

# Evaluation of the Children’s Hospital Colorado Community Health Action Plan 2016-2018

## Introduction

Since the start of Children’s Hospital Colorado’s (Children’s Colorado) Community Health Action Plan (CHAP) in 2016, the hospital’s community health team and its partners engaged in a variety of initiatives to promote health and prevent illness in the surrounding community. These efforts aim to address social determinants of health—the conditions in which people are born, grow, live, work and age that may lead to health inequities between and within communities.<sup>1</sup> Children’s Colorado focused on six health priority areas that were identified in the 2015 Community Health Needs Assessment (CHNA) and led or collaborated with partners on initiatives within the hospital, in the community and across the state. These initiatives included education and public awareness, trainings, screenings and improving access to care, policy and advocacy efforts and expansion of the workforce in community health. This report summarizes the impact of the work outlined in the 2016 CHAP, as well as ongoing and future initiatives to address social determinants of health and improve the health and lives of children and families in the community.

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<sup>1</sup> “Social Determinants of Health”, World Health Organization.  
[http://www.who.int/social\\_determinants/sdh\\_definition/en/](http://www.who.int/social_determinants/sdh_definition/en/) Accessed 6/8/18.

## Executive Summary

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

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

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

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

- **Injury Prevention** - In 2016, 590 car seat inspections were completed, 125 of which came from the community (a local Women's, Infants, and Children (WIC) nutrition program site). In 2017, 1,054 car seat inspections were completed, 192 of which were completed for families residing in targeted Aurora neighborhoods, and 538 subsidized-cost car seats were provided to families in need.
- In addition to Children's Colorado's health priority areas, there were key milestones achieved in our partnerships, community health and policy and advocacy efforts. Below are some highlights of those efforts. **Partnerships**
  - **Schools** - In 2016, Children's Colorado partnered with eight statewide health and education organizations to form the Colorado Alliance for School Health (the Alliance). The Alliance aims to transform how healthcare and education partners collaborate to create sustainable systems that result in health equity among all Colorado students. The planning process will identify best practices and potential demonstration projects for collaborating across systems, as well as develop a policy and advocacy platform to drive sustainable systems change.
  - **Community** - Starting in 2015, Children's Colorado, Tri-County Health Department, Together Colorado and Assuring Better Child Health and Development partnered, as part of a BUILD Health Challenge, to improve health in communities that are adversely affected by upstream factors. Community Health Liaisons (CHLs) and mental health specialists work in a local WIC office, primary care clinic and other community settings to address resource and social-emotional needs for children and families by providing support and referrals to community resources. In the WIC office, the CHLs provided resource support for more than 300 families in 2017, assisting primarily with WIC benefits utilization, Medicaid assistance and diaper or baby supplies.
- **Community Health** - In 2016, Children's Colorado expanded its workforce to include, for the first time, Community Health Liaisons to help patients and families with barriers to care and resource needs, including financial and benefits assistance, food insecurity, transportation and housing needs. In 2017, more than 1,000 Child Health Clinic patients were referred to a Community Health Liaison for resource support.
- **Policy and Advocacy** - Children's Colorado modernized Colorado's newborn screening program by partnering with other child health advocates to successfully advance House Bill 18-1006, a modernization of Colorado's newborn screening law which hadn't been updated in more than 20 years. Colorado's screening program aims to ensure every one of the 67,000 babies born each year in the state receives a screening for potentially life-threatening medical conditions and hearing problems. House Bill 18-1006 makes the newborn screening program more comprehensive, ensures timeliness of screening results and offers an enhanced program for the 2,000 babies each year who fail their hearing screening. The screening ensures that babies and families are swiftly connected to care if there is a risk for a medical condition or hearing loss that needs further evaluation.

This report highlights how Children's Colorado has impacted children and families in our hospital and into the community, with a focus on the six health areas identified in our Community Health Needs

Assessment, as well as our partnerships in schools, community and primary care, our work in community health and our policy and advocacy efforts.

## Mental Health

Mental health is a critical component to a child’s wellbeing and impacts them throughout their lifespan. Children’s Colorado focused its mental health priority into three major areas:

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

### Key Highlights: Mental Health Strategies

Goal 1: Education and Mental Health Stigma Reduction	
Strategy	Highlights
<b>Increase community education and awareness of healthy-social emotional development</b>	Children’s Colorado disseminated healthy social-emotional development resources and materials to over 1,000 families and providers at community events.
	Children’s Colorado added social-emotional and mental wellness content to Camp Champions summer camp program.
<b>Reduce mental health stigma within the hospital and in the community</b>	In May 2017, Let’s Talk Colorado online messaging platform was launched with over 46 million impressions, including nearly 20,000 website page views to date.
	In 2017, the Hospital Mental Health Stigma Reduction Action Plan was implemented, resulting in an 82% increase in external media and 35% increase in internal communications about mental health. Between 2016 and 2017, there was an 8% reduction in the number of Children’s Colorado employees who cited stigma as a barrier to accessing resources.
	Between 2016 and 2017, 100 Children’s Colorado employees and family members were trained in Mental Health First Aid and 169 were trained in unconscious bias.
Goal 2: Healthy Social-Emotional Development	
Strategy	Highlights
<b>Improve collaboration with community partners to promote social-emotional health</b>	Refer to First 1,000 Days for social emotional wellness efforts specific to children 0-3 years
	In 2017 and 2018, Children’s Colorado partnered with Aurora Public Schools, Aurora Mental Health Center and Aurora Medical Center to host a mental wellness event and resource fair, reaching over 250 people in the Aurora community.
	In April 2018, Children’s Colorado developed a social-emotional wellness toolkit for youth-serving organizations, which was released with nearly 500 copies distributed to schools and community-based organizations.

Goal 3: Access to Mental Health Services	
Strategy	Highlights
<p><b>Lead state and federal policy efforts aimed at improving access to pediatric mental health services</b></p> <p style="text-align: center;"><b>and</b></p> <p><b>Improve collaboration with community partners to improve access to mental health services</b></p>	In 2017, there was one Children’s Colorado-led advocacy training conducted with two Children's Colorado mental health professionals.
	In 2016, 12 mental health organizations collaborated to develop criteria for a State Pediatric Mental Health Impact Assessment, representing child health, education, advocacy, public health and government.
	In 2017, Children’s Colorado began universally screening for suicide risk in youth ages 10 and older in all emergency and urgent care locations in our network of care. There have been over 30,000 patients screened to date.
	Policy and Advocacy Highlights - refer to pg. 36.

**Goal 1: Education and Stigma Reduction**

The stigma surrounding mental health was a top reason cited by key informants and parents who responded to the hospital’s CHNA for not seeking mental health support. Children’s Colorado engaged in a number of evidence-based efforts to promote mental health education and reduce mental health stigma in the community, as well as within hospital walls.

- **Let’s Talk Colorado** – Launched in May 2017, this statewide online messaging platform provides information to community members on how to begin conversations about mental health and get help for people in crisis. In partnership with 20 organizations across the state, Children’s Colorado provided key insights into the websites content, resources and dissemination plan. Although the primary audience is adults, Children’s Colorado provided youth-focused resources such as the “Break the Stigma” video, promoted on Let’s Talk Colorado and by the partner organizations. The website’s usage rates are being tracked to evaluate its reach in addition to tracking statewide survey data regarding mental health stigma (<http://letstalkco.org/>).
- **Mental Health First Aid** – This nationwide course was developed to teach individuals how to identify, understand and respond to signs of mental illnesses and substance use disorders so they can assist someone who may be having a mental health crisis. Between 2016 and 2017, 100 Children’s Colorado employees and family members completed a Mental Health First Aid Training.
- **Hospital Mental Health Stigma Reduction** – In 2017, the Children’s Colorado launched a stigma reduction action plan and measures of success, with key mental health personnel expertise, aimed to impact stigma at the individual, organizational and social level. Preliminary results from this action plan include an increase in number of internal and external communications about mental health, decrease in reported stress in employees completing mental wellness

reviews and employees who cited stigma as a barrier to accessing services, and an increase in number of employees voluntarily seeking training in mental wellness (mindfulness, etc.), Mental Health First Aid and unconscious bias.

## **Goal 2: Healthy Social-Emotional Development**

By promoting healthy social-emotional development, children and families are better equipped with the skills and knowledge to support wellbeing and positive mental health. Together with community partnerships, Children's Colorado engaged in several initiatives to promote positive social-emotional development in children.

- **Healthy Social-Emotional Development Education** – In 2016 and 2017, the Child Health Advocacy Institute (CHAI) shared mental wellness resources with families and providers in the community three to four times on average each year, reaching over 1,000 community members. In 2017 and 2018, Children's Colorado partnered with Aurora Public Schools, Aurora Mental Health Center and Aurora Medical Center to host a mental wellness event and resource fair, reaching over 250 people in the Aurora community. Additionally, the Hospital provided mental health and wellness resources through social media with over 620,000 people reached.
- **Community Mental Health Stigma Reduction** – Children's Colorado partnered with the hospital's Mental Health Youth Action Board to develop a mental health stigma reduction toolkit, which youth-serving community organizations can use to engage middle and high school youth in structured discussions and activities about their social-emotional wellness and mental health. In 2016, 116 youth and professionals from 10 organizations (schools, church groups, scouts and after school programs) across the Denver Metro Area participated in a pilot project to test the effectiveness of the toolkit. The final toolkit was released in April 2018 and 500 copies have been distributed youth-serving community organizations such as schools, church groups, scout troops and other nonprofits. The toolkit can be downloaded here: <https://www.childrenscolorado.org/community/community-health/mental-health/mental-health-toolkit/>
- **Provider Alignment with Social-Emotional Services** – Refer to the First 1,000 Days section on page 17.

