2016 Community Health Needs Assessment

El Paso County  |  April 2016
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LETTER TO THE COMMUNITY

We are proud to present the Children’s Hospital Colorado 2016 El Paso County Community Health Needs Assessment. This report is the result of in-depth analysis of public health and demographic data, dozens of interviews with experts in public health and child welfare, focus groups with parents, and the input of hundreds more caregivers through our online survey. We have spent the last year listening to the concerns and interests of our community and are pleased to share the results of those conversations.

Children’s Hospital Colorado is committed to providing world-class health care to children in Colorado and in our seven-state region. Through this health needs assessment, we have come to better understand the health needs facing diverse populations in our community and specifically in El Paso County. We have also gained insight into the resources currently available to meet those needs as well as gaps that our organization may be able to fill.

This report will inform our future endeavors as we prepare for the launch of our new campus in Colorado Springs. Opening in 2018, this new state-of-the-art facility will include up to 100 inpatient pediatric beds, a neonatal intensive care unit, a pediatric intensive care unit and operating rooms. More importantly, it will be the anchor for our expanded efforts to contribute to the health and wellbeing of El Paso County children.

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 be the roadmap for our public health, philanthropic 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 can ensure that all Colorado kids are healthy, safe, and flourishing.

President and Chief Executive Officer
Children’s Hospital Colorado
Overview and Purpose

Overview of Children's Hospital Colorado

Children's Hospital Colorado is a private, not-for-profit pediatric health care network that has been serving the children of Colorado for more than 100 years. Launched in 1908, the organization has, from the start, been committed to providing outstanding pediatric care. Today, the network consists of 16 hospital, urgent care and specialty facilities. The main hospital facility, located in Aurora, provides comprehensive pediatric care to patients in metro Denver and is the only Level 1 Pediatric Trauma Center in a 7-state region. The Children's Colorado South Campus facility, located in Douglas County, also provides comprehensive care including emergency, inpatient and diagnostic care.

In Colorado Springs, we currently operate the Children's Colorado Urgent and Outpatient Specialty Care at Briargate, which provides after-hours urgent care, advanced diagnostics and imaging and pediatric specialist care in partnership with University of Colorado faculty physicians. Children's Colorado Therapy Care at Printers Park provides outpatient therapy care. In addition, CHCO team members provide inpatient expertise at Memorial Hospital for all pediatric programs and units. Memorial Hospital's pediatric programs serve children and adolescents in southern Colorado from birth through age 17. A multidisciplinary care team of more than 350 professionals treats infants, children and teens who require inpatient hospital care and specialty services in the Neonatal intensive care (NICU) and the Pediatric intensive care (PICU).

Our newest location, scheduled to open in 2018, will be located in north Colorado Springs. This 170,000-foot facility will include an emergency department, up to 100 inpatient pediatric beds, a neonatal intensive care unit, a pediatric intensive care unit and operating rooms.

Our network employs more than 2,000 pediatric specialists and more than 5,000 full-time employees. Each year, the network has more than 18,000 inpatient admissions and more than 680,000 outpatient visits. The new hospital will employ 500 professionals, including nearly 40 physicians and specialty care providers.

Purpose of the Assessment

The purpose of the community health needs assessment (CHNA) is to better understand the current state of children's health in El Paso County as well the interests and concerns of parents. Through an examination of both demographic data and community input, we can better understand how to fulfill the hospital's mission of improving the health of children.

The CHNA will help us focus our efforts on the most urgent challenges facing children in our community. Specifically, the results of this assessment will be used to:

- Inform the activities of our Child Health Advocacy Institute (CHAI). CHAI is a division of Children's Colorado that works with community and public sector partners to improve the health and safety of children in Colorado.
- Influence the selection of programs and expanded services in Colorado Springs. While there will be many factors considered when ultimately determining the mix of offerings, the needs and interests of the community will be a major consideration in that determination.
- Identify key community partners. Understanding the highest priority needs in our community will lead to a better understanding of the local groups who are addressing these issues and ways that we can support and complement their efforts. This is a particularly important aspect of this effort as we seek to expand our presence in El Paso County.

In addition, this report meets and exceeds 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 report for a planned facility, and therefore not technically required by Affordable Care Act. However, Children's Colorado believes that there is great value in conducting an assessment as part of our planning process. The last Children's Colorado CHNA was conducted in 2012. An implementation plan detailing how we will act on the findings of this report will be issued no later than August 2016.
METHODOLOGY

To prepare this report, Children’s Hospital Colorado engaged in a comprehensive process of gathering data and input from nonprofit organizations, government agencies, public health departments, the business community, and individual parents and community members. The project was initiated and led by the Child Health Advocacy Institute, which is a division of the hospital, and received support and guidance from senior members of the hospital’s leadership team. The analysis includes both qualitative and quantitative data and considers the perspectives of both internal and external stakeholders.

Process

The first step in our process was determining how “community” would be defined for purposes of assessing community needs. For this report, community is defined as El Paso County. It is anticipated that the vast majority of patients at the new facility will reside in El Paso County. It should also be noted that more than 90,000 patients per year from El Paso County currently access the Children’s network. The addition of our new facility will not only make it easier for those patients to receive the care they need, we believe it will expand the number of children who can access our care.

Having defined the community as El Paso County, we then sought to identify key informants within this target area. An internal steering committee composed of CHAI staff and other hospital leaders generated an initial list of nonprofit leaders, public health officials and other informed stakeholders to be interviewed. Additional informants were identified as the first group of interviews was completed and those participants were able to suggest other potential participants. We also worked closely with the El Pomar Foundation, which is the largest private foundation in Southern Colorado, to determine which individuals and groups in the Colorado Springs region would have important insights into the health needs of children in the community.
Key informant interviews were conducted by phone and lasted approximately 30 minutes. The interview guide used for these conversations is provided in Appendix A. Respondents were asked to identify the top three health-related issues or concerns for children in their community. Responses were open-ended and interviewers provided no prompts. Once the respondent had identified the top three issues, more in-depth and probing questions were asked about each issue. While respondents were informed that they would not be directly quoted for this report, they were told that a list of participating organizations would be included in the report. A total of 20 interviews were conducted with key informants in El Paso County.

At the same time, we identified local partners in the target counties who could host focus groups. Emphasis was placed on working with partners that serve at-risk parents to participate in these groups. Host partners were asked to convene five to 15 community representatives and to provide space for the meeting. Focus groups sessions lasted one hour and were facilitated by a hospital representative. Participants were given a $25 gift card as compensation for their time. The focus group guide is provided in Appendix B. Participants were asked a series of questions similar to those used for key informant interviews and were encouraged to speak to one another and to build on each other’s thoughts and ideas. All participants were assured anonymity. A total of four focus groups were conducted in a variety of locations. Collectively, there were 26 participants in these focus groups.

Recognizing that the number of individuals who could be reached through interviews and focus groups was inherently limited, the hospital also sought to reach a significantly greater number of community members through an online survey. The survey was distributed by partner organizations that had participated in interviews and focus groups, through the hospital’s social media outlets, and through the organic process of individuals forwarding the survey to colleagues, friends and family. The survey was available in both English and Spanish and had a total of 257 respondents. 87 percent of these respondents were from El Paso County. Other respondents were from Arapahoe, Broomfield, Denver, Douglas, Teller and Freemont counties.

The racial distribution of survey respondents closely mirrors that of El Paso County:

<table>
<thead>
<tr>
<th>Race</th>
<th>Number of Survey respondents</th>
<th>% of Total</th>
<th>El Paso County % of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>27</td>
<td>9%</td>
<td>6%</td>
</tr>
<tr>
<td>Caucasian/White</td>
<td>194</td>
<td>63%</td>
<td>62%</td>
</tr>
<tr>
<td>Asian</td>
<td>4</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>American Indian/ Alaska Native/ Native Hawaiian/ Pacific Islander</td>
<td>11</td>
<td>4%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>62</td>
<td>20%</td>
<td>22%</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td>3%</td>
<td>10%</td>
</tr>
</tbody>
</table>

It is also noteworthy than more than one-third of survey respondents have household incomes of less than $50,000 and 18 percent have household incomes of less than $25,000.

