

2022

Annual Community Benefit Report

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Children's Hospital
Colorado

Executive Summary

When it was founded in 1908 in Denver, Children's Hospital Colorado (Children's Colorado) set out to be a leader in providing the best healthcare outcomes for children. That calling has consistently made us one of top children's hospitals in the nation. Our modern-day mission is to improve the health of children through the provision of high-quality coordinated programs of patient care, education, research, and advocacy. In addition to providing the best possible care for kids who need it, we also work hard to keep kids out of the hospital. Through medical research and advocacy efforts, we are working towards a world where kids are safer and healthier and will one day have less need for a hospital.

As a not-for-profit hospital, Children's Colorado is proud to provide investments that respond to community needs and serve our community. Children's Colorado provides more healthcare services to children covered by Colorado Medicaid than any other provider. In 2022, the health insurance coverage-mix among our patient population in the Denver Metro area included 47.7% of patients covered by Medicaid, 44.9% commercial insurance, 3.2% TRICARE, 1.9% CHP+, and 2.9% all other (including Medicare, cash-pay, uninsured, indigent care, etc.).

In 2022, the Children's Colorado system of care had 21,439 inpatient admissions (up more than 18% over 2021), 627,665 outpatient visits and 212,286 emergency and urgent care visits (up more than 43% over 2021). Children's Colorado's operating margin in 2022 was 4.81%; in 2021 our margin was 6.1% and in 2020 it was 2.7% (inclusive of federal provider relief funds received as a result of the COVID public health emergency).

Children's Colorado submits its Schedule H 990 as a hospital system inclusive of all facilities¹. Children's Colorado strives to apply a uniform, consistent approach to our high-quality approach to care across the whole system of care. Accordingly, there are many leaders, staff, and other resources serving the entire system, rather than allocated to location-specific resources. This integrated system of care allows Children's Colorado to leverage system resources to ensure consistent approaches and cost efficiencies to support the delivery of patient-centered and equitable healthcare to over 276,674 children each year. Consequently, this means that not all costs or investments can be disaggregated down to the level of brick-and-mortar location.

2022 Community Benefit Expense as disclosed in Children's Hospital Colorado 2022 Form 990 filing will be available in fall 2023.

¹ Pursuant to state requirements, we also prepare a *pro forma* Schedule H 990 covering Children's Hospital Colorado, Colorado Springs.



Major community benefit investments in calendar year 2022 included:

- Expanding capacity to treat children and youth with behavioral health needs, an area of extreme and persistent need in Colorado
- Responding to the overwhelming surge of respiratory illness (RSV, flu, COVID-19) in our community
- Providing free and discounted healthcare services
- Provision of school nurse consultation to more than 350 schools and childcares across the state
- Advocating to advance health equity and reduce health disparities
- Addressing social determinants of health through Resource Connect and Healthy Roots Food Clinic including through mobile food distribution with Aurora Public Schools
- Advocating for expansion of health navigators in healthcare systems across the state.
- Addressing health behaviors and risks
- Supporting the Black Health Initiative, which centers community voices and experiences to improve African American patient and family experiences and health outcomes
- Funding extensive injury prevention work including car seats and safe sleep
- Providing oral health services through the school-based dental center
- Offering health professional education for community-based healthcare providers and students. This includes graduate education for medical residents and fellows as well as for nursing students. This also includes continuing professional education for other health professionals such as community pediatricians and community emergency medical providers
- Funding ongoing pediatric medical research to facilitate cures to childhood diseases and equip the next generation of healthcare providers with the skills needed to expand pediatric access to care
- Operating [Partners for Children's Mental Health](#), a cross-system resource, training, evaluation, and implementation hub in order to bring communities together to increase access to high-quality youth behavioral health services in Colorado

More details on these community investments can be found throughout the report that follows, including whether these are IRS-defined community benefit activities, state-defined community benefit activities, or other community benefit activities.

Overview of Children's Hospital Colorado

Founded in 1908, Children's Colorado has been a leader in providing the best healthcare outcomes for children for more than 115 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 system of care. We have nearly 3,000 pediatric specialists and more than 8,400 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. The Anschutz location in Aurora is the only Level 1 Pediatric Trauma Center in a 7-state region.

In 2022, we made remarkable strides in expanding and enhancing the care we deliver:

- Opened Therapy Care on Telstar, our newest location in Colorado Springs.
- Reopened diagnostic and specialty care services at Children's Colorado Outpatient Care in Parker.
- Re-opened diagnostic, specialty care and urgent care services at Children's Colorado Outpatient Care in Wheatridge.
- Added 83 beds across our system of care on temporary waivers to support historic patient volumes during the largest respiratory surge in Children's Colorado history.

In 2022, the health insurance coverage-mix among our patient population in the Denver Metro area included 47.7% of patients covered by Medicaid, 44.9% commercial insurance, 3.2% TRICARE, 1.9% CHP+, and 2.9% all other (including Medicare, cash-pay, uninsured, indigent care, etc.).



Collaboration Laboratories

In our public meetings in 2022, we shared that we would be launching a series of “Collaboration Laboratories,” or “Collaboratories,” to engage with community members in a more intentional and comprehensive way to listen and receive feedback on our Community Health Implementation Strategy. Between September 2022 and February 2023, we conducted six community engagement meetings, each focusing on a unique piece of our CHIS.

Schedule of Collaboration Laboratory’s completed:

#	Topic	Date	Children’s Hospital Colorado Team
1	Youth Mental Health Awareness	9/30/2022	Partners for Children’s Mental Health
2	The Future of Medicaid	11/1/2022	Medicaid Strategy
3	Youth Suicide Screening & Response	11/10/2022	Clinical Effectiveness
4	Healthier Kids through Public Policy	12/9/2022	Government Affairs
5	Creating Culturally Responsive Environments for Youth to Thrive	12/15/2022	Diversity, Health Equity & Inclusion
6	Social Needs Screening in Colorado Springs	2/15/2023	Social Work and Navigation Teams, Colorado Springs

There were 159 total participants in the six Collaboratories. The 159 attendees (142 unique participants) represented 106 unique organizations serving 26 communities throughout the state. See Figure 1 for visualization of communities represented, which included Aurora, Basalt, Broomfield, Centennial, Colorado Springs, Commerce City, Cortez, Denver, Englewood, Fort Collins, Fort Morgan, Golden, Grand Junction, Greeley-Evans, Greenwood Village, Highlands Ranch, Lakewood, Leadville, Littleton, Louisville, Ouray, Parker, Pueblo, Timnath, Thornton, and Vail.

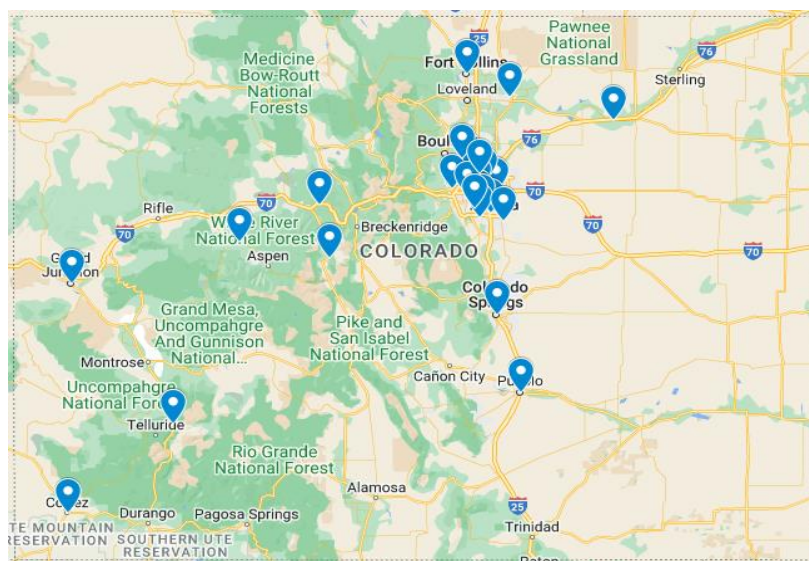


Figure 1. Communities represented in Collaboratory series.

While each Collaboratory focused on a different topic, there were clear cross-cutting themes that emerged. The following table presents the themes and a brief summary of our work to address these findings.

Theme	Context	Actions Being Taken
Social Determinants of Health (SDoH)	Increase efforts and improvements related to addressing social needs of community members. Also, a call for investments in upstream and preventive activities.	<p>We currently screen for social needs in our primary care clinics and will expand to inpatient units in Fall 2023.</p> <p>We are also working to ensure we have the right community partnerships who can help us respond as needs are identified.</p>
Address Stigma & Trust	<p>Increase trust and trustworthiness of medical providers and systems.</p> <p>Trust was closely associated with recommendations related to addressing stigma to increase health care access.</p>	In partnership with youth, we will reevaluate youth-centered advisory boards and councils, beginning with the Pediatric Mental Health Institute's Youth Advisory Council. Additionally, we will reevaluate our other family advisory councils.
Work in Collaboration	Multiple participants suggested that there needs to be more collaboration across systems and disciplines within healthcare.	<p>We will continue to advocate for policy changes requiring public and private payers to adequately cover physical and behavioral health.</p> <p>We will improve partnerships with schools and community-based organizations.</p> <p>We are actively working to enhance care coordination efforts and enable closed-loop referrals.</p>
Support & Work with Caregivers	Participants mentioned the need to support caregivers of youth with complex medical and behavioral health needs.	<p>Our Pediatric Mental Health Institute is working to open a "Center for Transition Services." The goals of this center are:</p> <ul style="list-style-type: none"> • Deepen family support and advocacy • Build effective and engaged care transition teams • Coordinate mental health care • Provide up-to-date information and resources • Address stress and anxiety of navigating complex care environments
CLAS & Population-Specific Needs	Multiple mentions for improving the culturally and linguistically response services (CLAS) for a variety of different populations.	<p>We are working to address language and cultural barriers in screening tools and health services.</p> <p>We are also working to increase the diversity of our frontline healthcare providers, leaders, and also to improve the cultural competence of all team members.</p>



This series has concluded, and we are working with the above-mentioned teams to integrate these themes and feedback.

