FOR THE LOVE OF OUR CHILDREN

Children’s Hospital Colorado has served children for over 100 years—a commitment that extends beyond our facility and reaches into the community. For the same reasons we tackle preventable harm within our hospital walls, we strive to tackle preventable harm in our communities. We do this not because we have to; we do this for the love of our children. We do this because we can and we will make a difference.

While our providers engage in discovery and innovation in the provision of child health care in ways that bend the mortality curve, we have an opportunity to bend the wellness curve. In communities just adjacent to our hospital facilities, children don’t have access to consistent primary, behavioral or oral health care and health risks such as obesity and asthma continue to pose considerable challenges to our community’s children. The rate of premature birth for African American women is almost double that of their Caucasian counterparts, leading to an alarming rate of death for African American infants. Finally, injury remains the leading cause of death of children and teens. This is unacceptable; and we are dedicated to changing these outcomes.

Children’s Hospital Colorado’s commitment to these kinds of community needs drove the creation of the Child Health Advocacy Institute (CHAI)—the hub for the hospitals’ community-based work to foster healthier kids and families. We recognize impacting population health is a big undertaking. In an effort to sharpen our focus and develop our strategy, CHAI collected community input and community-level data that now serves as the foundation for community programs and initiatives moving forward.

This Community Health Needs Assessment identified the top issues that impact kids’ health as:

- Behavioral health
- Obesity/physical activity/nutrition
- Injury prevention
- Respiratory illness
- Premature birth

Members of our community, the communities we serve, identified the first two priority areas (behavioral health and obesity/physical activity/nutrition) as noted above. The final three areas of focus (injury prevention, respiratory illness, premature birth) correspond with the leading causes of death or healthcare utilization, making this assessment both community-based and data-driven.

In response to these findings, CHAI has drafted the following Community Health Action Plan1 defining how Children’s Hospital Colorado (CHCO) will address these five main child health challenges, in targeted zip codes, over the next three years.

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1 This Community Health Action Plan serves as the Hospital’s fulfillment of the requirement under the Affordable Care Act to develop a plan outlining the strategies it will implement to meet the identified community needs in the Hospital’s Community Health Needs Assessment.
THE COMMUNITIES WE SERVE

Patients from Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson and El Paso Counties make up 85 percent of all in-patient and outpatient visits for all CHCO facilities. 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.
POPULATION HEALTH PRIORITIES

In the 2016 Community Health Needs Assessment, Children’s Hospital Colorado has determined the issues that are of greatest importance to the community and which the hospital can most effectively address are:

**COMMUNITY IDENTIFIED**

- Mental Health
- Nutrition, Physical Activity, and Obesity

In addition to these priority needs identified by the community, the hospital has committed to addressing the top three issues resulting in child mortality and healthcare utilization because they are similarly critical to the long-term health and wellness of children in our community:

**DATA DRIVEN**

- Injury
- Prematurity
- Respiratory Illness
HOT SPOTS: TARGETING OUR WORK

We contracted with the Colorado Health Institute (CHI) to help us identify where all 5 child health priority areas intersect with one another at the zip code level. This heightened level of analysis allows us to better target where resources can be leveraged to address the identified child health priority areas.

The Colorado Health Institute created the child health severity index to illustrate where all child health priorities overlapped at the zip code level. In the creation of the index, each of the five health needs represents an equal percent of the overall score. Further, within the index, a score of 10 represents the highest need across all health indicators. The highest health needs across the Colorado Springs region are ZIP codes 80916 and 80910 (El Paso County).

Based on the information provided to CHAI and CHCO through the Child Health Severity Index, the Hospital will now engage in work to understand the capacity of the communities in those targeted zip codes to address the top five child health priorities. This work will involve community convenings, community leader and resident interviews and mapping resources, such as schools, grocery stores, access to public transportation, recreation centers and health care provider locations. Once this body of work is completed, CHAI will pinpoint the exact sites and community partners to begin program and service delivery.
CHILD HEALTH SEVERITY INDEX

Severity Index Score
- 3.8 - 4.4
- >4.4 - 5.0
- >5.0 - 5.7
- >5.7 - 6.7

County Boundary
Service Area Boundary

Children's Hospital Colorado Hospital Type
- Inpatient/Hospital Care
- Outpatient, Other Services
PROGRAM DELIVERY: WHERE THE RUBBER HITS THE ROAD

We can most effectively improve the health of children and families if we provide services and supports at the places where children already spend much of their time. Consequently, CHAI has designed programming to address the top six health priorities in the following settings:

**HOME:** CHCO will use community health workers to team up with high risk families to address socio-economic barriers that most frequently result in problems in the top health priority areas. These health workers will visit families in their homes or other community based settings and help connect them with beneficial and necessary support services.

