 kids out of the hospital. Through medical research and advocacy efforts, we are committed to finding ways to keep kids safe and healthy.

Children's Colorado is a not-for-profit pediatric healthcare network. We have more than 3,000 pediatric specialists and more than 5,000 full-time employees helping to carry out our mission. We provide comprehensive pediatric care at our hospital on the Anschutz Medical Campus in Aurora and at several locations throughout the region. Children's is the only Level 1 Pediatric Trauma Center in a 7-state region.

The coverage mix amongst our patient population include 46.5% Medicaid, 45.7% managed/commercial care, 6.2% other government programs, and 1.7% self-pay and indigent. In 2020, the network had more than 1,000 inpatient admissions, 554,650 outpatient visits and 120,000 emergency and urgent care visits.

Community Health Needs Assessment (CHNA) History and Implementation Plan

Conducted triennially, the primary purpose of the Community Health Needs Assessment (CHNA) is to identify how to better fulfill our mission of improving the health of all children in Colorado. Findings reveal opportunities to engage our community to better understand their interests and concerns, and to design programs and partnerships that directly respond to community needs.

The Community Health Implementation Plan based on the needs assessment guides hospital strategies to address the identified concerns and opportunities. We work collaboratively with the public and community partners to identify and implement evidence-based programs.

Current work draws upon previously completed assessments. While our network serves children in a seven-state region, for the purposes of the CHNA we have defined the community as all children living in the four-county area from which most of our patient population is drawn and where we have facilities. For the 2018 assessment, we focused on Denver, Douglas, Adams, and Arapahoe counties. The following community health needs were prioritized: 1. asthma and respiratory health; 2. unintentional injuries; 3. nutrition, physical activity, and obesity; 4. mental health services; and 5. premature births.

The implementation plan (Community Health Action Plan), adopted in 2019, outlines our three-year goals for each of the priority areas and details the strategies we adopted to address these complex issues. As we continue to seek innovative and impactful ways to contribute to the health of our community, our team conducts an annual evaluation of the plan to ensure continued progress. The 2018 CHNA and 2019 Community Health Action Plan can be found in *Appendix A*.

Children's is in the process of conducting the 2021 CHNA. The CHNA is scheduled to be completed and approved by the Board of Directors in October and will be published in November on our website (insert link to website). As required by regulations, paper copies will be available to the community at-large. The Implementation Plan is to be completed no later than March 2022.

Public Meeting

In partnership with Denver Health Hospital Authority (DHHA), Children's Hospital Colorado conducted two Community Benefit Public Meetings on August 4, 2021 (12:00-1:00pm) and August 5, 2021 (6:00-7:00pm). Recognizing that DHHA and CHCO share many of the same community stakeholders and have significant overlap in the communities we serve in the Denver metropolitan area, as well as the strains and demands results from navigating a pandemic, DHHA and CHCO determined that partnering for joint Community Benefit Public Meetings would be beneficial to our respective work, as well as the communities we invited to the meetings.

Beginning in June, email invitations were sent to over ninety-seven Denver Metro non-profit organizations, Public Health agencies, State and Local government, Health Alliances, K-12, Higher Education, Health Care Professionals, and Community Advocates. In addition, meeting announcements were placed in the Denver Post, La Voz (in Spanish), and the Aurora Sentential.

Current COVID-19 restrictions dictated the use of a virtual format. Among the challenges we faced were engaging community partners due to other community engagement obligations and urgent / time-sensitive COVID-19 related work (e.g., vaccination distribution, outreach, and education). COVID-19 also impacted the ability of community members to participate due to competing demands imposed by COVID-19.

Approximately 36 individuals attended the community benefit meeting. The participants represented the following organizations: University of Colorado School of Medicine; University of Colorado Medical Center; Aurora Health Alliance; Colorado Department of Public Health and Environment; Constellation Philanthropy; Mental Health Center of Denver Playworks; Denver Public Library; Denver Indian Health and Family Services; Denver Health and Hospital Association; Denver Health and Hospital Authority; Adelante y Coalicion de Padres de Colorado; State of Colorado; Denver Rescue Mission; Denver Health; Denver Health Hospital; UCHealth; Asian Chamber of Commerce Colorado; and Mile High Health Alliance. In addition, there were community members and advocates unaffiliated with established organizations.

There are limitations with utilizing Zoom for a webinar; for instance, Zoom webinars require participants to register in order to receive the meeting link to join and we discovered many of our participants shared their unique link with colleagues. Additionally, a few participants joined the virtual meeting via phone rather than via computer. This provides us with their phone numbers but not their names or organizational affiliations for the participation report. Due to these limitations, the exact number of unique participants we had join and the names of all the participants is indeterminable. Please see *Appendix B* for a list of invitees, participants, and meeting agenda.

The meeting objectives were for attendees to:

- Learn about Hospital Community Benefit Accountability.
- Learn about each hospital's Community Health Needs Assessment and implementation strategies to meet identified needs.
- Advise on the health and social service needs that continue to be of concern for the community.

Presenters:

- Children's Hospital Colorado: Annie Lee, JD; Julie Beaubian BSW; Ellen Cruze, MPH, Sana Yousuf, MPH
- Denver Health and Hospital Association: Stephanie Phibbs, PhD, MPH
- Community Language Cooperative: Andrea Syko

- Professional Sign Language Interpreting: Sarah Augenstein and Natalie Nissing

To ensure full participation, the group secured the services of the Community Language Cooperative (simultaneous Spanish translation) and Professional Sign Language Interpreting (simultaneous ASL). In addition, the Closed Caption webinar feature was utilized. The full agenda can be found in *Appendix B*. In an effort to ensure broad participation during a virtual meeting, polls were administered throughout the meeting in both English and Spanish. Results can be found in *Appendix B.*

Polling questions

- Based on your experiences and perspective, do the priorities reflect your community's needs?
- Please select the two priorities that reflect the most important needs of children and youth in your community?
- How does COVID impact the priority areas?
- What are the most important reasons for hospitals to screen patients for non-medical social needs?
- Do you prefer hospitals offer joint or separate meetings to engage the community?

Due in part to the relatively short time between the community meeting and this report, the CHCO has not had sufficient time to review the results and make any changes in our community-based work.

CHCO will continue to request and receive feedback through the regular community partner meetings held between CHCO's Child Health Advocacy Institute (CHAI) and community stakeholders and to participate in our community partners' meetings to build and support dialogue around our community benefit work.

Community Benefit Investment: Schedule H 990

In 2019, Children's Hospital community benefit investment totaled $262,138,724 with community building activities totaling $1,590,234. The 2019 Schedule H 990 can be found in *Appendix C*.

As reflected on the Schedule H 990:

Community Benefit, $262,138,724

- Financial assistance ($191,025,500)**:** The Children's Charity Care program provides financial assistance for patients who are uninsured or underinsured and demonstrate financial need. Financial assistance also covers unreimbursed costs for patients enrolled in Medicaid, Child Health Plan Pus (CHP+) and other government programs.
- Community Health Improvement ($16,863,357)**:** Includes activities addressing CHNA priorities, parent education, community health screening, and advocacy for improving child health.
- Health Profession Education ($21,255,223): Includes graduate education for medical residents and fellows, nursing students and continuing professional education for other health professionals such as community pediatricians, community trauma providers.
- Research ($20,433,984): Includes laboratory science and applied research related to providing the best care for children.
- Subsidized Health Services ($11,923,634): Covers unreimbursed costs for operating pediatric specialties that meet community need, such as behavioral health.
- Cash and in-Kind Contributions ($637,026)**:** Includes cash and in-kind donations to community non-profit organizations, donations of meeting space and donations of health and safety educational materials.

Community Building, $1,590,234
Includes environmental improvements, workforce development, coalition building and advocacy for health improvements.

Addressing Community Health

To address the depth and breadth of community health Children's Colorado continues to build on our long and strong record of collaborating with community -based organizations, K-12, 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 advocating for access to health care as well as providing educational sessions for both policymakers and advocates on child health issues of importance.

In 2019, our Government Affairs team coordinated virtual or written testimony from 31 experts on pending legislation at committee hearings, trained 130 new advocates at our 10th Annual Speak Up for Kids Day, and empowered constituents to send almost 200 emails to state lawmakers on pending kids' health legislation. Examples of our statewide advocacy work include:

- **Advocating to advance health equity and reduce health disparities:** The Black Health Initiative was convened at Children's Hospital Colorado in 2019 to promote quality healthcare and mental well-being by increasing positive patient experiences and empowerment for Black mothers, babies and families. We advocated for the passage of Senate Bill 193 and Senate Bill 194, seen as critical policies that will help improve birth equity and reduce health disparities that women and infants of color in Colorado face.

- **Advocating to improve behavioral healthcare services for kids:** This year we worked with partners to build a better system of care for all children, youth, and families. House Bill 1097 helps implement a key recommendation of the Colorado Behavioral Health Task Force to create a Behavioral Health Administration, a new state agency to lead, promote and coordinate Colorado's behavioral health priorities. We also worked to expand access to behavioral health care for children and youth by supporting House Bill 1021 to fund behavioral health services provided by peer support professionals and House Bill 1258, which provides access to three telehealth therapy appointments for all school aged children regardless of insurance coverage.

Addressing Social Determinants of Health

In October 2019, Children's Hospital Colorado opened Resource Connect in the Children's Colorado Health Pavilion. Resource Connect comprehensively addresses social determinants of health (SDoH), including food insecurity, energy assistance, benefit eligibility, nutrition services (provided through the Women Infants Children program), legal services, housing support, and community resource navigation. The services provided through Resource Connect promotes equitable access to the resources that all families, including families of color and families with low incomes disproportionately impacted by systemic injustices and poverty, need to improve their comprehensive picture of health. This is accomplished through robust partnerships between Children's Colorado and community-based organizations. Since October 2019, Resource Connect has provided resource support to 3,144 unique individuals.

Resource Connect, including the Healthy Roots Food Clinic (HRFC), responded to the financial strain families faced by the rapid on-set of the COVID-19 pandemic. HRFC quickly mobilized to offer food distribution in coordination with the Aurora Public Schools (APS) Nutrition Services Department at 8 school sites 4 days per week throughout the height of the pandemic. The HRFC team distributed 313 tons of food to 13,006 families.

As emergency food distribution efforts were underway, the HRFC team worked throughout 2020 to provide technical assistance to APS to open a healthy food pantry at Crawford Elementary School and Aurora Central High School, providing a sustainable model that mirrored the efforts of the HRFC. In addition to the expansion of the HRFC model, plans were made to increase enrollment in the Supplemental Nutrition Assistance Program (SNAP) and execute partner agency agreements with Food Bank of the Rockies. Lastly, a mentorship program was put in place to assist high school students interested in pursuing career options in public health, focused on addressing food insecurity.

Moreover, Community Health Navigation (CHN), a patient-centric evidence-based model focused on addressing the social determinants of health, was expanded and shared beyond Resource Connect. During the 2019-2020 school year, the Children's Colorado team worked with the ACTION Zone[1] at Aurora Public Schools (APS) to implement a navigation program to serve the district's highest need families. A Children Colorado Community Health Navigator was assigned to work at Crawford Elementary to provide resource supports to families while working with the APS ACTION Zone team to train their team members, and adapt the model to a school-based setting.

APS started the 2021-2022 school year with a newly hired Community Health Navigator and five cultural connectors to meet the social needs of the students and families they serve. Children's Colorado will continue to provide technical assistance to APS as they expand this model throughout the APS ACTION Zone schools. By providing CHN support to high-risk families and improving collaboration between the families, care providers, and community, this intervention plays a critical role in achieving improved population outcomes.

As the partnership with APS highlights, Children's Colorado's CHN team play a critical role in addressing social needs for families in both clinical and community settings. Community Health Navigators help families in a myriad of ways, such as: helping to navigate complex (including healthcare, legal and education) systems, obtaining public benefits and services, assisting with immediate food or baby supply needs, transportation to and from medical appointments, and addressing housing challenges ranging from rent or utilities assistance to finding stable housing.

In addition, Children's Hospital Colorado's School Health Program serves in a pivotal role that bridges health care and education. The services provided by our team of 35 school nurses include leadership, community/public health, care coordination and quality improvement. They are highly specialized in the delivery of essential School Nursing and Childcare Health Consultant services.

[1] In 2016, Aurora Public Schools utilized the Colorado Innovation Schools Act to apply for Innovation Status. The status was granted and our Innovation Zone Schools were chosen based on their individual performance metrics and overall structure, as feeders for Aurora Central High School. In that year, the Office of Autonomous Schools was established to support the ACTION Innovation Schools in many functional areas. International Leadership ACTION Zone students are high-achieving international citizens who take action in their communities with support from educators who collaboratively leverage the expertise within each of their schools.

Children with unmet health needs have a difficult time engaging in the educational process. The school nurse supports student success by providing health care through assessment, intervention, and follow-up for all children within the school setting. The school nurse addresses the physical, mental, emotional, and social health needs of students and supports their achievement in the learning process. Children's Colorado's School Health Program serves over 82,700 in our contracted public/private schools and childcare centers in over 370 sites across the Denver metro area.

Addressing Health Behavior and Risk

The community-based asthma programs in the Breathing Institute within Children's Colorado focuses on reducing emergency department visits and inpatient admissions among asthma patients by improving families' ability to appropriately manage their children's asthma at home. Research shows that the incidence of asthma and outcomes for children with asthma are related to the environments in which they live, their social determinants of health, and their ability to make healthy choices. To assist with all of these, Just Keep Breathing and AsthmaCOMP work with families in the home and school settings, respectively.

Both programs screen each participating family for psychosocial needs, connect patients to hospital and community-based resources to address identified needs, and provide significant asthma education. By eliminating barriers to wellness and improving understanding of how to control asthma and the risks of uncontrolled asthma, we help families make safe and healthy choices which, in turn, improve their child's health.

Another endeavor that addresses health behavior and risk is Children's Colorado's Black Health Initiative (BHI), which centers around community voices and experiences to develop a framework for interrelated projects and services to improve African American patient and family experiences and health outcomes. At the forefront of this work, Children's Colorado collaborates directly with Black families and community members to conceptualize and pilot programs to address infant mortality. Simply put, the lived experiences of Black families and community members are integral to this effort, which includes two key components: 1) peer-to-peer support for African American moms and 2) simulated scenario training for providers.

Borne out of the crucial need to have community members' experiences inform how health care providers address issues of healthy equity in health care settings, BHI partnered with the Center for Advancing Professional Excellence (CAPE) within the University of Colorado School of Medicine to develop provider trainings that immerse providers in simulated scenarios developed by community members. These trainings are an effort to shine a light on the challenges that African American women face in clinical settings and bridge the gaps that can result in negative patient experiences and poor patient outcomes. By engaging providers in practice-based simulated visits, providers are immersed in situations that increase their appreciation for the needs of their patients, while building their skills around how to meaningfully address their patients' needs in a culturally responsive manner.

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 47 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. 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[2] (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

[2] 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	$4,548,083	Y	$4,548,083				Health care services provided for free or at reduced costs to low-income patients	Schedule H 990 Children's Hospital Colorado component when adjusted for Children's Hospital Colorado - Colorado Springs Hospital.
Medicaid	$149,839,723	Y	$149,839,723				Government sponsored means-tested health care programs or services	Schedule H 990 Children's Hospital Colorado component when adjusted for Children's Hospital Colorado - Colorado Springs Hospital.

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	*$8,175,129	Y		$3,692,014	$3,028,000	$1,455,116	This work encompasses programs that address the six identified CHNA priorities, including programs that address Social Determinants of Health (SDoH), health equity, access to care, and educational outcomes. Also includes community health education on specific diseases or conditions, health promotion. * Children's Hospital Colorado component when adjusted for Children's Hospital Colorado - Colorado Springs Hospital.	The CHNA Implementation Plan is evaluated annually. Resource Connect and Community Health Navigation data is reviewed monthly to inform program needs. Evaluation data available upon request.

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	*$3,699,137	Y		$3,554,939	$144,198		Includes the following programs: home-based asthma education, family aid, Milk Depot, After Hours Nurse Line, Parent Smart Nurse Line (open to community) *Reflects investments across system	On-going qualitative and quantitative evaluation.
Community based clinic services	$2,573,429	Y		$2,058,743	$514,686		The School Health Program serves in a pivotal role that bridges health care and education. The school nurse addresses the physical, mental, emotional, and social health needs of students and supports their achievement in the learning process. We serve over 82,700 in our contracted public/private schools and childcare centers in over 370 sites across the Denver metro area.	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
Social and Environmental Activities	*$1,272,440	Y		$419,860	$785,527	$67,053	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. Partnerships with Aurora Public Schools to address food insecurity, increased access to health care and school attendance. Partnership with Community Campus Partnership to address increase access to health care and workforce development the Aurora Community. *Reflects investments across 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. *Reflects investment across 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. *Reflects investments across system	Schedule H 990 – Children's Hospital Colorado. 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	$11,923,634	Y				$11,923,634	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. 2019 Subsidized Services: *Rehabilitation, Solid Organ Transplant, Behavioral Health Services, Dermatology.*	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 neonatology. *Reflects investment across 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 *Reflects investments across system	N/A

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								
Community Support	$26,078	Y				$26,078	Cash Contribution to community-organizations focused on community building. Examples - Child Health Association (PA scholarships), Reach Out and Read and Center for Legal Inclusiveness. *Reflects investments across system	
Environmental Improvement	$43,621	Y				$43,621	Landfill Diversion	N/A
Workforce Development	*$1,455,777	Y				$1,455,777	Medical Career Collaboration, Project Search, and Diversity, Health Equity & Inclusion workforce development. *Reflects investments across 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
Part II: Bad Debt and Medicare								
Line 2: Bad Debt	17,654,929							Schedule H 990
Line 3: Medicare	6,576,080							Schedule H 990

Children's Hospital Colorado
Hospital Community Benefit Accountability Report

Appendix A
Community Health Needs Assessment and Implementation Plan

2018

Community Health Needs Assessment

A Joint assessment of Children's Hospital Colorado licensed hospital facilities located at the Anschutz Campus, South Campus and Parker Adventist Campus

Children's Hospital Colorado

Approved by the Board of Directors, December 20, 2018

Letter to the Community

On behalf of Children's Hospital Colorado, I am proud to present our 2018 Community Health Needs Assessment. Our dedicated staff and network of care providers know that every child's wellbeing is deeply connected to the health and wellness of the community. We understand that we can't care for our children if we don't understand and care for our communities. We can't support thriving kids without nurturing thriving communities.

We also know that children have many influences in their lives and that every adult who comes into contact with a child has a unique perspective on what that child needs to thrive. To help us understand how to best serve our community, we've been hard at work this past year collecting public health and demographic data, interviewing public health experts and healthcare providers, conducting focus groups with caregivers and gathering input from hundreds of parents and caregivers through an online survey.

The 2018 Children's Hospital Colorado Community Health Needs Assessment is the culmination of these efforts. Because of this assessment, we now have better insight into the challenges facing children in our community, across Colorado and in our seven-state region.

This health needs assessment will help inform the ways in which our organization supports health and wellness in the home, in communities and in schools. Following the publication of this report, we will develop an implementation plan to address the priority needs that have been identified. The implementation plan will serve as a roadmap for our community partnerships, programs and advocacy work for the next three years.

We sincerely thank the many contributors to this report and look forward to ongoing collaboration with our many community partners.

Together, we will continue working toward our goal of making Colorado the best state to be a kid.

Jena Hausmann

Table of Contents

Overview and Purpose

Overview of Children's Hospital Colorado

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 kids out of the hospital. Through medical research and advocacy efforts, we are committed to finding ways to keep kids safe and healthy.