Our next major community engagement effort will be conducted in 2024 as part of our next Community Health Needs Assessment.

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, schools, 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 2022 to support efforts to engage community members advocating for access to healthcare as well as providing educational sessions for both policymakers and advocates on child health issues of importance.

Caring for Patients and Communities Through the Largest Respiratory Surge in Children's Colorado History*

In 2022, an early respiratory season swept the nation. The surge in patient volumes and acuity that started in August and peaked in November was unlike anything Children's Colorado had experienced in its 114-year history, even surpassing the busiest respiratory seasons. Colorado's respiratory syncytial virus (RSV) pediatric hospitalizations rate was one of the highest in the U.S. At a time when other hospital systems in Colorado had closed many of their pediatric beds, Children's Colorado set all-time records for inpatient and Emergency Department (ED) volumes across our System of Care.

Children's Colorado rapidly developed plans to coordinate and optimize its response to the surge. Team members scaled in extraordinary ways to serve an outpouring of families in need. Across the system of care, 83 new beds were operationalized including expanding emergency and urgent care spaces and obtaining state waivers to convert outpatient and administrative spaces within our hospitals to support additional inpatient beds. Existing team member roles were realigned and large-scale rapid deployment traveler teams were onboarded to staff the new beds and support clinical care operations.

Through these historic and overwhelming volumes, Children's Colorado team members and leaders banded together, created innovative solutions and ensured that their commitment and focus on delivering exceptional patient care never wavered.

Coordinating Patient Placement to Ensure Access to Care

As RSV rates skyrocketed in Colorado communities, incoming calls from providers seeking care for their patients kept increasing despite the hospitals' full capacity and overflowing emergency departments. Hospitals outside of the state of Colorado were also requesting transfers to Children's Colorado facilities due to a lack of bed availability across the country. To efficiently place patients in the right place at the right time, and to optimize patient flow, nurses at Children's Colorado OneCall, the system access center, initiated new workflows and developed new protocols for admission requests to prioritize their pediatric beds for patients who could not be cared for elsewhere.



Each shift, OneCall coordinated calls to local pediatric and adult hospitals to identify available beds for patients awaiting admission. OneCall nurses also coordinated transfers across the sites within the Children's Colorado System of Care at rates previously never seen, developing protocols to move patients and maintain safe care delivery at all sites. Epic optimization were developed and put into production by the nursing team, creating efficiencies for patient placement. The coordination and oversight of the flow of patients was truly an "all hands on deck" effort, and partnership and communication between unit charge nurses and the patient placement nurse was instrumental as team members worked to keep abreast of constant changes.

OneCall also collaborated with the state of Colorado to build a custom reporting field for pediatric beds in the state's Combined Hospital Transfer Center (CHTC), which was created during the early months of the COVID-19 pandemic and reactivated in 2022 to evaluate hospital bed capacity across the state. The new field provides Colorado hospital systems daily transparencies to pediatric bed availability and capacity, allowing them to streamline patient placement and help sick kids access the care they need more quickly.

Expanding Access to Emergency and Urgent Care

Surge tents were set up outside Emergency Departments at Anschutz Medical Campus and the Colorado Springs Hospital to help expand capacity to care for patients. Setting up these tents quickly and safely was a true team effort, pulling in epidemiology, central supply, facilities, information technology (IT) and clinical application services (CAS), environmental services (EVS), clinical educators and more. Stationed inside the tents were an admissions registrar, an EMT, an RN and provider, who were equipped to care for lower acuity patients and their families to help alleviate patient volumes and reduce wait times in Emergency Departments.

Emergency and urgent care spaces at Children's Colorado's South Campus changed dramatically in a short time. Consultation rooms and conference rooms were converted to triage and treat low acuity patients, while former triage rooms and an MRI space were converted to hold ED beds. At North Campus, a former urgent care space that had been used as administrative offices for the past two years was quickly converted back to patient care rooms, adding 10 additional urgent care beds in just two days, while the North Campus Surgery Center was converted to serve as an additional waiting area for urgent care patients and families. This new relocated urgent care served patients seven days a week, with over 100 patients per day during its peak, helping reduce the burden on EDs and other urgent care locations and ensuring timely access to care for more patients during the height of the surge.

At the same time, several ambulatory primary care services locations added weekend hours to see children who did not need an emergency level of care to help reduce wait times and ensure more patients could be seen more quickly. In October, Wheat Ridge Urgent Care was able to reopen after closing due to the pandemic, restoring pediatric urgent care services to the west Denver community. This unique location is a dedicated urgent care space and commonly does not have the wait times seen in EDs, providing excellent and expedited care for minor urgent concerns. This reopening came at a key time to help alleviate surge volumes at other ED and urgent care locations.

Rising Together to Meet the Challenge

The stories shared here represent just a fraction of the monumental efforts of team members in all roles who, together, stepped up to meet the challenge of one of the most significant surges in the nation. Every person at Children's Colorado paused to shift their focus to the immediate, urgent needs of their patients and communities, stepping into roles and duties beyond their typical assignments.

Team members with clinical expertise and active certifications but who were not currently working in frontline roles pitched in to pick up patient care shifts. Emergency department, hospital medicine and PICU teams significantly increased their staffing, with many team members picking up night shifts in addition to their regular daytime hours in order to meet the demands of the surge. Providers from all over the Children's Colorado System of Care also signed up to moonlight in the respiratory care units and EDs, and anesthesiologists from temporarily closed procedure centers took patient care shifts in inpatient units to help manage the huge volume of patients. Quality and safety specialists were deployed directly to the units to provide patient care support. Team members and leaders in all roles, both clinical and non-clinical, picked up comfort rounding shifts, providing snacks, toys, activities and more to help ease the long wait times for patients and families in EDs and urgent cares.

Throughout this trying respiratory season, Children's Colorado team members and their unwavering dedication to caring for children remained at the forefront. The lessons learned from the response to this historic surge prepare Children's Colorado to face any future challenge that may come as they continue to serve as a beacon of hope for children and their families.

COVID-19 Vaccine Access for the Youngest Children*

In addition to maintaining our focus on providing exceptional, quality care for patients and families, Children's Colorado continued to dedicate resources to support pandemic emergency response and mitigate the effects of the pandemic on our community. The state has been able to rely on Children's Colorado's dedicated partnership to support the COVID-19 response and to improve the health of Colorado's children and families.

Children's Colorado hosted the Colorado Department of Public Health and Environment (CDPHE) vaccine buses at 4 of our locations: 1. Anschutz Medical Campus in Aurora, 2. Colorado Springs, 3. South Campus in Highlands Ranch, and 4. North Campus in Broomfield, from June of 2022 to October of 2022. The focus of these clinics were the younger age groups, six months to 4 years of age, 5 to 12, and 12 to 17. The CDPHE buses delivered nearly 10,000 doses across these sites and age populations.

Addressing Vaccine Hesitancy

In 2022, our COVID-19 vaccine hesitancy² work focused on data collection. In collaboration with Health Literacy, Marketing, and Patient/Family Experience, we created an original RedCap survey that gathered information on the incidence of COVID-19 vaccine hesitancy

² Troiano, G., & Nardi, A. (2021). Vaccine hesitancy in the era of COVID-19. *Public health*, 194, 245-251.



among families seen in our Primary Care and Specialty Care clinics. We also assessed where families were in the Stages of Change model and what other factors were contributing to their decision to vaccinate or not. We surveyed 53 families through July 2022. We partnered with a Hospital Medicine Fellow on this work to gather COVID-19 and influenza vaccine hesitancy information in our inpatient population. Although we are still in the process of collecting data, we plan to use this information to create a toolkit for nurses and community providers. In 2022, the multidisciplinary team outlined what the toolkit would include, such as resources about the COVID-19 vaccine and information about motivational interviewing. The results from the research study will help tailor the information provided in the toolkit.

Advocacy

In 2022, our Government Affairs team coordinated testimony from Children's Colorado experts on pending legislation at 32 committee hearings, trained 154 new advocates at our 11th Annual Speak Up for Kids Advocacy Day, and empowered constituents to send 566 emails to state lawmakers on pending kids' health legislation. Examples of our statewide advocacy work in 2022 include:

Advocating to get kids the mental health services they need

Children's Hospital Colorado declared a state of emergency for youth mental health in 2021. Even before the COVID-19 pandemic, children and youth faced a mental health crisis, but the pandemic accelerated these challenges due to the unprecedented isolation and loss of the last two years. In response, Governor Polis and the state legislature committed to spend \$450 million in 2022 with one-time, federal pandemic relief funding to address Colorado's mental health crisis. Children's Hospital Colorado successfully advocated for at least one-third of this funding to support the unique needs of children and youth, who make up one-third of Colorado's population. Targeted funding will invest in mental health promotion, early identification, and treatment services across the care continuum from mental health services in schools, to behavioral health workforce, community grants to support local gaps in child and youth mental health services, care coordination, therapeutic foster care services, and community-based treatment options for kids with complex mental health needs.