<table>
<thead>
<tr>
<th>Income</th>
<th>Number</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $24,999</td>
<td>46</td>
<td>18%</td>
</tr>
<tr>
<td>$25,000 - $49,999</td>
<td>54</td>
<td>21%</td>
</tr>
<tr>
<td>$50,000 - $74,999</td>
<td>49</td>
<td>19%</td>
</tr>
<tr>
<td>$75,000 - $99,999</td>
<td>35</td>
<td>14%</td>
</tr>
<tr>
<td>$100,000 or more</td>
<td>54</td>
<td>21%</td>
</tr>
<tr>
<td>Prefer not to answer</td>
<td>19</td>
<td>7%</td>
</tr>
</tbody>
</table>
In addition to gathering qualitative data through interviews and focus groups, the authors 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 a number of child health indicators as well as basic demographic information. The data reviewed and sources of that data included:

**Demographic Data**
- Age distribution by county
- Racial and ethnic breakdown of children under 18 by county
- Children (under 18) living in poverty by county
- Median household income by county
- 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 ages 5 to 17 who speak a language other than English at home

**Health Status Data**
- General health status (reported by parents)
- Uninsured children (under 18)
- Children whose health care meets criteria for all five components of a medical home
- Children whose parents report their child has no 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
- Children (ages 0 to 18) enrolled in CHP+
- Children (ages 0 to 18) who did not get needed doctor care due to cost
- Children (ages 0 to 18) who did not get needed specialist care due to cost

**Food/Nutrition/Obesity Data**
- Children (ages 0 to 18) who did not get needed dental care due to cost
- 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
- Children in families relying on low-cost food (food scarcity)
- 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 (2014)
- 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 whose parents report their child drank 1 or more sugar-sweetened beverage per day
- Children 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

- Children 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 and 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

- 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

Sexual Health

- 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) (2012-2014)

Oral Health

- Children (ages 1-14) who saw a dentist for preventive dental care during the past 12 months
- Parent’s rating of the condition of child’s (ages 1-14) teeth
Community Environment

- How often parents report feeling their child is safe in his/her neighborhood

Health Disparities

By race/ethnicity

- General health status of child (ages 1-14, reported by parents):
  - Non-Hispanic White
  - Black
  - Hispanic white
  - Other

By income

- General health status of child (ages 1-14, reported by parents):
  - Family income below $25,000/year
  - Family income between $25,000 and $49,999 per year
  - Family income above $50,000 per year

We also reviewed internal data to better understand the needs of our patient population. The data reviewed included:

- Total inpatient admissions by county and by facility
- Total outpatient visits by county and by facility
- Total emergency department visits by county and by facility
- Insurance coverage type for all patients
- BMI percentile for all discharged patients by county
- For each of the eight counties studied
  - Top 10 inpatient admission diagnoses
  - Top 10 outpatient admission diagnoses
  - Top 10 inpatient primary diagnoses
  - Top 10 outpatient primary diagnoses

In addition to our own data collection, we sought to build on the work done by public health departments and nonprofit organizations in our community. Other reports reviewed included:

- The Colorado Department of Public Health and Education’s Colorado Maternal and Child Health 2016-2020 Needs Assessment
- The 2015 Kids Count Colorado report issue by the Colorado Children’s Campaign
- The 2015 Health Report Card issued by the Colorado Health Foundation
- The 2015 All Kids Covered report
- The Action for Equity report issued by the Colorado Coalition for the Medically Underserved
- The Community Partnership for Child Development 2015 Community Assessment

After the key informant interviews and focus groups were completed, and the quantitative data was collected, we next convened a group of hospital leaders to determine what criteria would be used to prioritize among the many issues raised and studied. The committee that selected the prioritization criteria included representatives from CHAI, hospital administration, the emergency department, human resources, and research/analytics.
The group considered a variety of criteria that could be used when selecting the issues that the hospital will focus on for the coming years. A list of criteria that were considered is provided in Appendix C. After deliberation, they determined that following four factors were most important:

Scale
How many children are impacted by the issue?

Impact
How significantly does the issue impact the lives of those touched by it?

Community Importance
How important is this issue to the community members who have been part of the assessment?

Sustainability
Are resources available (either currently or in the future) to support work on this issue over the long term?

Once these criteria were established, the final step in the process was to present the research findings to key stakeholders and ask them to select the issues that the hospital will prioritize. In partnership with the El Pomar Foundation, we held a prioritization meeting with more than 50 representatives from nonprofit, government and public health agencies and internal leadership. 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. The presentation was followed by small group discussions so that participants could voice their opinions on what they believed the hospital should select as its priority issues. Finally, participants engaged in a polling process, with each having five votes to allocate among all the issues that were surfaced through the assessment.

Lastly, hospital leadership reviewed all available data, including the polling data from the prioritization meeting, and selected the final two community priority issues identified in this report.
Partner Organizations

The Colorado Children’s Campaign (CCC) was an official partner in the production of this community health needs assessment. CCC is a nonprofit, nonpartisan children’s advocacy organization. They produce an annual “Kids Count” report, which is a collection of data from a variety of reliable sources that paints a picture of the status of children in Colorado. They collected the majority of the quantitative data included in this report.

The El Pomar Foundation was also a partner in this process. Staff members from the foundation identify stakeholders for interviews, participated in focus groups and helped plan and execute the prioritization meeting. They also provided input into the list of organizations currently providing services in the priority areas.

Data Sources

The Colorado Children’s Campaign provided most of the quantitative data that was considered as part of this report. The sources of the data at the CCC provided include:

- U.S. Census Bureau, 2010 Decennial Census
- U.S. Census Bureau, 2009-2013 American Community Survey 5-Year Estimates
- U.S. Census Bureau, 2011-2013 American Community Survey 3-Year Estimates
- U.S. Census Bureau, 2009-2013 American Community Survey 5-Year Estimates
- Colorado Department of Public Health and Environment, 2012-2014 Child Health Surveys
- Colorado Department of Health Care Policy and Financing
- Colorado Health Institute and The Colorado Trust, 2013 Colorado Health Access Survey
- Colorado Department of Public Health and Environment, 2010-2013 Child Health Surveys summary
- Colorado Department of Public Health and Environment, 2012-2014 Child Health Surveys summary
- Colorado Department of Public Health and Environment, 2014 Child Health Survey
- Colorado Department of Public Health and Environment, 2013 Healthy Kids Colorado Survey
- Colorado Department of Public Health and Environment, 2012-2014 NETSS files

Internal patient data came from the hospital’s patient record system, EpicCare.

Third Party Contractor

Amy Slothower, who is the principal consultant at Cause Effect Advisory Services, was retained as a third party contractor to facilitate this community health needs assessment. She conducted many of the key stakeholder interviews, facilitated focus groups, analyzed the quantitative data, led internal and external discussion about how to prioritize the needs of the community and wrote the report.
Organizations Providing Input

The following organizations, government agencies and public health departments provided input for this report by participating in key stakeholder interviews, hosting focus groups, and/or sharing data and information:

Alliance for Kids
Boys and Girls Club – Pikes Peaks Region
City of Colorado Springs – Parks, Recreation and Cultural Services
Colorado Children’s Campaign
Colorado Springs School District 11
Community Health Partnership
Community Partnership for Child Development
El Pomar Foundation
Emergency Medical Services of Colorado Springs
Joint Initiatives for Youth and Families
Meadow Park Community Preschool
Newborn Hope
Parenting Matters of El Paso County
Peak Vista Health Centers
Rocky Mountain Human Services-Operation TBI Freedom
Ronald McDonald House Charities of Southern Colorado
S.E.T. Family Medical Clinic
The Homefront Cares
The Resource Exchange
Underserved Population Input

Special effort was made to solicit input for this report from underserved populations. Outreach to underserved populations included:

- Contacting nonprofit organizations that represent the interests of underserved groups and including them in stakeholder interviews.
- Conducting focus groups in low-income areas of the community and with underserved groups.
- Widely distributing the needs assessment survey to ensure the participation of diverse audiences. Overall, 38 percent of respondents were ethnic minorities and close to one third of respondents had household incomes of less than $50,000 per year.