## **Goal 3: Access to Mental Health Services**

Improving access to mental health services includes a multi-tiered approach to training providers, collaborating with community partners, enhancing funding for mental health promotion and treating and expanding screenings to detect mental health conditions as early as possible. Children's Colorado has focused in each of these areas to foster more consistent access to mental health services.

- **Advocacy Trainings** - Children's Colorado's Government Affairs team leads an annual advocacy training course to teach employees how to be child health advocates for state and federal policies, including improving access to mental health services. The most recent advocacy

training in 2017 included two mental health professionals from Children’s Colorado, and over 190 attendees total.

- **Stakeholder Alignment** – In 2016, 12 mental health organizations collaborated to develop criteria for a State Pediatric Mental Health Impact Assessment, representing child health, education, advocacy, public health and government.
- **Screening for Suicide Risk** - In June 2017, Children’s Colorado began universally screening all patients age 10 years and older for suicide risk in all Emergency and Urgent Care locations. Additionally, Children’s Colorado is working in partnership with the state’s Office of Suicide Prevention to adopt and enhance suicide prevention efforts in pediatric settings statewide.
- **Policy and Advocacy** – Refer to Policy and Advocacy Highlights on pg. 36.

## **Conclusions**

Mental health promotion continues to be a high priority for Children’s Colorado and its community partners and families. Through community partnerships, Children’s Colorado has initiated or enhanced strategies to reduce mental health stigma, promote healthy social-emotional development and improve access to mental health services. As several of these initiatives continue or expand in the coming years, Children’s Colorado will track mental health outcomes, awareness, supports and services at the individual, hospital and community level to measure the impact and identify strategies to further promote mental health in the surrounding community and statewide.

## Physical Activity, Nutrition, Obesity

About one in four children in Colorado (24 percent) are overweight or obese and fewer than half (47 percent) of parents report that their child is physically active for at least 60 minutes per day. Statewide, about 27 percent of children live in food insecure households.<sup>2</sup> To address this need, Children’s Colorado developed a multi-disciplinary approach to the Physical Activity, Nutrition, Obesity priority, divided into three major areas:

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

### Key Highlights: Physical Activity, Nutrition, Obesity Strategies

<b>Goal 1: Obesity Prevention Education</b>	
<b>Strategy</b>	<b>Highlights</b>
<b>Increase community knowledge through healthy lifestyle resources</b>	In June 2017, Children's Colorado's Lifestyle Medicine formally endorsed the Camp Champions curriculum and Parent Workbook, which will be available online by end of 2018. In August 2017, CHAI become a contributing member to the Crawford Elementary Wellness Committee.
<b>Train providers on healthy lifestyle behaviors</b>	In 2017, 100% of Camp Champions staff were trained and hired in obesity prevention positions. The staff training program has been formalized and is now available to community providers.
<b>Lead education classes and programs for families to build knowledge and skills about healthy lifestyles</b>	In 2016 and 2017, 105 children were enrolled in Camp Champions. On average, Campers increased their vigorous physical activity by 31.5 minutes and 34.0 minutes in 2016 and 2017, respectively.
	In 2017, Children's Colorado taught 110 families cooking education through the Cooking Matters curriculum.
<b>Goal 2: Access to Food</b>	
<b>Strategy</b>	<b>Highlights</b>
<b>Engage in local, state and federal policy advocacy efforts to impact access to healthy lifestyle and obesity prevention services</b>	In June 2017, Children’s Colorado convened a group of experts, the Food Security Council, to develop and implement a unified strategy for the organization to address hunger for Colorado kids. For additional policy advocacy highlights, refer to the Policy & Advocacy Highlights on pg. 36.
<b>Pursue internal hospital policy changes affecting</b>	In December 2016, Children's Colorado achieved Platinum Status for the Colorado Healthy Hospital Compact. Among the policy changes achieved,

<sup>2</sup> Colorado Department of Public Health and Environment, 2014-2016 Child Health Surveys.

<b>nutrition and physical activity environment</b>	on March 1, 2017, the hospital eliminated the sale of sugar-sweetened beverages from all locations.
<b>Increase access to healthy food, physical activity and healthy lifestyle services and supports</b>	In 2016, Children's Colorado and Hunger Free Colorado partnered to use a validated questionnaire to universally screen families for food insecurity and refer to services and supports in the Child Health Clinic, which serves 11,000 patients annually.  In 2017, 93 children were enrolled in the hospital's Bikes for Life program, which distributes bikes to overweight or obese children (who do not currently own a bike) and promotes goal-setting, safety and cycling as a regular activity and means of active transport.
<b>Increase collaboration with community partners to improve access to healthy food, physical activity and healthy lifestyle services and supports</b>	In 2017, Children's Colorado collaborated with Crawford Elementary School to offer wrap-around healthy eating, active living programming on site at the school. This included 23 classes conducted off-site for Camp Champions, Bikes for Life and Cooking Matters.
<b>Goal 3: Childhood Obesity Research</b>	
<b>Strategy</b>	<b>Highlights</b>
<b>Enhance information-sharing regarding Anschutz Medical Campus-driven childhood obesity prevention efforts and  Improve process for disseminating childhood obesity prevention research</b>	In 2017, Children's Colorado created a database of community programs from 17 local organizations tied to physical activity and obesity prevention, to be used by Lifestyle Medicine as a resource for patients' activity and nutrition goals.
	The Familias Saludables (FS), a multi-stakeholder group established to ensure that low-income Hispanic children achieve a healthy weight, celebrated its third year of participation in its research grant.

### Goal 1: Obesity Prevention Education

Childhood obesity continues to be an issue in Colorado and across the country. Both prevention and intervention efforts are needed to improve the state of childhood obesity. This includes work targeting accelerated summer weight gain, food insecurity and year-round programs and services to help kids and families maintain healthy lifestyle habits.

- **Camp Champions** – Beginning as a pilot project in 2015, Camp Champions has evolved to be a comprehensive weeklong camp program for low-income, underserved youth who are overweight or obese to improve healthy lifestyles through education and activities. With the hospital's Lifestyle Medicine program's formal endorsement of the curriculum and parent workbook in June 2017, the program has achieved an elevated standing in the hospital, as well

as the community, and serves as an evidence-based healthy lifestyle resource for families, community-based providers and partner clinics. In 2017, all Camp Champions staff were trained and hired in obesity prevention positions. In 2016 and 2017, over 100 children were enrolled in Camp, during which campers increased their vigorous physical activity by an average of 31.5 minutes and 34.0 minutes, respectively.

- **Cooking Matters** – Cooking Matters is a national program developed by Share our Strength as part of their No Kid Hungry Campaign. The classes teach participants, who are low-income parents and children, the skills needed to prepare healthy meals and access healthy food on a budget. The six-week course is led by volunteer chef educators and nutrition experts. Children’s has participated in this program since 2013, and in 2017, taught 110 families cooking education through the Cooking Matters curriculum. (<https://cookingmatters.org/>)

## **Goal 2: Access to Food**

Increasing access to healthy foods and physical activity opportunities are imperative to the success of healthy eating and active living initiatives. In Colorado, 1 in 6 children struggle with hunger and lack access to healthy food while fewer than half (47 percent) of parents report that their child is physically active for at least 60 minutes per day. Children’s Colorado has participating in the following initiatives:

- **Food Security Council** – In June 2017, Children’s Colorado convened a group of experts to develop and implement a unified strategy for the organization to address hunger for Colorado kids. This initiative aligns with a larger statewide body of work.
- **Healthy Hospital Initiative** – In 2014, Children’s Colorado signed the Colorado Healthy Hospital Compact, an agreement by hospitals around the state who share a mission to protect and promote the health of hospital patients and their families, visitors and staff. In December 2016, Children’s Colorado became the first hospital in the state to attain Platinum Status by committing to program standards set by the Compact. Among the policy changes made or underway, on March 1, 2017, the hospital eliminated the sale of sugar-sweetened beverages from all locations.
- **Universal Screening for Food Insecurity** – Medical providers are increasingly aware of the impact food insecurity has on their patients’ lives. In 2016, Children’s Colorado and Hunger Free Colorado partnered to use a validated questionnaire to universally screen families for food insecurity and refer them to services and supports in the Child Health Clinic, which serves 11,000 patients annually. Hunger Free Colorado, the state’s leading anti-hunger organization, partners with medical practices to assist families with applying for food assistance programs, including Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for WIC, as well as providing other food resources.
- **Bikes for Life** – Created in 2011 as a partnership between Children’s Colorado and UnitedHealthcare, Bikes for Life aims to donate or distribute bikes to overweight or obese children and promotes goal-setting, safety and cycling as a regular activity. In 2017, 93 children were enrolled in the hospital's Bikes for Life program.
- **Community Enrollment in Healthy Lifestyle Services and Supports** - In 2017, Children's Colorado collaborated with Crawford Elementary School to offer wrap-around healthy eating,

active living programming on site at the school. This included 23 classes conducted off-site for Camp Champions, Bikes for Life and Cooking Matters.

- **Policy and Advocacy** – Refer to Policy and Advocacy Highlights on pg. 36.