In collaboration with our community partners, Children's Hospital Colorado also advocated to strengthen the accountability, transparency and coordination of Colorado's mental health system. House Bill 1278 establishes the new Behavioral Health Administration, which will serve as the single state agency to lead, promote and administer Colorado's state-funded mental health programs. Throughout this process, we advocated for the unique needs of children and youth, securing dozens of amendments to ensure the Behavioral Health Administration will include strong coordination of services for children and youth, including services for the nearly half of Colorado kids who are covered by Medicaid. The work to build the Behavioral Health Administration is just beginning, and the agency will not be fully operational for years, so we also worked to strengthen Colorado's existing system of care. Through House Bill 1214, we sought to strengthen Colorado's crisis system by ensuring that every crisis facility provides services to all Coloradans, regardless of age or the presence of a disability. We also supported Senate Bill 106, which addresses conflicts of interest in Colorado's community mental health and substance use system.

Pursuing Health Equity through Expansions in Access to Care and Health-Related Social Needs

Alongside partners, we expanded kids' access to care as the legislature debated ways to improve equity, reduce costs and align the state and federal health reforms that have taken place over the last several years. Covering all children and helping them to get the routine and preventive care they need is fundamental to achieving health equity in Colorado. That's why we worked with patient and child advocacy groups from across Colorado to support House Bill 1289, which will provide access to Colorado Medicaid and the Child Health Plan Plus (CHP+) during pregnancy and for kids, regardless of their immigration status.

Growing up in extreme poverty often has lifelong impacts on a person's well-being, so improving economic security for families with children can pay generational dividends. House Bill 1259 bolsters family economic security by increasing the basic cash assistance through the state's Temporary Assistance for Needy Families (TANF) program—known as Colorado Works—and improves Colorado's engagement and outreach to families that need the most support. House Bill 1380 utilizes federal pandemic relief dollars to address hunger and food insecurity. The bill also boosts the efficiency of vital public benefit programs like the Supplemental Nutrition Assistance Program (SNAP), Low-Income Energy Assistance Program (LEAP), Medicaid, and Temporary Assistance for Needy Families (TANF).

Community Health Education

Access to Health Education via Digital Platforms

Children's Colorado plays an important role in creating content on various health topics accessible to the general public. The Children's Colorado digital content team developed and/or promoted health education for parents and the community-at-large via www.childrencolorado.org and on our social media channels throughout 2022³.

In 2022, we created and published content on these topics:

- [Ongoing COVID-19 Updates and Resources](#)
- [COVID-19 Vaccine Deliberation Campaign](#)
- [Youth Mental Health Crisis Resources](#)
- [RSV, COVID and Flu Surge](#)
- [Baby formula shortage](#)
- Pediatric conditions
 - [Mechel's Diverticulum](#)
 - [Familial Adenomatous Polyposis](#)
 - [Hereditary Spherocytosis](#)
 - [Splenic Trauma](#)
 - [Superior Mesenteric Artery](#)
 - [Penile skin bridge/penile adhesions](#)
 - [Cavus Foot](#)

³ Gill, H. K., Gill, N., & Young, S. D. (2013). Online technologies for health information and education: a literature review. *Journal of Consumer Health on the Internet*, 17(2), 139-150.



- [Arthrogyposis](#)
- [Cycstic Hygroma](#)
- [Perthes Disease videos](#)
- [Neurofibromatosis](#)
- [Neurogenetics](#)
- [Skeletal Dysplasia](#)
- [Depression](#)
- Specialty-specific resources
 - [Burn resources for families](#)
 - [Burn prevention and home safety](#)
 - [Neurosciences Resources for Families page](#)
- Health literacy and medical animation video review and publishing
 - G-tube education series in [English](#) and [Spanish](#)
 - [Comfort holds](#)
 - [Metopic craniosynostosis](#)

In addition to the content we create and publish on our external website, our media relations team also works to raise awareness and provide education on a variety of health topics. In 2022, here is a sampling of our media stories about COVID, RSV, vaccines, and mental health:

- <https://www.auroratv.org/video/childrens-hospital-colorado-car-seat-safety-tips>
- https://gazette.com/health/eating-disorders-in-colorado-teens-young-adults-rose-during-pandemic/article_f0a58e26-3aae-11ed-a340-df0ded8b6982.html
- <https://www.forbes.com/health/family/how-much-screen-time-kids/>
- https://www.9news.com/article/news/local/next/next-with-kyle-clark/behavioral-health-resource-gap/73-9f7e86f8-3bc8-48ae-bd74-1765b2e895a3?utm_campaign=snd-autopilot
- <https://www.dropbox.com/s/5j3x8pz1zucpbsy/Hundreds%20of%20Suicidal%20Teens%20Sleep%20in%20Emergency%20Rooms.%20Every%20Night.%20-%20The%20New%20York%20Times.pdf?dl=0>
- <https://www.fox21news.com/news/prevention-is-key-to-avoiding-dog-bites/>
- <https://www.denver7.com/news/local-news/couples-newborn-off-to-healthy-start-thanks-to-childrens-hospital-colorado>
- <https://www.cpr.org/2022/11/15/colorado-covid-rsv-flu-childrens-health/>
- <https://www.rmpbs.org/blogs/rocky-mountain-pbs/colorados-youth-mental-health-crisis-gets-worse/>
- <https://www.forbes.com/health/family/start-your-baby-solid-foods/>
- <https://www.longmontleader.com/local-news/two-in-utero-surgeries-save-lives-of-longmont-twins-5677494>

Additionally, our Infectious Disease team creates, editorializes and publishes the biweekly [Bug Watch](#) report, which is highly utilized by community pediatricians and schools.

Community Respiratory Health Education

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 choices⁴. To assist with all of these, Just Keep Breathing and AsthmaCOMP work with families in the home and school settings, respectively.

1. **AsthmaCOMP** has demonstrated significant improvement in clinical asthma outcomes including improved school attendance rates, reduced frequency of asthma symptoms and decreased ER/Urgent Care visits for asthma. The program has also helped train school nurses to become certified asthma educators. In the 2022 school year, this team completed 414 visits with students in 40 elementary schools. Of these students, 93% are eligible for free or reduced school lunch, 91.4% are insured by Medicaid or other public health insurance program, 87% identify as Black, Indigenous, or other people of color, and one in four have a caregiver who is Spanish speaking only. The team also communicated with the families and health care providers supporting our circle of support.
2. **Just Keep Breathing*** utilizes four community health navigators who provide asthma management education in the home setting. The program focuses on improving care for pediatric patients with high-risk asthma in Metro Denver; this year they were able to serve families in rural communities using telehealth. The navigators conduct multiple home visits with each family, focusing on tailored health education, care coordination, barrier identification and navigation, and environmental assessment and remediation. They have conducted home visits with hundreds of children and have demonstrated improved asthma control, improved medication device technique, and reduced emergency department and inpatient utilization for asthma. In 2022, 350 eligible patients were *approached*, 53 patients *were active* in the program, and the team completed 129 home visits. Due to the COVID-19 pandemic, *both telehealth and in-person home visits were completed*.

Healthcare Support Services

For Parents and Caregivers

Children’s Colorado’s [ParentSmart Hotline](#) provides parents and caregivers 24/7 access to experienced pediatric nurse who can provide telephone triage and in-depth information on what may be ailing their child⁵.

In 2021, we answered 39,376 calls.

⁴ Federico, M. J., McFarlane II, A. E., Szeffler, S. J., & Abrams, E. M. (2020). The impact of social determinants of health on children with asthma. *The Journal of Allergy and Clinical Immunology: In Practice*, 8(6), 1808-1814.

⁵ Poole, S., Ambardekar, E., Gablehouse, B., Joslyn, L., Jaramillo, S., Hegarty, T., ... & Todd, J. (2022). Office “Phone First” Systems Reduce Emergency Department/Urgent Care Utilization by Medicaid-Enrolled Children. *Academic Pediatrics*, 22(4), 606-613.



For Community Providers

The After Hours Telephone Care program was developed in 1988 based on pediatrician-identified need to provide health care information and care advice when the office is closed as well as supporting the physician to promote a better work/life balance. As has been reported by several pediatricians, this program has been a huge help in extending their work years as a pediatrician. As occurs for some large clinics, this program also allows the families to access health care when their physician is not available by phone or in the office. Families in the community receive significant benefits from this program through access to timely, helpful advice concerning their child's illness or injury.

In 2021, we answered 64,902 calls to our After Hours Telephone Care program.

Addressing Social Determinants of Health

The immediate impact of the pandemic imposed complex social and economic challenges for many families. The complexity of needs continued to be paramount throughout 2022. Critical needs included food, baby formula, diapers, utility assistance, housing and eviction prevention, and public benefits. Prior to the pandemic, Children’s Colorado had systems in place to address social determinants of health⁶ within our walls and in the community and we were able to rapidly adjust to address the most pressing needs of our families and the community. Data is collected and evaluated continuously to inform our work to ensure we are responsive to the needs of our community.

Community Health Navigation

The health navigation⁷ team plays a critical role in addressing social determinants of health for patients and families in a variety of clinical and community settings addressing needs which became more prevalent during the pandemic. The team provided resource support to almost 7,723 families in 2022.

Resource Connect

According to the American Journal of Public Health, 50% of the variables we can modify to impact community health outcomes are either social or environmental - including factors such as housing stability and food security⁸.

In August 2019, Children’s Colorado opened its new Health Pavilion. On the first three floors are outpatient primary care and specialty providers, dentists, and behavioral health therapists. Through a universal psychosocial screening^{9,10} tool delivered to each patient, patients and families seen in the Health Pavilion who indicate an unmet social need—such as accessing regular meals or uninterrupted electricity at home—are referred to the facility’s fourth floor, Resource Connect,

⁶ Whitman, A., De Lew, N., Chappel, A., Aysola, V., Zuckerman, R., & Sommers, B. D. (2022). Addressing social determinants of health: Examples of successful evidence-based strategies and current federal efforts. *Off Heal Policy*, 1-30.