Children's Colorado is a not-for-profit pediatric healthcare network. We have more than 3,000 pediatric specialists and more than 5,000 full-time employees helping to carry out our mission. We provide comprehensive pediatric care at our hospital on the Anschutz Medical Campus in Aurora and at several locations throughout the region, including our South Campus and the 5 licensed inpatient beds and an emergency department at Parker Adventist Hospital. The main hospital facility, which provides a full spectrum of care, is the only Level 1 Pediatric Trauma Center in a 7-state region. The South Campus facility, located in Douglas County, also provides comprehensive care including emergency, inpatient and diagnostic care. In addition, we have multiple specialty care centers and clinics. Each year, the network has more than 15,000 inpatient admissions and more than 600,000 outpatient visits.

This community health needs assessment is a joint assessment for the Main Campus, South Campus and Parker Adventist locations of Children's Hospital Colorado.

Purpose of the assessment

Children's Colorado welcomes the opportunity to engage with our community to better understand their interests and concerns and to design programs and partnerships that directly respond to community needs. The primary purpose of this assessment is to help better fulfill our mission of improving the health of all Colorado children.

We will use the information gathered from this assessment in two specific ways:

- The results of this analysis will inform the work of the Child Health Advocacy Institute (CHAI). CHAI is a division of Children's Colorado whose mission is to positively impact the health and safety of children by working collaboratively with the public and our community partners. CHAI develops and implements evidence-based programs aimed specifically at addressing community needs.
- This report is also foundational for our population health strategy. One of our key strategic priorities at Children's Colorado is to create healthier communities through a population health approach. We invest resources to help keep kids out of our hospital through preventative programs and partnerships. We are concerned not only about access to medical care, but also about supporting health and wellness in the home, in communities, and in schools. This report will help us align our population health activities with the needs and interests of the community.

While this report is focused on identifying and quantifying community health needs, it will be followed by a plan for addressing those needs. The Community Health Action Plan will be completed no later than May, 2019 and will guide the implementation of the hospital's strategies for addressing the identified needs.

In addition, this report fulfills the requirements of the Affordable Care Act of 2010. IRS Section 501(r) requires that nonprofit community hospitals conduct a community health needs assessment every three years. This is a joint report for the Main Campus, South Campus, and a hospital unit of 5 licensed inpatient beds and an emergency department that are covered by our hospital unit license at Parker Adventist Hospital. Regulations for joint assessments are described in Treas. Reg. §§ 1.501(r)-3(b)(6)(v) and 1.501(r)-3(c)(4). 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 this report. The last Children's Colorado CHNA was conducted in 2015.

Methodology

The process that Children's Colorado used to complete this needs assessment is in full compliance with IRS requirements and builds on the process we have used for prior assessments.

Process overview

Review Past CHNA

- Gather external input on the 2015 CHNA
- Assess impact of the Community Health Action Plan implementation

Define Community

- Review hospital data and determine geographic boundaries
- Identify key stakeholders within those boundaries

Gather Data

- Interview key stakeholders
- Conduct focus groups
- Administer parent survey in English and Spanish
- Administer online provider survey
- Collect quantitative data from both internal and external sources
- Review written feedback on prior assessments
- Review other needs assessments

Prioritize

- Set prioritization criteria
- Gather community input on prioritization
- Select priority areas
- Reassess/confirm priorities with the community
- Research opportunities to impact priority issues
- Public comment period
- Prepare report

Review of past community health needs assessment

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 upon 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. In addition, we commissioned Melissa Biel, DPA, RN of Biel Consulting, Inc., who specializes in tax-exempt hospital community benefit work, to conduct a formal review of the 2015 assessment. Key themes that emerged from this analysis included:

- The report effectively combined qualitative and quantitative measures
- Diverse populations were included in the data gathering
- The sample size for the focus groups and surveys was adequate but should ideally be larger
- The process used for selecting priority issues was not clearly articulated

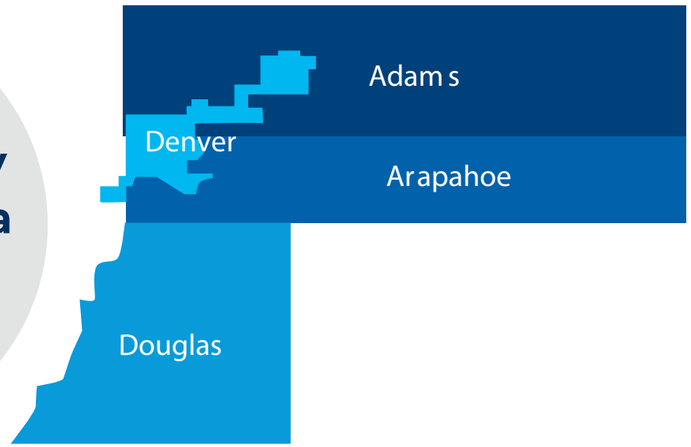
We used this feedback to help design our 2018 process and to inform the writing of this report. In addition, Children's Colorado conducted a thorough review of its Community Health Action Plan that was adopted in 2016. The action plan details the steps that the hospital planned to undertake to address the priority needs identified in the 2015 CHNA. The evaluation of the action plan identifies both successes and challenges that the hospital has had in addressing those needs. The executive summary of that review is provided in Appendix I and the full report can be found at **childrenscolorado.org/globalassets/community/2016-2018-action-plan-evaluation-report.pdf.**

Definition of community

For the purposes of this assessment, Children's Colorado has defined community as all children living in the four-county area from which most of its patient population is drawn and in which we have facilities. Within these four counties, we have three licensed hospital facilities located at the Anschutz Medical Campus, South Campus and Parker Adventist Campus and 6 Networks of Care.

The four counties we have included are Denver, Douglas, Adams and Arapahoe.

For our 4 county region, we had a total of 474,239 visits in 2017



Additional emphasis is given to the neighborhood surrounding the main campus in Aurora, Colorado, where the hospital is uniquely situated to have a significant impact. While the needs of children across Colorado are considered, our data collection and outreach efforts were focused in our target counties.

Per IRS guidelines, Children's Colorado considered three criteria when selecting the geographic areas to be included in this assessment:

- The mission of the organization
- The geographic area served by the hospital facilities
- The physical location of the hospital facilities

The mission of Children's Hospital Colorado is "to improve the health of children through the provision of high-quality, coordinated programs of patient care, education, research and advocacy." This broad commitment to all children accurately reflects the core beliefs of the hospital, but was not useful in narrowing the definition of community.

We next considered our patient population and found that a majority of both inpatient admissions and outpatient visits are from children who live in the four counties that we ultimately decided to include in our definition of community. In 2017, we had more than 15,000 inpatient admissions, more than 624,000 outpatient visits, and more than 150,000 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.

	Total Children's Colorado visits				Visits from four county region			
Service Location	**IP**	**OP**	**ED/UC**	**Total**	**IP**	**OP**	**ED**	**Total**
Main	14,138	351,856	61,023	427,017	7,071	234,729	54,813	296,613
South	408	53,385	18,234	72,027	271	34,738	13,239	48,248
Parker	187	8,719	8,921	17,827	168	7,205	8,206	15,579
Other	434	210,747	64,378	275,559	232	82,809	30,758	113,799
Grand Total	**15,167**	**624,707**	**152,556**	**792,430**	**7,742**	**359,481**	**107,016**	**474,239**
Percentage of Children's Colorado totals					**51%**	**58%**	**70%**	**60%**

For the three licensed facilities that are part of this Community Health Needs Assessment, the concentration of visits from residents of our four-county area is even greater. 69% of all visits at the main campus were from this region, as were 67% of visits at the south campus and 87% of the Parker Adventist visits.

Main Campus

	Inpatient	Outpatient	ED/UC	Total	% of Total
Adams	1,963	61,424	14,867	78,254	18%
Arapahoe	2,612	95,894	23,965	122,471	29%
Denver	1,544	61,185	15,178	77,907	18%
Douglas	952	16,226	803	17,981	4%
All other	7,067	117,127	6,210	130,404	31%
Total	14,138	351,856	61,023	427,017	

Four county total = 69%

South Campus

	Inpatient	Outpatient	ED/UC	Total	% of Total
Adams	2	1,561	105	1,668	2%
Arapahoe	76	11,050	4,254	15,380	21%
Denver	42	4,936	1,906	6,884	10%
Douglas	151	17,191	6,974	24,316	34%
All other	137	18,647	4,995	4,995	33%
Total	408	53,385	18,234	72,027	

Four county total = 67%

Parker Adventist

	Inpatient	Outpatient	ED/UC	Total	% of Total
Adams	3	280	149	432	2%
Arapahoe	98	3,382	4,633	8,113	46%
Denver	3	328	180	511	3%
Douglas	64	3,215	3,244	6,523	37%
All other	19	1,514	715	2,248	13%
Total	187	8,719	8,921	17,827	

Four county total = 87%

The Main Campus of the hospital is located in Arapahoe County at 13123 East 16th Avenue in the City of Aurora. The three zip code region surrounding this facility faces significant economic challenges and has a population that is more diverse than the most other parts of the state. Children's Colorado has a long-standing commitment to serving this community, and extra effort was made to gather input from residents in these zip codes.

Our South Campus is located at 1811 Plaza Drive in Douglas County. Parker Adventist is also in Douglas County at 9395 Crown Crest Blvd. This is a more affluent area in the Denver metro region, and we relied more heavily on our online survey to gather input from this community. We also conducted stakeholder interviews with groups working Douglas County, and held one focus group with local residents.

Identification of key stakeholders

Having established the community that would be included in this assessment, our next step was to identify key stakeholders in that community who could participate in interviews, organize and host focus groups, and help distribute surveys to parents and health care providers.

An initial list of stakeholders was developed by hospital staff and leadership. Additionally, when we conducted stakeholder interviews, we solicited suggestions for additional informants. In total, more than 40 organizations partnered with Children's Colorado to help us access community members and understand their priorities. We are deeply grateful to the many organizations that contributed to our efforts, including:

- ABCD of Colorado
- Adams County WIC
- American Academy of Pediatrics - Colorado Chapter
- Arapahoe County WIC
- Aurora Public Schools
- Aurora Strong Resilience Center
- Aurora Youth Options
- Be Well
- Brighton School District 27J
- Children's Hospital Colorado Adolescent Medicine
- Children's Hospital Colorado School Health Nursing
- Child Care Connections
- City of Aurora
- Clinica Tepeyac
- Colorado Association of School Based Health Centers
- Colorado Children's Healthcare Access Program
- Colorado Department of Public Health and Environment
- Colorado Health Foundation
- Community Campus Partnership
- Denver Health Lowry Clinic
- Denver Public Health
- Developmental Pathways
- Douglas County WIC
- Early Childhood Colorado Partnership
- Early Childhood Partnership of Adams County
- El Grupo Vida
- Elmira Refugee Health Center
- Epwirth Church
- Executives Partnering to Invest in Children
- Familias Saludables
- Family Forward Resource Center
- Family Voices Colorado
- Girl Scouts
- Metro Community Provider Network
- Mile High Early Learning
- Project Worthmore at Mango House
- Providers Resource Clearinghouse
- Rose Community Foundation
- Southeast Community Church
- The Center
- Together Colorado
- Tri-County Health
- University of Colorado Health

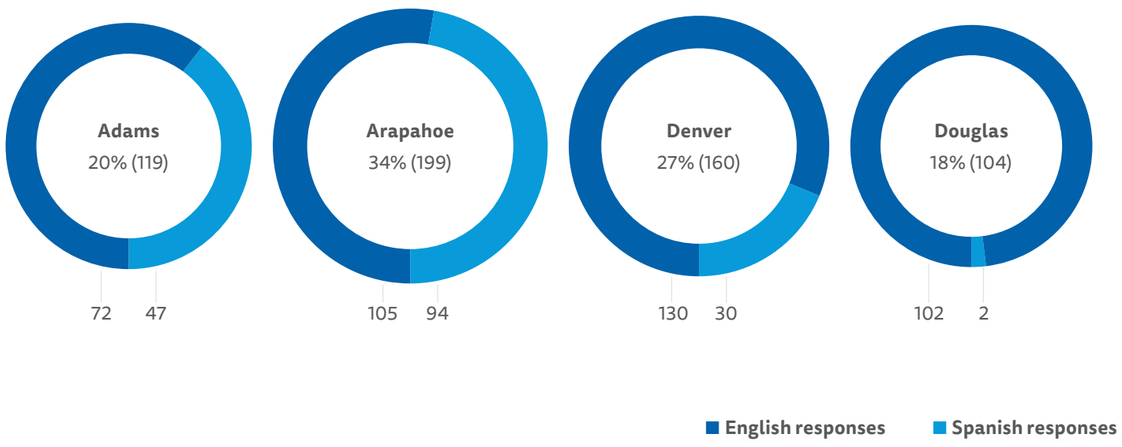
Data collection

For the purposes of this assessment, we used six primary data collection methods:

- **Key stakeholder interviews with community and health leaders.** These interviews used open-ended questions to both identify priority needs and to understand the community conditions impacting those needs. A copy of the interview guide is included in Appendix A. 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.
- **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. Each session was 60 minutes long, included between 5 and 20 participants, and was led by a hospital representative. Participants received a $20 gift certificate and were offered a meal. A copy of the discussion guide is included in Appendix B and is based on best practices suggested by R.A Krueger and M.A. Casey[i]. 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 and asked for basic demographic information. It also asked respondents to rate a list of potential health concerns on a 3-point rating scale from "less critical" to "very critical." Copies of the survey questions are included in Appendix C (English) and Appendix D (Spanish.) Participants were recruited via Children's Hospital email lists and social media and through email campaigns with our partners. In addition, 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, we 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 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:

Respondents – Geographic Distribution



We made great efforts to reach a broad audience with the survey, and we believe that the survey participants reflect the socio-economic and racial diversity of our community:

Respondents – Income Distribution

Income	English respondents	Spanish respondents	Total respondents	Percent of Total
$0 to $24,999	58	65	123	21%
$25,000 to $49,999	82	74	156	27%
$50,000 to $74,999	55	15	70	12%
$75,000 to $99,000	56	0	56	10%
$100,000 or more	136	1	137	24%
Don't know/prefer not to answer	22	18	40	7%
Total	409	173	582	100%

Respondents – Race/Ethnicity of Children

Race/Ethnicity	Total	Percent of Total
Non-Hispanic White	205	35%
Hispanic White	158	27%
Asian	62	11%
Hispanic Other Race	57	10%
Black or African American	48	8%
More than one race	9	2%
Pacific Islander	3	1%
American Indian or Alaska Native	1	0%
Other/No reply	39	7%
Total	582	100%

- **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. The provider survey can be found in Appendix E. We had 108 provider responses from physicians, school nurses and other health care providers.
- **Quantitative Data.** In addition to gathering qualitative data through interviews and focus groups, we also studied a variety of quantitative data sources. Through a partnership with the Colorado Children's Campaign, we collected state and county level data on many child health indicators as well as basic demographic information. The data reviewed is listed in Appendix F and the sources of data are included in Appendix G.
- **Internal Data.** The final step in our data collection process was to gather internal information on admissions, diagnoses and patient demographics. A complete list of internal data indicators is included in Appendix H.

Prioritization

Once data collection was completed, the final step of our assessment was to seek input on how to prioritize among the needs identified. The Population Health committee, which is comprised of CHCO clinical and nonclinical leadership worked to select prioritization criteria and, after careful consideration, determined that following four factors were most important:

These criteria were then used to inform meetings with key stakeholders who were tasked with reviewing the available data and providing input on the issues that the hospital will prioritize in the coming years. Three different prioritization meetings were held, two with representatives from nonprofit, government and public health agencies and one with a multi-disciplinary hospital committee comprised of clinical and nonclinical leadership. In both meetings, participants were presented with detailed information about the results of the interviews, focus groups and surveys as well as data from internal and external sources. In addition, there was discussion about how the prioritization criteria were selected and how they should be applied to research results. Participants were given an opportunity to ask questions and to advocate for issues that they found most compelling. They then voted for their top issues. Finally, the data and voting results were shared with hospital leadership, and they selected the priority issues identified in this report.

Third party contractor

Cause Effect Advisory Services was retained as a third-party contractor to facilitate this community health needs assessment. The firm conducted some of the key stakeholder interviews, trained other interviewers, facilitated the focus groups, analyzed the quantitative data, led internal and external discussions about how to prioritize the needs of the community and wrote the report.

In addition, staff members from the Child Health Advocacy Institute's Community Health Team contributed significantly to the data collection efforts. They designed the survey instruments and focus group facilitation guides, identified key stakeholders, collected hundreds of survey responses from community members, conducted dozens of interviews, and were integral to the analysis of the data and the development of the report.

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. Steps we took to solicit feedback from underserved groups include:

- Conducting stakeholder interviews with leaders of organizations that serve and/or advocate for underserved groups. Those organizations include:
  - Aurora Strong Resilience Center
  - Aurora Youth Options
  - Clinica Tepeyac
  - Community Campus Partnership
  - Elimira Refugee Health Center
  - Family Saludables
  - Family Forward Resource Center
  - Family Voices Colorado
  - Project Worthmore at Mango House
- Conducting focus groups in low-income communities and with underserved populations
- Working 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.
- Partnering with Community Campus Partnership to reach more than 200 parents who live near the campus and do not speak English. Paid community volunteers conducted the survey in person with these residents in their native language and translated responses into English.
- Partnering with Crawford Elementary School, an Aurora Public School which is home to a school-based community center. The School serves a diverse population with 96 primary languages. We administered the survey in 5 different languages during a community night at the school.
- Administering the survey to families in 2 Tri-County Health Department Women, Infants and Children Offices through our Community Health Navigators
- Administering the survey at the Center for African American Health's annual Health Fair through our Community Health Navigators
- Conducting door-knocking in apartment complexes with high immigrant populations to collect surveys
- Collecting quantitative data at the zip code level. We gave special consideration to the three zip codes surrounding the hospital's main campus. This area is 44% minority and has a median household income of about $47,000, which is far lower than the state average of about $75,000[ii].

Information gaps/limitations

Children's Colorado has engaged in an extensive process of gathering community input and examining internal and external data to develop this needs assessment. We worked diligently to ensure that we heard from a very broad range of stakeholders including government and nonprofit agencies, health care providers, and, most importantly, parents. We have also considered public health data and hospital admissions and outpatient visits data. We believe that the conclusions we have drawn with this report accurately reflect both what the community has said is important for the wellbeing of their children and what the empirical data shows is impacting their health.

As with any assessment that is largely qualitative, there were limitations and gaps in our data collection and analysis. Specific challenges include:

- Some quantitative data is only available at the state level and could not be analyzed at a county or zip code level
- The opinions gathered from key stakeholder interviews, focus groups and surveys may or may not be representative of those of the broader population. While every effort was made to recruit a diverse group of participants and to seek input from a large number of individuals, the respondents are not representative, in a statistical sense, of our four-county community and there is no way to guarantee that their opinions are identical to those of the entire region considered in this analysis.

Summary Findings

Description of community served

The counties that are included in this assessment are part of the Denver metro area and reflect the rich diversity of this urban community. While there are slight variances between the four counties considered, the demographics of Adams, Arapahoe and Denver are similar. Douglas County is generally more affluent and less diverse.

Age

About 23% of Colorado's residents are under the age of 18. This figure is slightly higher for the more suburban counties in our community and slightly lower in Denver proper. Around half of all households in the state have children[iii].