### **Goal 3: Childhood Obesity Research**

As childhood obesity research has progressed, it is clear that the dissemination of information and sharing important lessons learned has become an integral part of how to put strategies into practice. Children's Colorado has participated in the following initiatives:

- **Community Programs for Physical Activity and Obesity Prevention** - In 2017, Children's Colorado created a database of community programs from 17 local organizations tied to physical activity and obesity prevention to be used by Lifestyle Medicine as a resource for patients' activity and nutrition goals.
- **The Familias Saludables Partnership** - This partnership was established to ensure that low-income Hispanic children (ages 0-5) achieve a healthy weight, and it has successfully engaged Hispanic parents, researchers, medical providers and professionals from Children's Colorado and other community-based organizations. These perspectives comprise the membership of the three committees that encompass Familias Saludables governance: Leadership, Family Leaders and Research. Familias Saludables retained a core group of 25 parents and caregivers, as well as community partners including Children's Colorado (Project Lead), University of Colorado (CU) School of Medicine, Rocky Mountain Youth Clinics and American Diabetes Association. New partners include the CU School of Nursing and the Early Childhood Obesity Prevention program at the Colorado Department of Public Health and Environment.

### **Conclusions**

Contributing factors to obesity are a complex set of circumstances that cannot be solved by relying on individual programs, but on tools and resources that are sustainable and provide reliable assistance to families. As Children's Colorado works to address the obesity epidemic, there is a clear need for increased collaboration amongst clinic, community and school partners. The hospital is committed to strengthening community and school partners in order to meet the needs of families, while applying lessons learned to transform clinical practice. Next steps for this work include the implementation of a garden program, led by the hospital's Food Security Council, that serves as the visual anchor to the hospital and community's food security work, reaching families to address both hunger and proper nutrition. An additional next step includes expanding partnerships in the school setting to promote obesity prevention and health to children.

## Oral Health

Nationwide, and here in Colorado, dental decay (cavities) remains the most common disease of childhood, even though it is a disease that is almost entirely preventable. Together with our partners across the state, Children’s Colorado has focused oral health efforts into two major areas:

1. **Increase access to oral health care**
2. **Promote oral health in provider, community and home settings**

### Key Highlights: Oral Health Strategies

Goal 1: Access to Oral Health Care – Building Capacity	
Strategy	Highlights
<b>Expand Cavity Free at Three</b>	Each year more than 1,500 infants and toddlers receive care in the Cavity Free at Three clinic. Children are seen in the dental clinic, Child Health Clinic and through community-based clinics, where they receive important preventive services.
<b>Ensure full integration of oral health in a diverse network of provider settings</b>	During the 2018 legislative session, the dental and Government Affairs teams advocated together with community and professional organizations to see the passage of House Bill 18-1045, permitting dental hygienists to apply silver diamine fluoride, a powerful agent to stop the disease of dental caries.
	Children’s Colorado’s network trains physicians, nurses, medical assistants, school nurses and other providers in oral health strategies to integrate oral health into well-child visits. The Child Health Clinic and primary care clinics also provide dental evaluations and fluoride treatment for children under 5 years of age. In 2017, more than 900 children received these services during their regular medical home visit.
<b>Expand pre-professional education and professional programs</b>	Since 2008, the Cavity Free at Three program at the Colorado Department of Public Health and Environment has trained nearly 5,000 child health advocates and professionals statewide. Children’s Colorado faculty participate in ongoing work to integrate this model into its academic medical and dental programs where the next generation of pediatricians and dentists are trained in dental disease prevention strategies and service delivery.
	Each year, 120 pre-doctoral dental students and 32 pediatric medical resident care providers receive clinical training in infant oral health at Children’s Colorado.
Goal 2: Oral Health Promotion – Delivering Education and Care	

Strategy	Highlights
<p align="center"><b>Community-Based Oral Health Education</b></p>	<p>In 2016 and 2017, Children’s Colorado’s outreach events including dental health education reached nearly 1,000 parents of preschool age children, and more than 50 workshops were conducted to educate parents, with an emphasis on teen parents and parents of children with special healthcare needs.</p>
<p align="center"><b>Expanding School-Based Oral Health Promotion and Services</b></p>	<p>School-based dental services at Crawford Elementary and Laredo Child Development Center have steadily increased since 2015. In 2018, Children’s Colorado will expand its availability for more than 250 additional appointments and subsidize a program to serve students participating in the Aurora Public Schools Young Parents Support Program.</p>

**Goal 1: Access to Oral Health Care**

Each year, nearly 3,000 children visit a Children’s Colorado operating room with a diagnosis of dental decay. This is the most extensive and expensive care for the treatment of a preventable disease. Children’s Colorado envisions a future where oral health is part of well-child visits in preventive and primary care settings, health and home visits and even at school and child care. Population-based studies show that early dental visits can be a major factor in preventing tooth decay in school age children.<sup>3</sup> Achieving this goal requires collaboration between dental and medical professionals, and child health advocates.

- Cavity Free at Three Clinic at Children’s Colorado’s Dental Center** - The Cavity Free at Three Clinic at Children’s Colorado’s Department of Pediatric Dentistry implements a model to provide dental risk assessment, patient-centered disease prevention counselling and fluoride application for children under the age of 3. The Cavity Free at Three Clinic has operated continuously since 2009, providing more than 2,000 visits per year for the past five years. Recent evidence suggests that when children receive four or more fluoride varnish applications at a medical visit by age 3, there are significant reductions in early childhood caries.<sup>4</sup>
- Cavity Free at Three Program at Colorado Department of Public Health and Environment** - This Colorado-wide program aims to address the significant impact of early childhood caries through education, disease prevention and primary care for young children and promote oral health for pregnant women. Physicians and dentists at Children’s Colorado participate in this program, implementing the model and training pre-doctoral medical and dental health professionals to promote Cavity Free at Three oral health concepts and practices. Measures of the effectiveness of the training program can be found at <http://www.cavityfreeatthree.org/about-us>

<sup>3</sup> Calanan, R., et al., *Tooth Be Told. Colorado’s Basic Screening Survey Children’s Oral Health Screening: 2016-17*, C.D.o.P.H.a. Environment, Editor. 2018.

<sup>4</sup> Braun, P.A., et al., *Effectiveness on Early Childhood Caries of an Oral Health Promotion Program for Medical Providers*. Am J Public Health, 2017. **107**(S1): p. S97-s103.

- **Policy and Advocacy** - During the 2016-2018 legislative sessions, Children’s Colorado supported policy and advocacy to increase the scope of practice for dental hygienists as mid-level oral healthcare providers. This allows some dental services to be delivered at a lower cost and to reach more children in areas where access to a dentist may be a barrier. Children’s Colorado also supported legislation that expanded care through the collaborative practice of dental hygienists reaching out to underserved communities in rural areas where access to dental care is limited.

## Goal 2: Oral Health Promotion

Complementary educational efforts to develop and deliver oral health promotion messages to parents provides an opportunity to encourage regular dental visits and establish the dental home for each child by the age of one, resulting in a lifetime of better oral health outcomes.

- **Community Oral Health Workshops** - In 2016-2018, Children’s Colorado collaborated with more than 30 different community groups, schools, preschools and other community-based organizations to deliver dental health education workshops that promote children’s oral health. With the help of partners at Delta Dental of Colorado Foundation, the “Cavities Get Around” campaign helped parents understand the cavity risk associated with sugar-sweetened beverages. Media outlets such as the Fox 31 Everyday Show and Colorado Public Radio delivered valuable education and health promotion messages to the same target audiences.
- **Expanding School Based Oral Health Promotion and Services** - With a strong foundation of partnership with Aurora Public Schools and in conjunction with School Based Health Services offered by Every Child Pediatrics, Children’s Colorado opened two school-based dental clinics and are expanding services to two Aurora Public Schools preschools and the Young Parent’s Support Program. With the generous funding of donors, the project intends to provide education, dental screening and preventive services for preschoolers.

## Conclusions

Public and private initiatives have widely supported children’s oral health issues in Colorado<sup>5</sup> for nearly 20 years since the U.S. Surgeon General called attention to this “silent epidemic” in 2000<sup>6</sup>. National, state and local public health agencies have acknowledged the importance of children’s oral health and the need for dental services to be included in state-funded health insurance plans<sup>7</sup>. Multi-foundation and collaborative programs, like Cavity Free at Three, provide outstanding opportunities for medical-

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<sup>5</sup> Oral Health Colorado: Connecting Colorado's Oral Health Advocates. 2011; Available from: <http://www.oralhealthcolorado.org>; Braun, P.A. and A. Cusick, Collaboration Between Medical Providers and Dental Hygienists in Pediatric Health Care. J Evid Based Dent Pract, 2016. 16 Suppl: p. 59-67.; Environment, C.D.o.P.H.a., Colorado Head Start Oral Health Screening 2013-2014, C.D.o.P.H.a. Environment, Editor. 2014: Denver, CO.

<sup>6</sup> USPHS, *Oral health in America: a report of the Surgeon General*. 2000, United States Department of Health and Human Services.

<sup>7</sup> Colorado Health Institute, C., *The Relationship Between Insurance Coverage and Access to a Regular Source of Health Care*, in *Colorado Household Survey Issue Brief*. 2010: Denver.

dental partnerships, working toward integrating oral health into primary care settings so children are served where they are. The next step will be to inventory the strengths of Children's Colorado's care delivery, public health teams and those of our partners to match innovative strategies with the settings in which best contribute to improving the oral health and overall health of the children and families.