⁷ Rosenthal, E. L., Brownstein, J. N., Rush, C. H., Hirsch, G. R., Willaert, A. M., Scott, J. R., ... & Fox, D. J. (2010). Community health workers: part of the solution. *Health Affairs*, 29(7), 1338-1342.

⁸ Michael Marmot, Jessica J. Allen, “Social Determinants of Health Equity”, *American Journal of Public Health* 104, no. S4 (September 1, 2014): pp. S517-S519.

⁹ Gottlieb LM, Wing H, Adler NE. A systematic review of interventions on patients’ social and economic needs. *Am J Prev Med*. 2017;53(5):719-29.

¹⁰ Magoon V. Screening for Social Determinants of Health in Daily Practice. *Fam Pract Manag*. 2022 Mar-Apr;29(2):6-11. PMID: 35290006.



where a network of community health navigators and partner organizations are ready to provide wraparound care and support.

Resource Connect comprehensively addresses social needs, including food security, energy assistance, and eligibility for public benefits, legal services, community resource navigation and more. The services provided through Resource Connect promote equitable access to the resources that all families, including families of color and families with low incomes, need to improve their comprehensive picture of health and well-being. This is all accomplished through robust partnerships between Children’s Colorado and community-based organizations.

Any patient who is seen at the Children’s Colorado Health Pavilion—which saw approximately 123,791 healthcare visits in 2022—can be referred to Resource Connect by their provider. Patients and families can access Resource Connect on the same day and within the same building as their clinic visit. Community health navigators and clinical social workers identify families’ particular needs and connect them to partners who are co-located a few doors down in a shared space.

In 2022, Children’s Colorado providers and other team members referred more than 1,700 families to Resource Connect. Of those referrals, 784 referrals were for the Healthy Roots Food Clinic; 319 referrals were for assistance with public benefits; 187 referrals for legal services; 34 for Women, Infants and Children (WIC) program; 160 for housing assistance; and 116 for energy assistance.

More than 90% of Children’s Colorado’s Health Pavilion patients are insured by Medicaid/publicly funded insurance or underinsured/not insured. Families seen at the Health Pavilion are ethnically and racially diverse; many identify as Latino and there is a growing population of immigrant families from Africa, Nepal, and southeast Asia. Approximately 51% of children seen in Resource Connect are age 3 and under.

Food as Medicine

Children’s Colorado is acutely aware of the inextricable link between access to quality, affordable, nutritious food, and health. The American Academy of Pediatrics states, “Children who live in households that are food insecure... are likely to be sick more often, recover from illness more slowly, and be hospitalized more frequently. Lack of adequate healthy food can impair a child’s ability to concentrate and perform well in school and is linked to higher levels of behavioral and emotional problems from preschool through adolescence.”¹¹

This is particularly important in serving communities with higher rates of poverty who struggle with food security. The Food as Medicine initiative at Children’s Colorado aims to integrate the importance of nutrition and health by not only providing food, but also education to help make connections about how healthy food can contribute to healthy children and

¹¹ COUNCIL ON COMMUNITY PEDIATRICS, COMMITTEE ON NUTRITION, Benjamin A. Gitterman, Lance A. Chilton, William H. Cotton, James H. Duffee, Patricia Flanagan, Virginia A. Keane, Scott D. Krugman, Alice A. Kuo, Julie M. Linton, Carla D. McKelvey, Gonzalo J. Paz-Soldan, Stephen R. Daniels, Steven A. Abrams, Mark R. Corkins, Sarah D. de Ferranti, Neville H. Golden, Sheela N. Magge, Sarah Jane Schwarzenberg; Promoting Food Security for All Children. *Pediatrics* November 2015; 136 (5): e1431-e1438. 10.1542/peds.2015-3301

families. By screening families, Children’s Colorado can help identify those who identify as food insecure and provide resources and education to help overcome barriers to access¹².

In 2022, the Healthy Roots Food Clinic received 784 referrals from primary care clinics in our Health Pavilion and served 3,431 people (1,661 children and 1,770 adults). Most of these referrals came from our Health Pavilion’s primary care clinic which provides comprehensive, team-based, family-centered primary care in a medical home model to more than 12,000 children annually from birth to 18 years, regardless of their ability to pay. Additionally, our Healthy Roots community garden produced over 2,400 pounds of fresh produce that was distributed in our food clinic.

Throughout 2022, and with sustained philanthropic support, we continued to support the two replications of the Healthy Roots Food Clinic and Resource Connect model in two schools within the Aurora Public School district (APS). The program is implemented in partnership with the communities we serve. At Children’s Colorado’s Aurora Public School food clinic partnership sites, Crawford Elementary and Central High School, we served approximately 2,318 households in 2022 (135 clinic outreach/2183 mobile market) Both schools are part of the APS ACTION Zone, a network of five schools that serves 3708 students, roughly 11% of all APS students, and demographics include: Students come from 50+ different countries and speak over 150 languages, 71.3% of students are Hispanic, 14.3% Black, 5.5% Asian, 2.5% 2+ Races, 1.1% American Indian or Alaskan, 1.1% Native Hawaiian or OPI, and 4.1% White, 85.7% qualified for Free or Reduced Lunch, 73.5% English Language Developers.

Colorado Medical Legal Partnership

The Colorado Medical-Legal Partnership (CMLP) provides free civil legal aid¹³ to the patients and families who are seen in the clinics in the Health Pavilion. In 2022, CMLP was staffed by two part-time attorneys. The patients and families who receive referrals to the CMLP are primarily insured by Medicaid and oftentimes would not otherwise be able to afford an attorney. In 2022, CMLP received 187 referrals for legal assistance. Of those cases, the top needs were help with obtaining guardianship for adults (for parents of children turning 18 who do not have the capacity to be their own decision-makers); family law issues (divorce, custody, child support); housing issues (unsafe or unhealthy living conditions in rental units, or evictions); and education issues (Individualized Education Plan or 504 Plan advocacy). CMLP also helped with myriad miscellaneous legal issues such as clearing criminal warrants, making birth certificate changes, and negotiating with a collection agency.

Diversity, Health Equity & Inclusion

As our communities continue to work through the ongoing impacts of the pandemic and socio-economic challenges, Children’s Colorado is acutely aware that the behavioral health crisis of our youth and the access to care for so many are major impetus for our work. In 2022, we

¹² Barnidge E, Krupsky K, LaBarge G, Arthur J. Food Insecurity Screening in Pediatric Clinical Settings: A Caregivers’ Perspective. *Matern Child Health J.* 2020 Jan;24(1):101-109. doi: 10.1007/s10995-019-02785-6. PMID: 31494801.

¹³ Murillo, S. N., Rosenthal, A., Fenick, A. M., & Keene, D. (2022). The impact of a pediatric medical-legal partnership on pediatric providers: a qualitative study. *Academic Pediatrics*, 22(3), 447-453.



invested heavily in building the foundation¹⁴ of our work toward realizing health equity with several additions to our structure, programs and both internal and external communications. Connected to our mission, vision and values, diversity, health equity & inclusion are integral parts of our organizational strategic planning, and as such, all parts of Children’s Colorado will be involved in delivering on the goals within the strategic plan.

To organize and lead all of these efforts, the Department of Diversity, Health Equity & Inclusion continues to grow, having appointed a Chief of Quality, Equity and Outcomes, DHE&I Manager and Consultant and Inclusion Coordinator. The team will continue to grow as plans to recruit a director, additional consultant and health equity process improvement staff are underway. While the work to be done will last beyond one year’s effort, here is a snapshot of the investments and steps we’ve made together in 2022 toward that end:

Diversity

Focusing on the impact that the differences individuals, families and communities bring to our care spaces, is both challenging and necessary. In order to deliver a world-class healthcare experience, we need team members who are representative of our patient population¹⁵. Our recruitment and leadership teams have begun to take the necessary steps to increase leadership racial diversity; augment our team member career pathways with educational opportunities from schools and universities that historically serve Black and Brown students; and implementing changes in our recruitment processes to make sure candidate experiences are more equitable and inclusive.

Team Members have access to an expanded set of resource groups, that are operationally funded and inclusive of identity foci like religion and faith, race and ethnicity, gender identity and expression, sexual and romantic orientation, neurodiversity and military service. We know that when teams of individuals with different identities and backgrounds can see themselves in the organizational representation and celebrations, they will share joy and care with our patients, families and community.

Health Equity

To deepen the efforts to improve child health outcomes, Children’s Colorado launched an effort to collect, study and respond to patient data - specifically, racial and ethnic identity and preferred language (called REaL data). This data effort includes the entire care system, involving audits of information systems, educational practices, patient experience audits and will lead to tracking and trending of health differences and disparity, that will allow our care providers to customize and improve interventions¹⁶.

Family and patient engagement is crucial to improving care and experience and Children’s Colorado now has 11 different Family Advisory Councils that span our patient population, in different specialties and communities. The Hispanic and African American Family Advisory Councils are among the newest that focus on the impact of race and ethnicity on care and

¹⁴ Corbie, G., Brandert, K., Fernandez, C. S., & Noble, C. C. (2022). Leadership development to advance health equity: An equity-centered leadership framework. *Academic Medicine*, 97(12), 1746.

¹⁵ Gomez, L. E., & Bernet, P. (2019). Diversity improves performance and outcomes. *Journal of the National Medical Association*, 111(4), 383-392.