County	Percent of population under age of 18	Percent of households with children
Adams	27%	52%
Arapahoe	24%	50%
Denver	20%	48%
Douglas	26%	55%
State	23%	47%

While the percentage of residents under the age of 18 has decreased by about 2% since the 2010 Census both statewide and in each of the counties under consideration, the total population has grown over the same period. Therefore, the actual number of children residing in each county has increased. There are currently 1.28 million children in Colorado and that figure is projected to grow by about 100,000 over the next five years. The projected growth is larger in Denver County, and Douglas County's childhood population is projected to decline[iv].

County	2018 Population Ages 0-17	2023 Projected Population Ages 0-17	Percent Change
Adams	123,785	129,165	4%
Arapahoe	163,514	169,910	4%
Denver	148,010	165,323	12%
Douglas	89,014	87,430	-2%
Sub-total	524,323	551,828	5%
Other Counties	764,396	786,437	3%
Colorado Total	1,288,719	1,338,265	4%

Race and ethnicity

While Colorado is predominantly white, 43% of the population is minority. When we conducted our previous community health needs assessment, the state population was just over 40% minority, so this is a notable increase in three years. Three of the four counties in our community have higher minority populations than the state, and Douglas county has a much smaller minority population. For all counties, the Hispanic/Latino group is the largest minority population by a wide margin, and in both Denver and Adams county they are the majority population[v]. The three-zip-code region surrounding the hospital is 77% minority and 47% Hispanic[vi].

	Colorado	Adams	Arapahoe	Denver	Douglas	3-zip code region
American Indian or Alaska Native	1%	1%	1%	1%	1%	1%
Asian	4%	5%	7%	5%	5%	4%
Black/African-American	5%	3%	12%	12%	2%	17%
Hispanic/Latino	32%	52%	29%	53%	11%	47%
White	57%	39%	50%	30%	81%	27%
Other	1%		1%			4%

About 10% of Colorado's population is foreign-born population, with slightly higher percentages in Adams, Arapahoe and Denver counties and a slighter lower percentage in Douglas County[vii]. The percentage of children ages 5 to 17 who speak a language other than English in the home is 20% statewide, and in some counties, nearly 1 out 3 children speak another language[viii]. The percentage of children who speak a language other than English in the home has increased by about 2% since our last analysis.

County	Residents (all ages) who are foreign-born	Children ages 5 to 17 who speak a language other than English at home
Adams	15%	34%
Arapahoe	15%	27%
Denver	16%	41%
Douglas	7%	7%
State	10%	20%

Socio-economic status

While Colorado is generally an affluent state, with an average household income of nearly $75,000, 16% of children in the state are living in poverty. For our four-county area, the rate ranges from 25% in Denver to just 4% in Douglas County. Median household income has increased significantly in the three years since our last assessment, and the percentage of children living in poverty has dropped by about 2%.

County	Children living in poverty[ix]	Median Household Income[x]
Adams	18%	$71,613
Arapahoe	15%	$75,593
Denver	25%	$68,810
Douglas	4%	$120,125
State	16%	$73,535

Close to one-third of children in Colorado are being raised in single-parent households and about 3% are being cared for by grandparents. Like the distribution of income and poverty, these figures are slightly higher in more urban areas and notably lower in more suburban areas.

County	Children living in a single-parent household[xi]	Children living with a grandparent who is responsible for caring for them[xii]
Adams	33%	4%
Arapahoe	31%	2%
Denver	38%	3%
Douglas	15%	1%
State	29%	3%

Health Status

Most parents in Colorado report that their children's health is either very good (26%) or excellent (62%.) While there is some slight variation by county, few parents feel their children are in poor health[xiii]. However, there are some notable differences in health status, as reported by parents, when race and income are considered. While 91% of Non-Hispanic White families report their child's health is either very good or excellent, only 84% of Hispanic families and 87% of Black families say that is the case for their children[xiv]. Similarly, 92% of parents with household incomes greater than $50,000 say their child's health is very good or excellent, compared to just 75% of parents with household incomes below $25,000[xv].

Health Access

Colorado has made substantial progress in recent years in ensuring that children have some type of medical coverage, and the number of uninsured children has dropped from 9% statewide when we completed this assessment 3 years ago, to just 6% statewide currently[xvi]. At the same time, the percentage of children enrolled in Medicaid has increased from 38% three years ago to 46% today. However, disparities do remain between counties, with lower income counties having higher percentages of both uninsured children and children on Medicaid[xvii].

County	Uninsured Children (Under 18) (2012-16)	Children (ages 0 to 18) enrolled in Medicaid at least some point during FY16-17
Adams	8%	58%
Arapahoe	7%	44%
Denver	6%	59%
Douglas	3%	15%
State	6%	46%

Despite gains statewide in coverage for children, not all children are accessing high quality care. Fewer than 2/3 of children statewide have a medical home[xviii], which the Colorado Department of Public Health and Environment defines as a practice that is patient-centered, comprehensive, coordinated, accessible and committed to quality and safety. Essentially, this means that a child has a regular doctor who understands the whole needs of the child and helps to coordinate any care the patient may receive in addition to the child's primary care. Having a medical home is widely consider an indicator of quality of care.

And, while most children are receiving the basic care they need, cost remains a barrier for some. The statewide average for out of pocket medical spending is more than $3,000 per family, and in Douglas County is more than $4,600[xix]. High costs are preventing some children from seeing doctors, dentists and specialists and from getting prescription medications.

	Statewide Percentage
Children (ages 0 to 18) who did not get needed doctor care due to cost (2017)	5%
Children (ages 0 to 18) who did not get needed specialist care due to cost (2017)	5%
Children (ages 0 to 18) who did not get needed dental care due to cost (2017)	5%
Children (ages 0 to 18) who did not fill a prescription due to cost (2017)	5%

Health Conditions

While considering the general demographics, health status and access to care for children in Colorado is important for understanding the context in which Children's Colorado operates, it is important to also look more closely at specific medical conditions. The prevalence and severity of these conditions is a key factor in determining what issues the hospital might prioritize.

Primary Admissions Diagnosis

As noted above, one of the factors that Children's Colorado considered in selecting its priority needs was the conditions that bring children to the hospital. While not all of these conditions can be prevented, it is valuable to consider whether community efforts might help with reducing the number of hospital visits for these conditions.

Principal Reason for Care

- Inpatient
  - Respiratory Health (23%)
  - Digestive Health (11%)
  - Cancer Care (9%)
  - Neurosciences (i.e. seizures) (8%)
  - Mental Health (7%)
- Outpatient
  - Rehabilitation (i.e. therapy services) (20%)
  - General Medicine (16%)
  - Orthopedics (10%)
  - Mental Health (6%)
  - Neurosciences (i.e. headache) (5%)

Obesity, Nutrition and Physical Activity

Clearly, one of the most pressing health issues facing children in our state is obesity. This was one of the priority issues identified in the 2015 community health needs assessment. Nearly one quarter of children in Colorado are overweight or obese. The figures in Adams County are significantly higher, and are slightly lower in the other three counties in the defined community[xx].

County	Underweight	Healthy Weight	Overweight	Obese
Adams	13%	52%	27%	7%
Arapahoe	11%	69%	8%	11%
Denver	10%	71%	9%	10%
Douglas	11%	79%	8%	2%
State	10%	65%	14%	10%

While the causes of obesity are complex, it is well known that proper nutrition and exercise can help protect against children becoming overweight. Unfortunately, only about 1 in 5 children in Colorado consumes five or more servings of fruits or vegetables a day, and less than half get the recommended 60 minutes of daily physical activity[xxi].

County	Children (ages 1-14) whose parents report their child drank 1 or more sugar-sweetened beverage per day (2014-2016)	Children (ages 1-14) whose parents report their child consumes at least 5 total servings of fruits and/or vegetables per day (2014-2016)
Adams	17%	17%
Arapahoe	15%	21%
Denver	13%	19%
Douglas	9%	18%
State	15%	19%

Mental and Behavioral Health

Another issue of ongoing concern, which was also a priority identified in the 2015 assessment, is the mental health of children in Colorado. Data indicates that many parents are struggling with their children's mental and behavioral health, with nearly 1 in 5 reporting their child has social and emotional challenges, and 15% reporting that their child requires mental health care or counseling[xxii].

County	Children (ages 1-14) whose parents report their child has difficulties with one or more of the following areas: emotions, concentration, behavior, or being able to get along with other people (2014-2016)	Children (ages 4-14) whose parents reported their child had at least one day in the past month when their child's mental health was not good (2014-2016)	Children (ages 4-14) whose parents reported their child needed mental health care or counseling within the past 12 months (2014-2016)
Adams	19%	23%	13%
Arapahoe	19%	24%	15%
Denver	21%	25%	20%
Douglas	17%	21%	12%
State	19%	26%	15%

Of note, access to mental health care remains a significant challenge, while the specific barriers to access are difficult to identify. Of children ages 4-14 whose parents reported their child needed mental health care or counseling during the past 12 months, 25 percent did not receive all needed care. When asked why the child did not receive the needed care, most parents responded with "other," meaning that the obvious issues of cost or convenience were not the main barriers.

Of children statewide (ages 4-14) who needed and did not get all needed care, reasons why child did not receive all needed mental health care (2014-2016)	
Cost too much	5%
No health insurance	1%
Health plan problem	11%
Not available in area	1%
Transportation problems	2%
No convenient times	4%
Doctor did not know how to treat or provide care	10%
Other	66%

Mental health concerns are also significant for high school students, with close to a third of all Colorado high school students reporting feeling sad or hopeless[xxiii]. More than one out of six high school students has considered suicide.

	Statewide Percentage
High school students who reported feeling so sad or hopeless for at least two weeks that it interfered with their usual activities (2015)	30%
High school students who reported they had seriously considered attempting suicide during the past 12 months (2015)	17%
High school students who made a suicide attempt during the past 12 months that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (2015)	3%

Substance Abuse

Closely related to mental health issues are concerns about substance use and abuse. Substance use among teenagers has been shown to have long term effects on youth's growth and development. Injuries due to accidents, physical diseases, and overdoses are among the health-related consequences of teenage substance abuse. With the legalization of marijuana in Colorado in 2014, parents and caregivers have been concerned about potential increases in substance use among teens. According to the Colorado Department of Public Health and Environment, 2015 Healthy Kids Colorado Survey, close to 1 in 3 high school students in Colorado reported having had a drink in the past 30 days, and more than 1 in 5 had used marijuana in that period. Those figures were within 1% of the same rate for the 2013 survey.

	Colorado	Adams	Arapahoe	Denver	Douglas
High school students who report having had at least one drink of alcohol on one or more of the past 30 days (2015)	30%	33%	26%	28%	Douglas County Public Schools refused participation in this survey
High school students who report having used marijuana one or more times during the past 30 days (2015)	21%	21%	20%	26%	
High school students who report having taken a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription one or more times during their life (2015)	14%	13%	12%	10%	
High school students who used prescription drugs in the last 30 days without a prescription (2015)	7%	7%	8%	6%	

Injury

Unintentional injury is the leading cause of death for children in Colorado from ages one through 24[xxiv]. Motor vehicle accidents and accidental drownings are the most common unintentional injuries resulting in death. Injury is also the leading cause of hospitalization for children ages 1 to 14 in Colorado, with falls and motor vehicle accidents as the most frequent incidents[xxv]. In a typical week in Colorado, 1,152 children ages birth to 14 years old sustain an injury serious enough to require care in the Emergency Department. Twenty-seven are hospitalized, and one dies[xxvi]. In 2017, Children's Hospital Colorado saw 32 trauma related deaths.

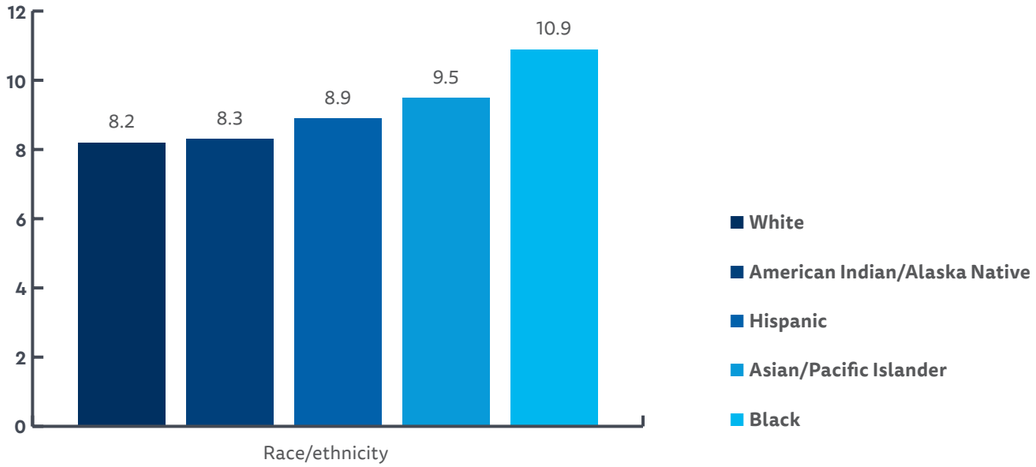
Leading Causes of Death in Colorado by Age (2017)

>1	1-4	5-9	10-14	15-24
Congenital Abnormalities	Unintentional injury	Unintentional injury	Unintentional injury	Unintentional injury
Short gestation	Congenital abnormalities	Malignant neoplasms	Suicide	Suicide
SIDS	Malignant neoplasms	Congenital abnormalities	Malignant neoplasms	Homicide
Maternal pregnancy complication	Homicide	Homicide	Homicide	Malignant neoplasms

Prematurity

8.7% of births in Colorado in 2016 were preterm. Short gestation is the second leading cause of death for Colorado children under the age of 1, with more than a third of all infant deaths related to prematurity. Babies born before 37 weeks of gestation can also suffer from lifelong health problems and developmental challenges. Of note, premature births are more prevalent for women of color in Colorado, with the highest rates occurring among black women[xxvii].

Percentage of live briths in 2012-2014 (average) that are preterm



In Colorado, the preterm birth rate among black women is 28% higher than the rate among all other women.

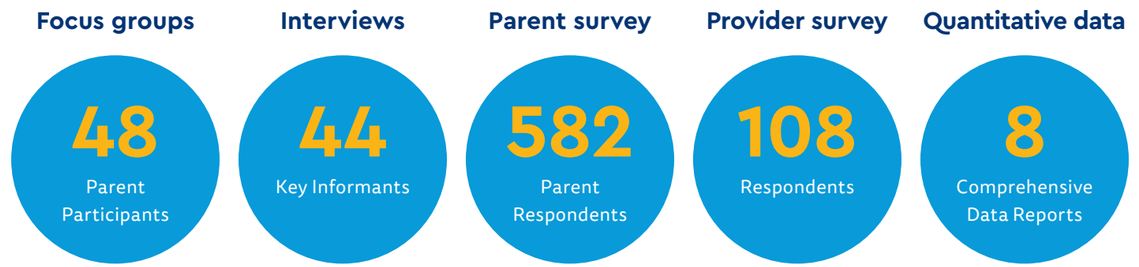
Asthma and Respiratory Illness

Asthma is the most common chronic condition for children in Colorado. In 2016, there were more than 7,300 asthma-related emergency department visits statewide for children under the age of 19[xxviii]. In all, 8.2% of children in Colorado have been diagnosed with asthma. That figure is notably higher for children in Adams County, at 11.2%. The causes of the disparities among counties in Colorado are not clear.

County	Percent of children with current asthma, aged 1-14 years, 2014-2016[1]
Adams	11.2%
Arapahoe	6%
Denver	8.9%
Douglas	6.2%
Colorado	8.2%

Community Input

As described in the methodology section of this report, Children's Colorado engaged in a significant community outreach process to assess the interests and concerns of caregivers in the neighborhoods and counties that the hospital serves. Through surveys, focus groups, interviews and community meetings, we could get the input of hundreds of people. We found remarkable consistency in the issues that concerned those we spoke with.



From our 44 stakeholder interviews with community leaders, we found the most interest in mental and behavioral health. We also found significant interest in nutrition and obesity which, if combined, would have been the second most frequently mentioned issue. Care for children with special needs was also a top issue.

Stakeholder Interview Results – Top 5 Issues

Issue	Number of Mentions
Mental or behavioral health	40
Early child care and education	17
Care for children with special needs	14
Nutrition	11
Obesity	10

The 48 participants in our focus groups also frequently cited mental and behavioral health as a top concern. Focus group participants, who were generally lower income than those who participated in the stakeholder interviews, were also concerned about access to care. In describing this concern, participants noted difficulty accessing caregivers outside of normal business hours, transportation challenges, and lack of cultural sensitivity as key issues.

Focus Group Results – Top 5 Issues

Issue	Number of Mentions
Mental health	29
Access to care	21
Substance use and abuse	19
Nutrition	19
Physical activity	14

In the surveys that we administered, we asked respondents to rate a list of issues as less critical, somewhat critical, or very critical. We then applied a weighting system, giving those issues rated as very critical 3 points, somewhat critical 2 points, and less critical 1 point. The combined points for each issue were then compared to determine the top issues for each set of respondents.

For the provider survey, mental and behavioral health was again a top concern. Providers were also concerned about issues such as asthma and diabetes, while the community members who responded to the survey were less concerned about these issues. Both groups listed nutrition, obesity and physical activity as key issues.

Provider Survey Results - Top 5 Issues (in rank order)

1. Mental or behavioral health
2. Care for children with special needs (physical, emotional, developmental or behavioral)
3. Suicide prevention
4. Asthma
5. Obesity

English Language Parent Survey Results – Top 5 Issues (in rank order)

1. Mental/Behavioral Health
2. Suicide Prevention
3. Care for children with special needs
4. Early care and education
5. Immunizations

Spanish Language Parent Survey Results – Top 5 Issues (in rank order)

1. Obesity
2. Teen pregnancy
3. Suicide Prevention
4. Nutrition
5. Physical activity

Because the parent survey included questions about demographics, we were also able to determine if the issues of most concern varied by income level, county of residence, or race and ethnicity. We found the greatest variation among top issues when disaggregated by income level.

When considering income levels, we noted that mental health was one of the top five concerns for all groups, but higher income respondents ranked the issue highest. Cost of care was a concern for respondents from middle income brackets who likely did not qualify for Medicaid and were most impacted by insurance premiums, deductibles and co-pays. Nutrition was also a top concern in nearly all income brackets.

Parent Survey Results – Top 5 issues by Income Level

	#1 Critical Need	#2 Critical Need	#3 Critical Need	#4 Critical Need	#5 Critical Need
$0 to $24,999	Suicide prevention	Nutrition	Obesity	Teen pregnancy	Accidents and injuries
$25,000 to $49,999	Early child care and education	Obesity	Suicide prevention	Teen pregnancy	Care for children with special needs
$50,000 to $74,999	Early child care and education	Mental or behavioral health	Suicide prevention	Care for children with special needs	Healthy pregnancies and childbirth*
$75,000 to $99,000	Suicide prevention	Mental or behavioral health	Care for children with special needs	Accidents and injuries	Asthma
$100,000 or more	Mental or behavioral health	Suicide prevention	Early child care and education	Care for children with special needs	Immunizations (vaccines) and infectious diseases
Don't know/prefer not to answer	Suicide prevention	Sexual health	Early child care and education	Healthy pregnancies and childbirth**	Mental or behavioral health**

We also reviewed the highest priority issues for residents in the three zip codes nearest to the main campus. It is worth noting that teen pregnancy and diabetes were higher priorities for those respondents than for the broader group.