**SCHOOL:** CHCO will spearhead the creation of school resource centers that will provide: integrated primary care services, including mental and oral health; community support services; professional development and technical assistance for school personnel; and will inform targeted policy initiatives.

**WORK:** Employers have the ability to impact the health of children in the way they structure employee programs and benefits. CHCO will both design and implement family friendly business practices that will serve as a model for other employers in Colorado.

**HEALTHCARE PROVIDERS:** CHCO will work to support other healthcare providers in implementing tools and practices that address the top child health priorities in the provider setting. These practices can range from the creation and implementation of psycho-social screening tools to the provision of child passenger safety stations. A full range of options is listed in more detail below.

**COMMUNITY:** Whether it be a faith based setting or a community recreation center, there are many different community settings where CHAI programs can be delivered in conjunction with our community partners.

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<tr>
<th>Mental Health</th>
<th>Obesity-Physical Activity-Nutrition</th>
<th>Oral Health</th>
<th>Injury Prevention</th>
<th>Prematurity</th>
<th>Respiratory Illness</th>
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<tr>
<td>![Home Icon]</td>
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<td>![Work Icon]</td>
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POLICY ADVOCACY

Across the five identified priority areas, CHCO will continuously work to support local, state, and federal policy advocacy efforts aimed at improving child health. As policy opportunities arise, CHCO may also launch or lead new policy efforts within one or more of the priority areas.

This policy advocacy work will integrate the following component parts:

Direct advocacy with policymakers: CHCO will continue to meet with a wide variety of policymakers—state and federal lawmakers, local government officials, and regulatory staff—to directly support (or oppose) proposed public policies that will positively (or negatively) impact child health.

Grassroots capacity-building and coalition work: CHCO will continue to cultivate a statewide network of advocates, the Child Health Champions, to support and encourage Coloradans to raise their voice with their elected officials about the importance of child health in public policy. CHCO will also actively work to train and mobilize youth, healthcare providers, and parents to engage in policy advocacy, through programs like Advocacy Boot Camp, and Speak Up For Kids day at the Capitol. In addition, CHCO will join with a rich array of allied advocacy organizations, non-profit groups, and the business sector to support shared kids’ health priorities.

Public will-building: CHCO will utilize traditional media outlets and leverage social media to educate members of the community, inform opinion leaders throughout Colorado, and ultimately build public support for key child health policies and initiatives.

SCOPE

The work to address each of the health priority areas will take place in targeted communities identified by the Child Health Severity Index and corresponding community capacity assessments still under development.
EVALUATION MEASURES

Children’s Hospital Colorado will develop sustained and meaningful partnerships by working with the community to build a network of care that supports children in our targeted communities. The long term success of this work requires shared accountability. Absent this critical component, each organization will continue to operate as it always has, doing great work but in silos that can perpetuate gaps and system failures leaving children with long lists of unmet needs. Children’s Hospital Colorado is committed to using its strengths to support the creation and operation of a shared accountability model. This approach is also important because it allows for critical resources to flow to targeted organizations demonstrating success in addressing child health and wellness.

Shared performance measures will be developed by the participants in the network of care. The performance measures will tie to each of the five priority areas identified by the community in the needs assessment. Targets set by the Colorado Department of Public Health and Environment and the Department of Healthcare Policy and Financing will also inform measure development. Additionally, measures will support goals and objectives important each of the participating partners.

The commitment to the collective impact model stems from the recognition that a structure must be created to pull like-minded partners together with shared accountability to achieve the improvement of health and wellness for a population. Our children deserve the positive change that stems from this work.
COMMUNITY HEALTH ACTION PLAN

OVERARCHING GOALS:

Mental Health

Goal 1: Educate about and reduce stigma associated with mental health
Goal 2: Promote healthy social-emotional development for children ages 3-18
Goal 3: Increase access to mental health services

Mental Health

- Children ages 0-14 needed care in the last year
  - Colorado: 13%
  - National: 8%

- Teens felt sad or hopeless at least two weeks in last year
  - Colorado: 24%
  - National: 28%

- Teens lost their lives due to suicide
  - Colorado: 60
  - National: 4600
Nutrition, Physical Activity, Obesity (includes Oral Health)

Goal 1: Educate and empower families with skills and information needed to engage in healthy lifestyle behaviors including sleep, nutrition, oral health, physical activity

Goal 2: Collaborate with community partners to better coordinate access to and utilization of community based resources that support healthy lifestyles for children and their families

Obesity – Nutrition – Physical Activity

- Kids are overweight: 28% (Colorado) vs 21% (National)
- Families experience food insecurity: 14% (Colorado) vs 19% (National)
- Kids get 3 servings of fruits/veggies: <20% (Colorado) vs <15% (National)
Injury Prevention

Goal 1: Identify and support a sustainable infrastructure that provides leadership, funding, data, policy and evaluation for pediatric injury prevention initiatives in the Colorado Springs area.