¹⁶ People, H. (2013). Conclusion and future directions: CDC health disparities and inequalities report—United States, 2013. *CDC Health Disparities and Inequalities Report—United States*, 2013, 62(3), 184.

experience. The Family Advisory Councils have worked with the Human Resources, Marketing, Patient Experience and Government Affairs teams to give input on policy, practice and propose changes to care delivery. The Government Affairs team worked tirelessly to advocate for change through state legislation about mental health care access and weapon safety, because when related to those concepts, children in our community experience severe disparities in health outcomes.

Inclusion

As the flagship training experience delivered by our Diversity, Health Equity & Inclusion and Creative Arts Therapy teams, the fourth and fifth cohorts of the Captains of Inclusion Development Program graduated with individual and group capstone projects to work toward health equity in the coming year; this seven-month, in-person series engages team members from across our system of care in a learning experience designed to challenge mental models, inspire behavioral change and provide actionable steps toward building an inclusive culture.

The continued effort to educate staff and physicians about the impacts of bias, microaggressions, power and privilege¹⁷ advanced learning for more than 30% of our organization, who volunteered to take part in the Toward Equity learning series.

The number of chartered Team Member Resource Groups has grown in the last year, expanding the opportunities for identities and communities to be learned about, celebrated and prioritized, by their efforts. Joining the legacy groups, T.A.N. (The Afrocentric Network), Unidos, and Spectrum ALLYance is Inclusive Minds. More groups are working to be officially supported, hAAPI (honoring Asian American and Pacific Islanders), Join Forces!, and Helping Hearts will be a part of the available groups in 2023. The Wellness Team within the Human Resources Department is working to incentivize and reward team members who engage in equity and inclusion efforts. Team members can work toward lowering their health insurance premium, win prizes and recognition for participating in different activities and challenges.

Black Health Initiative

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) joint simulated scenario training for healthcare providers and community advocates.

The Kindred Mamas Mentorship Program supports expecting mothers by connecting them with women who have been there before. Mentors provide extra support outside of our clinical services for mothers¹⁸. As part of our larger Black Health Initiative, the Kindred Mamas

¹⁷ Noone, D., Robinson, L. A., Niles, C., & Narang, I. (2022). Unlocking the power of allyship: giving health care workers the tools to take action against inequities and racism. *NEJM Catalyst Innovations in Care Delivery*, 3(3).

¹⁸ Pestronk, R. M., Franks, M. L., Team, H. S., REACH Team, & PRIDE Team. (2003). A partnership to reduce African American infant mortality in Genesee County, Michigan. *Public Health Reports*, 118(4), 324.



Program aims to help mothers navigate the healthcare system and reduce infant mortality rates among Black families in several zip codes surrounding our hospital on Anschutz Medical Campus in Aurora. Mentees' children need to be patients of Children's Colorado to participate in this Program. In 2022, we trained 8 new mentors and paired them with 8 new mentees.

Borne out of the crucial need to have community members' experiences inform how healthcare providers address issues of healthy equity in healthcare 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 manner¹⁹. In 2022, we trained 15 providers (MD's, PhD's, PA's, APN's, MSW's), 15 community advocates (BS, BA, RN, MSN, MS, MPH), and laid the groundwork to require this training for all new pediatric residents beginning in 2023.

¹⁹ Vora, Samreen MD, MHAM, FACEP; Dahlen, Brittany MSN, RN, NPD-BC, CPN, CCRN-K; Adler, Mark MD, FSSH; Kessler, David O. MD, MSc, FSSH; Jones, V. Faye MD, PhD, MSPH; Kimble, Shelita MEd, CHSOS; Calhoun, Aaron MD, FSSH. Recommendations and Guidelines for the Use of Simulation to Address Structural Racism and Implicit Bias. *Simulation in Healthcare: The Journal of the Society for Simulation in Healthcare* 16(4):p 275-284, August 2021. | DOI: 10.1097/SIH.0000000000000591

Addressing Health Behavior and Risk

Behavioral Health*

At Children’s Colorado, our commitment to behavioral health has been longstanding and unwavering. Child and youth behavioral health is a top priority for us across the entire organization. But the behavioral health crisis in Colorado is still growing and continues to challenge children and families, as well as Children’s Colorado’s care teams and our system’s capacity.

Children’s Colorado is one of the most comprehensive providers of youth behavioral health services in Colorado, treating kids from all 64 counties. Across four hospitals, we treat the most children in crisis through our emergency departments, are one of the largest providers of outpatient care and provide inpatient care to the most complex pediatric patients.

Since declaring a state of emergency for youth mental health in 2021²⁰, Children’s Hospital Colorado has embarked on an iterative approach to develop a comprehensive strategic plan to support coordinated models of mental health care, develop and retain a diverse workforce of mental health professionals, and advocate and partner for a stronger, more sustainable statewide youth mental health infrastructure.

Children’s Colorado has started implementation of two key phases of the Pediatric Mental Health Strategic Plan: Crisis Services and Outpatient Services.

Crisis Services

This effort aims to provide patients and families with timely, effective care during a mental health crisis by focusing on these key areas and actions:

1. Emergent triage and assessment across all four emergency departments
 - Create a new integrated clinical model and care environment to initiate treatment for patients in the ED experiencing a mental health crisis
 - Introduce split-flow pathways to assign a mental health acuity and streamline the flow of patients
 - Introduce mental health virtual urgent care option as an extension of the Pediatric Call Center
2. Ambulatory rapid access (outpatient crisis clinic)
 - Establish a crisis clinic to provide rapid access to ambulatory treatment
 - Secure priority placement with community providers
3. Acute Crisis stabilization (less than 72-hour stay)

²⁰ Canady, V. A. (2021). Colorado calls for pediatric ‘state of emergency’ for children’s MH issues. *Mental Health Weekly*, 31(23), 1-3.



- Develop a new level of care for patients not yet safe to go home, who would benefit from a family-centered, acute crisis intervention

Outpatient Services

This effort seeks to improve access to individual and group therapy as well as intensive outpatient services through these key actions:

1. Establish evidence-based mental health outpatient specialty clinics, through a group therapy first model, flexible scheduling and leveraging telehealth
2. Expand intensive outpatient services to close the gap between partial hospitalization program and outpatient levels of care
3. Provide families navigation and psychosocial supports and enabling clinical teams to practice top of scope
4. Integrate research programs to serve as a continuous feedback loop for program development

Pediatric Mental Health Institute (PMHI)*

- Between 2018 and 2021, there was a 215% increase in pediatric suicide attempts and ideation presentation to emergency rooms across Colorado.
- In 2022 there was a 77% increase in patients coming to Children's Hospital Colorado Emergency Departments for mental health, compared to 2019.
- We have increased our capacity for behavioral health inpatient, outpatient, and partial hospitalization between 2015 and 2021. Our Anschutz campus is expanding inpatient psychiatric services from 22 beds to 32 beds.
- Approximately 60% of outpatient services shifted to telehealth during the pandemic, improving access and convenience of care.
- In our 2021 financials, behavioral health-related care accounted for 61% of the subsidized losses in our system for non-Medicaid covered patients.

The PMHI's interdisciplinary team specializes in addressing the unique treatment needs for every child and adolescent we serve including:

- Inpatient psychiatric unit
- Medical psychiatric safe acute beds
- Neuropsychiatric special care unit
- Partial hospitalization program
- Eating disorder program
- Outpatient therapy and psychiatric services

Areas of specialty service include:

- Anxiety
- Mood
- Attention Deficit Hyperactivity Disorder (ADHD) and Disruptive Behaviors
- Eating disorders

- Early childhood
- Medically complex and functional disorders
- Neurodevelopmental disorders

In 2022, Children’s Colorado also launched a [mental health resource hub](#) for parents and caregivers.

Children’s Colorado is stepping up as a trusted community resource to help fill the gaps in Colorado’s public systems. Some PMHI activities in 2022 include:

- 60 virtual lunch-and-learn sessions were held, reaching more than 620 providers.
- More than 75 community behavioral health education events were hosted, directed toward parents, schools, coaches, and trusted adults.
- More than 73,000 kids were reached by our school nurse consultation program, which provides behavioral health consultations across hundreds of schools and childcare centers.
- Our autism co-managing program has increased to have more than 21 community partners.
- Over the course of several years, we crafted and supported more than 20 major state policy initiatives aimed at prevention and comprehensive, community-based youth behavioral health treatment options.

Partners for Children’s Mental Health (PCMH)*

Partners for Children’s Mental Health (PCMH) is a community-facing center established by Children’s Hospital Colorado and the University of Colorado School of Medicine to improve youth mental health in Colorado. PCMH operates as a training, evaluation and implementation center. We focus on “high-impact” settings – particularly schools and primary care offices – to reach trusted adults who interact with at-risk kids.

In 2022, PCMH trained 1,229 youth-serving professionals across 46 Colorado counties. Training participants included primary care providers, behavioral health clinicians, school staff, and community members. Through 59 live trainings and one asynchronous training, PCMH delivered nearly 5,000 contact hours with Colorado professionals. All trainings were provided free of charge.

PCMH highlights by program:

1. **Youth Suicide Prevention in Primary Care.** For a youth at risk for suicide, a primary care visit may be their best chance to access needed care. PCMH offers free training and consultation to help clinics implement a youth suicide prevention care pathway rooted in the Zero Suicide²¹ framework. The care pathway includes screening, risk assessment, safety planning, lethal means safety, and follow-up. It features evidence-

²¹ Turner K, Svetlicic J, Almeida-Crasto A, et al. Implementing a systems approach to suicide prevention in a mental health service using the Zero Suicide Framework. *Australian & New Zealand Journal of Psychiatry.* 2021;55(3):241-253. doi:10.1177/0004867420971698



informed suicide prevention practices backed by the American Academy of Pediatrics, the American Foundation for Suicide Prevention, and the National Institutes of Mental Health. Providers learn what to do when a patient expresses thoughts of suicide and how to keep them safe until they receive the right support.