Top 5 Issues for Zip Codes: 80010, 80011, 80012

- Obesity
- Suicide prevention
- Teen pregnancy
- Nutrition
- Diabetes

In addition to asking parents about particular medical conditions that they were concerned about, we also asked about community issues that were potentially impacting the health of their children. Again, many of the issues identified as "critical" were related to mental health and obesity:

English Survey Results – "Very Critical"

- Mental/Behavioral Health
- Suicide Prevention
- Care for children with special needs
- Early care and education
- Immunizations

Spanish – "Muy Critica"

- Obesity
- Teen pregnancy
- Suicide Prevention
- Nutrition
- Physical activity

This information, along with other data that was collected about where respondents access care and which community resources they most frequently utilize will help inform our action plan as we consider ways to address the priority health needs.

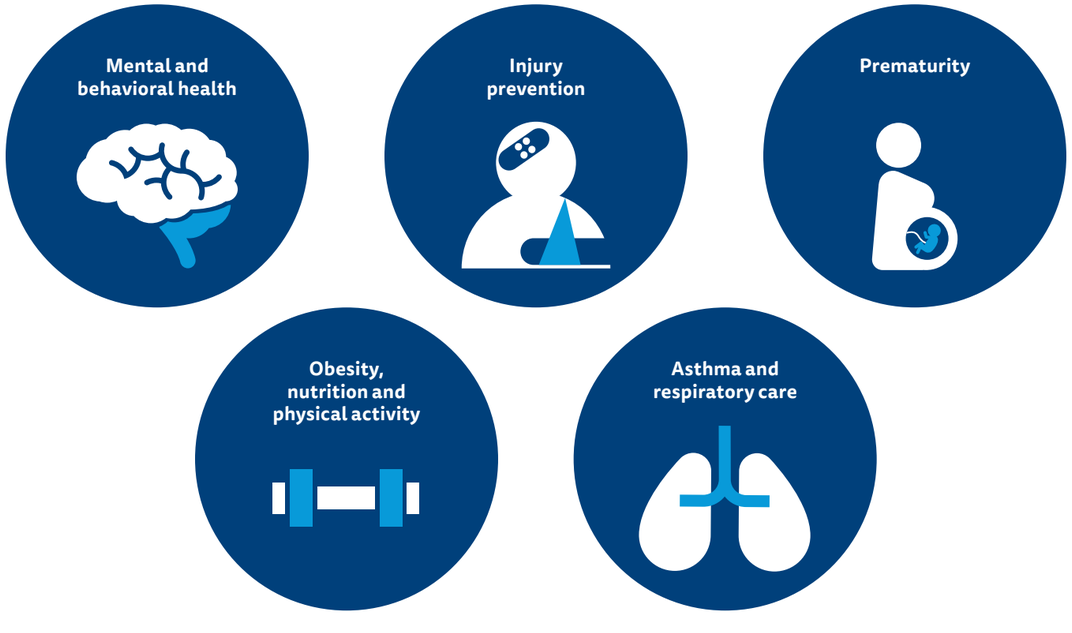
Once the community input was collected, those who had participated in the stakeholder interviews were invited to participate in of two scheduled presentations of the data and were asked to help prioritize the issues that Children's should focus on during the next three years. At those community meetings, the top issues identified were:

1. Mental or behavioral health
2. Nutrition
3. Suicide prevention
4. Care for children with special needs
5. Physical activity

Finally, the internal hospital leadership analyzed the community feedback, internal data, and public data and applied the selection criteria they had previously adopted. This group made a final determination of the priority needs for the coming years.

The 2018 Community Health Priorities, in no particular order, are:

It is worth noting that this list is intended to be inclusive of the needs identified by the community while also taking into consideration the data on the issues that are contributing most significantly to children's health and well- being.



Specifically, while suicide prevention was identified as a priority issue by many stakeholders, our hospital leadership felt that this is first and foremost a mental health issue. By selecting mental and behavioral health as a priority, we are also committing to work on suicide prevention.

Similarly, obesity, nutrition and physical activity were identified as critical needs by the community. We acknowledge that these are three distinct issues, but also feel that there is a close connection between the three. More importantly, we believe that by addressing the issues as a group, we will have more significant and meaningful impact on children's health. Therefore, obesity, nutrition and physical activity were combined and selected as a top priority.

In addition, injury prevention and prematurity were not frequently cited by the community as top priorities. However, we felt compelled to consider the fact that prematurity is the leading cause of death for infants in Colorado and that unintentional injury is the leading cause of death for children ages 1 to 24. Both issues were therefore selected as priorities.

Finally, while asthma and respiratory care was also not frequently selected as a top priority in the community, the hospital's data indicates that respiratory issues are the single leading cause of inpatient admissions. Because we are in the business of keeping children out of the hospital, we decided it was important to include asthma and respiratory care in our priorities.

Description of Priority Needs

Mental and Behavioral Health

Mental and behavioral health emerged as a top community concern through every method of data collection included in this assessment. Parents, caregivers, medical providers and community leaders all share a belief that the mental health of children is a critical issue. Public data also suggests that this is an important issue for Children's Colorado to prioritize.

Children's Hospital Colorado has dedicated substantial resources toward improving the mental health of our state's children. We remain steadfast in our commitment to this critical issue. Our Pediatric Mental Health Institute (PMHI) provides mental health services to children, adolescents and their families. We deliver evidence-based, family-focused and youth-centered services including outpatient care, partial hospitalization, inpatient care and emergency services. Our interdisciplinary teams include psychiatrists, psychologists, clinical social workers, licensed professional counselors, nurses and creative art therapists who specialize in addressing the unique treatment needs of each child and adolescent we serve. We treat children from birth through 18 years of age.

Services offered include:

- Diagnostic evaluations
- Individual, family and group therapy
- Parent counseling and education programs
- Consultation with other departments and services at Children's Hospital Colorado
- Educational programs for mental health and child healthcare professionals

We treat a broad range of conditions including ADHD, anxiety, depression, OCD and many other mental health disorders.

In addition to our clinical services, we are also dedicated to training the next generation of mental health professionals and conducting research to advance the field of child and adolescent mental health. We provide training for many professional disciplines, including psychiatry, pediatrics, psychology, social work and nursing. We also work with community partners to reduce the social stigmas associated with mental illness and increase awareness of the effectiveness of mental health treatment. Our policy and advocacy team members work to advance policies and programs that support children's positive social, emotional and behavioral development, such as increased screening and early intervention services, integrated systems of behavioral and physical health care and expanded access to preventative and high-quality mental health care. Research and program evaluation efforts are integrated into our services and allow us to remain on the cutting edge of clinical innovation.

Our community efforts in mental health are focused on three priorities:

- Educate about and reduce stigma associated with mental health
- Promote healthy social-emotional development for children ages 3-18
- Increase access to mental health services

Specific activities we have undertaken to address these goals and some of the impact our work has had over the past three years include:

Goal 1: Education and Mental Health Stigma Reduction	
Strategy	**Highlights**
Increase community education and awareness of healthy social-emotional development	Children's Colorado disseminated healthy social-emotional development resources and materials to over 1,000 families and providers at community events. Children's Colorado added social-emotional and mental wellness content to Camp Champions summer camp program.
Reduce mental health stigma within the hospital and in the community	In May 2017, Let's Talk Colorado online messaging platform was launched with over 46 million impressions, including nearly 20,000 website page views to date. In 2017, the Hospital Mental Health Stigma Reduction Action Plan was implemented, resulting in an 82% increase in external media and 35% increase in internal communications about mental health. Between 2016 and 2017, there was an 8% reduction in the number of Children's Colorado employees who cited stigma as a barrier to accessing resources. Between 2016 and 2017, 100 Children's Colorado employees and family members were trained in Mental Health First Aid and 169 were trained in unconscious bias.
Goal 2: Healthy Social-Emotional Development	
Strategy	**Highlights**
Improve collaboration with community partners to promote social-emotional health	In 2017 and 2018, Children's Colorado partnered with Aurora Public Schools, Aurora Mental Health Center and Aurora Medical Center to host a mental wellness event and resource fair, reaching over 250 people in the Aurora community. In April 2018, Children's Colorado developed a social-emotional wellness toolkit for youth-serving organizations, which was released with nearly 500 copies distributed to schools and community-based organizations.
Goal 3: Access to Mental Health Services	
Strategy	**Highlights**
Lead state and federal policy efforts aimed at improving access to pediatric mental health services and **Improve collaboration with community partners to improve access to mental health services**	In 2017, there was one Children's Colorado-led advocacy training conducted with two Children's Colorado mental health professionals. In 2016, 12 mental health organizations collaborated to develop criteria for a State Pediatric Mental Health Impact Assessment, representing child health, education, advocacy, public health and government. In 2017, Children's Colorado began universally screening for suicide risk in youth ages 10 and older in all emergency and urgent care locations in our network of care. There have been over 30,000 patients screened to date.

Children's Colorado is also aware of many state and local organizations doing innovative work in the field of childhood mental health. We look forward to partnering with many of these organizations as we continue to work to improve the mental health of children. Key potential partners include:

- Tri-County Health Department and Denver Public Health. These departments both have a focus on decreasing mental health stigma and their "Let's Talk Colorado" public awareness campaign is helping getting the word out that it is as important to talk about mental health as any other health issue.
- The Mental Health Center of Denver, Aurora Mental Health Center and other mental health providers. These front-line providers offer front line of care for many families and there is great potential for Children's to collaborate on both innovative treatments and improved access to care.
- Colorado Department of Human Services. The department has a unit dedicated specifically to early childhood mental health and implements numerous innovative programs focused on the social and emotional development of young children. They also oversee the Office of Behavioral Health which contracts with behavioral health providers, regulates the public behavioral health system, and provides training, technical assistance, evaluation, data analysis, prevention services and administrative support to behavioral health providers and relevant stakeholders.

Obesity, Nutrition and Physical Activity

Although Colorado enjoys a reputation as a fit, healthy, active state, the truth is that nearly one quarter our state's children are overweight or obese. Vulnerable populations are also more susceptible to obesity, with significantly higher rates among children who live with food insecurity, have household incomes of 250% of the federal poverty level or less, or who have no medical home[xxix]. 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, there is clearly room for improvement.

Children's Hospital Colorado has an enduring commitment to decreasing childhood obesity rates and offers both clinical and community-based services to help address this pressing challenge. We are home to the region's leading pediatric weight management program, Lifestyle Medicine. This program is led by a multidisciplinary team with pediatric trained experts, including psychologists, exercise physiologists, registered dieticians and physicians with specialty training in endocrinology, gastroenterology, nutrition, cardiology and surgery. We see children ages 0 to 18, and treat obesity-related conditions including:

- Sleep problems
- High blood pressure (hypertension)
- Cholesterol problems (high cholesterol, high triglycerides, low HDL or family history)
- Irregular periods (polycystic ovarian syndrome)
- Abnormal liver labs (non-alcoholic fatty liver disease)
- Risk of diabetes (insulin resistance, Type 2 Diabetes)

After an initial medical evaluation, each patient meets with a team of providers, including a dietitian and an exercise physiologist to address the individual needs of each child and/or family. In addition, we offer many resources for patients and families that include:

- Free weekly exercise classes on Tuesdays, Wednesdays and Thursdays
- Access to the Wellness Center, which includes a yoga room and fitness room
- Outpatient nutrition counseling by a registered dietician
- Medication and supplements (fish oils, vitamin E, multivitamin, calcium, iron, vitamin D)
- Clinical research and trials for patients who meet criteria
- Radiologic studies, sleep studies and blood tests
- Treatment options for severely obese patients may include inpatient stays, special diets or other intensive interventions

While we are proud of the clinical services we offer, we also know that the most effective weight management programs are based in the community, not at a hospital. We have made a significant investment in community programs related to obesity prevention, and will continue this work in the future. Our goals for our work in nutrition, physical activity and obesity are:

- Educate and empower families across the lifecycle with the skills and information they need to make behavior changes that support a healthy lifestyle
- Improve access to healthy foods and physical activity for children and their families, particularly in underserved communities
- Advance the field of childhood obesity research through collaboration and dissemination

Our community-based activities in this arena include:

Goal 1: Obesity Prevention Education	
Strategy	**Highlights**
Increase community knowledge through healthy lifestyle resources	In June 2017, Children's Colorado's Lifestyle Medicine formally endorsed the Camp Champions curriculum and Parent Workbook, which will be available online by end of 2018. In August 2017, CHAI become a contributing member to the Crawford Elementary Wellness Committee.
Train providers on healthy lifestyle behaviors	In 2017, 100% of Camp Champions staff were trained and hired in obesity prevention positions. The staff training program has been formalized and is now available to community providers.
Lead education classes and programs for families to build knowledge and skills about healthy lifestyles	In 2016 and 2017, 105 children were enrolled in Camp Champions. On average, Campers increased their vigorous physical activity by 31.5 minutes and 34.0 minutes in 2016 and 2017, respectively. In 2017, Children's Colorado taught 110 families cooking education through the Cooking Matters curriculum.
Goal 2: Access to Food	
Strategy	**Highlights**
Engage in local, state and federal policy advocacy efforts to impact access to healthy lifestyle and obesity prevention services	In June 2017, Children's Colorado convened a group of experts, the Food Security Council, to develop and implement a unified strategy for the organization to address hunger for Colorado kids.
Pursue internal hospital policy changes affecting nutrition and physical activity environment	In December 2016, Children's Colorado achieved Platinum Status for the Colorado Healthy Hospital Compact. Among the policy changes achieved, on March 1, 2017, the hospital eliminated the sale of sugar-sweetened beverages from all locations.
Increase access to healthy food, physical activity and healthy lifestyle services and supports	In 2016, Children's Colorado and Hunger Free Colorado partnered to use a validated questionnaire to universally screen families for food insecurity and refer to services and supports in the Child Health Clinic, which serves 11,000 patients annually. In 2017, 93 children were enrolled in the hospital's Bikes for Life program, which distributes bikes to overweight or obese children (who do not currently own a bike) and promotes goal-setting, safety and cycling as a regular activity and means of active transport.
Increase collaboration with community partners to improve access to healthy food, physical activity and healthy lifestyle services and supports	In 2017, Children's Colorado collaborated with Crawford Elementary School to offer wrap-around healthy eating, active living programming on site at the school. This included 23 classes conducted off-site for Camp Champions, Bikes for Life and Cooking Matters.
Goal 3: Childhood Obesity Research	
Strategy	**Highlights**
Enhance information-sharing regarding Anschutz Medical Campus-driven childhood obesity prevention efforts and improve process for disseminating childhood obesity prevention research	In 2017, Children's Colorado created a database of community programs from 17 local organizations tied to physical activity and obesity prevention, to be used by Lifestyle Medicine as a resource for patients' activity and nutrition goals. The Familias Saludables (FS), a multi-stakeholder group established to ensure that low-income Hispanic children achieve a healthy weight, celebrated its third year of participation in its research grant.

As with most community health needs, we acknowledge that there are many other organizations addressing childhood obesity and we look forward to continuing to partner with these and other leaders in the field:

- Colorado Department of Public Health and Environment. CDPHE has named obesity as one of its 10 Winnable Battles and has multiple initiatives aimed at reducing childhood obesity.
- Hunger Free Colorado – a leading organization in the fight to end hunger, this nonprofit connects families and individuals to food resources and drives change in systems, policies and public awareness.
- SHAPE Colorado (Society of Health and Physical Educators) – this nonprofit membership association is comprised of hundreds of educators and aspiring educators who are committed to promoting practices and programs that educate and inspire people to achieve active, healthy lifestyles. Through educator training and public advocacy, they are working to improve the health of Colorado students.

Injury Prevention

Because unintentional injury is the leading cause of death for children between the ages of 1 and 24 in Colorado, Children's Hospital Colorado his deeply committed to injury prevention. While our Level I Pediatric Trauma Center offers the most sophisticated care in the region for complex medical problems, we would prefer to never see an injured child. Because we hope to prevent, rather than treat, injuries, we lead a variety of community-based approaches designed to keep our most vulnerable kids injury-free.

Our injury prevention goals are to:

- Strengthen the hospital-based and community-based education and outreach components of the Child Passenger Safety (CPS) Program through leadership, funding, data, policy and evaluation to support the needs of community partners serving children and families in targeted communities.
- Expand programmatic efforts and facilitate opportunities for collaborative injury prevention initiatives focusing on teen driver safety that provides leadership, funding, data, policy and evaluation to support the needs of schools and community partners serving families and students in targeted communities.
- Expand programmatic efforts, and facilitate opportunities for collaborative injury prevention initiatives focusing on the four leading causes of unintentional injury among children residing in neighborhoods at disproportionate risk.

Our current injury prevention efforts include:

Goal 1: Child Passenger Safety (CPS) Program	
Strategy	**Highlights**
Expand CPS program efforts Children's Neonatal Intensive Care Unit, Child Health Clinic, and in neighborhoods at disproportionate risk for motor vehicle collision (MVC) injuries	In 2016, 590 car seat inspections were completed, 125 of which came from the community at a local WIC site. In 2017, 1,054 car seat inspections were completed, 192 of which were completed for families residing in targeted Aurora neighborhoods and 538 subsidized-cost car seats were provided to families in need. In 2016 and 2017, 206 CPS inspection station surveys were completed with promising results, including 97% of survey respondents reporting that they were either confident or very confident in choosing the safest position to install their child's car seat. In 2016, Children's Colorado partnered with Tri-County Health Department, Street-Smart and Aurora Public Schools for CPS education and outreach. In 2016, over 800 car seats were inspected, including 449 car seats provided to families through these partnerships. In 2017, Children's Colorado led two National Child Passenger Safety Technician trainings, in which 18 Children's Colorado staff became nationally certified CPS technicians. Children's Colorado now has 65 CPS technicians, the most of any organization in Colorado. Children's Colorado provides monthly education sessions to pediatric medical residents during their rotation in the Child Health Clinic.
Goal 2: Teen Driver Safety	
Strategy	**Highlights**
Integrate Teen Driver Safety program efforts to parents and teens residing in neighborhoods at disproportionate risk for MVC injuries	In 2016, Children's Colorado led four teen driver safety events with 387 participants, including teens and parents in target communities. These events were at Parker Adventist Hospital, Swedish Medical Center, The Medical Center of Aurora and Chaparral High School. In 2017, Children's Colorado collaborated with 22 program partner organizations to engage over 5,400 teens and parents in education booths, classroom-based presentations and teen driver safety events.
Goal 3: Leading Causes of Injury	
Strategy	**Highlights**
Concentrate Safe Kids Denver Metro coalition efforts to target parents and caregivers of children residing in neighborhoods at disproportionate risk for the unintentional injuries	In 2017, 49 Children's Colorado families received infant safe sleep awareness messaging and were provided with a portable crib to allow for a safe sleeping environment for their baby, most of whom resided in the targeted zip codes. Three clients referred by Tri-County Health Department's Nurse Family Partnership program were provided with home safety inspections and installation of prevention hardware for families residing in targeted zip codes. Two initiatives through Safe Kids Denver include Safe Kids Ride and Walk This Way and Safe Kids Live and Play, which aim to reduce the number of children who experience car, bike or pedestrian injuries and educate families about reducing injury in the home.
Monitor federal and state legislation that impacts the prevention of injuries and enhancement of opportunities to improve children's health and aligns with anticipatory guidance and best practices	Monitor federal and state legislation that impacts the prevention of injuries and enhancement of opportunities to improve children's health and aligns with anticipatory guidance and best practices

While we will continue to lead statewide efforts to prevent injury, we also recognized that community-based interventions are best delivered through community partners. We recognize that many other organizations are doing important work in this arena and look forward to collaborating on this important issue. Key existing and potential partners include:

- Colorado Department of Public Health and Environment. The department, along with local public health agencies, conducts multidisciplinary child fatality reviews and makes recommendations to the state legislature about policies that impact childhood deaths, including accidents. In addition, their Mental Health Promotion Branch coordinates state and local efforts to prevent unintentional and intentional injury and violence.
- Program for Injury Prevention, Education and Research (PIPER). The Program for Injury Prevention, Education and Research (PIPER) is a collaborative initiative of the Colorado School of Public Health and the University of Colorado School of Medicine. PIPER links research, training and practice to prevent injury in Colorado, nationally and around the world.
- National organizations including Safe States, the CDC National Center for Injury Prevention and Control, and the Children's Safety Network. These organizations offer information about best practices, research and access to like-minded partners in other states.