<table>
<thead>
<tr>
<th>Survey Respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>10%</td>
</tr>
<tr>
<td>Caucasian/White</td>
<td>80%</td>
</tr>
<tr>
<td>Asian</td>
<td>2%</td>
</tr>
<tr>
<td>American Indian/ Alaska Native Hawaiian/ Pacific Islander</td>
<td>4%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>22%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Survey Respondents | Percentage  
$0 - $24,999 | 15%  
$25,000 - $49,999 | 18%  
$50,000 - $74,999 | 21%  
$75,000 - $99,999 | 14%  
$100,000 or more | 24%  
Prefer not to answer | 8%  
Total | 100%

Note - totals add up to more than 100% because respondents were allowed to select more than one answer. Questions about race and income were optional so total responses to these questions are not equal to the total number of responses received.

Information Gaps/Limitations

As with any study that relies heavily on the opinions of individuals, this needs assessment does have some limitations. Some of the gaps in information that we were unable to overcome include:

- Much of the secondary data that was analyzed is only available at a state level. While it would be preferable to have data on indicators such as health status of children by income level at the county or even neighborhood level, this data was simply not available.
- The opinions gathered from key stakeholder interviews and focus groups 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 speak to a large number of individuals, the respondents are not representative in a statistical sense, and there is no way to guarantee that their opinions are identical to those of the entire El Paso county region considered in this analysis.
- We faced a particular challenge with recruiting immigrant populations for our focus groups and we did not ask survey respondents to indicate their country of origin. We believe, therefore, that this population is underrepresented in our findings.
COMMUNITY

For the purposes of this report, “community” is defined as El Paso County. While the needs of children statewide are considered, the focus is on those communities and neighborhoods where the hospital anticipates it will have the greatest influence.

How the Community was Determined

Children’s Colorado considered three factors when defining this “community”:

- 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.” Contained in this mission statement is a commitment to children statewide and beyond.

Children’s Colorado serves a seven-state region; however, the majority of our patients come from Colorado and, specifically, the Denver metro area. In 2014, for all facilities, we had 18,332 total inpatient admissions, 138,523 emergency department visits and 557,275 total outpatient visits. A total of 90,483, or 12.7%, of those visits were from residents of El Paso County. Looking specifically at our facilities located in Colorado Springs, including Briargate Urgent and Outpatient Care, Printers Park Therapy Care, and Memorial Hospital, we had a total of 81,377 outpatient visits, 2,825 inpatient visits, and 566 emergency department visits. 75,973 of these patients, or 89.6%, were from El Paso County. It is expected that the number of patients from El Paso County that are treated by the Children’s Colorado network will increase with the opening of the new Colorado Springs facility.

75,973 patient visits for El Paso County
DESCRIPTION OF THE COMMUNITY SERVED

Age

About 25 percent of the population in Colorado is under the age of 18. Similarly, 25 percent of the population in El Paso County is under the age of 18. The age distribution of the county’s youth population also reflects that of the state.¹

<table>
<thead>
<tr>
<th>Age Distribution</th>
<th>Under 5</th>
<th>5 to 9</th>
<th>10 to 14</th>
<th>15 to 17</th>
<th>Total under 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Paso</td>
<td>7%</td>
<td>7%</td>
<td>7%</td>
<td>4%</td>
<td>25%</td>
</tr>
<tr>
<td>State</td>
<td>7%</td>
<td>7%</td>
<td>7%</td>
<td>4%</td>
<td>25%</td>
</tr>
</tbody>
</table>

Race and Ethnicity

While Colorado, as a state, has a population that is just over 40 percent minority, the racial and ethnic composition of El Paso County is slightly more white and significantly less Hispanic/Latino than the state. Hispanics and Latinos are, however, the largest minority population in the county by a wide margin.²

<table>
<thead>
<tr>
<th>Race and Ethnicity</th>
<th>Hispanic/Latino</th>
<th>White</th>
<th>Black/African American</th>
<th>American Indian or Alaska Native</th>
<th>Asian</th>
<th>Native Hawaiian or Pacific Islander</th>
<th>Other</th>
<th>Two or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Paso</td>
<td>22.0%</td>
<td>62.0%</td>
<td>6.0%</td>
<td>0.6%</td>
<td>2.0%</td>
<td>0.3%</td>
<td>0.3%</td>
<td>7.0%</td>
</tr>
<tr>
<td>State</td>
<td>31.0%</td>
<td>58.0%</td>
<td>4.0%</td>
<td>0.6%</td>
<td>3.0%</td>
<td>0.1%</td>
<td>0.2%</td>
<td>4.0%</td>
</tr>
</tbody>
</table>

In Colorado, 10 percent of residents are foreign-born, and nearly 1 and 5 children speak a language other than English in the home. In El Paso County, both figures are notably lower.³ Both statewide and in El Paso County, the percentage of children who speak a language other than English in the home closely parallels the percentage of foreign-born residents.⁴

<table>
<thead>
<tr>
<th></th>
<th>Residents (all ages) who are foreign-born</th>
<th>Children ages 5 to 17 who speak a language other than English at home</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Paso</td>
<td>7%</td>
<td>11%</td>
</tr>
<tr>
<td>State</td>
<td>10%</td>
<td>19%</td>
</tr>
</tbody>
</table>
Socio-economic Status

Nearly one out of five children in both Colorado and El Paso County is living in poverty. The median household income in the county is $57,0015, which is slightly lower than the state median of $57,892 and compares favorably to the national median income of $53,046.

<table>
<thead>
<tr>
<th>County</th>
<th>Children living in poverty</th>
<th>Median Household Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Paso</td>
<td>17%</td>
<td>$57,001</td>
</tr>
<tr>
<td>State</td>
<td>18%</td>
<td>$57,892</td>
</tr>
</tbody>
</table>

Statewide, 29 percent of children live in single-parent households, and three percent live with grandparents who are responsible for caring for them. El Paso County closely mirrors the state on both measures.6

<table>
<thead>
<tr>
<th></th>
<th>Children living in a single-parent household</th>
<th>Children living with a grandparent who is responsible for caring for them</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Paso</td>
<td>29%</td>
<td>2%</td>
</tr>
<tr>
<td>State</td>
<td>29%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Health Status

While it is difficult to use any single measure to determine the health status of children in a given community, Colorado parents in general feel positive about the health of their children, with fewer than three percent of parents reporting that their children’s health is either “fair” or “poor.” The ratings in El Paso County are consistent with state averages.7

<table>
<thead>
<tr>
<th>Health Status</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Paso</td>
<td>60%</td>
<td>24%</td>
<td>13%</td>
<td>2%</td>
<td>0.2%</td>
</tr>
<tr>
<td>State</td>
<td>61%</td>
<td>26%</td>
<td>11%</td>
<td>2%</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

It is noteworthy that there are disparities among different racial and ethnic groups in the ratings they give to their children’s health, with Hispanic families being far less likely to believe that their children’s health is “excellent.”8 (Note that this data is not available at the county level.)

<table>
<thead>
<tr>
<th>Health Status</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>66%</td>
<td>25%</td>
<td>8%</td>
<td>1%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Black</td>
<td>66%</td>
<td>19%</td>
<td>13%</td>
<td>2%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Hispanic White</td>
<td>50%</td>
<td>27%</td>
<td>19%</td>
<td>4%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Other</td>
<td>56%</td>
<td>24%</td>
<td>16%</td>
<td>3%</td>
<td>0.5%</td>
</tr>
</tbody>
</table>
Similarly, there is a notable difference between the health ratings that low-income parents, in contrast to higher income parents, give to their children’s health. Parents from the lowest-income group are least likely to rate their children’s health status as excellent.

<table>
<thead>
<tr>
<th>Health Status</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family income below $25,000</td>
<td>43%</td>
<td>28%</td>
<td>22%</td>
<td>6%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Family income between $25,000 and $49,999</td>
<td>55%</td>
<td>25%</td>
<td>16%</td>
<td>3%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Family income above $50,000</td>
<td>67%</td>
<td>25%</td>
<td>7%</td>
<td>1%</td>
<td>0.06%</td>
</tr>
</tbody>
</table>

**Health Access**

On a positive note, Colorado children are increasingly getting access to health insurance. However, the rates of coverage vary significantly across counties and coverage rates in El Paso County are slightly lower than those for the state. Newly released data for 2014 indicates that the state-level uninsured rate for children has dropped to 5.6 percent, down significantly from 9 percent the previous year. While 2014 data is not yet available at the county level, it is reasonable to assume that there have been gains in every county.