Goal 2: Facilitate opportunities for collaborative injury prevention education and outreach efforts in child passenger safety, bicycle safety, and child maltreatment.

Goal 3: Maintain and grow collaborative efforts under the Safe Kids Colorado Springs coalition to provide support and focus for pediatric injury prevention.
Prematurity

Goal 1: Identify and support early childhood partners in the Colorado Springs area to increase public awareness about the importance of prenatal care and early childhood development. This includes work to increase the number of pre-natal visits, post-partum follow up and corresponding well child visits.

Goal 2: Advocate for local and state policy changes that would positively influence conditions in pregnancy and early childhood

Goal 3: Provide opportunities to increase healthcare provider awareness and understanding of the importance of maternal and child health (gestation through age 2) in the Colorado Springs area

Prematurity

- National Premature birth rate: 10%
- African American women: 13%

- Colorado Premature birth rate: 8%
- African American women: 15%
Respiratory Health

Goal 1: Strengthen support network for respiratory illness in clinical and community settings.

Goal 2: Facilitate opportunities for collaborative respiratory health education and outreach efforts.

Respiratory Illnesses

Colorado

9%

Kids with asthma

National

9%
Our Approach/Partnerships

In order to effectively impact the top five health priorities identified, Children’s Colorado will focus our efforts at forging community level partnerships with entities that reach families where they spend most of their time. For this reason, we identified schools and the school community as critical access points for addressing health and psycho-social issues in children and families. There are many existing organizations currently focused on serving this population and have relationships and services linked to schools. Among these organizations are local public health, community mental health and primary care providers, hospital partners, universities/higher education training programs, local government, early childhood councils, faith communities, military, and other nonprofit and business partners.

Over the next year, we will work to gain a greater understanding of the current landscape, as well as identify and engage with the appropriate partners to develop collaborative efforts that promote community and population health goals for 2018, and beyond.

Areas of potential collaboration could include:

- Parent/caregiver and community partner education
- Medical provider education, technical assistance, and training
- Integration of screening (oral health, mental health, psych-social, other) and referral tools in community settings where families access services
- Collaboration with community partners to coordinate and expand access to services and supports
- Participation in efforts to advance policy changes and payment reforms impacting and advancing child health
- Promoting the use of HIAs to inform community health priorities
- Exploration of community needs surrounding backbone support functions such as strategic planning, data sharing and metric development, financial modeling and payment strategy, policy, etc.
Evaluation Measures

Ultimately the success of our partnerships to improve the health of El Paso county children will be evident in long term outcomes that include increased screenings and community based referrals, increased access to preventative and early intervention services, reduced ED utilization, decreased health related school absences, and other health and education indicators identified and shared with community partners.

Over the next two years, Children’s Colorado will utilize a collective impact framework to guide and assess our progress in establishing the collaborative partnerships needed to advance the work. Below are the key conditions we will look to develop and support with, and through, our partnerships.

1. Establishment of common agenda with community partners that reflects a shared vision and joint approach to addressing the five child health priority areas
   - Shared goals, objectives, and planned actions are reflected in Children’s Colorado and community partners’ strategic plans

2. Development of, and agreement upon, shared measures for success
   - Identification of common indicators
   - Data sharing and operating agreements established
   - Shared tracking and reporting tools established and utilized

3. Mutually reinforcing activities
   - Successful engagement with a diverse set of stakeholders across multiple sectors through coordination of activities in a mutually reinforcing plan

4. Continuous Communication
   - Documented frequent and structured open communication across stakeholders

5. Backbone support provided in response to community needs and interest
   - Identification of where there may be opportunities for Children’s Colorado to offer and provide backbone support functions such as strategic planning, data sharing and metric development, financial modeling and payment strategy, policy, etc. to advance community health improvement initiatives
CONCLUSION

Children’s Hospital Colorado has served children for over 100 years—a commitment that extends beyond our facility and reaches into the community. For the same reasons we tackle preventable harm within our hospital walls, we strive to tackle preventable harm in our communities. We do this not because we have to; we do this for the love of our children. We do this because we can and we will make a difference.

This Community Health Action Plan serves as the foundation for our hospital’s population health work for the next three years. Our goals are ambitious and we have our sights set high. The children currently living in targeted communities warrant our support and shouldn’t face a different future because of the happen stance of their zip code.

This Plan, along with our communities, will continue to evolve in the coming months and years and we are committed to sharing these changes as we travel the road to improved child health and well-being.
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If you believe that Children's Hospital Colorado has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Corporate Compliance Officer, 13123 E 16th Avenue, B450, Aurora, Colorado 80045, Phone: 720.777.1234, corporate.compliance@childrenscolorado.org. You can file a grievance in person or by mail, fax, or email. If you need help filling a grievance, the Corporate Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F HH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD) Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

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