Asthma and Respiratory Care

Asthma and respiratory illness is one of the leading causes of both inpatient and outpatient visits at Children's Hospital Colorado. At our Breathing Institute, our experts treat children with common and complex breathing problems. Our pediatric pulmonologists care for children with shortness of breath, wheezing, cough, noisy breathing, oxygen dependency, recurrent pneumonia and other conditions. We are also nationally recognized for our work with patients who have asthma, cystic fibrosis and complex breathing problems. Our asthma program offers multidisciplinary care for kids both at home and in school, with a focus on technological and environmental innovations.

We are committed to reducing the impact of respiratory illness and asthma on Colorado's children. Our community efforts in this arena address three goals:

- Increase access to routine care for respiratory illnesses
- Strengthen the support network in clinical and community settings
- Decrease the health impact of environmental exposure to air particulate matter

Specific efforts include:

Goal 1: Access to Respiratory Health Care	
Strategy	**Highlights**
Increase rate of follow-up visits after hospitalization for asthma	Children's Colorado 30-day follow up rates: • 2016: 55% • 2017: 58% • 2018 YTD (January-April): 72%
Standardize patient and family educational materials for respiratory health	There were five educational sessions for Children's Colorado and community healthcare providers held in 2016 and 11 in 2017.
Goal 2: Strengthen Support Network in Respiratory Health	
Strategy	**Highlights**
Improve quality and frequency of asthma case management in public schools	Number of schools and districts served by Colorado Step Up school-centered asthma program: • 2015-2016: 20 schools; 1 district • 2016-2017: 32 schools; 5 districts (4 schools in priority zip codes) • 2017-2018: 32 schools; 5 districts (4 schools in priority zip codes)
Improve access to home-based support	Results from Just Keep Breathing (JKB) asthma home visitation program: • 55 patients have received at least one visit • 212 visits completed • JKB patients have demonstrated significantly improved medication device technique and improved asthma control.
Improve communication between families, providers and specialists	Breathing Counts asthma medication adherence monitoring program enrolled 65 patients to test feasibility and acceptability of medication adherence monitors.
Goal 3: Environmental Impact on Respiratory Health	
Strategy	**Highlights**
Improve tobacco screening and intervention by providers **and** **Improve collaboration with community partners to improve access to mental health services**	Funding to establish a tobacco cessation clinic for patients and caregivers begins July 2018. In April 2017, Children's Colorado hosted the first Breathe Better Conference with 110 multidisciplinary team members to review recent best practices for prevention and management of pediatric and adult lung disease. The second Breathe Better Conference will be held in September 2018. In 2016, 29 Children's Colorado providers were trained in motivational interviewing and tobacco cessation.

Our partners in these efforts are primarily the public schools in our community.

Prematurity

Premature birth is the second leading cause of infant mortality in Colorado and can create life-long challenges for those babies who survive. Children's Hospital Colorado is a national leader in preventing and treating premature birth. Our neonatal intensive care unit (NICU) offers 82 critical care beds and we care for more than 1,400 infants each year.

We are also unwavering in our belief that we can decrease prematurity in our state and are working hard to increase awareness about the importance of prenatal care. Our specific goals related to prematurity are:

- Increase public awareness about the importance of prenatal care and early childhood development
- Advocate for local and state policy changes that would positively influence conditions in pregnancy and early childhood
- Expand partnerships with pre-natal providers in order to reduce premature births

Some of our efforts in this area include:

Goal: Public Awareness	
Strategy	**Highlights**
Create universal awareness through public engagement and shared messaging campaign	The 2016 First 1,000 Days (FTD) campaign, which is focused on increasing awareness of the importance of the prenatal and early childhood period, raised awareness through the following milestones: • Website Reach – 23,085 impressions • Community Reach – 16,574 impressions • Media Impressions – 7,530,697 (broadcast television) • Promotional Reach– 30,802 posters and brochures distributed to OB/GYN, Pediatric care practices, community-based organizations Children's Colorado Internal Communications– 1,077,848 impressions • The 2017 FTD campaign raised awareness through the following milestones: • Website Reach – 28,165 impressions • Community Reach – 13,041 impressions • Media Impressions – 22,778,402 (broadcast television) • Promotional Reach – 131,186 posters and brochures distributed to OB/GYN, pediatric care practices, community-based organizations • Children's Colorado Internal Communications – 1,080,760 impressions
Goal: Policy and Advocacy	
Strategy	**Highlights**
Propose appropriate policy revisions at local and state levels	During the 2018 legislative session, newborn screening was identified as a policy priority by the Children's Colorado Government Affairs team, who worked with partners to pass House Bill 18-1006, a bill that strengthens the program by expanding testing to cover new diseases, improving the follow-up process for babies needing additional testing and ensuring the program receives adequate resources. In addition, Children's Colorado co-leads the Early Childhood Mental Health (ECMH) Policy Task Force to partner with community organizations to address ECMH policy levers.
Goal: Pre-Natal Partnership Expansion	
Strategy	**Highlights**
Extend "warm handoffs" to pediatric clinics beyond the Child Health Clinic	FTD is aligning its efforts with the Children's Colorado Neonate Strategic Plan, the Provider Care Network and the Medicaid Clinically Integrated Network with participating pediatric clinics, to start in 2018.

Other organizations that we believe are doing important work in Colorado to prevent prematurity include:

- **Families Forward Resource Center.** This nonprofit organization that focuses on community health runs a Healthy Start program aimed at reducing prematurity and infant mortality specifically with African American families. Participants are assigned an advocate who works with families to provide resource referrals, assistance in accessing health care, parenting education and support, and family advocacy.
- **Colorado Department of Public Health and Environment.** The Department developed evidence-based recommendations for reducing preterm births in the state and is a leader in ensuring those recommendations are adopted by providers, patients and policy makers.

Other Needs

Children's Hospital Colorado knows that the needs and the concerns of the community are extensive and that our ability to address those needs is limited. While our five priorities areas will be the focus of our community efforts for the next several years, we will also continue to listen to the community and to identify new opportunities to address public concerns. Some of the specific issues that the community raised through this process, but that were not selected as top priorities, include:

- **Care for children with special needs.** We believe that caring for children with special needs is the core of our business and is best addressed through our daily operations rather than through our community efforts.
- **Early care and education.** We acknowledge that quality early childhood care is a foundation of lifelong health. We will continue to advocate for access to quality care for all families. However, we feel that we are not well positioned to take a leadership role on this issue.
- **Safe neighborhoods.** We heard very clearly from our community stakeholders that lack of access to safe places to play was a key deterrent to childhood health and wellbeing in many neighborhoods. While we were troubled and disheartened to learn that so many children do not feel safe, and will support any efforts to increase access to play areas, we also feel that we are not the best organization to take the lead on this issue.
- **Oral Health.** While oral health remains an important public health issue, and was one of our priority needs in 2016, the rates of children in Colorado who are visiting dentists has steadily improved, and as of 2016, 86% of children ages 1 to 14 had a seen a dentist for preventative care in the past 12 months[xxx]. Fewer than 10% of parents statewide reported that they had delayed needed dental care for their child in the past year[xxxi]. Children's Colorado remains committed to this issue but is gratified that more children are receiving the care they need.

Conclusion

This report is the culmination of an inclusive and far-reaching effort to gather input from a wide range of stakeholders. The document was available for public comment from October 18, 2018 to December 19,2018 and was approved by the Children's Hospital Colorado Board of Directors on December 20,2018.

Children's Hospital Colorado is proud of its work with the community and the leadership role it plays in supporting the mental, emotional and physical health of every child in our great state. We wish to thank the hundreds of parents and community members who lent their voices to this health needs assessment. Through surveys, focus groups, community meetings and one-on-one conversations, we gathered important insight into the issues that families care about. Our promise is that we will act on what we heard and will continue to partner with the community to improve the health and wellbeing of all children in Colorado.

As a first step, we will incorporate the findings of this assessment into an action plan that will guide our community-based efforts for the next three years. We will consult with our many partners in the development of that plan, and will have a final version available by May 2019. We look forward to documenting ways that we can continue the successful programs we have already established as well as exploring new ways to effectively address the priority issues.

We also welcome continued feedback both on the content of this report and our strategies for addressing community health needs. Comments, questions and suggestions can be sent to communitybenefit@childrenscolorado.org.

Appendix A – Key Informant Interview Guide

Name: _____

Title: _____

Organization: _____

Date of Interview: _____

Organization

1. I would like to confirm that your organization's primary business is _____?
2. What target population (s) do you primarily serve?
   - Prompt: age range and type of population
3. What geographic area do you primarily serve?
4. Approximately how many individuals do you serve annually? [If applicable, separate estimates by adult and child]

Health needs

5. When you consider the children (birth to 17) in the geographic area that you serve, in your opinion, what are the top three most critical health needs or concerns for children? Please select from the list below, or you can select health needs that are not listed here.

- □ Accidents and injuries
- □ Asthma
- □ Care for children with special needs (physical, emotional, developmental or behavioral)
- □ Dental care
- □ Diabetes
- □ Early child care and education
- □ Healthy pregnancies and childbirth (not teen pregnancy)
- □ Immunizations (vaccines) and infectious diseases
- □ Mental or behavioral health
- □ Nutrition
- □ Obesity
- □ Physical activity
- □ Respiratory health other than asthma
- □ (COPD, cystic fibrosis)
- □ Sexual health
- □ Suicide prevention
- □ Teen pregnancy

Other (please specify) _____

- Critical Health Need #1 _____
- Critical Health Need #2 _____
- Critical Health Need #3 _____

6. Why do you consider these high priority needs or concern?
   - Issue #1:
   - Issue #2:
   - Issue #3:

7. Which subgroups are at a higher risk or are disproportionately affected by this need / concern in this community?

Age groups

Ages	Issue #1	Issue #2	Issue #3
Infants (0 to less than a year)			
Toddlers (1 to 2)			
Preschoolers (3 to 5)			
Middle childhood (6 to 11)			
Young Teens (12-14)			
Teenagers (15-17)			
All age groups (0 to 17)			

Vulnerable populations

Population	Issue #1	Issue #2	Issue #3
Low-income children			
Children of color			
Children with special health care needs			
Children or teens who identify as lesbian, gay, bisexual or transgender			
Homeless children			
Immigrant children			
Refuge children			
Other (please specify)			

8. Based on your experience and expertise, what are the key factors that create barriers to addressing this critical health need? *(Select the top 3 responses.)*

	Issue #1	Issue #2	Issue #3
Access to benefits (Medicaid, WIC, food stamps)			
Access to or cost of child care			
Bullying and other stressors in school			
Child abuse and neglect			
Crime and community violence			
Domestic violence			
Educational needs			
Family member alcohol or drug use			
Housing			
Hunger or access to healthy food			
Lack of employment opportunities			
Legal problems			
Parenting education (parenting skills for child development)			
Safe neighborhoods and places for children to play			
Social media			
Traffic safety			
Transportation challenges			
Other (please specify)			

9. Does your organization provide programs, services or supports to address these needs? If yes, what does your organization do to specifically address this need?
   - □ Yes
   - □ No

If yes, please describe the programs / services / supports.

- Issue #1:
- Issue #2:
- Issue #3:

10. What are other organizations or efforts in the community that specifically address this need?
    - Issue #1:
    - Issue #2:
    - Issue #3:

11. Does your organization partner with these organizations (mentioned in question 10) to address similar needs? If yes, how?
    - Issue #1:
    - Issue #2:
    - Issue #3:

The next set of questions asks about how Children's has and can help address these issues in partnership with your organization.

12. Does your organization have a strategic plan? If so, does the strategic plan have goals or objectives aims at population health and/or partnerships with hospitals?
13. Over the next three years (2019-2021), what are ways in which Children's and your organization could partner to address
    - Issue #1:
    - Issue #2:
    - Issue #3:

14. Do you have any other feedback on approaches to address these needs?
    - Issue #1:
    - Issue #2:
    - Issue #3:

Conclusion

We are looking for additional input for our community health needs assessment. Would your organization be interested in helping us with any of the following?

- Referring individuals to focus groups
- Providing lists of individuals we could include in an online survey
- Providing input on how to prioritize the current needs once we have completed our data collection?

Are there any other resources we should consider as part of this assessment?

Appendix B – Focus Group Discussion Guide

Facilitator and assistant roles

- **Facilitator** – Welcome participants, use small talk to create a warm and welcoming environment for early arrivers, lead a quick introduction, ask questions, pause and use probes, control your reactions to participants (to avoid biases), use group control techniques to manage "experts", dominant talkers, shy participants, and ramblers, debrief with assistant after meeting
- **Assistant** – Help with set-up and signs to help participants find their way to the room, arrange room, welcome participants, take notes and/or manage the records, do not participate in discussion, help with time-keeping, distribute gift cards and evaluation to participants and debrief with facilitator after focus group

Tips for facilitator

- Address everyone by their first name when you probe them or ask them a clarifying question which will help build comfort and help with transcriptions.
- Treat your participants as experts especially when you tell them why they are here.
- Listen for inconsistent comments and probe for understanding.
- Listen for vague or cryptic comments and probe for understanding.
- Keep your questions open-ended to encourage more elaborate and meaningful answers.
- If there are non-verbal cues that demonstrate agreement with a comment that is said, ask others who nodded their head to further elaborate and/or ask participants who agree with the topic (e.g., obesity is a critical health need) to raise their hand and then announce the participant count, "8 of you agree that obesity is a critical health need."
- When a major point is made, summarize what you hear and also engage others to provide insights, "So what I hear you saying is…" "What do other people think?"
- Call on people who are not speaking up. If calling on people feels uncomfortable or does not promote talking, you can also do this by asking a question and going around the circle of people so everyone can speak in turn. Or, you can say more generally, "for the next few minutes, let's all listen to people who haven't spoken yet." Reiterate that each participant is an expert in the topic and has something to contribute.
- For questions 2 and 3, make sure you have heard from everyone.
- For dominant talkers, politely acknowledge them and ask to hear from others, "John, it seems like you've had a lot of experience with this topic. I'd like to hear what others hear about it. Who else would like to share?"
- If you are concerned that early responders will influence others, you can ask participants to make a list on paper before responding and then list all responses on a flip chart followed by group discussion.
- For disruptive talkers, remind the group of the ground rules of not talking over one another and listening to other people speak.
- For ramblers, discontinue eye contact after 20-30 seconds. As soon as he/she pauses, ask the next question or repeat the question for others to answer. You can redirect them by asking, "Can you tell me how that relates to [topic]?" "Earlier you said X. Can you tell me a bit more about that?"

Focus Group Facilitator Guide

Arrival (5 min)

- Check-in with greeter.
- Ensure room is set up and there is signage up to help participants find their way.
- As participants arrive, ask them to write their first name on a name card and place it in front of them where they decide to sit.
- Show participants where they can get food, drink, and restrooms.
- Use this time to set the tone for the focus group – have casual dialogue with early arrivers.

Welcome (5 min)

- Introduce yourself and assistant
- Explain topic, what results will be used for, and why this group was selected (emphasize their expertise in the topic)
- Thank everyone for volunteering their time
- Guidelines
  - Ask participants to turn off / silence phones
  - Assure anonymity and that we will used first names only during discussion
  - Assure that there are no right or wrong answers
  - Explain why we are recording, ask for one person to speak at a time and ask participants not have side conversations
  - Tell participants that they do not need to agree with one another, but respectfully listen as others share their views
  - To encourage participation, tell the group "to make the most of our time together and because we want to hear from all of you, we are going to ask everyone to participate".
  - Explain the role of the facilitator, which is to guide the discussion and will jump in to redirect the conversation if it goes off-topic, if there is need for further explanation, and to encourage participation
  - Logistics – length of session, where the bathroom is, where refreshments are
  - Have fun!

Introductions (5 min – assistant should start recorder)

- Ask participants to say their first name, how many children they have, and one important aspect a healthy childhood.
- Facilitator will start and then ask the person to their left or right to continue.

Questions (40 min)

1. **(5 min)** Let's continue the discussion about healthy childhoods. When you think about children and youth in your community, what does a healthy childhood look like?
2. **(15 min)** What are the most critical health needs impacting children in your community? *(Make sure you have heard from everyone and tally votes for health needs that several participants are in agreement about.)*
   - Probes:
     - "Can you say more about why X is a critical health need in your community?"
     - "Can you explain what are the challenges with making children with X healthier?"
3. **(15 min)** What is needed for children in your community to lead a healthier life? *(Make sure you have heard from everyone.)*
   - Probes:
     - "What resources are needed that are not currently available?" Probing here should focus on more formal resources, such as health care, school, community centers, social services, recreation centers, community programs, library/books, online resources
     - "What kind of support is needed?" Probe for more informal support such as friends, family, neighbors, friends from church, coworkers
     - "What challenges currently exist to accessing these resources or this support?"
4. **(5 min)** Use this time to ask participants what they thought was the most important topic that was discussed overall, as a round-robin question that all respondents answer.

If time, you can also ask the group what you have missed or if there are any additional comments anyone would like to make. Also, if there are any unclear points from the discussion, use this time to clarify those.

Wrapping up (5 min)

- Thank everyone for their time and let them know how / when they can find the completed CHNA.
- Ask participants to complete evaluation survey
- Assistant completes gift card forms with participants and distributes them

Appendix C – Parent Survey Questions

Parent survey

Before starting the survey, please note that we are asking for responses from parents or caregiversof children ages 0-17 who live in their home in Adams, Arapahoe, Denver, or Douglas counties only. Thank you.

Please answer questions 1-14 about yourself and the children living in your home.