A substantial number of children are receiving coverage from public sources, including Medicaid and CHP+ and, again, El Paso County rates of enrollment in public programs are slightly lower than state averages.

<table>
<thead>
<tr>
<th>County</th>
<th>Uninsured Children (Under 18) (2009-13)</th>
<th>Children (ages 0 to 18) enrolled in Medicaid at least some point during FY13-14</th>
<th>Children (ages 0 to 18) enrolled in CHP+ at least some point during FY13-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Paso</td>
<td>7%</td>
<td>35%</td>
<td>7%</td>
</tr>
<tr>
<td>State</td>
<td>9%</td>
<td>38%</td>
<td>9%</td>
</tr>
</tbody>
</table>

However, increased health insurance coverage does not necessarily mean that children are finding medical homes or getting the medical care they need. While only about two percent of parents statewide report that their child has no place to go when the child is sick, five percent did not get needed medical care due to cost, and 10 percent did not get needed dental care due to cost. Notably, El Paso County data indicates that the impact of cost on access to medical care is comparable to statewide averages, but the impact on access to dental care seems to be higher.

<table>
<thead>
<tr>
<th>County</th>
<th>Children (ages 1-14) whose parents report their child has no place he/she usually goes when he/she is sick or when parent needs advice on child’s health (2012-2014)</th>
<th>Children (ages 0 to 18) who did not get needed doctor care due to cost (2013)</th>
<th>Children (ages 0 to 18) who did not get needed specialist care due to cost (2013)</th>
<th>Children (ages 0 to 18) who did not get needed dental care due to cost (2013)</th>
<th>Children (ages 0 to 18) who did not fill a prescription due to cost (2013)</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Paso</td>
<td>2%</td>
<td>4%</td>
<td>5%</td>
<td>13%</td>
<td>7%</td>
</tr>
<tr>
<td>State</td>
<td>2%</td>
<td>5%</td>
<td>5%</td>
<td>10%</td>
<td>6%</td>
</tr>
</tbody>
</table>
Another important indicator of health care access is the percentage of children who have a medical home. The Colorado Department of Public Health and Environment defines a medical home 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. Only 64 percent of children statewide have health care that meets these criteria, and the rate varies greatly by income and race, with minority and low-income children being far less likely to have a medical home than their peers:

**Children (ages 1-14) whose health care meets criteria for all five components of a medical home (2012-2014)**

<table>
<thead>
<tr>
<th></th>
<th>Non-Hispanic white</th>
<th>Black</th>
<th>Hispanic white</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family income below $25,000 per year</td>
<td>70%</td>
<td>43%</td>
<td>57%</td>
<td>52%</td>
</tr>
<tr>
<td>Family income between $25,000 and $49,999 per year</td>
<td>46%</td>
<td>55%</td>
<td>71%</td>
<td></td>
</tr>
</tbody>
</table>

**Health Conditions**

Looking more closely at specific medical conditions yields deeper insight into the health status of children in our community. One area of particular concern is childhood obesity and the related issues of nutrition and physical activity. In Colorado, 28 percent of children are overweight or obese, and in El Paso County, that figure is 27 percent.

<table>
<thead>
<tr>
<th></th>
<th>Underweight</th>
<th>Healthy Weight</th>
<th>Overweight</th>
<th>Obese</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Paso</td>
<td>13%</td>
<td>59%</td>
<td>14%</td>
<td>13%</td>
</tr>
<tr>
<td>State</td>
<td>11%</td>
<td>62%</td>
<td>13%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Not surprisingly, many children in Colorado are also not meeting minimum daily-suggested consumption of fruits and vegetables or getting the minimum suggested daily physical activity. El Paso County children are faring slightly better along these two measures than the state averages.

<table>
<thead>
<tr>
<th></th>
<th>Children (ages 1-14) whose parents report their child consumes at least 5 total servings of fruits and/or vegetables per day (2012-2014)</th>
<th>Children (ages 5-14) whose parents report their child is physically active for at least 60 minutes per day (2012-2014)</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Paso</td>
<td>16%</td>
<td>42%</td>
</tr>
<tr>
<td>State</td>
<td>19%</td>
<td>45%</td>
</tr>
</tbody>
</table>

Closely related to concerns about obesity and poor nutrition and exercise habits are issues around food scarcity and dependence on low-cost food. More than one in five families in Colorado struggle with paying for food.
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 (2014)

24%

Households with children ages 1-14 who sometimes or often felt that they couldn’t afford to eat balanced meals (2014)

21%

Households with children ages 1-14 who sometimes or often could not afford the food they needed in the past year (2014)

28%

Another area of concern is the mental health status of children in our community. Nearly one fourth of all parents statewide, as well as in El Paso County, report challenges with their children’s emotional and behavioral health. Of note, mental health concerns are almost nearly as high for children between the ages of one and four as they are for children between four and 14.17

<table>
<thead>
<tr>
<th>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 (2012-2014)</th>
<th>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 (2012-2014)</th>
<th>Children (ages 4-14) whose parents reported their child needed mental health care or counseling within the past 12 months (2012-2014)</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Paso</td>
<td>18%</td>
<td>27%</td>
</tr>
<tr>
<td>State</td>
<td>22%</td>
<td>25%</td>
</tr>
</tbody>
</table>

Significantly, 24 percent of parents statewide who reported that their child needed mental health care or counseling during the past 12 months did not receive all needed care.18 The reasons that children did not receive the care they needed are difficult to discern with available data:

**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 (2012-2014)**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost too much</td>
<td>10%</td>
</tr>
<tr>
<td>No health insurance</td>
<td>7%</td>
</tr>
<tr>
<td>Health plan problem</td>
<td>6%</td>
</tr>
<tr>
<td>Not available in area</td>
<td>4%</td>
</tr>
<tr>
<td>Transportation problems</td>
<td>2%</td>
</tr>
<tr>
<td>No convenient times</td>
<td>2%</td>
</tr>
<tr>
<td>Doctor did not know how to treat or provide care</td>
<td>7%</td>
</tr>
<tr>
<td>Other</td>
<td>60%</td>
</tr>
</tbody>
</table>
Looking specifically at the mental health needs of teens, the data is even more discouraging. Nearly one in four students statewide, and one in five students in El Paso County, reported symptoms of depression in 2013 (the last year for which data is available) and nearly one in six seriously considered attempting suicide.19

<table>
<thead>
<tr>
<th>High school students who reported feeling so sad or hopeless for at least two weeks that it interfered with their usual activities (2013)</th>
<th>High school students who reported they had seriously considered attempting suicide during the past 12 months (2013)</th>
<th>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 (2013)</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Paso</td>
<td>21%</td>
<td>15%</td>
</tr>
<tr>
<td>State</td>
<td>24%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Oral health is another issue that has emerged as an area of interest for the community. While most children in Colorado do a see a dentist on a regular basis, fewer than half of parents in the state report that the condition of the their children's teeth is “excellent.” El Paso County data on access to dental care is slightly lower than state averages, yet parents report their condition of their children's teeth is slightly better.20

| Children (ages 1-14) who saw a dentist for preventative dental care during the past 12 months (2012-2014) | Parent’s rating of the condition of child’s (ages 1-14) teeth (2012-2014) |
|---|---|---|---|---|---|
| | Excellent | Very good | Good | Fair | Poor |
| El Paso | 82% | 48% | 32% | 15% | 4% | 0.8% |
| State | 84% | 43% | 31% | 19% | 6% | 1% |
SUMMARY FINDING

Community Input

Different analytical methods were used to review and understand the input provided by different data sources. For the key informant interviews, interviewers took detailed notes during the conversations. Then, interview notes were analyzed and the issues identified as needs or concerns were tabulated. The data was then organized by the frequency with which an issue was cited, yielding the following results:

Top Issues Identified through Key Informant Interviews

<table>
<thead>
<tr>
<th>Issue</th>
<th>Total Mentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental/Behavioral Health/Toxic Stress</td>
<td>12</td>
</tr>
<tr>
<td>Nutrition</td>
<td>7</td>
</tr>
<tr>
<td>Obesity</td>
<td>6</td>
</tr>
<tr>
<td>Special Needs care</td>
<td>5</td>
</tr>
<tr>
<td>Vaccinations</td>
<td>4</td>
</tr>
<tr>
<td>Oral Health</td>
<td>3</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>3</td>
</tr>
<tr>
<td>Access/Wait times for appointments</td>
<td>3</td>
</tr>
<tr>
<td>Parent Education</td>
<td>2</td>
</tr>
<tr>
<td>Accidental Injury</td>
<td>2</td>
</tr>
</tbody>
</table>

Similarly, detailed notes were taken during the focus groups and then analyzed and tabulated:

Top Issues Identified through Focus Groups

<table>
<thead>
<tr>
<th>Issue</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental/Behavioral Health/Toxic Stress</td>
<td>3</td>
</tr>
<tr>
<td>Parent Education</td>
<td>3</td>
</tr>
<tr>
<td>Access/Wait times for appointments</td>
<td>3</td>
</tr>
<tr>
<td>Nutrition</td>
<td>2</td>
</tr>
<tr>
<td>Insurance</td>
<td>2</td>
</tr>
<tr>
<td>Obesity</td>
<td>1</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>1</td>
</tr>
<tr>
<td>Oral Health</td>
<td>1</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>1</td>
</tr>
<tr>
<td>Medical Home</td>
<td>1</td>
</tr>
</tbody>
</table>
It is noteworthy that the key informant interviews and focus groups yielded slightly different lists of key concerns.

Because the key informants were generally professionals who work either in the public health arena or with nonprofit organizations that serve populations similar to those of the hospital, their perspectives tended to be more global and they highlighted issues that were more systemic. Focus groups, on the other hand, were composed of parents who live in the communities the hospital serves. Their perspectives were more informed by the needs of their own children. While mental health, nutrition, physical activity and obesity were top concerns for both groups, the focus groups also discussed oral health and were also much more concerned about the cost of care and difficulty of accessing providers. The extra burden of having to travel to Denver for specialized care, rather than receiving treatment locally, also emerged as a theme in the focus groups and is not necessarily reflected in the tabulation of key issues.

Because more demographic data was collected for the online survey, we were able to analyze the results in more meaningful ways. First, a simple analysis of the top rated issues/concerns was performed:

**Top 10 Issues Identified through the Parent Survey**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost of health care</td>
<td>76</td>
</tr>
<tr>
<td>Mental or behavioral health</td>
<td>73</td>
</tr>
<tr>
<td>Nutrition</td>
<td>65</td>
</tr>
<tr>
<td>Dental Care</td>
<td>54</td>
</tr>
<tr>
<td>Care for children with special needs</td>
<td>53</td>
</tr>
<tr>
<td>Immunizations (vaccinations)</td>
<td>48</td>
</tr>
<tr>
<td>Obesity</td>
<td>48</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>47</td>
</tr>
<tr>
<td>Regular / routine medical care</td>
<td>46</td>
</tr>
<tr>
<td>Insurance Coverage</td>
<td>44</td>
</tr>
</tbody>
</table>
Next, we sorted the data by income levels to determine if there were significant variations in the issues identified as top concerns:

**Top Priorities by Income**

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Issue #1</th>
<th>Issue #2</th>
<th>Issue #3</th>
<th>Issue #4</th>
<th>Issue #5</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $24,999</td>
<td>Immunizations</td>
<td>Special Needs care</td>
<td>Nutrition</td>
<td>Dental care</td>
<td>Mental health</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$25,000 - $49,999</td>
<td>Dental care</td>
<td>Cost of care</td>
<td>Physical activity</td>
<td>Nutrition</td>
<td>Parent education</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$50,000 - $74,999</td>
<td>Cost of care</td>
<td>Nutrition</td>
<td>Special needs care</td>
<td>Hunger</td>
<td>Mental health</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$75,000 - $99,999</td>
<td>Cost of care</td>
<td>Mental Health</td>
<td>Nutrition</td>
<td>Access to care</td>
<td>Obesity</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$100,000 or more</td>
<td>Mental Health</td>
<td>Cost of care</td>
<td>Obesity</td>
<td>Special needs care</td>
<td>Routine/regular care</td>
</tr>
</tbody>
</table>

**Observations on responses disaggregated by income include:**

Mental health is a high-priority issue in nearly all income ranges, but is ranked higher for higher income levels.

- Cost of care is a concern in all but the lowest income brackets. This variation can probably be attributed to the type of insurance coverage those respondents are most likely to have (public vs. private). The income level where cost of care is the highest priority is $50,000 to $99,999, which is likely the group whose income is just high enough that they do not qualify for public insurance.

- Nutrition is a top concern in both middle-income and low-income brackets.

- Immunization was the highest priority issue in the lowest income bracket, and was not selected as a top priority in any other income bracket.

- Special needs care was a higher priority in low, middle and high-income brackets.

- Dental care was a concern in the lower income brackets and not in the higher income brackets.
In addition to reviewing the information gleaned from interviews, focus groups and surveys, the needs assessment took into consideration admissions data from the current hospital facilities. We were interested in comparing the concerns of the community with the reasons that children are treated in our facilities. We also believe it is important to consider trends in our current facilities as we plan for programs and services in the new Colorado Springs hospital. We considered the top 10 primary diagnoses for both inpatient and outpatient visits:

**Top 10 Inpatient Primary Diagnoses**
(37% of all admissions)

- Acute Bronchitis ........................................... 8%
- Asthma ............................................................ 6%
- Epilepsy .......................................................... 4%
- Viral Pneumonia ............................................. 4%
- Affective Psychoses ...................................... 4%
- Pneumonia, Organism Nos ............................. 3%
- Aftercare ....................................................... 3%
- Diabetes Mellitus .......................................... 2%
- General Symptoms ........................................ 2%
- Short Gest/Low Birth WT .............................. 2%

**Top 10 Outpatient Primary Diagnoses**
(36% of all visits)

- Rehabilitation Procedure ...................................... 19%
- Joint Disorder .................................................... 3%
- Nutrition/Metabolic/Developmental Symptoms ...... 2%
- Health Supervision ............................................ 2%
- Specific Developmental Delays ............................ 2%
- General Symptoms ............................................ 2%
- Hearing Loss ...................................................... 2%
- Aftercare ........................................................... 2%
- Respiratory Symptoms/Other Chest Symptoms ...... 1%
- Epilepsy ............................................................. 1%

**General observations from the comparison of admissions data with the community input include:**

- There is relatively little overlap between the concerns raised by the community and the reasons that children are actually coming to the hospital’s facilities.

- A number of the primary diagnoses, both for inpatient and outpatient care, are respiratory issues. Yet the community generally expressed little concern about these issues.

- The top 10 admission diagnoses combined account for just over one third of all admission diagnoses, indicating that the reasons for which children visit the hospital are very diverse.

- The only top 10 diagnosis that has significant overlap with the community’s concerns is mental health/affective psychoses.

We also specifically considered the admissions data for patients who reside in El Paso County to determine if there were significant differences from the admissions data for the children statewide.
Top 10 Inpatient Primary Diagnoses – El Paso County Residents
(45% of all admissions)

- Short Gestation/Low Birth Weight ................................................................. 8%
- Other Ill-Def Morbid/Mortal ..................................................................... 7%
- Asthma ........................................................................................................... 5%
- General Symptoms ...................................................................................... 5%
- Other Newborn Respiratory Condition ....................................................... 5%
- Epilepsy ........................................................................................................ 5%
- Acute Bronchitis/Bronchiol .................................................................... 3%
- Diabetes Mellitus ....................................................................................... 3%
- Other Lung Diseases .................................................................................. 2%
- Resp Symptoms/Other Chest Symptoms ................................................... 2%

The most striking difference between inpatient diagnoses for the patient population as a whole and those for El Paso County residents is the higher percentage of admissions for issues related to prematurity and low birth weight for El Paso County residents. In 2013, 10 percent of births in the city of Colorado Springs were preterm (gestation of less than 37 weeks) compared to 8.4 percent in Denver and 8.4 percent statewide. While the rate of premature birth declined statewide between 2013 and 2015, it increased in Colorado Springs.