## Prematurity / Early Childhood

During a child’s first 1,000 days of life, the period between gestation and the second year of life, relationships, experiences and environment directly impact the physical architecture of the developing brain and shape developmental outcomes for young children and their caregivers. If a child is exposed to toxic stress<sup>8</sup>, this exposure has the potential to negatively impact or even derail developmental progression, which can follow a child throughout their entire lives. Data from the latest National Survey of Children’s Health in 2016 estimates that 45% of Colorado children have experienced at least one adverse childhood experience (ACE), and roughly one in nine have experienced three or more ACEs.<sup>9</sup> To better meet the needs of families and children in their first 1,000 days, Children’s Colorado developed a strategic plan to increase awareness, improve patient care and ultimately advance child health outcomes through five major areas:

1. **Increase public awareness about the importance of prenatal care and early childhood development**
2. **Advocate for local and state policy changes that would positively influence conditions in pregnancy and early childhood**
3. **Increase healthcare provider awareness and understanding of the importance of gestation through age 2**
4. **Identify families with psychosocial concerns and provide supports and services to address needs**
5. **Expand partnerships with pre-natal providers in order to reduce premature births**

### Key Highlights: Prematurity / Early Childhood Strategies

Goal 1: Public Awareness	
Strategy	Highlights
<b>Create universal awareness through public engagement and shared messaging campaign</b>	The 2016 First 1,000 Days (FTD) campaign raised awareness through the following milestones: Website Reach – 23,085 impressions Community Reach – 16,574 impressions Media Impressions – 7,530,697 (broadcast television) Promotional Reach– 30,802 posters and brochures distributed to OB/GYN, Pediatric care practices, community-based organizations Children’s Colorado Internal Communications– 1,077,848 impressions
	The 2017 FTD campaign raised awareness through the following milestones:

<sup>8</sup> Toxic stress is a response that can occur when a child experiences strong, frequent, and/or prolonged adversity (including physical or emotional abuse, neglect, or family economic hardship) in the absence of caregiving relationships to help mitigate that stress.

<sup>9</sup> <https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity/>

	<p>Website Reach – 28,165 impressions</p> <p>Community Reach – 13,041 impressions</p> <p>Media Impressions – 22,778,402 (broadcast television)</p> <p>Promotional Reach – 131,186 posters and brochures distributed to OB/GYN, Pediatric care practices, community based organizations</p> <p>Children's Colorado Internal Communications – 1,080,760 impressions</p>
<b>Goal 2: Policy and Advocacy</b>	
<b>Strategy</b>	<b>Highlights</b>
<b>Review hospital internal policies to create a "Best in Class" workplace</b>	A Children’s Colorado workgroup developed family- friendly internal policy recommendations based on research, analysis and cross-company focus groups. The group has completed its near-term recommendations, and its, long-term recommendations are in-process.
	Children’s Colorado hosted a Family Friendly Forum in 2017 as part of the statewide Family Friendly Workplace workgroup. Children’s Colorado helped develop and disseminate the Statewide Family Friendly Workplace Toolkit in partnership with Executives Partnering to Invest in Children (EPIC) and Colorado Department of Public Health and Environment (CDPHE).
	In 2016 and 2017, 81% of Children's Colorado employees reported that they believe Children's Colorado promotes family-friendly workplace policies.
<b>Propose appropriate policy revisions at local and state levels</b>	During the 2018 legislative session, newborn screening was identified as a policy priority by the Children's Colorado Government Affairs team, who worked with partners to pass House Bill 18-1006, a bill that strengthens the program by expanding testing to cover new diseases, improving the follow-up process for babies needing additional testing and ensuring the program receives adequate resources. In addition, Children's Colorado co-leads the Early Childhood Mental Health (ECMH) Policy Task Force to partner with community organizations to address ECMH policy levers.
	Policy and Advocacy Highlights - refer to pg. 36.
<b>Goal 3: Provider Training</b>	
<b>Strategy</b>	<b>Highlights</b>
	Since December 2016, 213 Children’s Colorado and community healthcare providers have received training on the importance of

<p><b>Offer training to hospital medical staff on how to prevent, identify and mitigate toxic stress</b></p>	<p>FTD, ACEs and toxic stress, including providers who were part of the psychosocial screener implementation at Children’s Colorado.</p> <p>In 2017, 100% of Child Health Clinic provider respondents reported that the implementation of the psychosocial screener would likely/very likely influence how they respond to families with psychosocial needs.</p>
<p><b>Extend provider training to pediatric and family practices outside Children's network</b></p>	<p>Since 2016, 53 community healthcare providers have been trained on Colorado Foundations Master Training: Train the Trainer for Early Childhood Mental Health Community-Based Professionals, including Healthy Steps specialists and home visitation professionals (through July 2017).</p>
<p><b>Goal 4: Screening, Identification, and Care Coordination</b></p>	
<p><b>Strategy</b></p>	<p><b>Highlights</b></p>
<p><b>Conduct universal psychosocial screening in hospital and pediatric well-child settings to identify concerns with social determinants of health</b></p>	<p>In 2017, nearly 8,000 psychosocial screenings were completed in the Child Health Clinic.</p> <p>In 2017, 68% of Child Health Clinic patients under age 2 were screened.</p>
<p><b>Provide appropriate targeted interventions</b></p>	<p>Leaders in the Child Health Clinic developed tiered response protocols based on the needs identified in the Clinic, many of which involved the resource team of Community Health Liaisons and Family Navigators. Approximately one in four families screened positive on the psychosocial screener; the most common positive screenings were for financial needs, benefits and food resources.</p> <p>In 2016, six Community Health Liaisons were trained, hired and integrated into the Child Health Clinic, other community practices and the community to help address families' resource needs.</p> <p>In 2017, more than 1,000 Child Health Clinic patients were referred to a Community Health Liaison for resource support.</p>
<p><b>Goal 5: Pre-Natal Partnership Expansion</b></p>	
<p><b>Strategy</b></p>	<p><b>Highlights</b></p>
<p><b>Expand Goals 1, 3 and 4 to pre-natal providers And Extend "warm handoffs" to pediatric clinics beyond the Child Health Clinic</b></p>	<p>FTD is aligning its efforts with the Children's Colorado Neonate Strategic Plan, the Provider Care Network and the Medicaid Clinically Integrated Network with participating pediatric clinics, to start in 2018.</p>

## Goal 1: Public Awareness

In 2016, Children’s Colorado expanded its Never Shake a Baby campaign to promote a broader message about the first 1,000 days of life, which raises awareness of its importance and provides parents with ideas on how to positively impact the development of their young children.

**Public Awareness Campaign:** In 2016 and 2017, the campaign reached thousands of families across Colorado and the nation through various elements:

	2016	2017
Website Reach	23,085 impressions <sup>10</sup>	28,165 impressions
Community Reach	16,574 impressions	13,041 impressions
Media Impressions	7,530,697 impressions (across television, radio and social media platforms)	22,778,402 impressions (across television, radio and social media platforms)
Promotional Reach	30,802 posters and brochures distributed to OB/GYN, pediatric care practices, community-based organizations	131,186 posters and brochures distributed to OB/GYN, pediatric care practices, community-based organizations
Children’s Colorado Internal Communications	1,077,848 impressions	1,080,760 impressions

## Goal 2: Policy and Advocacy

A key component to promoting healthy social-emotional development in a child’s first 1,000 days is advocating for policies within Children’s Colorado and at the local and state level to ensure practices, programs and approaches further the health and wellbeing of young children.

- **Recommend Family Friendly Workplace Policies at Children’s Colorado** – In 2016 and 2017, Children’s Colorado conducted a review of internal employee policies and presented recommendations for hospital family-friendly workplace policies to hospital leadership. In 2017, Children’s Colorado hosted a Family Friendly Form that led to exposure and awareness of the importance of family-friendly business practices that contribute to the health and wellbeing of children. This ongoing work aims to drive future policy changes internally that create a “best in class” workplace for parents. In 2016 and 2017, 81% of Children’s Colorado employees reported that they felt Children’s Colorado promoted family-friendly workplace policies.
- **Propose Early Childhood Local and State Policy Recommendations** – In addition to reviewing internal policies, Children’s Colorado utilized their clinical and government affairs expertise to

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<sup>10</sup> Impressions refers to any piece of earned, owned or paid media’s performance.

vet potential policy and advocacy recommendations and participate in community efforts to develop recommendations for broad-based policy changes in Colorado. For more information on Policy and Advocacy Highlights, refer to pg. 36.

### **Goal 3: Provider Training**

In 2016, Children’s Colorado launched an internal training program for clinical staff on the importance of the first 1,000 days of a child’s life and the need to increase comfort, knowledge and confidence to discuss psychosocial and emotional issues with patients and families. By training all levels of clinical staff, the care team is equipped with the necessary skills to provide comprehensive interventions to address psychosocial needs that families face. This work was paired with the psychosocial screening launch that is detailed under Goal 4: Screening, Identification and Care Coordination.

- **Psychosocial Training for Children’s Colorado Medical Staff** – Since December 2016, 213 Children’s Colorado and community healthcare providers have received training on the importance of FTD, ACEs and toxic stress, including providers who were part of the psychosocial screener implementation at Children’s Colorado. In 2017, 100% of Child Health Clinic provider respondents reported that the implementation of the psychosocial screener would likely/very likely influence how they respond to families with psychosocial needs.
- **Extend Provider Training to External Networks** - Since 2016, 53 community healthcare providers have been trained on Colorado Foundations Master Training: Train the Trainer for Early Childhood Mental Health Community-Based Professionals, including Healthy Steps specialists and home visitation professionals (through July 2017).

### **Goal 4: Screening, Identification and Care Coordination**

In 2016, Children’s Colorado launched a universal psychosocial screening program to identify families with psychosocial needs and provide them with appropriate levels of intervention. The initial launch of this work began in the Child Health Clinic and Specialty Care Clinic, before expanding to other departments, such as the Emergency Department. Key components of this work include developing the screening tool and technology to collect, process and analyze screening data, developing protocols based on identified needs and creating or expanding community partnerships that can provide direct services to patients and families. This major undertaking will gradually expand system-wide.