In 2022, PCMH trained 108 providers/clinic staff across five clinics on implementation of the care pathway. PCMH also hosted three ECHO series on suicide prevention in primary care, reaching 112 providers. After implementing this care pathway, participating clinics report that 80% of teen well visits included suicide risk screening. No clinics were screening for suicide risk at well visits before the program.

2. **Suicide Safe Environments in Schools.** Safe school environments and strong student-adult relationships can reduce suicide risk, but many Colorado schools are challenged by limited resources and confidence to provide appropriate support. In 2022, PCMH offered two workshops 1. Developing School Protocols: Intervening with Students Experiencing Thoughts of Suicide, and 2. Developing School Protocols: Support After a Suicide Loss. In 2022, 125 school staff were trained in the protocols. Ninety-seven percent of workshop participants reported that the training was a valuable use of their time.
3. **School Trainings: Dialectical Behavioral Therapy.** PCMH provided opportunities for school staff to learn skills from Dialectical Behavioral Therapy²² (DBT), a therapeutic approach focused on building skills around mindfulness, stress management, and health relationships. We offered eight five-part live training series and a self-paced on-demand course. 129 school professionals completed the live series and 215 individuals started the asynchronous training. Almost all (98.6) DBT participants stated they would recommend the training to a colleague. One participant noted: *“This training is my all-time favorite! It was captivating, engaging, relevant, interesting, fun, and interactive. I learned SO much and will use these skills for my own life, as well as for my students.”*
4. **Community Trainings By Request.** In 2022, PCMH offered gatekeeper courses and other tailored trainings to organizations by request to increase knowledge and skills related to youth suicide prevention. We offered the trainings in person and virtually, depending on the organization’s preference. Gatekeeper trainings include:
 - **Question, Persuade, Refer²³ (QPR):** QPR is a 1.5-hour training focused on reducing suicidal behaviors by providing innovative, practical, and proven suicide intervention training.
 - **Youth Mental Health First Aid²⁴ (yMHFA):** yMHFA is a one-day course that prepares participants to recognize symptoms of youth (12-18 years) behavioral

²² Kothgassner, O., Goreis, A., Robinson, K., Huscsava, M., Schmahl, C., & Plener, P. (2021). Efficacy of dialectical behavior therapy for adolescent self-harm and suicidal ideation: A systematic review and meta-analysis. *Psychological Medicine*, 51(7), 1057-1067. doi:10.1017/S0033291721001355

²³ Hangartner, R. B., Totura, C. M. W., Labouliere, C. D., Gryglewicz, K., & Karver, M. S. (2019). Benchmarking the “Question, Persuade, Refer” program against evaluations of established suicide prevention gatekeeper trainings. *Suicide and Life-Threatening Behavior*, 49(2), 353-370.

²⁴ [2023.03.01_MHFA_Research-Summary_infographic.pdf \(mentalhealthfirstaid.org\)](#)

health problems, offer and provide initial help, and guide youth toward appropriate treatments and support.

In 2022, 373 individuals completed a community gatekeeper training. We also provided a custom suicide prevention training to 12 individuals working in juvenile justice.

5. **LGBTQ+ Competency & Inclusivity.** In 2022, PCMH launched a series of trainings on providing LGBTQ+ competent care and working with transgender and gender-diverse youth²⁵. The aim is to help providers and other youth-serving professionals create safe spaces for LGBTQ+ youth. Throughout the year, we offered six trainings with 131 individuals in attendance. The trainings were well received, with one participant noting: *“This training was a valuable refresher on trans inclusive care and also an intro to new resources for my ongoing study, practice, and advocacy for trans health equity.”*
6. **Authentic Youth Engagement.** We can’t effectively improve children’s mental health without the input and opinions of those we are trying to serve. In 2022, a dozen teens from across all regions of Colorado participated in PCMH’s youth engagement council, the Youth Committee for Mental Health (YCMH). YCMH provides input on our programs and training materials to ensure youth voice is considered in all initiatives.

School Health

School Nurse Consultation

In 2022, Children’s Colorado’s team of 36 School Nurse Consultants (SNCs) served over 370 school and childcare sites (see Figure 2) touching 73,786 children’s lives in the Denver Metro area:

- 7 School districts (220 schools)
- 34 Charter schools
- 88 School district before and after school care sites
- 21 Private schools
- 121 Child care centers

²⁵ Rider, G. N., McMorris, B. J., Gower, A. L., Coleman, E., Brown, C., & Eisenberg, M. E. (2019). Perspectives from nurses and physicians on training needs and comfort working with transgender and gender-diverse youth. *Journal of Pediatric Health Care*, 33(4), 379-385.



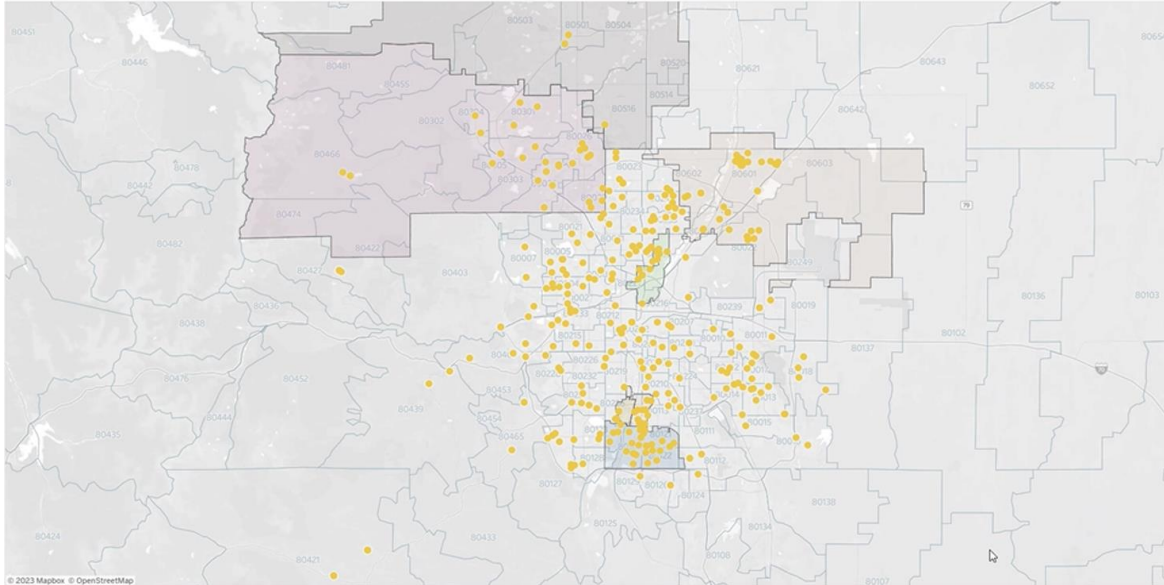


Figure 2. Locations in the greater Denver Metro area where our school nurse team provides school coverage.

Children with unmet health needs have a difficult time engaging in education. The school nurse supports student success by providing health care through assessment, intervention, and follow-up for all children within the school setting²⁶. The school nurse addresses the physical, mental, emotional, and social health needs of students and supports their achievement in the learning process²⁷. Schools are often the first place to detect trouble at home, including neglect and abuse. Connecting children and their families with needed resources has increased as children are back to in-person learning.

Our nurses also work with school teams to address the uptick in disruptive behaviors like vandalism, fighting, abusive language to school staff, and the increase in gun violence. In addition to the high behavioral health support needs for students, school nurses have utilized additional support and training to respond to parents that feel a loss of control and are struggling to support their children.

School health activities in 2022 included:

- Led, organized, hosted, and facilitated the Community and School Health Pediatric Conference in June, 2022. This conference attracted 116 school health professionals (school nurses, health aides, childcare health consultants, and community nurses) from across the state to receive continuing education, networking, and support
- Led work to plan for emergency response teams at school, focusing on AED training, stock epinephrin and stock Narcan. Also created student cardiac Individualized Health Plans (IHPs) for school staff to follow when the school nurse is unable to be onsite.
- One of our nurses led the statewide school nurse initiative for evidence-based practice and quality improvement in seizure management in schools. This nurse presents

²⁶ [SN Practice in the US \(higherlogicdownload.s3.amazonaws.com\)](https://higherlogicdownload.s3.amazonaws.com/)

²⁷ Allison, M. A., Attisha, E., Lerner, M., De Pinto, C. D., Beers, N. S., Gibson, E. J., ... & Weiss-Harrison, A. (2019). The link between school attendance and good health. *Pediatrics*, 143(2).

throughout the year to school nurses across the state and is available to field questions/calls, serving as the state subject-matter expert.

- Many of our nurses serve on state committees that review childcare rules and regulations for family childcare homes and outdoor childcare environments.
- Continued partnership with Healthy Child Care Colorado (HCCC) to create a childcare health consultant training and qualification for nurses and physicians in Colorado.
- Our nurses also serve on many nonprofit and state-sponsored organizations and committees, including: Immunize Colorado, The Colorado School Medicaid Consortium, Colorado Vaccine Equity Taskforce, Colorado Association of School Nurses (CASN), and we also have strong partnership and frequently lend our expertise to the Colorado Department of Education's Wellness Department.
- Collaborated with our Medical Director, Partners for Children's Mental Health, and our Pediatric Mental Health Institute to develop and implement an Anxiety Action Plan for the schools.