Top 10 Outpatient Primary Diagnoses – El Paso County Residents
(51% of all admissions)

- Rehabilitation Procedure ......................................................................... 37%
- Nutrition/Metabolic/Developmental Symptoms General Symptoms ........ 2%
- Specific Developmental Delays ................................................................. 2%
- Joint Disorder ............................................................................................. 2%
- Hearing Loss ............................................................................................... 1%
- Radius & Ulna Fracture ........................................................................... 1%
- Epilepsy ....................................................................................................... 1%
- Respiratory Symptoms/Other Chest Symptoms ....................................... 1%
- Aftercare .................................................................................................... 1%
We observed that outpatient diagnoses for El Paso County residents were largely consistent with those of the entire patient population.

We also reviewed the mortality data for children in Colorado as reported by the Centers for Disease Control and Prevention (CDC). Keeping in mind the prioritization criteria that our committee selected (scale, impact, community importance and sustainability) we wanted to ensure that we were considering those issues that have the most harmful consequences for children. While most of the other data we analyzed was used to determine which issues might be affecting large numbers of children (scale) we felt that mortality data would inform our understanding of impact.

**Leading Cause of Mortality for Children in Colorado age 0-14**

○ Congenital abnormalities
○ Low birth weight
○ Other injuries
○ Birth trauma
○ Suicide
○ Road traffic injuries

**Leading Cause of Mortality for Children in Colorado age 15-24**

○ Suicide
○ Road traffic accidents
○ Poisoning
○ Homicide
○ Other injuries
○ Drowning

**Insights gleaned from mortality data include:**

○ Suicide is a leading cause of death and is closely related to the concerns raised by the community about mental health.

○ Injuries and accidents are also leading causes of death but were not top priority issues for the community.

○ Fatalities for very young children are often triggered by congenital abnormalities and low birth weight, issues that are closely related to premature birth. Again, these were not issues that were priorities for the community.
Prioritization Process

Finally, we presented the research findings first to a group of community stakeholders and asked them how they would prioritize the issues that were identified through interviews, focus groups, surveys and data analysis. The outcomes of those discussions were as follows:

Community ranking of priorities (from highest to lowest)
- Mental health
- Parent education
- Access to care
- Caring for children with special needs
- Obesity
- Nutrition
- Dental care
- Drug and alcohol use
- Physical activity
- Insurance coverage

There was clear consensus among community members that mental health is a high priority issue. We also decided to consider obesity, nutrition and physical activity as a single issue and, when combined, those issues rose to one of the top priorities. Also, further discussion with hospital leadership led to the conclusion that some items that were prioritized by the community are actually strategies for addressing key issues. These include parent education, access to care and caring for children with special needs. While these strategies will be considered as part of the implementation plan, for the purposes of the needs assessment, they will not be included in the list of top priorities.
COMMUNITY BENEFIT PRIORITIES

After careful consideration of all available data, Children's Hospital Colorado has determined that the issues that both are of greatest importance to the community and which the hospital can most effectively address in El Paso County are:

- Mental health
- Nutrition, physical activity and obesity

We acknowledge that the community raised numerous other concerns and that the data supports the need to address a wide range of issues. However, we believe that concentrating our efforts in these two key areas will have the most meaningful and lasting impact. As detailed below, both of these issues meet our prioritization criteria:

**Scale** – these issues touch a large number of children

**Impact** – these issues have a significant effect on children

**Community Interest** – community members expressed concern about these issues through the various channels we used to gather input

**Sustainability** – Children's Hospital Colorado has the resources needed to address these issues

It is also important to point out that, in addition to these priority needs, the hospital will sustain our current work on three issues that are critical to the long-term health and wellness of children in our community:

- Injury
- Prematurity
- Respiratory illness/disease
DESCRIPTION OF PRIORITY NEEDS

Mental Health

Mental Health is clearly one of the most pressing issues facing our community. Nearly one in five parents in El Paso County report that their young child (ages 1 to 14) has difficulties with emotions, concentration, behavior or being able to get along with other people. 27 percent reported that their child had at least one day in the past month when his or her mental health was not good, and 14 percent reported that their child needed mental health care or counseling within the past 12 months.

The numbers are equally alarming for teens. About 21 percent of high school students in the county report feeling so sad or hopeless for at least two weeks in the past year that it interfered with their normal activities, and 15 percent have seriously considered attempting suicide in the past 12 months.

The need for improved mental health care was also evident in our conversations with community members. 12 out of the 20 stakeholders who were interviewed for this assessment chose mental health as one their top three issues or concerns. The issue was raised in 3 of our 4 focus groups and was selected as a top priority by 76 out of 257 people who responded to our online survey. Mental health also ranked highest in both our community prioritization meeting.

The impact of poor mental health is significant for children at any age. Over the past two decades, valuable research in the field of early childhood development has established the importance of relationships and experiences in the first years of life. It has become clear that early exposure to “toxic stress” can have an overwhelming effect on life-long health and wellbeing. According to the Harvard Center for the Developing Child, “scientists now know that chronic, unrelenting stress in early childhood, perhaps caused by extreme poverty, neglect, repeated abuse, or severe maternal depression, for example, can be toxic to the developing brain.” Emotional wellbeing in early childhood lays the groundwork for cognitive, social, emotional and physical development. Fostering early childhood mental wellness therefore has long-lasting implications for the future prosperity of our community.

For older children, poor mental health begins to impact school performance, social relationships and family connections. Without treatment, children who are experiencing mental health issues may also make unhealthy lifestyle decisions. We know that 31 percent of high school students in our state are using alcohol and 33 percent have had sexual intercourse. While certainly not all of those risky behaviors can be directly attributed to poor mental health, there is likely some connection between improved mental health and better lifestyle choices.

And, of course, the ultimate and most devastating impact of poor mental health can occur when a child takes his or her own life. A 2013 survey found that two percent of high school students in El Paso County 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. Sadly, on average more than 30 Colorado teens and young adults die each year as a result of suicide.
Children’s Hospital Colorado has existing resources and capacity to address the issue of childhood mental health. The psychology and psychiatry department at our main campus offers outpatient, day treatment and inpatient care for children and adolescents ages three to 17. Services offered include diagnostic evaluations, individual and family therapy, and parent counseling and education. We also offer educational programs for medical and child care professionals. Each year, this department treats more than 3,800 patients. Specific conditions treated include:

- Attention Deficit Hyperactivity Disorder (ADHD)
- Autism spectrum disorders
- Anxiety disorders
- Bipolar disorders
- Coping with medical illness
- Depression
- Developmental and other learning disorders
- Disruptive behavior disorders
- Eating disorders
- Elimination problems
- Impulse control disorders, such as nail biting and hair pulling
- Mood and thought disorders
- Obsessive-Compulsive Disorder (OCD)
- Oppositional Defiant Disorder (ODD)
- Perinatal (pregnancy and postpartum) mental health
- Psychotic disorders
- School refusal
- Tourette’s and other tic disorders

The hospital has also been a leader in integrating mental and behavioral health services with primary care. Project CLIMB, a mental health program in the Child Health Clinic (our primary care clinic), provides teaching, consultation and interventions as part of regular well-child pediatric visits. Clinicians can coordinate admissions to the Outpatient Specialty Clinics, Intensive Outpatient Program, Day Treatment Programs, and Intensive Services Program if needed, and can also offer immediate interventions for families during visits.

In addition, the hospital has recently announced a new “First 1,000 Days” initiative aimed at improving the health and wellbeing of children under the age of two with a particular focus on mental health. While still in its nascent stages, this new project aims to better identify vulnerable children who may be experiencing toxic stress and to provide targeted interventions to enhance their early development.