- **Universal Psychosocial Screening Program** – In 2017, nearly 8,000 psychosocial screenings were completed in the Child Health Clinic and 68% of families with patients under age 2 were screened. In the Child Health Clinic, approximately one in four families screened positive for at least one need, and the most common positive screens were for financial needs, benefits support and food insecurity, which were addressed by Community Health Liaisons and Family Navigators. The screener was also piloted in additional clinics and settings beyond the Child Health Clinic under other initiatives.
- **Targeted Interventions** – Depending on what a patient and families’ psychosocial needs are, a team of providers, including social workers, mental health specialists, Community Health Liaisons and Family Navigators helped them with resource and service support. Community

Health Liaisons joined the Children’s Colorado workforce in 2016 and were integrated into the Child Health Clinic, community practices, community organizations and through the Just Keep Breathing asthma home visitation program (see pg. 24) to help families address their resource and support needs. In 2017, more than 1,000 Child Health Clinic patients were referred to Community Health Liaisons for resource support. Results from the screenings are correlated with the patient’s medical complexity to determine a tiered intervention response that ranges from the provision of community resources and supports to expanded behavioral health services.

#### **Goal 5: Pre-natal Partnership Expansion**

- **Expand Goals 1, 3, and 4 to Pre-Natal Providers** – Description, measures, impacts and milestones connected to this goal will be developed in alignment with the Children's Colorado Neonate Strategic Plan, set to be approved by Children’s Colorado leadership in 2018.
- **Extend “Warm Handoffs” to Pediatric Clinics Beyond Child Health Clinic** – Description, measures, impacts and milestones will be determined in alignment with the Pediatric Care Network, the Medicaid Clinically Integrated Network and the Neonate Strategic Plan starting in 2018.

#### **Conclusions**

Children’s Colorado’s commitment to the goals outlined in the 2016 CHAP has resulted in many successes and recommendations. The public awareness campaign has reached thousands of families across Colorado and the nation to emphasize the importance of prenatal care and early childhood development. We have also raised awareness among internal staff members, as part of a comprehensive approach to implementing the psychosocial screener and helping families with needs that can have a major impact on the health of their children. Internally, and at the local and state level, Children’s Colorado is committed to advocating for policies that promote family-friendly work place environments, newborn screening updates and other policy changes that would positively influence conditions in pregnancy and early childhood.

One of the major achievements of the FTD action plan is the implementation of the psychosocial screener. Some of the key findings from this work include:

- When families screen positive for resource needs, it’s equally important to help families address those needs directly by building systematic capacity through partnerships with community organizations that can best provide resources to families.
- Meeting the diverse cultural and language needs of participants is an ongoing challenge. With the resources available through community partners, we will continue to seek feedback from a culturally and linguistically diverse sample of the population to inform program implementation and promote health equity.
- The Children’s Colorado team, which is comprised of providers, staff and trainees, required initial and ongoing training and technical assistance to ensure successful implementation. The team developed quality assurance processes that allow them to maintain rigor and fidelity.

- The psychosocial screener identified behavioral health needs that have increased the behavioral health caseload, necessitating flexibility and creativity in providing behavioral health services and supports.
- After developing a response protocol for each item on the psychosocial screener, the team re-worked processes to provide more streamlined and efficient care. In some cases, healthcare providers can resolve identified needs while in others, resource partners need to be engaged and coordinate communication and support to families.
- Alignment with partner community-based organizations and other Children's Colorado initiatives will continue to be paramount in order to leverage existing resources and supports to best serve young children and their families.

Through this work, Children's Colorado has learned an incredible amount about the evolving psychosocial and social determinants of health that families face. The First 1,000 Days team continues to work toward finding solutions to address those needs through community partnerships to improve care, quality of life and health outcomes of patients and families in the community.

## Respiratory Health

Respiratory illnesses, including asthma and bronchiolitis, are the most common reason for children to visit Children’s Colorado’s Emergency Department (ED) or be admitted to the hospital. The care for these conditions happens across the spectrum of care from inpatient to outpatient to the emergency department, and is coordinated by the Children’s Colorado Breathing Institute. Children’s Colorado focused its Respiratory Health priority into three major areas:

1. **Increase access to routine care for respiratory illnesses**
2. **Strengthen support network in clinical and community settings**
3. **Decrease health impact of environmental exposure to air particulate matter**

### Key Highlights: Respiratory Health Strategies

<b>Goal 1: Access to Respiratory Health Care</b>	
<b>Strategy</b>	<b>Highlights</b>
<b>Increase rate of follow-up visits after hospitalization for asthma</b>	Children’s Colorado 30-day follow up rates: 2016: 55% 2017: 58% 2018 YTD (January-April): 72%
<b>Standardize patient and family educational materials for respiratory health</b>	There were five educational sessions for Children’s Colorado and community healthcare providers held in 2016 and 11 in 2017.
<b>Goal 2: Strengthen Support Network in Respiratory Health</b>	
<b>Strategy</b>	<b>Highlights</b>
<b>Improve quality and frequency of asthma case management in public schools</b>	Number of schools and districts served by Colorado Step Up school-centered asthma program: 2015-2016: 20 schools; 1 district 2016-2017: 32 schools; 5 districts (4 schools in priority zip codes) 2017-2018: 32 schools; 5 districts (4 schools in priority zip codes)
<b>Improve access to home-based support</b>	Results from Just Keep Breathing (JKB) asthma home visitation program: 55 patients have received at least one visit 212 visits completed JKB patients have demonstrated significantly improved medication device technique and improved asthma control.
<b>Improve communication between families, providers and specialists</b>	Breathing Counts asthma medication adherence monitoring program enrolled 65 patients to test feasibility and acceptability of medication adherence monitors.

Goal 3: Environmental Impact on Respiratory Health	
Strategy	Highlights
Improve tobacco screening and intervention by providers	Funding to establish a tobacco cessation clinic for patients and caregivers begins July 2018.
	In April 2017, Children's Colorado hosted the first Breathe Better Conference with 110 multidisciplinary team members to review recent best practices for prevention and management of pediatric and adult lung disease.
	The second Breathe Better Conference will be held in September 2018.
	In 2016, 29 Children's Colorado providers were trained in motivational interviewing and tobacco cessation.

**Goal 1: Access to Respiratory Health Care**

Respiratory illnesses are a leading cause of both preventive and acute care utilization, with significant impacts on family quality of life and missed school and work. Asthma is also the most common chronic condition of childhood.

At Children's Colorado, more inpatient admissions are caused by asthma than any other chronic disease, with over 700 admissions each year. In 2016, the Children's Colorado Emergency Department (ED) saw 1,832 children older than 2 years old with a primary diagnosis of asthma. Children who receive clinical guidelines-based outpatient care for asthma are less likely to be hospitalized or seen in the ED for asthma. As a large teaching hospital, Children's Colorado worked to increase internal capacity as well as the capacity of community partners to provide guidelines-based care for all children with respiratory illness.

- Inpatient Follow-up** – Patients who are seen by a specialist within 30 days of being admitted for asthma are less likely to have another severe exacerbation in the following year. To reduce asthma exacerbations among our highest risk patients, Children's Colorado has focused on connecting patients who were hospitalized for asthma to follow-up care within 30 days of discharge. This quality improvement project, which began in 2016, utilizes medical assistants and schedulers to help families schedule an appointment within 30 days of discharge as well as understand the importance of this visit. Rates of follow-up appointments have increased from 55% in 2016 to 78% in 2018 (year-to-date, January through April).
- Asthma Educational Trainings** – Because most of a child's time is spent outside of the hospital, it is critical for community providers and other partners to understand respiratory conditions and their impact on children. Therefore, Children's Colorado worked with primary care providers, schools and local child welfare teams to train staff on both common and rare respiratory conditions. Children's Colorado created an 18-page asthma brochure that the

hospital gives to families in the community, and that referring providers can also use with their patients. Trainings given to community-based providers covered topics ranging from spirometry (a breathing test) to pediatric sleep and community acquired pneumonia. Additionally, Children's Colorado hosts Reach the Peak each year, a two-day Certified Asthma Educator course for clinical and lay health professionals.

## **Goal 2: Strengthen Support Network in Respiratory Health**

Asthma prevalence is most common in Black and Hispanic children and in children who live near or below the poverty line. Patients seen at Children's Colorado for asthma are more likely to be non-white, non-English speaking and enrolled in Medicaid than the general patient population at Children's Colorado. Seventy-three percent of the outpatients seen for asthma at Children's Colorado are insured by Medicaid, compared to 48% of the hospital-wide population.

Access to healthcare and medications are cited as barriers to asthma treatment, but families also report barriers such as poverty, stress, poor housing conditions and increased exposure to environmental triggers. These factors are associated with increased asthma prevalence, worse control and increased hospital admissions. These social and economic barriers not only impact the family's ability to manage chronic disease, but also impact the caregivers' quality of life and perception of health.

Factors related to neighborhoods and caregiver stress may be difficult to address in an outpatient clinic setting. Care coordination gaps affect the medical team's ability to work with community-based resources to support the family, and language or cultural differences may be a barrier for some families to talk about these stressors. Therefore, many of these families need higher levels of intervention including social work, health navigation and home visits. Extending the discussion about asthma into the school and home helps families learn to integrate asthma care into their daily lives and address barriers to care. To address these needs, Children's Colorado has incorporated a school-based asthma education and case management program, as well as home visits, into asthma care.