1. What county * do you live in?
   - □ Adams
   - □ Arapahoe
   - □ Denver
   - □ Douglas
   - □ Other (please specify) _____

2. What zip code do you live in? _____

3. How many children age 0 to 17 currently live in your home?*

4. How old is/are the child/children in your home? Mark all that apply*
   - □ Under 1 year
   - □ 1 to 2 years
   - □ 3 to 5 years
   - □ 6 to 11 years
   - □ 12 to 14 years
   - □ 15 to 17 years

5. Is/are your child/children Hispanic, Latino/a or Spanish origin?
   - □ Yes - Some or all of my children are of Hispanic, Latino/a, or Spanish origin
   - □ No - None of my children are of Hispanic, Latino/a, or Spanish origin

6. What are the race(s) of the child/children living in your home. Mark all that apply.
   - □ White
   - □ Black or African American
   - □ American Indian or Alaska Native
   - □ Asian
   - □ Pacific Islander
   - □ More than one race
   - □ Other (please specify) _____

7. What kind of health insurance does/do your child/children have? Mark all that apply.
   - □ Medicaid
   - □ CHP+
   - □ Private or commercial insurance
   - □ Medicare
   - □ Tricare
   - □ My child does not have health insurance
   - □ Other (please specify) _____

8. What is your household income? Mark ONE response.
   - □ $0 to $24,999
   - □ $25,000 to $49,999
   - □ $50,000 to $74,999
   - □ $75,000 to $99,000
   - □ $100,000 or more
   - □ Don't know/prefer not to answer

9. During the past 12 months, where did you usually take your child/children for routine medical care suchas check-ups? Mark one response.
   - □ Doctor's office
   - □ A hospital emergency room
   - □ An emergency room not in a hospital
   - □ Urgent care clinic
   - □ Retail clinic like Walgreens or King Soopers
   - □ School-based health center
   - □ My child/children does/do not have a usual place for medical care
   - □ My child/children did not need medical care in the last 12 months
   - □ Other (please specify) _____

10. During the past 12 months, where did you usually take your child/children fori mmediate medical care for issues such as high fever, vomiting, or injury? Mark one response.
    - □ Doctor's office
    - □ A hospital emergency room
    - □ An emergency room not in a hospital
    - □ Urgent care clinic
    - □ Retail clinic like Walgreens or King Soopers
    - □ School-based health center
    - □ My child/children did not need immediate care in the last year
    - □ Other (please specify) _____

11. What are some reasons that my prevent or delay you from getting medical care for your child/children? Mark up to 3 responses.
    - □ Am not sure how to find a doctor
    - □ Unable to afford to pay for care
    - □ Unable to schedule an appointment when needed
    - □ Unable to find a doctor who knows or understands my culture or religious beliefs
    - □ Unable to find a doctor who takes my insurance
    - □ Do not have insurance to cover medical care
    - □ Challenges getting to the doctor's office
    - □ Doctor's office does not have convenient hours
    - □ Do not need to see a doctor
    - □ Other (please specify) _____

12. During the past 12 months, have you or any of family members you live withb een unable to get any of the following when it was really needed? Check all that apply. *If you were able to get all of the following resources when you needed them, please mark, "NONE - we were able to get all these things when they were needed."*
    - □ Food
    - □ Housing
    - □ Utilities (electricity, gas, etc.)
    - □ Transportation
    - □ Clothing
    - □ Child care
    - □ Medicine or health care
    - □ Phone
    - □ NONE - we were able to get all of these things when they were needed
    - □ Other (please specify) _____

13. During the past 12 months, has a doctor, nurse, or other health care worker talked with you about your ability to get or pay for any of the following? Check all that apply.
    - □ Food
    - □ Housing
    - □ Utilities (electricity, gas, etc.)
    - □ Transportation
    - □ Clothing
    - □ Child care
    - □ Medicine or health care
    - □ Phone
    - □ None of these things were discussed
    - □ Other (please specify) _____

14. During the past 12 months, what community resources have you used? Mark all that apply.

- □ Child protective services
- □ Mental health programs or services
- □ Health and human services
- □ Public health department
- □ Domestic violence services
- □ Employment or unemployment services
- □ Food or nutrition programs
- □ Housing or shelter services
- □ Immigration services
- □ Law/legal services
- □ Recreation centers
- □ Public libraries
- □ Senior services
- □ NONE
- □ Other (please specify) _____

The goal of the next question (Question 15) is to understand what you think are the most critical health needs for children in your community. Please answer the next question about children who live in your community, not just your children.

15. When you think about the most critical health needs for children in your community, please rank each health need below on a scale of 1 to 3, with 1 being less critical and 3 being very critical. If you think of a health concern that is not listed here, please write it in under "other" and provide your ranking.*

	1 - Less critical	2 - Somewhat critical	3 - Very critical	Not sure
Accidents and injuries	☐	☐	☐	☐
Asthma	☐	☐	☐	☐
Care for children with special needs (physical, emotional, developmental or behavioral)	☐	☐	☐	☐
Dental care	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐
Early child care and education	☐	☐	☐	☐
Healthy pregnancies and childbirth (not teen pregnancy)	☐	☐	☐	☐
Immunizations (vaccines) and infectious diseases	☐	☐	☐	☐
Mental or behavioral health	☐	☐	☐	☐
Nutrition	☐	☐	☐	☐
Obesity	☐	☐	☐	☐
Physical activity	☐	☐	☐	☐
Respiratory health other than asthma (COPD, cystic fibrosis)	☐	☐	☐	☐
Sexual health	☐	☐	☐	☐
Suicide prevention	☐	☐	☐	☐
Teen pregnancy	☐	☐	☐	☐
Other (please specify health need and your ranking)				

***The goal of the next question (Question 16) is to understand what you think are other critical needs or concerns that affect child health in your community. Please answer the next question about children who live in your community, not just your children.**

16. When you think about other critical needs or concerns that affect child health in your community, please rank each community concerns below on a scale of 1 to 3, with 1 being less critical and 3 being very critical. If you think of a concern that is not listed here, please write it under "other" and provide your ranking.*

	1 - Less critical	2 - Somewhat critical	3 - Very critical	Not sure
Access to benefits (Medicaid, WIC, food stamps)	☐	☐	☐	☐
Access to or cost of child care	☐	☐	☐	☐
Bullying and other stressors in school	☐	☐	☐	☐
Child abuse and neglect	☐	☐	☐	☐
Crime and community violence	☐	☐	☐	☐
Domestic violence	☐	☐	☐	☐
Educational needs	☐	☐	☐	☐
Family member alcohol or drug use	☐	☐	☐	☐
Housing	☐	☐	☐	☐
Hunger or access to healthy food	☐	☐	☐	☐
Lack of employment opportunities	☐	☐	☐	☐
Legal problems	☐	☐	☐	☐
Parenting education (parenting skills for child development)	☐	☐	☐	☐
Safe neighborhoods and places for children to play	☐	☐	☐	☐
Social Media	☐	☐	☐	☐
Traffic safety	☐	☐	☐	☐
Transportation challenges	☐	☐	☐	☐
Other (please specify concern and your ranking)				

Thank you for your input!

Appendix D – Spanish Language Survey

Encuesta para padres

Responda las preguntas 1-14 sobre usted y los niños que viven en su casa.

1. ¿En qué condado vive?*
   - □ Adams
   - □ Arapahoe
   - □ Denver
   - □ Douglas
   - □ Otro (especifique) _____

2. ¿En qué código postal vive? _____

3. ¿Cuántos niños de 0 a 17 años viven en su casa?*

4. ¿Cuántos años tienen los niños que viven en su casa? Marque todo lo que corresponda.*
   - □ Menos de 1 año
   - □ 1 a 2 años
   - □ 3 a 5 años
   - □ 6 a 11 años
   - □ 12 a 14 años
   - □ 15 a 17 años

5. ¿Alguno de sus hijos es de origen hispano, latino o español? Marque todo lo que corresponda.
   - □ Sí, algunos o todos mis hijos son de origen hispano, latino o español.
   - □ No, ninguno de mis hijos es de origen hispano, latino o español.

6. ¿De qué raza son los niños que viven en su casa? Marque todo lo que corresponda.
   - □ Blanco
   - □ Negro o afroamericano
   - □ Indio americano o nativo de Alaska
   - □ Asiático
   - □ Isleño del Pacífico
   - □ Más de una raza
   - □ Otro (especifique) _____

7. ¿Qué tipo de seguro de salud tienen sus hijos? Marque todo lo que corresponda.
   - □ Medicaid
   - □ CHP+
   - □ Seguro privado o comercial
   - □ Medicare
   - □ Tricare
   - □ Mi hijo no tiene seguro de salud
   - □ Otro (especifique) _____

8. ¿Cuál es su ingreso familiar? Marque UNA respuesta.
   - □ $0 to $24,999
   - □ $25,000 to $49,999
   - □ $50,000 to $74,999
   - □ $75,000 to $99,000
   - □ $100,000 o más
   - □ No sé / Prefiero no contestar

9. En los últimos 12 meses, ¿a dónde llevó habitualmente a sus hijos para que recibieran atención médica de rutina, como exámenes médicos generales? Marque una respuesta.
   - □ Consultorio médico
   - □ Sala de emergencias de un hospital
   - □ Sala de emergencias que no está en un hospital
   - □ Clínica de atención urgente
   - □ Clínica de una tienda minorista como Walgreens o King Soopers
   - □ Centro de salud basado en la escuela
   - □ Mis hijos no tienen un lugar habitual para recibir atención médica.
   - □ Mis hijos no necesitaron recibir atención médica en los últimos 12 meses.
   - □ Otro (especifique) _____

10. En los últimos 12 meses, ¿a dónde llevó habitualmente a sus hijos para que recibieran atención médica inmediata, por problemas como fiebre alta, vómito o lesión? Marque una respuesta.
    - □ Consultorio médico
    - □ Sala de emergencias de un hospital
    - □ Sala de emergencias que no está en un hospital
    - □ Clínica de atención urgente
    - □ Clínica de una tienda minorista como Walgreens o King Soopers
    - □ Centro de salud basado en la escuela
    - □ Mis hijos no necesitaron recibir atención médica inmediata en los últimos 12 meses.
    - □ Otro (especifique) _____

11. ¿Cuáles son las razones que pueden impedir o demorar que usted busque atención médicap ara sus hijos? Marque hasta 3 respuestas que sean las que mejor apliquen a su caso.
    - □ No estoy segura de cómo buscar un médico.
    - □ No puedo pagar la atención.
    - □ No puedo programar una cita cuando la necesito.
    - □ No puedo encontrar un médico que conozca o entienda mi cultura o creencias religiosas.
    - □ No puedo encontrar un médico que acepte mi seguro.
    - □ No tengo seguro que cubra la atención médica.
    - □ Dificultades para ir al consultorio del doctor.
    - □ El consultorio médico no tiene horario conveniente.
    - □ No necesito ver a un doctor.
    - □ Otro (especifique) _____

12. En los últimos 12 meses, ¿usted o alguno de los miembros de su familia que viven con ustedn o ha podido recibir alguno de lo siguiente cuando realmente lo necesitaba? Seleccione TODO lo que corresponda. *Si pudo obtener todos los siguientes recursos cuando los necesitaba, marque "NINGUNO. Pudimos obtener todas estas cosas cuando las necesitamos".*
    - □ Alimentos
    - □ Vivienda
    - □ Servicios públicos (electricidad, gas, etc.)
    - □ Transporte
    - □ Ropa
    - □ Cuidado de los niños
    - □ Medicamentos o atención médica
    - □ Teléfono
    - □ NINGUNO. Pudimos obtener todas estas cosas cuando las necesitamos.
    - □ Otro, especifique _____

13. En los últimos 12 meses, ¿ha hablado con usted un médico, enfermera u otro trabajador de servicios de la salud sobre su capacidad para obtener o pagar cualquiera de lo siguiente? Seleccione TODO lo que corresponda.
    - □ Alimentos
    - □ Vivienda
    - □ Servicios públicos (electricidad, gas, etc.)
    - □ Transporte
    - □ Ropa
    - □ Cuidado de los niños
    - □ Medicamentos o atención médica
    - □ Teléfono
    - □ No se ha hablado de ninguna de estas cosas.
    - □ Otro, especifique _____

14. En los últimos 12 meses, ¿qué recursos de la comunidad ha utilizado? Marque todo lo que corresponda.

- □ Servicios de protección de menores
- □ Programas o servicios de salud mental
- □ Salud y servicios humanos
- □ Departamento de salud pública
- □ Servicios para casos de violencia doméstica
- □ Servicios de empleo o desempleo
- □ Programas de alimentos o nutrición
- □ Vivienda o servicios de albergues
- □ Servicios de inmigración
- □ Servicios jurídicos/legales
- □ Centros de recreación
- □ Bibliotecas públicas
- □ Servicios para adultos mayores
- □ NINGUNO
- □ Otro (especifique) _____

El objetivo de la siguiente pregunta (pregunta 15) es entender cuáles cree usted que son las necesidades de salud más críticas de los niños de su comunidad. Responda la siguiente pregunta sobre los niños que viven en su comunidad, y no sólo sobre sus hijos.

15. Cuando piense en las necesidades de salud más críticas de los niños de su comunidad, califique cada necesidad de salud a continuación en una escala del 1 al 3, donde 1 es menos crítica y 3 es muy crítica.* *Si piensa en una necesidad de salud crítica que no esté mencionada aquí, anótela debajo de "otras" e indique su calificación.*

	1 - Menos crítica	2 - Algo crítica	3 - Muy crítica	No estoy seguro/a
Accidentes y lesiones	☐	☐	☐	☐
Asma	☐	☐	☐	☐
Cuidado de los niños con necesidades especiales (físicas, emocionales, de desarrollo o conductuales)	☐	☐	☐	☐
Atención dental	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐
Cuidado y educación infantil tempranos	☐	☐	☐	☐
Embarazos y partos saludables (no embarazos de adolescentes)	☐	☐	☐	☐
Inmunizaciones (vacunas) y enfermedades infecciosas	☐	☐	☐	☐
Salud mental o conductual	☐	☐	☐	☐
Nutrición	☐	☐	☐	☐
Obesidad	☐	☐	☐	☐
Actividad física	☐	☐	☐	☐
Salud respiratoria, excepto asma (EPOC, fibrosis quística)	☐	☐	☐	☐
Salud sexual	☐	☐	☐	☐
Prevención de suicidios	☐	☐	☐	☐
Embarazo de adolescentes	☐	☐	☐	☐
Otras (especifique la necesidad de salud crítica y su calificación)				

El objetivo de la siguiente pregunta (pregunta 16) es entender cuáles cree usted que son otras necesidades o problemas críticos que afectan la salud de los niños de su comunidad. Responda la siguiente pregunta sobre los niños que viven en su comunidad, y no sólo sobre sus hijos.

16. Cuando piense en otras necesidades o problemas críticos que afectan la salud de los niños de su comunidad, califique cada inquietud de la comunidad a continuación en una escala del 1 al 3, donde 1 es menos crítica y 3 es muy crítica. *Si piensa en otra necesidad crítica de la comunidad que no esté mencionada aquí, anótela debajo de "otras" e indique su calificación.**

	1 - Menos crítica	2 - Algo crítica	3 - Muy crítica	No estoy seguro/a
Acceso a beneficios (Medicaid, WIC, cupones de alimentos)	☐	☐	☐	☐
Acceso a cuidados infantiles o costo de estos cuidados	☐	☐	☐	☐
Intimidación (bullying) u otros factores de estrés en la escuela	☐	☐	☐	☐
Abuso y negligencia infantil	☐	☐	☐	☐
Delincuencia y violencia en la comunidad	☐	☐	☐	☐
Violencia doméstica	☐	☐	☐	☐
Necesidades educativas	☐	☐	☐	☐
Consumo de alcohol o drogas por parte de un miembro de la familia	☐	☐	☐	☐
Vivienda	☐	☐	☐	☐
Hambre o acceso a alimentos saludables	☐	☐	☐	☐
Falta de oportunidades de empleo	☐	☐	☐	☐
Problemas legales	☐	☐	☐	☐
Educación para padres (habilidades de crianza para el desarrollo de los hijos)	☐	☐	☐	☐
Vecindarios y lugares seguros para que los niños jueguen	☐	☐	☐	☐
Redes sociales	☐	☐	☐	☐
Seguridad vial	☐	☐	☐	☐
Problemas de transporte	☐	☐	☐	☐
Otras (especifique la necesidad crítica y su calificación)`				

¡Gracias por sus comentarios!

Appendix E – Provider Survey Questions

1. What is your role within your practice?
   - □ Medical assistant
   - □ Nurse practitioner
   - □ Physician
   - □ Physician assistant
   - □ Registered nurse
   - □ School nurse
   - □ Other (please specify): _____

2. 2. In what county is your practice?
   - □ Adams
   - □ Arapahoe
   - □ Denver
   - □ Douglas
   - □ Other (please specify): _____

3. 3. Does your practice accept Medicaid?
   - □ Yes
   - □ No
   - □ Not applicable

4. When you think about the most critical health needs for pediatric patients in your practice's community, please rank each health need below on a scale of 1 to 3, with 1 being less critical and 3 being very critical. If you think of a critical health need that is not listed here, please write it in under "other" and provide your ranking.

	1 - Less critical	2 - Somewhat critical	3 - Very critical	Not sure
Accidents and injuries	☐	☐	☐	☐
Asthma	☐	☐	☐	☐
Care for children with special needs (physical, emotional, developmental or behavioral)	☐	☐	☐	☐
Dental care	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐
Early child care and education	☐	☐	☐	☐
Healthy pregnancies and childbirth (not teen pregnancy)	☐	☐	☐	☐
Immunizations (vaccines) and infectious diseases	☐	☐	☐	☐
Mental or behavioral health	☐	☐	☐	☐
Nutrition	☐	☐	☐	☐
Obesity	☐	☐	☐	☐
Physical activity	☐	☐	☐	☐
Respiratory health other than asthma (COPD, cystic fibrosis)	☐	☐	☐	☐
Sexual health	☐	☐	☐	☐
Suicide prevention	☐	☐	☐	☐
Teen pregnancy	☐	☐	☐	☐
Other (please specify health need and your ranking)				

5. When you think about other critical needs or concerns that affect the health of the pediatric patients in your practice's community, please rank each concern below on a scale of 1 to 3, with 1 beingle ss critical and 3 being very critical. *If you have another community concern that is not listed here, please write it under "other" and provide your ranking.*

	1 - Less critical	2 - Somewhat critical	3 - Very critical	Not sure
Access to benefits (Medicaid, WIC, food stamps)	☐	☐	☐	☐
Access to or cost of child care	☐	☐	☐	☐
Bullying and other stressors in school	☐	☐	☐	☐
Child abuse and neglect	☐	☐	☐	☐
Crime and community violence	☐	☐	☐	☐
Domestic violence	☐	☐	☐	☐
Educational needs	☐	☐	☐	☐
Family member alcohol or drug use	☐	☐	☐	☐
Housing	☐	☐	☐	☐
Hunger or access to healthy food	☐	☐	☐	☐
Lack of employment opportunities	☐	☐	☐	☐
Legal problems	☐	☐	☐	☐
Parenting education (parenting skills for child development)	☐	☐	☐	☐
Safe neighborhoods and places for children to play	☐	☐	☐	☐
Social Media	☐	☐	☐	☐
Traffic safety	☐	☐	☐	☐
Transportation challenges				
Other (please specify concern and your ranking)				

Thank you for your input!