Beyond the clinical services that the hospital provides, we have taken a proactive stance on many policy issues that impact childhood mental and behavioral health. We recently co-authored a study with the Colorado Children’ Campaign titled “Young Minds Matter: Supporting Children’s Mental Health Through Policy Change.” This publication offers a roadmap for strengthening mental health services for children in Colorado, and we are now working with state and local leaders to urge adoption of many of the policies that were recommended.
Children’s Colorado is also aware of many state and local organizations doing innovative work in the field of childhood mental health in El Paso County. These include:

- **Peak Vista Community Health Centers and AspenPointe** - these partner organizations provide a broad range of behavioral health services including behavioral health and psychiatric support, counseling and therapy, mental wellness programs, psychological exams, and substance abuse treatment and support.

- **Colorado Crisis Services (El Paso County)** - this is a statewide referral resource for mental health, substance use or emotional crisis help and information. All calls are connected to a mental health professional who provides immediate support and connections to other appropriate resources.

- **Centro de la Familia** - serving the Hispanic/Latino community, this organization provides culturally sensitive behavioral health services. The Strengthening Families Counseling/advocacy program provides individual, family, couples, adolescent, and child-play therapy for adults and children with significant mental health, emotional, behavioral or crisis-oriented challenges.

We look forward to working with these and other key organizations as we develop our implementation plan for better addressing the mental health needs of children in El Paso County.

![Mental Health Comparison]

**Mental Health**

- **Colorado**
  - Children ages 0-14 needed care in the last year: 13%
  - Teens felt sad or hopeless at least two weeks in last year: 24%
  - Teens lost their lives due to suicide: 60

- **National**
  - Children ages 0-14 needed care in the last year: 8%
  - Teens felt sad or hopeless at least two weeks in last year: 28%
  - Teens lost their lives due to suicide: 4600
Nutrition, physical activity and obesity

While Colorado has long enjoyed one of the lowest childhood obesity rates in the nation, we are unfortunately losing ground in the battle against the epidemic, with 28 percent of children in the state and 27 percent of children in El Paso County now overweight or obese.28

While nutrition and physical activity are distinct issues, they are closely related to obesity and we have chosen to group them together for the purposes of this needs assessment. Lack of physical activity and poor nutrition also impact large numbers of children in our state. In Colorado, 31 percent of families report that they “rely on only a few kinds of low-cost foods to feed their children because they did not have money to buy food.”29 29 percent of families in El Paso County rely on low-cost food. While this does not necessarily mean that those families are unable to provide healthy meals for their children, there may be some correlation between dependence on low-cost food and poor nutrition. Similarly, fewer than 20 percent of parents statewide report that their children consume at least five servings of fruits and vegetables per day.30

Regular physical activity not only reduces the occurrence of childhood obesity, it has also been shown to prevent a wide range of chronic diseases. The CDC and many health organizations recommend that all children ages 6 to 17 get at least 60 minutes per day of physical activity,31 yet most children fail to meet this guideline. Just 42 percent of parents in El Paso County report this level of activity for their children, and that figure is slightly lower than the state average of 45 percent.

Obesity has significant impacts at both the individual and the community level. A 2005 study showed that an overweight adolescent has a 70 percent chance of becoming an overweight or obese adult, and that obese six- to eight-year-olds are approximately 10 times more likely to become obese adults than their average-weight peers.32 Overweight children also experience health problems and challenges in school. They are at greater risk for a range of diseases including asthma, Type 2 diabetes, high blood pressure and high cholesterol, sleep apnea, and joint problems.33 They are also more likely to miss school and have poorer academic outcomes than their normal-weight peers in every grade level.34

The community also pays a price for obesity. LiveWell Colorado, a nonprofit organization dedicated to ending childhood obesity, estimates that Colorado spends $1.6 billion each year treating diseases and conditions related to obesity. At a national level, it is estimated that childhood obesity costs Americans $14.1 billion per year in direct medical expenses,35 in addition to indirect costs.

Our research also revealed that community members are very concerned about this issue. The combined topics of obesity, physical activity and nutrition were selected as top priorities a total of 14 times in our 20 stakeholder interviews. These topics were mentioned in three out of four our focus groups and were selected as key concerns 160 times in our online survey. The El Paso County public health departments has also identified this as one of their top priorities.
Children's Hospital Colorado does have clinical resources in place to help address this issue. We have treated children with weight management issues for more than 20 years through our Weight Management Program and are the only regional specialty care center to treat obese pediatric patients and focus on obesity treatment for the special-needs population. We offer a range of treatments, serving about 300 children a year at our main campus, and our goal is to provide a tailored program for each individual. Specific options include:

- Medical and lifestyle evaluations with a team of providers, including a dietitian and an exercise physiologist to address the individual needs of each child and/or family.
- The SHAPEDOWN® Program which is a 10-week group participation program run by social workers, therapeutic recreation specialists and a registered dietitians.
- 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 dietitian is available through Clinical Nutrition Services.
- Clinical research and trials for patients who meet criteria.
- Radiologic studies, sleep studies and blood tests.

We also offer a Weight Management Specialty Clinic, which treats children ages 10 and older who need special care for obesity-related health problems. These problems might include Type 2 diabetes, high blood pressure, high cholesterol, sleep apnea or polycystic ovary syndrome. Treatments offered in this clinic include both weight management plans and, if necessary, medications as prescribed by our endocrinologists and cardiologists.

We also have a number of community outreach programs currently operating in the Denver metro areas that are designed to encourage children to develop healthy habits. We believe that the experience that we have with launching and refining these programs in Denver will give us the ability to quickly and effectively deploy similar types of efforts in El Paso County. Examples of initiatives that have been effective in Denver include:

- Bikes for Life – launched in 2011, this program provides bikes and safety training to more than 300 children in the Denver-Metro area. The goal of the program is to create life-long healthy habits through cycling.
- Share Our Strength’s Cooking Matters – this program helps families to shop for and cook healthy meals on a budget, and is part of Share Our Strength’s No Kid Hungry campaign. Children’s Colorado helps to coordinate Cooking Matters courses in communities throughout Colorado.
There are a number of other organizations that are also doing important work in this field and who are potential partners for our ongoing work. These include:

- **LiveWell Colorado** - a nonprofit organization committed to reducing obesity in Colorado by promoting healthy eating and active living. In addition to educating and inspiring people to make healthy choices, LiveWell Colorado focuses on policy, environmental and lifestyle changes that remove barriers and increase access to healthy behaviors.

- **Healthy Eating Active Living (HEAL)** - this program of El Paso County Public Health, which is also supported by LiveWell, provides education and outreach, training on healthy eating and active living for child care providers, as well as support and collaboration on healthy eating and active living across sectors.

- **Boys and Girls Club Pikes Peak Region** - this multifaceted organization serves at-risk youth in El Paso County. Among their many offerings are programs designed to help youth learn about healthy behaviors and positive lifestyles. They also have numerous sports and fitness programs and encourage youth to develop skills for stress management and positive use of leisure time.
Other Needs

While the hospital is genuinely concerned about the wide range of issues raised through this assessment, we acknowledge that some of the topics that are important to community members are not on our list of priority needs. In some cases, this is because we feel that we are not the best organization to lead efforts to address a particular issue. In other cases, we have initiatives in place, and those efforts will continue. Specifically:

- Injury prevention has been, and will continue to be, a major area of focus for the hospital. Unintentional injury is the leading cause of death nationwide for children and youth between the ages of 1 and 24. Children’s Colorado has many important initiatives in place to help prevent accidental injury including passenger safety programs, projects to encourage children to safely walk and bike to school, and public education campaigns aimed at preventing abuse. These efforts will continue in full force and will be expanded as we grow our presence in El Paso County.

- Prematurity prevention will also continue to be one of our top priorities. Short gestation is the second leading cause of death for children under the age of 1, just behind congenital abnormalities. Children’s Colorado is a partner in the Colorado Institute for Maternal Fetal Health and offers comprehensive care and treatment both before and after birth for high-risk pregnancies. We also collaborate with organizations like the March of Dimes to increase public awareness of prematurity, support research to understand the underlying causes, and provide long-term care for children who suffer complications from premature birth.