- **Step Up Asthma** – The Colorado Step Up Asthma Program is a school-centered asthma program led by Children's Colorado's Breathing Institute to help improve asthma control for students through asthma self-management education, environmental trigger awareness and reduction and community partnership with health providers. Approximately 100 students have completed two full years of the program, which includes six visits with health educators. These students have shown significantly improved asthma control and medication device technique and have had significantly fewer ED or urgent care visits and hospitalizations for asthma. In the past two years, this program has expanded from serving one school district to serving 32 schools in five districts around the Denver metro area.
- **Just Keep Breathing** – Just Keep Breathing is a home-based asthma management program at Children's Colorado aimed at improving care for pediatric patients who are at risk for poor outcomes due to asthma. Home visits are available to children who have been seen in the ED or admitted to the hospital for asthma in the last 12 months and live within 20 miles of the hospital. Visits are conducted by bilingual health navigators with nursing support and include

health education, screening for barriers to care, tailored health navigation and a home environment assessment and remediation. Since the program began in 2016, 233 patients were identified as eligible for a home visit. Of these, 89% were insured by Medicaid, 60% identified as Latino and 40% of the families included at least one primarily Spanish-speaking parent. Fifty-five patients have received at least one home visit and 36 have completed the program. Future efforts will focus on expanding the program to Children’s Colorado’s primary care clinic and securing sustainable funding.

- **Personalized Monitoring Technology** – Medication adherence in chronic disease is challenging. On average, patients receive less than half of the prescribed medication doses. In recent years, new technology has been developed to provide more accurate measures of patient adherence and assist providers with clinical decision-making. Breathing Counts, a Children’s Colorado program funded by the Colorado Department of Public Health and Environment, enrolled more than 50 patients admitted for asthma to test the feasibility and acceptability of these adherence monitors.

### **Goal 3: Environmental Impact on Respiratory Health**

Respiratory illnesses in childhood are strongly impacted by the presence of environmental hazards, including mold, pests, allergens, air pollution and secondhand tobacco smoke (SHS). Since the U.S. Surgeon General first reported on the health risks of smoking in 1964, medical and public health professionals have worked to reduce tobacco use among youth and adults. Between 2005 and 2012, the percentage of adults nationwide who smoke decreased from 20.9% to 18.1%. The 2012 adult smoking prevalence in Colorado was only slightly better than the national average, at 17.2%.

In addition to primary tobacco use, SHS exposure has been identified as an important national health issue, killing almost 50,000 Americans each year.<sup>11</sup> Secondhand smoke exposure among children is associated with increased risk of Sudden Unexpected Infant Death, increased lower respiratory illness, prevalence and severity of asthma and longer and more frequent hospitalizations. However, a significant number of parents do not fully understand how detrimental secondhand smoke can be to their child’s health. In Colorado, 16% of high school students report being exposed to secondhand smoke in their home and 14% report being exposed by their parent(s) in a car.<sup>12</sup>

To address these concerns, the Breathing Institute has worked to improve screening for secondhand smoke by providers, pursued funding to create a tobacco cessation clinic and hosted a conference on the impact of environmental hazards on pediatric lung health.

- **Tobacco Cessation Clinic** – On average, smokers make five to seven attempts before successfully quitting tobacco use. Not only are minorities and those living below the poverty line

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<sup>11</sup> U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014

<sup>12</sup> 2015 Colorado Healthy Kids Survey.

more likely to smoke, but cessation rates are also lower. Prescription cessation medications increase quit attempt success rates, but can be difficult to get. As a pediatric facility, Children's Colorado providers are generally not able to prescribe medications for patients' caregivers, though a successful quit attempt would improve the child's health as well. To address this unmet need, the Breathing Institute, in partnership with the Child Health Clinic, has received a grant to establish a tobacco cessation clinic for patients and caregivers. Funding will begin in July 2018 and the clinic hopes to begin seeing patients in early 2019.

- **Breathe Better Conference** – While significant research has been done on the role environmental hazards play in respiratory health, many providers are not comfortable discussing these issues with their patients. To address this gap, the Breathing Institute hosted Breathe Better: Promoting Healthy Lungs Together for a Lifetime in April 2017. This two-day conference was designed for all healthcare and community health professionals who participate in the prevention and management of pediatric and adult lung disease. Didactic presentations and group discussions were used to review the latest research and change provider practice. Approximately 100 multidisciplinary team members, including providers, nurses, social workers and dietitians, attended the conference.
- **Smoking Cessation Training** - Research has shown that not only are providers trusted sources of smoking cessation information, but caregivers want providers to address their smoking. Motivational interviewing is designed to advance people through the stages of change. If providers are able to use motivational interviewing successfully, caregivers will be more likely to make a cessation attempt after meeting with the provider. The Breathing Institute, in partnership with the Child Health Clinic, created ONE Step, a program funded by the Colorado Department of Public Health and Environment to reduce patients' exposure to secondhand smoke. By teaching pediatric providers how to use motivational interviewing techniques to talk to their patients and families about tobacco smoke, modifying the electronic medical record to remind clinicians to screen for smoke exposure and streamlining referrals to the Colorado QuitLine, Children's Colorado hopes to significantly improve population cessation rates. To date, providers in the Child Health Clinic, pulmonary clinic and Colorado Adolescent Maternity Program and Young Mothers Clinic have received training.

## Conclusions

As a large driver of utilization, respiratory illness is an important community priority. The Breathing Institute at Children's Colorado has a large multi-disciplinary team, including providers, nurses, respiratory therapists, medical assistants, health educators, health navigators, social workers and dietitians. Community programs are incorporated into overall clinical efforts, which cross all areas of the Children's Colorado's care spectrum from inpatient to outpatient and emergency care. However, most of these programs are grant funded; as such, their continuation is at the mercy of funders' priorities and capacity. Future efforts must focus on program sustainability and reach, with the goal of impacting health at the population level.

## Injury Prevention

Injuries are the leading cause of death in children, however most injuries can be prevented. Injuries are responsible for 34 percent of deaths among Colorado children under 20.<sup>13</sup> To address preventable injuries, Children’s Colorado focused their Injury Prevention priority work into three major areas:

**Goal 1: Strengthen the hospital-based and community-based education and outreach components of the Child Passenger Safety (CPS) Program through leadership, funding, data, policy and evaluation to support the needs of community partners serving children and families in targeted communities.**

**Goal 2: Expand programmatic efforts and facilitate opportunities for collaborative injury prevention initiatives focusing on teen driver safety that provides leadership, funding, data, policy and evaluation to support the needs of schools and community partners serving families and students in targeted communities.**

**Goal 3: Expand programmatic efforts, and facilitate opportunities for collaborative injury prevention initiatives focusing on the four leading causes of unintentional injury among children residing in neighborhoods at disproportionate risk.**

### Key Highlights: Injury Strategies

Goal 1: Child Passenger Safety (CPS) Program	
Strategy	Highlights
<b>Expand CPS program efforts Children's Neonatal Intensive Care Unit, Child Health Clinic, and in neighborhoods at disproportionate risk for motor vehicle collision (MVC) injuries</b>	In 2016, 590 car seat inspections were completed, 125 of which came from the community at a local WIC site.
	In 2017, 1,054 car seat inspections were completed, 192 of which were completed for families residing in targeted Aurora neighborhoods and 538 subsidized-cost car seats were provided to families in need.
	In 2016 and 2017, 206 CPS inspection station surveys were completed with promising results, including 97% of survey respondents reporting that they were either confident or very confident in choosing the safest position to install their child’s car seat.

<sup>13</sup> Injury in Colorado, 2012-2014. Colorado Department of Public Health and Environment. [https://www.colorado.gov/pacific/sites/default/files/ISVP\\_Injury-in-Colorado\\_2012-2014.pdf](https://www.colorado.gov/pacific/sites/default/files/ISVP_Injury-in-Colorado_2012-2014.pdf)

	In 2016, Children's Colorado partnered with Tri-County Health Department, Street-Smart and Aurora Public Schools for CPS education and outreach. In 2016, over 800 car seats were inspected, including 449 car seats provided to families through these partnerships.
	In 2017, Children's Colorado led two National Child Passenger Safety Technician trainings, in which 18 Children's Colorado staff became nationally certified CPS technicians. Children's Colorado now has 65 CPS technicians, the most of any organization in Colorado.
	Children's Colorado provides monthly education sessions to pediatric medical residents during their rotation in the Child Health Clinic.

**Goal 2: Teen Driver Safety**

Strategy	Highlights
<b>Integrate Teen Driver Safety program efforts to parents and teens residing in neighborhoods at disproportionate risk for MVC injuries</b>	In 2016, Children's Colorado led four teen driver safety events with 387 participants, including teens and parents in target communities. These events were at Parker Adventist Hospital, Swedish Medical Center, The Medical Center of Aurora and Chaparral High School.
	In 2017, Children's Colorado collaborated with 22 program partner organizations to engage over 5,400 teens and parents in education booths, classroom-based presentations and teen driver safety events.

**Goal 3: Leading Causes of Injury**

Strategy	Highlights
<b>Concentrate Safe Kids Denver Metro coalition efforts to target parents and caregivers of children residing in neighborhoods at disproportionate risk for the unintentional injuries</b>	In 2017, 49 Children's Colorado families received infant safe sleep awareness messaging and were provided with a portable crib to allow for a safe sleeping environment for their baby, most of whom resided in the targeted zip codes.
	Three clients referred by Tri-County Health Department's Nurse Family Partnership program were provided with home safety inspections and installation of prevention hardware for families residing in targeted zip codes.

	Two initiatives through Safe Kids Denver include Safe Kids Ride and Walk This Way and Safe Kids Live and Play, which aim to reduce the number of children who experience car, bike or pedestrian injuries and educate families about reducing injury in the home.
<b>Monitor federal and state legislation that impacts the prevention of injuries and enhancement of opportunities to improve children’s health and aligns with anticipatory guidance and best practices</b>	CHAI’s injury leadership engaged in several federal and state policies aimed at preventing injury, including three state bills involving child restrain vehicles, lead testing and automated vehicles.