Appendix F – Quantitative Data Indicators

Demographic and Economic Indicators

- Age distribution by county
- Racial and ethnic breakdown of children under 18
- Children (under 18) living in poverty
- Median family income among households with children
- Children (under 18) in a single-parent household
- Children (under 18) living with grandparent who is responsible for caring for them
- Residents (all ages) who are foreign-born
- Children (under 18) who are foreign-born `
- Residents (all ages) who are not U.S. citizens
- Children (under 18) who are not U.S. citizens
- Children ages 5 to 17 who speak a language other than English at home
- Population 25 and over with less than a high school diploma

General health status indicators

- General health status of child (ages 1-14, reported by parents)
- Percent of live births that are preterm (defined as <37 weeks)

Health Care and Coverage Indicators

- Uninsured children (under 18)
- Children (ages 1-14) whose health care meets criteria for all five components of a medical home
- How often doctor is sensitive to family values and customs
- Children (ages 1-14) whose parents report their child does NOT have a place he/she usually goes when he/she is sick or when parent needs advice on child's health
- Type of place child goes to most often when he/she needs care
- Children (ages 0 to 18) enrolled in Medicaid at least some point during FY16-17)
- Children (ages 0 to 18) enrolled in CHP+ at least some point during FY16-17
- Children (ages 0 to 18) who did not get needed doctor care due to cost (2017)
- Children (ages 0 to 18) who did not get needed specialist care due to cost (2017)
- Children (ages 0 to 18) who did not get needed dental care due to cost (2017)
- Children (ages 0 to 18) who did not fill a prescription due to cost
- Average out of pocket medical spending for families, including prescription, dental, vision and other medical expenses

Nutrition and Physical Activity Indicators

- Children in food-insecure families
- Households with children ages 1-14 who sometimes or often felt that the food they bought didn't last, and they didn't have money to get more
- Households with children ages 1-14 who sometimes or often felt that they couldn't afford to eat balanced meals
- Households with children ages 1-14 who sometimes or often could not afford the food they needed in the past year
- Children (ages 1-14) whose parents report their child drank 1 or more sugar-sweetened beverage per day
- Children (ages 1-14) whose parents report their child consumes at least 5 total servings of fruits and/or vegetables per day
- "Children (ages 5-14) whose parents report their child is physically active for at least 60 minutes per day
- Calculated BMI percentile for children (ages 2-14)

Mental health indicators

- Children (ages 1-14) whose parents report their child has difficulties with one or more of the following areas: emotions, concentration, behavior, or being able to get along with other people
- Children (ages 4-14) whose parents reported their child had at least one day in the past month when their child's mental health was not good
- Children (ages 4-14) whose parents reported their child needed mental health care or counseling within the past 12 months
- Of children (ages 4-14) whose parents reported their child needed mental health care or counseling during the past 12 months, the percent that did not receive all needed care
- Of children (ages 4-14) who needed and did not get all needed care, reasons why child did not receive all needed mental health care
- High school students who reported feeling so sad or hopeless for at least two weeks that it interfered with their usual activities
- High school students who reported they had seriously considered attempting suicide during the past 12 months
- High school students who made a suicide attempt during the past 12 months that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse

Substance Use Indicators

- High school students who report having had at least one drink of alcohol on one or more of the past 30 days
- High school students who report having used marijuana one or more times during the past 30 days
- High school students who report having taken a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription one or more times during their life
- High school students who used prescription drugs in the last 30 days without a prescription

Sexual Health Indicators

- High school students who have ever had sexual intercourse
- Chlamydia cases (ages 13-24, rate per 100,000)
- Gonorrhea cases (ages 13-24, rate per 100,000)
- Syphilis cases (ages 13-24, rate per 100,000)

Oral Health Indicators

- Children (ages 1-14) who saw a dentist for preventive dental care during the past 12 months
- Children (ages 1-14) whose parents report delaying or going without needed dental care in the past 12 months)
- Parent's rating of the condition of child's (ages 1-14) teeth

Community Environment Indicators

- How often parents report feeling their child (ages 1-14) is safe in his/her neighborhood

Health disparities indicators (disaggregated by race and by income)

- General health status of child (ages 1-14, reported by parents)
- Children (ages 1-14) whose health care meets criteria for all five components of a medical home
- Calculated BMI percentile for children (ages 5-14)

Appendix G – Quantitative Data Sources

U.S. Census Bureau, 2010 Decennial Census

U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

Colorado Department of Public Health and Environment, 2014-2016 Child Health Surveys

Colorado Department of Public Health and Environment, Vital Statistics Section, 2015-2017 data

Colorado Health Institute and The Colorado Trust, 2017 Colorado Health Access Survey

Colorado Department of Public Health and Environment, 2015 Healthy Kids Colorado Survey

Colorado Department of Public Health and Environment, 2015-2017 NETSS files

Colorado State Demography Office

Appendix H – Internal Data Indicators

- Inpatient visits by facility by county
- Outpatient visits by facility by county
- Emergency visits by facility by county
- BMI distribution for all patient visits by county
- Inpatient visits for mental diseases and disorders by county
- Visits for behavioral health outpatient services by county
- Mortality by service line
- Top 10 diagnoses for inpatient visits by county
- Top 10 diagnoses for outpatient visits by county

Appendix I – Evaluation of the Children's Hospital Colorado Community Health Action Plan

Executive Summary

The Children's Colorado CHAP focused on six health priority areas, as identified in the 2015 CHNA:

- Mental Health
- Physical Activity, Nutrition and Obesity
- Oral Health
- Prematurity and Early Childhood
- Respiratory Health
- Injury Prevention

Each priority area included strategies focused on education and public awareness, trainings, screenings and improving access to care, policy and advocacy efforts and expansion of the workforce in community health. Below are some of the key outcomes from the CHAP:

- **Mental Health** - Children's Colorado worked to reduce mental health stigma within the hospital walls and across Colorado. In 2017, the Hospital Mental Health Stigma Reduction Action Plan was implemented, resulting in an 82% increase in external media and 35% increase in internal communications about mental health. In May 2017, Children's Colorado partnered with 20 statewide organizations to help launch the Let's Talk Colorado online messaging platform, which garnered over 46 million impressions, including nearly 20,000 website page views to date.
- **Physical Activity, Nutrition and Obesity** - In 2016 and 2017, over 100 children were enrolled in Camp Champions, a camp program for low-income, underserved youth who are overweight or obese. Camp Champions aims to improve healthy lifestyles through education and activities, during which Campers increased their vigorous physical activity by an average of 31.5 minutes and 34.0 minutes, respectively.
- **Oral Health** – Each year, more than 1,500 infants and toddlers receive care in the Cavity Free at Three clinic at Children's Colorado. Children are seen in the dental clinic, Child Health Clinic and through community-based clinics, where they receive important preventive services. Children's Colorado also serves as a resource for medical and dental providers training in infant oral health using the Cavity Free at Three model.
- **Prematurity and Early Childhood** - In 2016, Children's Colorado launched a universal psychosocial screening program to identify families with psychosocial needs and provide them with appropriate levels of intervention. In 2017, nearly 8,000 psychosocial screenings were completed in the Child Health Clinic and 68% of families with patients under age 2 were screened. Through this work, Children's Colorado has learned about the evolving psychosocial and social determinants of health that our families face.
- **Respiratory Health** - Just Keep Breathing (JKB), a home-based asthma management program at Children's Colorado, aims to improve care for pediatric patients who are at risk for poor outcomes due to asthma. Since the program began in 2016, 55 patients have received at least one home visit and 36 have completed the program. JKB patients demonstrate significantly improved medication device technique and improved asthma control. Future efforts will focus on expanding to Children's Colorado's primary care clinic and securing sustainable funding.
- **Injury Prevention** - In 2016, 590 car seat inspections were completed, 125 of which came from the community (a local Women's, Infants, and Children (WIC) nutrition program site). In 2017, 1,054 car seat inspections were completed, 192 of which were completed for families residing in targeted Aurora neighborhoods, and 538 subsidized-cost car seats were provided to families in need.

- In addition to Children's Colorado's health priority areas, there were key milestones achieved in our partnerships, community health and policy and advocacy efforts. Below are some highlights of those efforts. **Partnerships**
  - **Schools** - In 2016, Children's Colorado partnered with eight statewide health and education organizations to form the Colorado Alliance for School Health (the Alliance). The Alliance aims to transform how healthcare and education partners collaborate to create sustainable systems that result in health equity among all Colorado students. The planning process will identify best practices and potential demonstration projects for collaborating across systems, as well as develop a policy and advocacy platform to drive sustainable systems change.
  - **Community** - Starting in 2015, Children's Colorado, Tri-County Health Department, Together Colorado and Assuring Better Child Health and Development partnered, as part of a BUILD Health Challenge, to improve health in communities that are adversely affected by upstream factors. Community Health Liaisons and mental health specialists work in a local WIC office, primary care clinic and other community settings to address resource and social-emotional needs for children and families by providing support and referrals to community resources. In the WIC office, the CHLs provided resource support for more than 300 families in 2017, assisting primarily with WIC benefits utilization, Medicaid assistance and diaper or baby supplies.
- **Community Health** - In 2016, Children's Colorado expanded its workforce to include, for the first time, Community Health Liaisons to help patients and families with barriers to care and resource needs, including financial and benefits assistance, food insecurity, transportation and housing needs. In 2017, more than 1,000 Child Health Clinic patients were referred to a Community Health Liaison for resource support.
- **Policy and Advocacy** - Children's Colorado modernized Colorado's newborn screening program by partnering with other child health advocates to successfully advance House Bill 18-1006, a modernization of Colorado's newborn screening law which hadn't been updated in more than 20 years. Colorado's screening program aims to ensure every one of the 67,000 babies born each year in the state receives a screening for potentially life-threatening medical conditions and hearing problems. House Bill 18-1006 makes the newborn screening program more comprehensive, ensures timeliness of screening results and offers an enhanced program for the 2,000 babies each year who fail their hearing screening. The screening ensures that babies and families are swiftly connected to care if there is a risk for a medical condition or hearing loss that needs further evaluation.

This report highlights how Children's Colorado has impacted children and families in our hospital and into the community, with a focus on the six health areas identified in our Community Health Needs Assessment, as well as our partnerships in schools, community and primary care, our work in community health and our policy and advocacy efforts.

References

[i]Krueger, R. A., & Casey, M. A. (2000). Focus groups: A practical guide for applied research. Thousand Oaks, Calif: Sage Publications.

[ii]Sg2 Demographics

[iii]Colorado State Demography Office

[iv]Sg2 Demographics

[v]IBID

[vi]Sg2 Demographics

[vii]U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

[viii]Ibid

[ix]ibid

[x]Sg2 Demographics

[xi]U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

[xii]Ibid

[xiii]Colorado Department of Public Health and Environment, 2014-2016 Child Health Surveys

[xiv]Ibid

[xv]Ibid

[xvi]U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

[xvii]Colorado Department of Health Care Policy and Financing

[xviii]Colorado Department of Public Health and Environment, 2014-2016 Child Health Surveys

[xix]Colorado Health Institute and The Colorado Trust, 2017 Colorado Health Access Survey

[xx]Colorado Department of Public Health and Environment, 2014-2016 Child Health Surveys

[xxi]Ibid

[xxii]Colorado Department of Public Health and Environment, 2014-2016 Child Health Surveys

[xxiii]Colorado Department of Public Health and Environment, 2015 Healthy Kids Colorado Survey

[xxiv]https://drive.google.com/file/d/1LxwLXu_TXfwu_F237Hzhcq5ff4ggNUdw/view

[xxv]https://www.childrenssafetynetwork.org/sites/childrenssafetynetwork.org/files/Colorado%202015%20State%20Fact%20Sheet.pdf

[xxvi]https://www.childrenscolorado.org/community/community-health/injury-prevention/

[xxvii]https://www.marchofdimes.org/materials/premature-birth-report-card-colorado.pdf

[xxviii]https://www.colorado.gov/pacific/coepht/asthma-data-0

[xxix]https://www.colorado.gov/pacific/sites/default/files/DC_CD_fact-sheet_Childhood-Obesity.pdf

[xxx]Colorado Department of Public Health and Environment, 2014-2016 Child Health Surveys

[xxxi]Ibid

Children's Hospital Colorado

Anschutz Medical Campus

13123 East 16th Avenue

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Community Health Needs Assessment

Implementation Plan 2019

Approved by an Authorizing Body of the Children's Hospital Colorado Board of Directors, May 16, 2019.

Table of Contents

Introduction

Children's Hospital Colorado has a 110-year history of working to ensure that all children in Colorado live safe and healthy lives. Our mission is to improve the health of children through the provision of high-quality coordinated programs of patient care, education, research and advocacy. While we pride ourselves on the world class medical care that we provide to children in our facilities, we are also committed to keeping kids out of the hospital by preventing injuries and illness and generating health.

Children's Colorado is a not-for-profit pediatric healthcare network.

3,000+
Pediatric specialists

5,000+
Full-time employees helping to carry out our mission

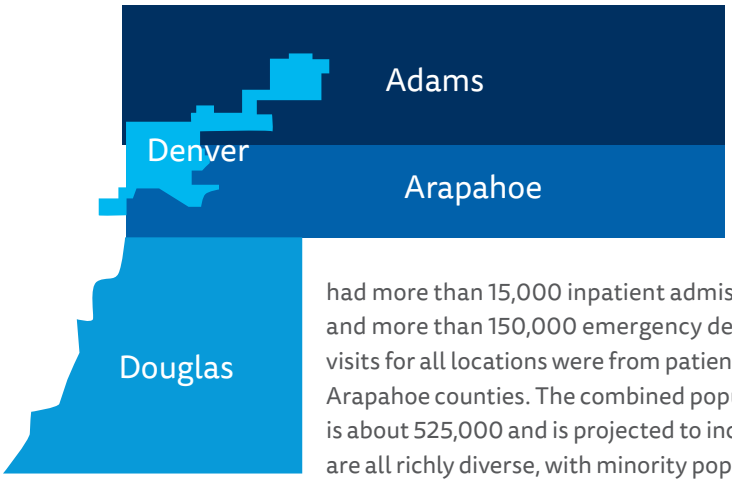
We provide comprehensive pediatric care at our hospital on the Anschutz Medical Campus in Aurora and at several locations throughout the region.

Each year, the network has

15,000+
Inpatient admissions

600,000+
Outpatient visits

Definition of community



While our network serves children in a seven-state region, for the purposes of this implementation plan we have 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. In 2017, we had more than 15,000 inpatient admissions, more than 624,000 outpatient visits, and more than 150,000 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. The combined population of children age 0 to 17 in those counties is about 525,000 and is projected to increase by about 5% by 2023[i]. These counties are all richly diverse, with minority populations ranging from 20% in Douglas County to 70% in Denver County[ii]. While Colorado is generally an affluent state, with an average household income of nearly $75,000, 16% of children in the state are living in poverty. For our four-county area, the rate ranges from a high of 25% in Denver to just 4% in Douglas County.

Additional emphasis is given in this implementation plan to the neighborhood surrounding the main campus in Aurora. Ward 1 of Aurora has a population that is nearly 95% minority, has a poverty level of greater than 30%, and has a median household income of just over $30,000.

Health priorities

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. For the assessment we conducted:

- 44 stakeholder interviews with community and health leaders
- Six focus groups with a total of 48 participants
- A parent survey which generated responses from 582 residents of our four-county community including 409 in English and 173 in Spanish
- A provider survey which generated 108 responses from practitioners in our community
- A comprehensive review of state and county level data on many child health indicators as well as basic demographic information
- A review of internal data on admissions, diagnoses and patient demographics

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 **childrenscolorado.org/globalassets/community/childrens-hospital-colorado-2018-community-health-needs-assessment.pdf.**

Through our needs assessment, we identified five priority areas that will be the focus of our community health improvement work for the next three years:

This plan outlines our three-year goals for each of those priorities and details the strategies we plan to use to tackle these complex issues. It should be noted that these priorities have been important to the hospital for many years, and we have long standing outreach, advocacy and prevention efforts already in place in each of these areas. We are also excited to share new efforts that will be introduced or enhanced in the coming years. We look forward to working with our many community partners to fulfill our commitment to keep all of Colorado's children health and safe.

Methodology

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 then convened a series of five strategy sessions 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 needs assessment. 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.

In addition, we used a set of mutually-agreed upon principles to help narrow the objectives, and to ensure there was coherence and focus to our work.

Guiding principles

Health Equity

Children's Hospital Colorado believes that every child should have the opportunity to live a healthy life. We also recognize that many factors contribute to disparities between different socio-economic and ethnic groups. While 91% of Non-Hispanic White families in Colorado report that their child's health is either very good or excellent, only 84% of Hispanic families and 87% of Black families say that is the case for their children[iii]. Similarly, 92% of Colorado parents with household incomes greater than $50,000 say their child's health is very good or excellent, compared to just 75% of parents with household incomes below $25,000[iv]. We have prioritized offering programs and services that will benefit low-income and vulnerable children.

Children's Hospital Colorado is also physically located in an area that has a higher-than-average minority population and has a lower median income than the rest of the metro area. Because we believe that we have an opportunity to significantly impact the health of those children who live and play closest to us, we have made special efforts to conduct outreach and offer programs in the three-zip-code area nearest us. Many of the objectives in this plan are specific to advancing the health of children who reside in the 80010, 80011 and 80012 zip codes.

Partnerships and community network

Our hospital is one part of a vibrant network of organizations that support the health and wellbeing of children in our community. We strive to be a responsible and reliable community partner. This means sometimes serving as a lead on community programs and advocacy efforts. More often, it means offering our support to other organizations through partnerships, data sharing, and collaborative problem solving. Children's Colorado is working collaboratively with partners in other sectors such as schools, primary care, local government, local public health, and other community-based organizations to identify shared priorities and formalize our commitments to addressing the needs of our community together, so we can maximize our impact.

Social determinants of health

Children's Hospital Colorado recognizes and believes in the growing body of evidence that the conditions in which children are born, grow and live has significant lifelong impact on their health. For that reason, we have chosen to include programs and services that address these social issues, in addition to more traditional medically-focused efforts, as part of our work. Investments in screening for social needs, formalizing referral processes with community partners, data capture and sustaining a workforce of community health navigators is being integrated across our partnerships.

Using data to target efforts

We believe it is important to use data to inform the ways we work with the community. We have access to rich data systems and intend to use the information we have in responsible and innovative ways. Our goal is to ensure that the right preventions and interventions are delivered to the right populations at the right place and time. A component of this work is also striving to understand how we as part of a community network can create a shared language and understanding across our partnerships in terms of how we collect and share information to advance our collective aims on behalf of children and families.

Community engagement and responsiveness

In addition to relying on data to inform our work, we are committed to being responsive to community voice. Our intent is never to "do unto" the community, but rather to listen to the needs and interests of the community and to serve with humility and respect. Within each of the health areas we have prioritized, we are making efforts to not only use data to target our efforts to focus on the populations who are most affected by the health issue, but also to engage more deeply with the affected population to inform our response to the identified needs.

Strategies

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. We also believe that focusing on a few core strategies makes our work more efficient and effective. Those strategies include:

- **Policy and advocacy** — Children's Hospital Colorado often leverages its expertise, brand and credibility to propose, endorse or oppose policy changes and the local, state and national level. We will continue to serve as a leading advocacy voice for children in Colorado.
- **Education and Training** — As a teaching hospital, we recognize the power of sharing knowledge and empowering others to act on behalf of children. Many of our community efforts are designed to share our expertise with those who are closest to children and to increase their professional capacity.
- **Direct services and supports** — At times, providing services and supports directly to patients and their families is the most impactful way to address their health. While we strive to keep our core medical services distinct from our community work, we feel there is also an appropriate time and place for direct services in our community efforts.
- **Screening, Referrals and Navigation** — We have observed that one of the biggest barriers to children leading their healthiest lives is that it is difficult for families to access the services that are available to them. We believe that we have an important role to play in helping families to get appropriate referrals to community resources and assisting with follow-through on those referrals.
- **Innovating new models and roles** — Rapid advancements in technology, medical research and the health care industry are opening exciting new ways for us to do our work, and opportunities to pilot roles that previously did not exist in health care. We are committed to creating the space for our team members to advance new models and programs to effectively serve our community.

Together, our guiding principles and our core strategies help us develop a comprehensive and rational set of objectives for the next three years. We are pleased to share those objectives with the broader community through this plan.

GOALS AND OBJECTIVES

Mental and Behavioral Health

Mental and behavioral health emerged as a top community concern through every method of data collection in our community health needs assessment. Parents, caregivers, medical providers and community leaders all share a belief that the mental health of children is a critical issue. Nearly 1 in 5 parents in Colorado reports that their child has social and emotional challenges, and 15% report that their child requires mental health care or counseling[v].