School-Based Dental Services

In 2022, Children's Hospital Colorado oral health outreach program provided preventive oral health services²⁸ to children in various school settings outside of a traditional dental clinic. Through collaborative efforts with Aurora Public Schools, 15 school dental screening events occurred, with a focus on schools in north Aurora. Over 600 students (preschool to 3rd grade) received a dental screening, with 147 students identified as having dental needs, of which approximately 30% were urgent (rampant decay, pain, systemic infection). Every student screened was provided with an oral hygiene kit (i.e., toothbrush, toothpaste, floss, etc.) and those with urgent needs were referred for care.

In addition to schools, the oral health outreach program also promotes services within the medical primary care setting²⁹. Monthly lectures to over 40 medical and APP students and residents on oral health and quarterly Cavity Free at Three certifications continued to commence, with over 20 medical residents fulfilling their certification requirement. Over 2,000 children at the Children's Colorado Child Health Clinic and Special Care Clinic received dental screenings.

Colorado Alliance for School Health

Children's Colorado leads the [Colorado Alliance for School Health](#). The Alliance is comprised of 20 education and healthcare partners working together to create sustainable systems that result in health equity among all Colorado public school students. Members include the Behavioral Health Administration, Colorado Association of School Boards, Colorado Association of School Executives, Colorado Behavioral Healthcare Council, Colorado Chapter - American Academy of Pediatrics, Colorado Children's Campaign, Colorado Dental Association, Colorado Department of Education, Colorado Department of Public Health and Environment, Colorado Education Association, Colorado Rural Schools Alliance, Colorado School Counselor

²⁸ US Preventive Services Task Force. Screening and Interventions to Prevent Dental Caries in Children Younger Than 5 Years: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2021;326(21):2172-2178. doi:10.1001/jama.2021.20007

²⁹ David M. Krol, Kaitlin Whelan, THE SECTION ON ORAL HEALTH; Maintaining and Improving the Oral Health of Young Children. *Pediatrics* January 2023; 151 (1): e2022060417. 10.1542/peds.2022-060417



Association, Colorado School Medicaid Consortium, Colorado Society of School Psychologists, Delta Dental of Colorado Foundation, Every Child Pediatrics, Kaiser Permanente, Partners for Children’s Mental Health, and the Youth Healthcare Alliance.

In 2022, the Alliance revisited their strategic priorities and are now focused on three main goals:

1. **School Health Workforce.** Partner with colleges, universities, and other career pathway programs to promote schools as a desirable work setting for newly trained health professionals, including paraprofessionals.
2. **Care Coordination.** Support the implementation of universal behavioral health screening, including the appropriate response to identified needs (e.g., connection/warm handoff to school or community resource).
3. **Diversity, Equity and Inclusion.** Promote inclusive practices in behavioral and mental health, particularly resources and support for LGBTQIA+ youth, which show the highest rates of youth suicide and other behavioral health inequities.

The Alliance has created a workplan toward these goals and work will commence in January 2023.

Building Resiliency for Healthy Kids

Suicide is the leading cause of death for youth ages 10 to 24 in Colorado. Children’s Colorado has made robust investments into the behavioral health and wellbeing of our youth. Most notably, in 2020 we launched the Building Resiliency for Health Kids program (Healthy Kids) in Colorado Springs to ensure all children have the opportunity to survive - and thrive - in the face of life’s inevitable and predictable adversities.

The Building Resilience for Healthy Kids program is an innovative, upstream, school-based resilience program that partners 6th grade students with a Children’s Hospital Colorado trained health coach³⁰. The coach works 1:1 with students to develop and foster resiliency skills, utilizing motivational and strengths-based techniques over a 6-week period. During each 15-20 minute weekly coaching session, the health coach assists the student in developing goals and skills to improve resilience and provides non-judgmental support to the child along the journey. Students who complete the program demonstrate increased resilience, self-efficacy, emotional self-regulation, and they experienced decreased symptoms of anxiety and depression^{31,32}.

³⁰ Lee, J. A., Heberlein, E., Pyle, E., Caughlan, T., Rahaman, D., Sabin, M., & Kaar, J. L. (2021). Study protocol for a school-based single group pragmatic trial to promote resilience in youth: Building Resilience for Healthy Kids. *Contemporary clinical trials communications*, 21, 100721.

³¹ Lee, J. A., Heberlein, E., Pyle, E., Caughlan, T., Rahaman, D., Sabin, M., & Kaar, J. L. (2021). Evaluation of a Resiliency Focused Health Coaching Intervention for Middle School Students: Building Resilience for Healthy Kids Program. *American journal of health promotion: AJHP*, 35(3), 344-351.

³² Simon SL, Ware MA, Bowen AE, Chandrasekhar JL, Lee JA, Shomaker LB, Gulley LD, Heberlein E, Kaar JL. Sleep Moderates Improvements in Mental Health Outcomes in Youth: Building Resilience for Healthy Kids. *American Journal of Health Promotion*. 2022 Jun;36(5):772-780.

In 2022, with a staff of 12 health coaches and six behavioral health providers, Healthy Kids served a total of 1,211 students, from 25 schools and seven districts. For some students, participation in the program reveals acute mental health needs; those students are then referred to the program behavioral health providers. In 2022, Healthy Kids behavioral health providers delivered therapeutic services to 329 students. Students who complete the program demonstrate increased resilience, self-efficacy, emotional self-regulation, and they experienced decreased symptoms of anxiety and depression³³. Results are particularly discernable in underserved, racial/ethnic minority communities where access to mental health services are typically scarce. In fact, racial minority students exhibited greater improvement in resilience as compared to white students, illustrating that Health Kids is not only a universal program, but an equitable one³⁴.

Injury Prevention

Our Injury Prevention program is focused on car seat education and distribution³⁵. We have two primary modes of distribution for our car seat programming. First, we have a clinical partnership with primary care clinics in the Children’s Hospital Colorado network of care. These clinics provide primary care, education, and resources to families across the Denver Metro area with most clients residing in Adams and Arapahoe counties. Second, this year we implemented community distributions for community members who seek car seat education from our Injury Prevention team, but do not have a suitable safety seat for their child.

In 2022, we provided 258 low-cost car seats to patient families and community members. Our program completed a total of 362 car seat appointments. We provided car seat education in ten languages this year, including English, Spanish, French, Portuguese, Chuukese, Mongolian, Nepali, Burmese, Uzbek, and Dari. We have Spanish-speaking car seat educators, and we use a virtual video interpreter to provide car seat education for other language speakers. Of the families referred to our patient car seat distribution program, we had a 98.5% referral completion rate.

In addition to our family-facing vehicle safety work, our Injury Prevention program runs a Child Passenger Safety Certification and mentorship program for partner organizations. This year, we hosted two Safe Kids Worldwide Child Passenger Safety Certification courses, resulting in 34 new Child Passenger Safety Technician’s (CPST) in Colorado. The CPSTs we trained this year include hospitalists, pediatric nursing staff, law enforcement officers, fire professionals, school district transportation professionals, and social service professionals from around the state. After certification, our team supports these new CPSTs in the field and

³³ Sabin, C., Bowen, B., Heberlein, E., Pyle, E., Lund, L., et al. The Impact of a Universal Mental Health Intervention on Youth with Elevated Negative Affectivity: Building Resilience for Healthy Kids. *Contemporary School Psychology*. 2023; 27(1):53-60.

³⁴ Sabin C, Bowen AE, Heberlein E, Pyle E, Lund L, Studts CR, Shomaker LB, Simon SL, Kaar JL. Universal School-based Mental Health Program Implemented Across Ethnically Diverse Youth Yields Equitable Outcomes: Building Resilience for Healthy Kids. *Community Mental Health Journal*. 2023; 59(6):1109-1117.

³⁵ Sartin E, Bell TR, McDonald CC, Mirman JH. Assessment of Caregiver-Targeted Interventions for Use of Motor Vehicle Passenger Safety Systems for Children: A Systematic Review and Meta-analysis. *JAMA Netw Open*. 2019;2(10):e1914180. doi:10.1001/jamanetworkopen.2019.14180



assists them with continuing education opportunities. These efforts help expand vehicle safety programs to provide more access for our communities.

Our safe sleep initiative, in collaboration with our Community Health Navigation team, aims to identify families without a safe sleep space for their infant and provide safe sleep education and a Pack n Play bassinet³⁶. In 2022, this program provided 62 families with a Pack n Play and crib sheet for families with infants under 2 years of age.

Additionally, we provided bike helmets³⁷, home safety equipment³⁸, and medication lock boxes³⁹ as needed. We distributed 74 bike helmets, along with education on importance and proper fit and provided home safety equipment to over 90 families in 2022.

In September 2022, we hosted a National Injury Prevention Day booth, providing additional resources⁴⁰ to families in the main entrance at Anschutz Medical Center. During this event, we provided education on a variety of prevention topics. Additionally, we distributed 80 gun locks, 50 Sleep Sacks, 50 onesies with Safe Sleep messaging, 10 bassinets, 28 bike helmets, and over 200 home safety items. This event impacted over 300 families, and families were able to choose the resources that best supported their needs. National Injury Prevention Day was just one of the community events we hosted or attended in 2022, but it was the highest volume event. We completed a total of 24 education outreach classes and 8 in-person community events. Combined with in-person 1:1 education consults, we reached over 2,000 caregivers and children in our 2022 outreach efforts.

2022 made it possible to increase injury prevention (IP) efforts in our Colorado Springs community as pandemic-related restrictions decreased.