- Because respiratory illness is one of the leading causes of inpatient and outpatient visits for all of our facilities, we are also committed to improving respiratory care for Colorado kids. Our Breathing Institute provides cutting edge research and professional development for pulmonary care providers. In addition, we offer comprehensive clinical care, family support services, and outreach with schools and other groups that are responsible for helping children manage their respiratory conditions.

- The cost of health care is an important issue that impacts all members of our community. Children’s Colorado has been and will continue to be a strong advocate for policy changes that make health care more affordable. We will also continue to offer charity care when and where appropriate and will work with all of our patients and families to do what we can to make the care we offer affordable.

- Parent education is another area where we have significant efforts under way. We offer a resource-rich website, conduct regular parenting seminars, and work with the local media to inform parents about important health matters. All of this work will continue and we see significant opportunity to expand our efforts in the Colorado Springs region.
Conclusion

The findings of this community health needs assessment will have important implications for our organization for years to come. We are grateful to the more than 350 individuals who have contributed to this report through interviews, focus groups and surveys. We believe that we have heard from a representative group of community members and we take seriously all of the issues, ideas, and concerns that have surfaced through our conversations.

The next step in this process will be to develop an implementation plan that will spell out in detail the ways that we plan to address the community priority needs of mental health and obesity/nutrition/physical activity. In addition to these priority needs, the hospital will sustain our current work on three issues that are critical to the long-term health and wellness of children in our community: injury, prematurity and respiratory illness. The implementation plan will be available by August 2016 and will provide a three-year roadmap for our work. We look forward to working with our many community partners to develop effective and innovative approaches to addressing these entrenched issues.

We hope to continue to hear from the community about concerns and ideas, and we welcome additional feedback and comments on our needs assessment process, the contents of this report, and our implementation plan. We have created an online forum for reactions to this report and for general input about our community work. We invite interested parties to view this report online at childrenscolorado.org/events-community/community/community-health-needs and to leave responses at communitybenefit@childrenscolorado.org.

Children's Hospital Colorado is committed to making Colorado a healthier place for all kids. Together with our partners, we know that we can improve the mental, emotional, physical and oral health of children in our state. We recognize that the challenge before us is significant, but we look forward to the work ahead.
APPENDIX A – KEY INFORMANT INTERVIEW GUIDE

Name: __________________________________________________________________________________

Date of Interview: ________________________________________________________________________

Organization: __________________________________________________________________________

Title: ___________________________________________________________________________________

Organization

I would like to confirm that your organization’s primary business is ____________________________?

What target population(s) do you primarily serve? (Prompt: age range and type of population)

What geographic area do you primarily serve?

Approximately how many individuals do you serve annually?

Health Needs

In thinking specifically about children (birth to 17) in the geographic area that you serve, in your opinion, what do you think are the (3) most critical health needs or concerns for children?

○ Critical Health Need #1________________________________________________________________

○ Critical Health Need #2________________________________________________________________

○ Critical Health Need #3________________________________________________________________

Prompt: I will now ask a series of questions for each of the critical health needs you identified

Critical Health Need #1

Why do you consider this a high priority need or concern?

Are there specific age groups or other subgroups of children who are most vulnerable?

(Prompt: Infants (0-1), Toddlers (1-3), Preschoolers (3-5), Middle Childhood (6-11), and Young Teens (12-17), low-income children, minority children, immigrant children)

Based on your experience and expertise, what kinds of family or community circumstances typically create barriers to addressing this critical health need?

Does your organization have programs designed specifically to address this need?

Are there “other” efforts in the community that are specifically addressing this need?

What is your perception of the role that Children’s Hospital plays in addressing this need?

What is your vision of how a hospital, or a hospital in partnership with a community organization, could best address this need?
Critical Health Need # 2

Why do you consider this a high priority need or concern?

Are there specific age groups or other subgroups of children who are most vulnerable?

(Prompt: Infants (0-1), Toddlers (1-3), Preschoolers (3-5), Middle Childhood (6-11), and Young Teens (12-17), low-income children, minority children, immigrant children)

Based on your experience and expertise, what kinds of family or community circumstances typically create barriers to addressing this critical health need?

Does your organization have programs designed specifically to address this need?

Are there “other” efforts in the community that are specifically addressing this need?

What is your perception of the role that Children’s Hospital plays in addressing this need?

What is your vision of how a hospital, or a hospital in partnership with a community organization, could best address this need?

Critical Health Need # 3

Why do you consider this a high priority need or concern?

Are there specific age groups or other subgroups of children who are most vulnerable?

(Prompt: Infants (0-1), Toddlers (1-3), Preschoolers (3-5), Middle Childhood (6-11), and Young Teens (12-17), low-income children, minority children, immigrant children)

Based on your experience and expertise, what kinds of family or community circumstances typically create barriers to addressing this critical health need?

Does your organization have programs designed specifically to address this need?

Are there “other” efforts in the community that are specifically addressing this need?

What is your perception of the role that Children’s Hospital plays in addressing this need?

What is your vision of how a hospital, or a hospital in partnership with a community organization, could best address this need?
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 written feedback on the previous assessment, which was conducted in 2012
- 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 GUIDE

<table>
<thead>
<tr>
<th>Topic</th>
<th>Time</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrival</td>
<td>5 min</td>
<td>Check-in with greeter</td>
</tr>
<tr>
<td>Welcome</td>
<td>5 min</td>
<td>Overview of the process</td>
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<tr>
<td></td>
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<td>Assurances of anonymity</td>
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<td></td>
<td></td>
<td>Introduction of other team members</td>
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<td></td>
<td>Norms and expectations – talk to one another not to the facilitator,</td>
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<td></td>
<td>the facilitator will jump in if we get off topic or if we need</td>
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<td></td>
<td>further explanation and will give a time warning when we are</td>
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<td>nearing the end of time for one question and need to move on to the</td>
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<tr>
<td></td>
<td></td>
<td>next question</td>
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<tr>
<td>Introductions/Warm-up</td>
<td>5 min</td>
<td>First Names</td>
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<td></td>
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<td>Number and ages of children in the home</td>
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<tr>
<td>Health Needs</td>
<td>15 min</td>
<td>Thinking specifically about children, what would you say are the</td>
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<td></td>
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<td>biggest health needs or problems in the community?</td>
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<td>Resources</td>
<td>15 min</td>
<td>Do you feel that people in the community are aware of the health</td>
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<td>care services that are available to them?</td>
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<td>Where do people in your community go to get information about the</td>
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<td></td>
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<td>health care services that are available to them?</td>
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<tr>
<td>Role of Children's Colorado</td>
<td>10 min</td>
<td>What are some things that come to mind when you think about Children's</td>
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<td>Hospital Colorado?</td>
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<td>What are some things that a hospital could do to help address the</td>
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<td>needs that we identified at the start of this discussion?</td>
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<tr>
<td>Paperwork</td>
<td>5 min</td>
<td>Complete forms for gift cards</td>
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<tr>
<td></td>
<td></td>
<td>Complete written survey</td>
</tr>
</tbody>
</table>
APPENDIX C – PRIORITIZATION CRITERIA

Prioritization criteria considered:
- **Scale** – how many children are impacted by the issue?
- **Impact** – how significantly does the issue impact the lives of those touched by it?
- **Growth** – are more children impacted by the issue now than in the past?
- **Community importance** – how important is this issue to the community members who have been part of the assessment?
- **Vulnerable populations** – does this issue disproportionately impact low income and/or other vulnerable populations?
- **Mission alignment** – would addressing this issue be in alignment with the mission of the hospital?
- **Existing resources** – are there already other resources in the community that are adequately addressing this issue?
- **Capacity** – does the hospital have the skills and resources to address this issue?
- **Viability** – is it likely that putting resources and effort into addressing this issue will lead to substantive change?
- **Sustainability** – are resources available (either currently or in the future) to support the work over the long term?

Prioritization criteria selected:
- **Scale** – how many children are impacted by the issue?
- **Impact** – how significantly does the issue impact the lives of those touched by it?
- **Community importance** – how important is this issue to the community members who have been part of the assessment?
- **Sustainability** – are resources available (either currently or in the future) to support the work over the long term?
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