**Goal 1: Child Passenger Safety (CPS) Program**

Motor vehicle traffic crashes are a leading cause of injuries and fatalities among Colorado kids. However, for children living in low-income metro-area communities, a lack of resources disproportionately impacts child passenger safety, significantly increasing this risk. To address this, Children’s Colorado offers car seat inspections and aims to concentrate efforts in neighborhoods at greatest risk for these injuries, based on neighborhood-level injury data mapping analyses of emergency department visits for motor vehicle traffic injuries.

- **Child Passenger Safety Program** – Children’s Colorado established the CPS program in 2001 and continually works toward focusing its efforts in communities with the greatest need. In 2016, 590 car seat inspections were completed, 125 of which came from the community at a local WIC site. In 2017, 1,054 car seat inspections were completed, 192 of which were completed for families residing in targeted Aurora neighborhoods and 538 subsidized-cost car seats were provided to families in need. In 2016 and 2017, 206 CPS inspection station surveys were completed with promising results:
  - 97% of survey respondents reported that they were either confident or very confident in choosing the safest position to install their child’s car seat.
  - 96% reported that they were either confident or very confident in determining the age or weight at which to adjust or change their child’s car seat.
  - 96% reported that they were either confident or very confident in their ability to reinstall their car seat safely.
  - 92% correctly stated the best practice of keeping infants rear-facing in their car seats until at least age two, consistent with American Academy of Pediatrics’ recommendations.
  - 86% correctly stated the best practice of assuring that all children ride in rear seating position in the vehicle until at least age 13, consistent with American Academy of Pediatrics’ recommendations.
- **Community-Based CPS Efforts** - In 2016, Children's Colorado partnered with Tri-County Health Department and Denver Health's Street-Smart, a community organization serving northeast

Denver and Montbello, and formed a new partnership with Aurora Public Schools for CPS education and outreach. Outcomes achieved through this practice include the following:

- In 2016, over 800 car seats were inspected, including 449 car seats provided to families through these partnerships.
  - Expansion of core public health resources offered to Tri-County Health Department clients and the larger community, through referrals for injury prevention resources available through CPS inspections.
  - Improved capacity to meet nationally established standards for injury prevention.
  - Maintenance of a public health partnership for achievement of evidence-based public health strategies and interventions.
- **CPS Training** - In 2017, Children's Colorado coordinated and led two National Child Passenger Safety Technician trainings, in which 18 Children's Colorado staff became nationally certified CPS technicians. Children's Colorado now has 65 CPS Technicians, the most of any organization in Colorado. Children's Colorado also provides monthly education sessions to pediatric medical residents.

## **Goal 2: Teen Driver Safety**

Motor vehicle accidents are the leading cause of death for teens in the United States. However, these accidents can be prevented through proven strategies to educate and promote safety among young drivers. Children's Colorado partners with community organizations to promote awareness of risk factors and ways to reduce the risk of injury or death from motor vehicle accidents.

- **Teen Driver Safety Awareness Program** – This program is a collaborative effort with Children's Colorado and Safe Kids Denver Metro to promote awareness of Colorado's graduated driver's license law and parent ability to participate in their teen's driving experience. In 2016, Children's Colorado led four teen driver safety events with 387 participants, including teens and parents in target communities. These events were at Parker Adventist Hospital, Swedish Medical Center, The Medical Center of Aurora and Chaparral High School. In 2017, Children's Colorado collaborated with 22 program partner organizations to engage over 5,400 teens and parents in education booths, classroom-based presentations and teen driver safety events. Children's Colorado also produced a video short, "The Impact of Distracted Driving," that shares the experiences of a Colorado college student and how a distracted driving incident changed her life and the life of another. This new video will be used in future "What Do You Consider Lethal" presentations by the Denver Metro Teen Drivers (DMTD).

## **Goal 3: Leading Causes of Injury**

Among unintentional injuries, suffocation is the leading type of death in infants, motor vehicle and drowning-related injury deaths are the leading types of deaths in children ages 1-4 years and motor vehicle injury is the leading cause of death in children and youth over five years of age. To address these challenges, Children's Colorado serves as lead agency for Safe Kids Colorado and Safe Kids Denver Metro, which are both members of Safe Kids Worldwide, whose mission is to prevent unintentional injuries in children ages birth-19 years. Using a data-to-action approach, the coalition employs "heat

maps” created by Children’s Colorado to identify zip codes where children are at disproportionate risk for the leading causes of injuries. The coalition then partners with neighborhood stakeholders to design and implement prevention efforts.

- **Infant Safe Sleep and Home Inspections** - In 2017, 49 Children’s Colorado families received infant safe sleep awareness messaging and were provided with a portable crib to allow for a safe sleeping environment for their baby, most of whom resided in Children’s Colorado’s targeted zip codes. During this time, three families referred by Tri-County Health Department’s Nurse Family Partnership program were provided with home safety inspections and installation of prevention hardware for families residing in targeted zip codes.
- **Safe Kids Denver Metro Coalition Efforts**
  - Safe Kids Ride & Walk This Way – The Safe Kids Ride and Walk This Way Committee coordinates events, programs and information campaigns to encourage safe walking and bicycling. The goal of this committee’s work is to reduce the number of children ages 5 to 19 seen in Emergency Departments for auto vs. pedestrian/bicycle crash related injuries.
  - Safe Kids Live and Play – This Committee has integrated medication safety and TV and furniture tip-over messaging in to the curriculum of local baby safety classes, partnered with local fire departments and the American Red Cross to distribute safety information door-to-door in target high-risk zip codes, and integrated safety messages into the “Bright by Text” program.
- **Policy and Advocacy** – CHAI’s injury leadership engaged in several federal and state policies aimed at preventing injury, including three state bills involving child restraint vehicles, lead testing and automated vehicles.

## Conclusions

Children’s Colorado continues to lead and expand its injury prevention efforts, particularly in child passenger safety, teen driver safety and creating safer environments for children to live and play through Safe Kids Denver Metro and Safe Kids Colorado. Alongside these evergreen initiatives, Children’s Colorado uses data-driven approaches to understand the leading causes of injury and neighborhoods at disproportionate risk of injury, in an effort to target prevention and educational resources to those with the greatest need. Future work in injury prevention, similar to the other health priority areas, will require ongoing collaboration with community, school and primary care partners to best reach children and families at higher risk of injury.

## Community Health

In 2016, the Breathing Institute hired two Community Health Liaisons (CHLs) and the Child Health Advocacy Institute hired six CHLs to address social and environmental factors that affect child health. CHLs are hired from the community that they serve and have a distinct understanding of the experiences, cultural background and social and economic factors these communities face and how that impacts their ability to access healthcare services.

The CHLs within the Breathing Institute are part of the Just Keep Breathing (JKB) program aimed at improving care for children with high risk asthma in Denver. These CHLs work with families to identify barriers to receiving care and achieving asthma control, including conducting an environmental assessment of the family's home and assisting with minimal home remediation, such as pest extermination. They also connect families to community resources, such as utility assistance, and coordinate care between primary care providers, specialists and school nurses. Through the home visitation program, 55 patients have received at least one visit, with over 200 completed visits. JKB patients have demonstrated significantly improved medication device technique and improved asthma control.

The CHLs within CHAI serve children and families in three primary care settings and one community setting (the WIC office through the BUILD Health Challenge grant). These CHLs assist families with resource and service support needs including financial assistance, benefits, food insecurity and connecting families to a medical provider. In 2017, more than 1,000 Child Health Clinic patients were referred to a CHL for resource support. Some of the most common resource referrals in the Child Health Clinic include food resources, primary care provider resources for parents and Medicaid support, including Medicaid transportation. In the WIC office, the CHLs provided resource support for more than 300 families in 2017, assisting primarily with WIC benefits utilization, Medicaid assistance and diaper or baby supplies. Two CHLs who are in other primary care practices help families with transportation needs to ensure they make it to their appointments, connecting parents to a primary care provider and assisting families with their benefits, as part of a larger project aimed to reduce unnecessary emergency department utilization.

## Partnerships in School, Community and Primary Care

Partnerships are an essential component to Children's Colorado's community health work. The hospital has partnered with an array of local, state and national organizations to coordinate, collaborate and share key findings and lessons learned in improving health and quality of life for children in Colorado. Below are a few examples of Children's collaborations with schools, community and primary care.

### Schools

In 2016, Children's Colorado partnered with eight statewide health and education organizations to form the Colorado Alliance for School Health (the Alliance). The Alliance aims to transform how healthcare and education partners collaborate to create sustainable systems that result in health equity among all Colorado students. Since its inception, the Alliance has identified advocacy priorities that include funding for school health services, access to integrated care for students and families and efforts to develop a common, comprehensive approach to sharing data across systems to inform planning, document progress and ultimately improve the health, development, learning and success of children and their school communities. Additionally, the Alliance is working with local public school districts interested in increasing student health and school performance through decreasing school absences. The Alliance is focusing on the issue of student attendance because health issues are a leading cause of chronic absenteeism, and improving student attendance increases the likelihood of student success. The outcomes of the planning process will identify best practices and potential demonstration projects for collaborating across systems, as well as develop a policy and advocacy platform to drive sustainable systems change. ([www.coallianceforschoolhealth.org](http://www.coallianceforschoolhealth.org))

### Community

Starting in 2015, Children's Colorado, Tri-County Health Department, Together Colorado and Assuring Better Child Health and Development partnered, as part of a BUILD Health Challenge, to improve health in communities that are adversely affected by upstream factors. The project, called the BUILD Health Aurora, strives to improve lifelong mental and physical health outcomes for Aurora's children and families. CHLs and mental health specialists work in a local WIC office, primary care clinic and other community settings to address resource and social-emotional needs for children and families by providing support and referrals to community resources. In the WIC office, the CHLs provided resource support for more than 300 families in 2017, assisting primarily with WIC benefits utilization, Medicaid assistance and diaper or baby supplies. The project uses data-driven approaches to determine the neighborhoods with the greatest needs for psychosocial and resource needs.