Children's Hospital Colorado has, for decades, dedicated substantial resources toward improving the mental health of our state's children. Through our 2017 Hospital Mental Health Stigma Reduction Action Plan, we worked to reduce mental health stigma within the hospital walls and across Colorado. We also partnered with 20 statewide organizations to help launch the Let's Talk Colorado online messaging platform, which has garnered tens of millions of impressions to date.

As part of promoting youth mental health and wellness, we are committed to ensuring that all children receive the support they need for healthy social and emotional development and will continue to focus in this area in the coming years.

Goal 1: Advocate for a mental and behavioral health care system that prioritizes the needs of families.

Advocacy is one of our core community health strategies, and we see ample opportunity to advance the mental health of children on a large scale by impacting mental and behavioral health policies at the state and local level.

Goal 2: Reduce the risk of youth suicide through targeted community engagement.

More than one out of six high school students in Colorado has considered committing suicide[vi]. Suicide is also the second leading cause of death for children and youth ages 10 to 24 in our state. Children's Hospital Colorado is uniquely positioned to help identify areas where the risk is greatest and to deliver targeted and effective interventions to prevent any more tragic deaths.

Goal 3: Improve the social emotional wellness of children and families through a combination of clinical and community-based efforts.

One of the most impactful ways that we can affect the well-being of children is to ensure that all families are well informed about the importance of social and emotional development. We will work within our own practice and with our community partners to make relevant and useful information available to a wide audience.

GOALS AND OBJECTIVES

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 to prevent injury and to help keep kids safe. We have completed thousands of car seat inspections and have trained dozens of community partners on child passenger safety. We have partnered with community groups and schools statewide to provide safe driving training to teens. Families and patients have benefited from our safe sleep training and the free portable cribs we have offered. And state level policies aimed at preventing unintended injury have advanced, in part, through our advocacy efforts.

Over the next three years, we will continue our successful evidence-based prevention efforts while also growing the capacity of other organizations to contribute to this important work.

Goal: Implement and evaluate evidence-based, culturally relevant programs to reduce the incidence of unintentional injury.

GOALS AND OBJECTIVES

Prematurity

Premature birth is the second leading cause of infant mortality in Colorado and can create life-long challenges for those babies who survive. Children's Hospital Colorado has been a national leader in preventing and treating premature birth. We believe that we can and will decrease prematurity in our state and are working hard to increase awareness about the importance of prenatal care.

Goal 1: Increase awareness about the contributors of pre-term birth through community and clinical outreach.

Colorado faces one of the highest preterm birth rates of any state in the nation, and Black and African Americans are at greater risk than any other group. We believe that 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.

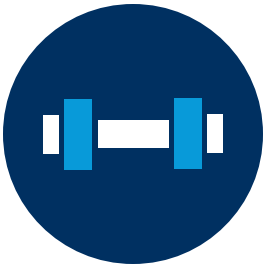
Goal 2: Advance policies to support families and mitigate prematurity at the organizational, local, and state level through education and advocacy.

As with our other priority areas, we see policy and advocacy as one of the core ways we can reduce the number of premature births in our state and improve health care equity.

Goal 3: Improve access to care and supports for families through strengthening community and clinical connections and pathways.

We have observed, that while our community has many resources available to children and their families, it is often difficult to access these resources. Children's Hospital Colorado will work to diminish the complexity of the referral system and to make it easier for those who need support to find it.

GOALS AND OBJECTIVES



Obesity, nutrition and physical activity

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[vii].

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, teaching families about good nutrition through serving as a lead agency for offering the Cooking Matters program, and developing policy recommendations to address food insecurity in our state. Looking ahead, we plan to continue those efforts that have proven effect while also piloting promising new initiatives.

Goal: Reduce obesity rates of children through a combination of clinical and community-based efforts.

While proper clinical care is clearly an important component of reducing obesity, we also firmly believe in working with families and community groups to support overweight and obese children. Over the next few years, we plan to increase our partnerships with community organizations and to test new ways to coordinate our efforts to support healthy lifestyles across our shared population.

Goal: Increase knowledge about and access to quality physical activity options for kids.

Because so many of Colorado's kids continue to struggle with increasing rates of obesity we must continue our work to ensure our youth have regular access to physical activity, regardless of their zip code, income bracket, ethnicity, language of preference, race, gender or age. Our efforts will include a comprehensive approach to continued awareness of the value of regular physical activity and how to have access to quality activity options.

Goal: Increase knowledge about and access to healthy food and quality nutrition service for kids.

While the causes of obesity are complex, it is well known that proper nutrition can help protect against children becoming overweight. Some of the barriers to healthy eating are insufficient public awareness about the importance of the nutrition, and limited access to affordable healthy foods. We intend to give children and families practical and useful information and tangible connections for increasing their consumption of healthy foods.

GOALS AND OBJECTIVES

Asthma and respiratory care

Asthma and respiratory illness is one of the leading causes of both inpatient and outpatient visits at Children's Hospital Colorado. While we pride ourselves on our world class clinical programs for the treatment of these conditions, we are also invested in reducing our patients' need for emergency department and inpatient care.

Through our Colorado Step Up school-centered asthma program, we have helped six school districts improve asthma case management in schools. Our home visitation program has helped families provide a safe home environment for patients. And our advocacy efforts over many years have contributed to a reduction in tobacco use statewide.

Goal: Reduce exposure to tobacco smoke and e-cigarette vapor among children in Colorado.

Indirect and direct exposure to tobacco smoke, nicotine vaport and related products is one of the greatest risk factors for pediatric respiratory illness. We believe we can have the greatest impact on exposure through our policy and advocacy work.

Goal: Increase awareness of respiratory health and ways mitigate threats to respiratory health statewide.

Children's Hospital Colorado is uniquely positioned to communicate with the public about a range of health issues. Using our media presence and other communication channels, we will prioritize improving public awareness about how to protect children's respiratory health.

Goal: Increase access to community-based respiratory health education and care coordination.

We believe that, by sharing our asthma expertise with schools and community organizations, who all play a role in supporting children with this condition, we can help children lead more productive and joyful lives.

GOALS AND OBJECTIVES

Healthy Neighborhoods

Kids can't achieve optimal health if the environments they live and learn in aren't places that support and generate health. We are committed to working with community based partners to further build and grow healthy neighborhoods.

Goal 1: Develop the architecture for a data exchange system that allows key community partners with shared goals and populations to track how families are accessing community resources, and facilitates tracking of outcomes.

Community partnerships play a critical role in addressing social determinants of health, and embracing a holistic approach to health and wellness. Data exchange provides vital connectivity between community organizations and systems to overcome challenges of siloed systems and fragmentation of services—while also simultaneously building capacity to improve how impacts and outcomes data are tracked and captured.

Goal 2: Develop a community-driven engagement process that leads to an effective Community Network co-designed by the communities it serves.

Building a family-centered Community Network that effectively supports families with needs that span across health and social services requires connecting directly to families to understand their realities, and gaining their input and buy-in. Designing, implementing and promoting how a Community Network, which coordinates and connects services across organizations and systems, must therefore include a strong partnership with community members throughout.

Enduring Priorities

Children's Hospital Colorado recognizes that the public health needs of the community are extensive and include many issues not explicitly addressed through our goals and priorities. While our five priority areas will be the focus of our community efforts for the next several years, we will also continue our ongoing efforts in several areas that benefit the community. Of particular interest is oral health. While oral health remains an important public health issue, and was one of our priority needs in 2016, the rates of children in Colorado who are visiting dentists has steadily improved, and as of 2016, 86% of children ages 1 to 14 had a seen a dentist for preventative care in the past 12 months[viii]. Fewer than 10% of parents statewide reported that they had delayed needed dental care for their child in the past year[ix].

While we are gratified that more children are receiving the care they need, Children's Colorado remains committed to this issue. Each year, more than 1,500 infants and toddlers receive care in our Cavity Free at Three clinic. Patients are also seen in our dental clinic, in the Child Health Clinic and through community-based clinics, where they receive important preventive services. Children's Colorado also serves as a resource for medical and dental providers by offering training in infant oral health using the Cavity Free at Three model. Each year, 120 pre-doctoral dental students and 32 pediatric medical resident care providers receive clinical training in infant oral health at Children's Colorado. In the 2018-19 school year, we enhanced our oral health screening, education, and preventive services for young children in Aurora through a partnership with the Aurora Public Schools district, and we look forward to building upon these efforts in the years to come. Finally, we have a history of advocating for policies that increase access to dental care and improve the quality of care and will continue to do so.

Conclusion

Children's Hospital Colorado prides itself on being a trusted partner in the community and on working collaboratively to improve the health of all children in Colorado. Through our work with schools, primary care, and community-based organizations and the legislature, we believe that we can and will ensure that children and their families are well supported and have access to high quality care. We will continue to strive to

- Reduce inequities in the health system
- Improve the environments in which children grow, learn and play
- Create systems-level change that increases the efficiency and effectiveness of diverse organizations
- Push for policies that improve the health and well-being of children and their families

This implementation plan will steer our work for the next three years. We will also continue to seek out innovative and impactful ways to contribute to the health of our community. We also welcome continued feedback on our strategies for addressing community health needs. Comments, questions and suggestions can be sent to communitybenefit@childrenscolorado.org.

We look forward to the work ahead!

Note

Children's Hospital Colorado reserves the right to amend this implementation plan at any time Community health needs may evolve, and adjustments to the goals and strategies described in this plan may be warranted.

Endnotes

[i]Sg2 Demographics

[ii]Ibid

[iii]Colorado Department of Public Health and Environment, 2014-2016 Child Health Surveys

[iv]Ibid

[v]Ibid

[vi]Colorado Department of Public Health and Environment, 2015 Healthy Kids Colorado Survey

[vii]colorado.gov/pacific/sites/default/files/DC_CD_fact-sheet_Childhood-Obesity.pdf

[viii]Colorado Department of Public Health and Environment, 2014-2016 Child Health Surveys

[ix]Ibid

Children's Hospital Colorado

Anschutz Medical Campus

13123 East 16th Avenue

Aurora, CO 80045

Children's Hospital Colorado
Hospital Community Benefit Accountability Report

Appendix B
Public Meeting

Children's Hospital Colorado (CHCO) and Denver Health and Hospital Authority Joint Community Benefit Meeting Agenda

August 4, 2021 (12:00-1:00pm)
August 5, 2021 (6:00-7:00pm)

Presenters:

- Children's Hospital Colorado: Annie Lee, JD; Julie Beaubian BSW; Ellen Cruze, MPH, Sana Yousuf, MPH
- Denver Health and Hospital Association: Stephanie Phibbs, PhD, MPH
- Community Language Cooperative: Andrea Syko
- Professional Sign Language Interpreting: Sarah Augenstein and Natalie Nissing

Agenda

1. Welcome
2. Meeting logistics
    a. Language justice - Accessing American Sign Language and simultaneous Spanish Interpretation
    b. Zoom webinar format
3. Introduction of panelists
4. Meeting objectives
    a. Learn about Hospital Community Benefit Accountability
    b. Learn about Community Health Needs Assessments and implementation strategies to meet identified needs
    c. Advise on the health and social needs that continue to be of concern for the community
5. Overview of Hospital Community Benefit Accountability
6. Community Engagement for Hospital Community Benefit Accountability and Hospital Transformation Program
7. Upstream and downstream interventions for addressing community health
8. CHCO 2018 CHNA
    a. Priority Health and Social Needs
    b. Community Health Implementation Plan
9. CHCO 2021 CHNA Data Collection Approach and Summary Findings
10. Participant Polling on Identified Health and Social Priorities
11. Denver Health 2020 CHNA
    a. 2018-2020 Quantitative Data and Community Engagement
    b. Data and Community Engagement Themes
    c. Community Health Implementation Plan
12. Participant Polling on Identified Health and Social Priorities
13. Discussion and Dialogue
    a. Application of Hospitals' Screening for Non-Medical Social Needs
    b. Impact of COVID on Identified Priorities
    c. Future format of community benefit public meetings

Public Meeting Polling Questions and Results

Hospital	Question	Answer	N (%)
CHCO	Based on your experiences and perspective, do the priorities reflect your community's needs? / Según su experiencia y perspectiva, ¿reflejan estas prioridades las necesidades de su comunidad? (n=18)	Not sure – I can think of others but these priorities seem accurate / No se – creo que hay otras prioridades, pero estas parecen correctas	4 (22%)
		Yes – these priorities seem accurate / Si – estas prioridades son correcta8s	14 (78%)
	Please select the two priorities that reflect the most important needs of children and youth in your community: / Por favor seleccione dos prioridades que reflejen las necesidades más importantes para los niños y jóvenes en su comunidad (n=18)	Mental health needs / Necesidades de salud mental	12 (67%)
		Access to health care and mental health services / Acceso a cuidado de salud y servicios de salud mental	6 (33%)
		Housing Cost / Costo de vivienda	4 (22%)
		Not having enough food / No hay suficiente comida	3 (17%)
		Access to benefits / Acceso a beneficios	2 (11%)
DHHA	Based on your experiences and perspective, do the priorities reflect your community's needs? / Según sus experiencias y perspectiva, ¿reflejan estas prioridades las necesidades de su comunidad? (n=8)	Not sure – I can think of others but these priorities seem accurate / No se – creo que hay otras prioridades, pero estas parecen correctas	1 (13%)
		Yes – these priorities seem accurate / Si – estas prioridades son correctas	7 (88%)
	Please select the one priority that reflects what you consider to be the most important community need? / Por favor seleccione la prioridad que refleje lo que considera que es la necesidad más importante de la comunidad. (n=21)	Enhance Economic Opportunity in Denver through Denver Health's Anchor Institution Initiative / Mejorar las oportunidades económicas en Denver a través de la iniciativa Denver Health's Anchor Institution	13 (62%)
		Improve Child Health and Well-Being / Mejorar el bienestar y la salud infantil	7 (33%)
		Enhance Behavioral Health and Substance Use Services / Mejorar los servicios de salud conductual y uso de sustancias	8 (38%)

All	Question	Answer	N (%)
	Do you prefer hospitals offer joint or separate meetings to engage the community / ¿Prefiere que los hospitales ofrezcan reuniones conjuntas o separadas para involucrar a la comunidad? (n=19)	Separate meetings that focus on one hospital system at a time. / Reuniones separadas que se enfoquen en un sistema de hospitales a la vez	2 (11%)
		Joint meetings that provide information from at least two hospital systems. / Reuniones conjuntas que brinden información de al menos dos sistemas de hospitales	17 (89%)
	How does COVID impact the priority areas / ¿Cómo impacta el COVID las áreas de prioridad? (n=7)	COVID brought forward new priority areas (please share in chat). / COVID resaltó nuevas áreas de prioridad (por favor comparta en el chat)	1 (14%)
		COVID made some existing priorities more urgent, but did not change them. / COVID hizo que algunas prioridades existentes fueran más urgentes, pero no las cambió	6 (86%)
	What are the most important reasons for hospitals to screen patients for non-medical social needs? / ¿Cuáles son las razones más importantes para que los hospitales chequeen sobre necesidades sociales, no médicas? (n=20)	Identify top community needs to guide and support the development of related community partnerships and resources. / Identificar necesidades principales de la comunidad y poder guiar y apoyar la creación de asociaciones y recursos comunitarios	2 (10%)
		To connect individuals with community resources. / Para conectar a los individuos con recursos comunitarios	3 (15%)
		To ensure social needs are incorporated into patient medical care plans. / Para asegurarse de que las necesidades sociales sean incorporadas en el plan de cuidado médico del paciente	3 (15%)
		A combination of all of the above / Una combinación de todas las anteriores	11 (55%)

Email invitations sent June-July 2021

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Children's Hospital Colorado
Hospital Community Benefit Accountability Report

Appendix C
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. [X] Applied uniformly to all hospital facilities [ ] Applied uniformly to most hospital facilities [ ] 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: [ ] 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: [ ] 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

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 13123 EAST 16TH AVENUE AURORA CO 80045 WWW.CHILDRENSCOLORADO.ORG 010417	X		X	X		X	X			A
2 CHILDREN'S HOSPITAL COLORADO - SOUTH 1811 PLAZA DRIVE HIGHLANDS RANCH CO 80129 WWW.CHILDRENSCOLORADO.ORG 01F105	X		X	X		X	X			A
3 CHCHO - AT PARKER ADVENTIST HOSPITAL 9395 CROWN CREST BLVD. PARKER CO 80138 WWW.CHILDRENSCOLORADO.ORG 132405	X		X				X		HOSPITAL UNIT OR HOSPITAL-WITHIN HOSPITAL	A
4 CHCO - COLORADO SPRINGS 4090 BRIARGATE PARKWAY COLORADO SPRINGS CO 80920 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: 2019			
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? If "Yes," indicate the eligibility criteria explained in the FAP:	**13**	X	
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? If "Yes," indicate the eligibility criteria explained in the FAP:		13	X	
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

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			
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

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	☒ 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

Schedule H (Form 990) 2019

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 469 WEST STATE HIGHWAY 7 BROOMFIELD CO 80023	UC,SPECIALTY CARE,OBSERVATION REHAB & SPORT THERAPY LICENSED CMTY CLINIC 18F110
2	CHILDREN'S HOSPITAL CO OP SPECIALTY CARE 4125 BRIARGATE PKWY COLORADO SPRINGS CO 80920	SPECIALTY CARE, ONCOLOGY CLINICS, URGENT CARE
3	CHILDREN'S HOSPITAL COLORADO-UPTOWN 1830 FRANKLIN ST DENVER CO 80218	EMERGENCY CARE, UC, OP SPCLTY, DIAGNOSTIC, OBSERVATION LICENSED CMTY CLINIC 18M127
4	CHILDREN'S HOSPITAL CO THERAPY CARE 8401 ARISTA PLACE BROOMFIELD CO 80021	OT/PT, SPEECH & AUDIOLOGY SERVICES
5	KIDSTREET 3615 MARTIN LUTHER KING BLVD DENVER CO 80205	REHABILITATION & THERAPY SERVICES
6	CHILDREN'S HOSPITAL CO THERAPY CARE PRINTERS PARK MEDICAL PLAZA COLORADO SPRINGS CO 80910	OT/PT, SPEECH & AUDIOLOGY SERVICES
7	CHILDREN'S HOSPITAL CO THERAPY CARE 19284 COTTONWOOD DRIVE PARKER CO 80138	OT/PT, SPEECH & AUDIOLOGY SERVICES
8	CHILDREN'S HOSPITAL CO THERAPY CARE 9139 S RIDGELINE BLVD, #100 HIGHLANDS RANCH CO 80129	REHABILITATION & THERAPY SERVICES
9	CHILDREN'S HOSPITAL CO UC & OP CARE 3455 LUTHERAN PKWY WHEATRIDGE CO 80033	URGENT CARE, SPECIALIST CARE SPORTS MEDICINE
10	CHILDREN'S HOSPITAL CO THERAPY CARE 704 FORTINO BLVD, STE A PUEBLO CO 81008	SPEECH THERAPY, LEARNING 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 9399 CROWN CREST BLVD PARKER CO 80138	SPECIALTY CARE, SPORTS MEDICINE
2	CHILDREN'S HOSPITAL CO ORTHOPEDIC CARE 9094 E MINERAL AVE, SUITE 110 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

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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

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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

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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

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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.

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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

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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

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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

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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

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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

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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

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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

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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.

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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

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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

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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

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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

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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

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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

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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

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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

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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.

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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

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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

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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.

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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

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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

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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

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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

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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

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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

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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.

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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.

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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

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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.

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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

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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

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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

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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

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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

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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

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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,

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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

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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.

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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.

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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.