IP outreach in Colorado Springs:

- In 2022 the IP program completed 5 media interviews on topics including dog bite prevention, child passenger safety, and window safety. We also created original social media posts on dog bite safety for the Pediatric Trauma Society for April's 'Dog Bite Prevention Week, which were shared on their Facebook page.
- We trained 11 internal team members and 71 external community members on the American College of Surgeon's program Stop the Bleed⁴¹, including team members

³⁶ Olaoluwa, H. A. (2019). Evaluation of Safe Sleep Practices of Cribs for Kids Class Attendees.

³⁷ Strotmeyer, S.J., Behr, C., Fabio, A. *et al.* Bike helmets prevent pediatric head injury in serious bicycle crashes with motor vehicles. *Inj. Epidemiol.* 7 (Suppl 1), 24 (2020). <https://doi.org/10.1186/s40621-020-00249-y>

³⁸ Furman, L., Strotmeyer, S., Vitale, C. *et al.* Evaluation of a mobile safety center's impact on pediatric home safety behaviors. *BMC Public Health* 21, 1095 (2021). <https://doi.org/10.1186/s12889-021-11073-4>

³⁹ Webb, A.C., Nichols, M.H., Shah, N. *et al.* Effect of lock boxes and education on safe storage of medications. *Inj. Epidemiol.* 7 (Suppl 1), 21 (2020). <https://doi.org/10.1186/s40621-020-00257-y>

⁴⁰ Pulliam, K., Gardner, D., Edmunds, P., Moody, S., Aldridge, N., Lyons, S., ... & Falcone Jr, R. A. (2022). Partnering with high-risk communities to successfully reduce pediatric injury over time. *Journal of pediatric surgery*.

⁴¹ Schroll, R., Smith, A., Martin, M. S., Zeoli, T., Hoof, M., Duchesne, J., ... & Avegno, J. (2020). Stop the bleed training: rescuer skills, knowledge, and attitudes of hemorrhage control techniques. *Journal of Surgical Research*, 245, 636-642.

from the Denver International Airport and Colorado Springs Airport, in partnership with the Colorado Trauma Network.

- We continued coordinating the Safe Kids Colorado Springs coalition, which has over 20 community partner organizations, and presented the past years' trauma data to help inform outreach plans.
- We continued the free Safe Kids Colorado Springs monthly e-newsletter with over 180 subscribers to share timely safety tips, past events, and upcoming community opportunities with families and community partners.
- We also continued our [Safe Kids Colorado Springs Facebook](#) page to share safety tips and community event information.



Other Community Benefit

Children's Colorado engages in an array of activities addressing health behavior and change that are not counted in our Schedule H 990 reporting due to IRS guidelines for reporting community benefit.

The IRS guidelines are very specific on how activities funded by philanthropy are or are not counted as community benefit, and Children's Colorado follows those guidelines in our reporting. Nonetheless, numerous other investments and activities are designed to benefit the communities we serve. Below, please find details of some of these additional activities and investments.

Financial Assistance, Discounted Care, and Means-Tested Government Programs

Beyond the free and discounted services as defined in HB 19-1320, Children's Colorado's commitment to providing care to all children, regardless of ability to pay, means that our organization also provides extensive undercompensated care to children. While many of Children's Colorado's discounted services were already priced below the amounts required by the law, we are committed to compliance and making the discounted care navigable and accessible to those who need it. Children with Medicaid-covered children coverage constitute 48.8% percent of our total patient population, while over government payers make up an additional 5.8%. Children's Colorado's Financial Assistance Policy and plain language summary are listed on the organization's homepage: www.childrencolorado.org.

Health Professional Education

Part of our mission is to improve the health of children, and as an academic medical center Children's 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 clinicians⁴². Health profession education addresses regional and national workforce needs, serves to increase access to healthcare and improve health outcomes⁴³.

Though Children's Hospital's Graduate Medical Education (CHGME)-funded hospitals make up just 1% of all hospitals nationwide, these children's hospitals provide close to one-third of the inpatient hospital care received by children covered by Medicaid. In 2021, approximately 14,000 pediatric residents were trained in CHGME hospitals across the United States, accounting for 50% of the total number of pediatric residents trained.

⁴² Thibault, G. E. (2020). The future of health professions education: emerging trends in the United States. *FASEB BioAdvances*, 2(12), 685.

⁴³ Zhang, X., Lin, D., Pforsich, H. *et al.* Physician workforce in the United States of America: forecasting nationwide shortages. *Hum Resour Health* 18, 8 (2020). <https://doi.org/10.1186/s12960-020-0448-3>

- **Children’s Hospital Colorado is currently home to more than 240 pediatric medical residents and 16 pediatric dental residents.** Federal CHGME funding falls far below our institutional financial support and we backfill the needs at **triple the amount** currently funded by the federal government.
- **From 2016-2021, 61% of our pediatric medical residents continued practicing in Colorado after program completion.** Upon completion of training, many of these providers care for children throughout the broader Rocky Mountain region⁴⁴ as well, where there are no other pediatric training programs.

In 2022, as a healthcare system, Children’s Colorado supported **1,152 nursing students**.

In addition to training physicians and nurses, we also provide internships and preceptorships for the following health professions: certified nurse assistant (CNA), emergency medical technicians (EMT), physical therapists, occupational therapists, speech therapists, pharmacists, respiratory therapists, social workers, and other allied health professionals.

Additionally, our team members regularly provide presentations, lectures and expertise to other colleges and technical schools including Pickens Technical College, Pima Medical Institute and Concorde Career College, and Denver Seminary.

Emergency Medical Services (EMS) Outreach and Education

As a Level One Trauma Center, we also have an emphasis on education and outreach⁴⁵. The Children’s Colorado Emergency Medical Services (EMS) Outreach Education team provides education to first responders, hospital providers, and other medical facilities across a seven-state region. 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 EMS teams respond to situations to achieve improved pediatric outcomes. In 2022, the team conducted 27 educational events covering all four quadrants of the state and reached 1,745 EMS providers.

Increasing Diversity and Opportunity for Underrepresented Populations in Health Professions

The Medical Career Collaborative (MC²) program propels high school students towards careers in healthcare through hands on experiences and professional development opportunities. Applicants are selected in the spring of their sophomore high school year by a committee with great emphasis placed on selecting a diverse group of students from a range of backgrounds and high schools in the Denver metro area. Increasing diversity and providing opportunity to underrepresented populations in the health professions has become identified as paramount

⁴⁴ N. Douthit, S. Kiv, T. Dwolatzky, S. Biswas, Exposing some important barriers to health care access in the rural USA, *Public Health*, Volume 129, Issue 6, 2015, Pages 611-620, ISSN 0033-3506, <https://doi.org/10.1016/j.puhe.2015.04.001>.

⁴⁵ Chua, W. J., Alpern, E. R., & Powell, E. C. (2021). Emergency medical services for children: pediatric emergency medicine research. *Pediatric annals*, 50(4), e155-e159.



to the nation's need to eliminate inequities in the quality and availability of health care for underserved populations⁴⁶⁴⁷.

As part of the MC² program, students complete an internship onsite under the guidance of hospital team members. Internships include a weekly seminar focused on personal and professional development. Students create a culminating Presentation of Learning that is shared with families, staff and the community. Career and college coaching is available to students, including access to clinical certifications, college application and scholarship writing workshops. Students who pursue post-secondary healthcare students are given the opportunity to return to an MC² Site as college interns.

In the 2021-2022 academic year, MC² served 125 high school students (67 juniors and 58 seniors) from 53 high schools. 85% of graduates plan to attend a 2- or 4-year college and 76% of graduates declared a health or pre-health major. Ninety-eight percent of MC² participants are students of color; 48% Hispanic/Latino, 28% Black/African American, 14% Asian/Pacific Islander, 10% multi-racial, 2% Middle Eastern, 2% White/Caucasian, and 1% American Indian/Alaskan Native.

Project SEARCH

Project SEARCH is a school-to transition work program for students with significant disabilities⁴⁸. The program provides employment and education opportunities which span a full academic year.

Students complete 4-day work weeks for 15 weeks, and rotate worksites throughout the hospital. The goal of Project Search is that the participants leave the program employment ready and gain successful employment at the host site's business or elsewhere in the community. Since inception the program has supported 30 learners.

Research

Research is woven into Children's Colorado'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 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](#),

⁴⁶ COMMITTEE ON PEDIATRIC WORKFORCE, Beth A. Pletcher, Mary Ellen Rimsza, William T. Basco, Andrew J. Hotaling, Ted D. Sigrest, Frank A. Simon; Enhancing Pediatric Workforce Diversity and Providing Culturally Effective Pediatric Care: Implications for Practice, Education, and Policy Making. *Pediatrics* October 2013; 132 (4): e1105-e1116. 10.1542/peds.2013-2268

⁴⁷ Wilbur, K., Snyder, C., Essary, A. C., Reddy, S., Will, K. K., & Saxon, M. (2020). Developing workforce diversity in the health professions: a social justice perspective. *Health Professions Education*, 6(2), 222-229.

⁴⁸ Almalki, S. (2021). A qualitative study of supported employment practices in Project SEARCH. *International Journal of Developmental Disabilities*, 67(2), 140-150.

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. As an integrated health system, our research benefits all of our patients at each Children's Colorado site.

Highlights from 2022 include:

- 400 new study submissions processed and approved
- 5,171 research participant enrollments
- 103 onboarded research team members
- \$149 million annual research funding - a 13.6% increase over 2021

This year's achievements demonstrate the leadership, dedication and commitment of Children's Colorado's research teams, the multidisciplinary collaboration across the medical campus and the drive to advance child health research, no matter what challenges we face.



** Denotes a program or initiative that does not meet the exact Community Benefit definition from the Internal Revenue Service; because of this, our financial investments in these programs are not reflected in our Schedule H990 financial figures. However, we feel they are important to include in this report to further illustrate our commitment to community and our mission.*