(<http://buildhealthchallenge.org/communities/2-build-health-aurora/>)

### Primary Care

In 2016, Children's Colorado launched a universal psychosocial screening program to identify families with psychosocial needs and provide them with the appropriate levels of intervention. This work initially launched in the Child Health Clinic and Specialty Care Clinic before expanding into other departments. Key components to this work include developing the screening tool, technology to collect, process and analyze screening data, protocols based on identified needs and creating or expanding community

partnerships that can provide direct services to patients and families. In 2017, nearly 8,000 psychosocial screenings were completed in the Child Health Clinic and approximately one in four families screened positive for at least one need. The most common positive screens were for financial needs, benefits support and food insecurity, which were addressed by CHLs and family navigators. The screener was also piloted in additional clinics and settings beyond the Child Health Clinic under other initiatives. This major undertaking will gradually expand system-wide.

## Policy and Advocacy

At Children’s Colorado, our Government Affairs team works to keep kids out of the hospital by supporting laws and regulations that will improve kids’ health—and defending against those that will not. Focusing on organizational, state and federal policies and advocacy efforts, the team has partnered with healthcare professionals and other team members to give patients and families a voice. Below is a summary of some of the key policy and advocacy highlights during the 2016-2018 Community Health Action Plan period.

### Organizational

- Between 2016 and 2018, Children’s Colorado worked on 279 bills, with the help of 44 clinical and patient testimonies.
- During this time, nearly 700 advocates were trained through a residency advocacy training, Speak up for Kids, provider training, or advocacy 101 training.
- Each year saw an increase in advocates through the Children’s Colorado Child Health Champions email list (from 1,037 to 4,070 total subscribers between 2016 and 2018) and Speak up for Kids Day at the Capitol (500 total attendees between 2016 and 2018). Through the Child Health Champions email subscription, 76 subscribers emailed to legislators in response to Action Alert emails.
- On social media, the Government Affairs team has nearly 450 Twitter followers with more than 290,000 impressions and 267 Facebook followers with 12,440 impressions.
- Between 2016 and the end of legislative session in 2018, the Government Affairs team worked with its grassroots network to send 12,751 email messages to legislators, advocating for policy initiatives that improved the health of kids.

### Coalition Work

- Children’s Colorado Government Affairs team leads two coalitions focused in mental health and marijuana public health and safety:
  - Early Childhood Mental Health Policy Coalition – A group of 10 representatives from early childhood advocacy organizations (ranging from state and county agency partners to private philanthropic foundations and policy advocacy groups) that work to advance early childhood mental health policy in the state.
  - Marijuana Public Health and Safety Network – A network of public health advocates that coordinates state-level policy work to eliminate child and youth exposure to and consumption of marijuana that can harm health and safety.
- Children’s Colorado Government Affairs team actively participates in 10 coalitions:

- Colorado Tobacco-Free Alliance – A group comprised of about eight member organizations including the American Heart Association, American Cancer Society and the American Lung Association. The group advocates for greater tobacco control policy and defends against tobacco industry attempts and other efforts to erode public health tobacco cessation and education programs.
- Colorado Children’s Immunization Coalition / Public Policy Committee – A membership organization of diverse interests including healthcare providers and public health agencies that advocate for increased immunization rates and access to vaccines for children and youth in the state.
- Colorado Hospital Association – Legislative Council – A broad group of urban and rural hospital representatives that address workforce, operations and healthcare access issues.
- All Kids Covered – A coalition of child health advocates and providers focused on improving children’s health insurance coverage.
- Denver SNAP Task Force – A group of health and anti-hunger advocates, healthcare providers and representatives from education, Denver Human Services, non-profit food distribution and more, collaborating to improve the enrollment of eligible Denver residents in the Supplemental Nutrition Assistance Program (SNAP).
- AAP/KP/CPA Promoting Food as Medicine Advisory Group – A group of healthcare providers and advocates dedicated to improving health, diet quality and food security by connecting patients in clinical settings to nutritious food resources.
- SNAP in Farm Bill Coalition – A diverse stakeholder group of child and anti-hunger advocates, non-profit food distributors and others collaborating to protect SNAP in the 2018 farm bill.
- Coalition for Pediatric Medical Research – A coalition of government relations professionals and physician-scientist researchers at children’s hospitals, focused on increasing federal support for pediatric health research.
- Center for Health Progress Policy Committee – A committee of leading healthcare and social service organizations in Colorado that steers the legislative and regulatory positions of the Center for Health Progress, a non-profit patient and health equity advocacy group.
- Health Advocates Alliances – A stakeholder group comprised of patient advocacy and health equity organizations with Statehouse lobbying or legal advocacy capacity.
- Children’s Colorado Government Affairs team is connected into five additional coalitions:
  - Colorado Substance Exposed Newborns Policy Workgroup – Led by Illuminate Colorado, an organization dedicated to ending child abuse and neglect, including the reduction in newborns exposed to illicit substances. Other members include state agencies, healthcare providers and advocates.
  - Oral Health Colorado Policy Committee – A coalition of child health advocates, providers and others coordinating public policy efforts to ensure equitable oral healthcare for all Coloradans.
  - Military Kids Matter (TRICARE) Coalition – A group of children’s hospitals and advocates working to improve pediatric healthcare access for children in military families who rely on TRICARE.

- Person-Centered Transportation Coalition – A group of healthcare leaders focused on improving access to non-emergency medical transportation for Medicaid beneficiaries.
- Coalition for Immigrant Health – A coalition dedicated to improving the health and well-being of immigrant families in Colorado.

### **Health Priority Area Highlights**

Below are some of the key Children’s Colorado initiatives that focused on the Community Health Needs Assessment health priority areas during the 2018 legislative session.

- **Mental Health:**
  - Children’s Colorado kept families together with timely access to mental health services by supporting children and youth with mental health needs, which has been identified as a top priority by families, healthcare providers and community members. Children’s Colorado championed House Bill 18-1094, a reauthorization of the successful, twenty-year-old Children and Youth Mental Health Treatment Act. Since 1999, the law has ensured that families do not have to give up their parental rights to child welfare just to get their child into mental health treatment services that have been denied by their private health insurance. House Bill 18-1094 will increase entry points to the program statewide and address a funding shortfall by doubling funding for a program that previously had a waiting list for services. This vital update will keep families together and ensure timely access to mental health services when children are at risk of child welfare involvement.
- **Physical Activity, Nutrition, Obesity:**
  - Children’s Colorado supported Senate Bill 18-013, which will make lunch more affordable for middle schoolers participating in the National School Lunch Program by expanding the state’s capacity to cover the reduced-price lunch copay.
- **Prematurity / Early Childhood:**
  - Children’s Colorado modernized Colorado’s newborn screening program by partnering with other child health advocates to successfully advance House Bill 18-1006, a modernization of Colorado’s newborn screening law which hadn’t been updated in more than 20 years. Colorado’s screening program aims to ensure every one of the 67,000 babies born each year in the state receives a screening for potentially life-threatening medical conditions and hearing problems. House Bill 18-1006 makes the newborn screening program more comprehensive, ensures timeliness of screening results and offers an enhanced program for the 2,000 babies each year who fail their hearing screening. The screening ensures that babies and families are swiftly connected to care if there is a risk for a medical condition or hearing loss that needs further evaluation.
- **Respiratory Health:**
  - Alongside our anti-tobacco allies, Children’s Colorado opposed Senate Bill 18-179, which would have created a permanent tax exemption for tobacco companies selling cigars and other tobacco products out of state. If this bill had become law, our state would have lost thousands of dollars per year that would otherwise go towards tobacco

cessation and education programs, as well as health insurance programs for children. Governor John Hickenlooper vetoed this measure.

- **Injury Prevention:**
  - Children's Colorado supported House Bill 18-1103, which will allow counties to require safety gear for all-terrain vehicles (ATVs) and other off-highway vehicle riders. By passing the bill, the legislature is helping improve the safety of kids on roads.
  - Children's Colorado tracked 13 marijuana-related bills, including a variety of proposals that threatened kids' health and safety by normalizing and expanding marijuana consumption. Some of these proposals included creating marijuana "tasting rooms" (vetoed by the Governor), allowing home delivery (defeated), and adding autism spectrum disorder (vetoed by the Governor) and acute pain (defeated) to the list of conditions approved for medical marijuana use in the absence of supportive scientific evidence.

## State and Federal

- **Bill Tracking** – Out of all the bills the Government Affairs team supported or opposed during the 2018 legislative session, the team achieved an 85% success rate.
- **Changes in reimbursement, coverage, scope of practice for pediatric care**
  - **Primary Care Rates** – Children's Colorado defended improved reimbursement for primary care services rendered in the community while also providing technical support to Colorado Medicaid to assist with the development of a forthcoming alternative payment model for primary care.
  - **Accountable Care Collaborative** – Children's Colorado continues to engage with Colorado Medicaid's main delivery system, a primary care case management program known as the Accountable Care Collaborative. Children's Colorado has provided feedback and technical assistance to the State during program design and continues to engage as contractors prepare to begin work.
  - **High-cost drugs** – Children's Colorado has advocated for patients statewide who are covered by Colorado Medicaid and require treatment with new high-cost drugs. This work has focused on improving access to these new and emerging therapies, many of which are life-saving breakthroughs for conditions which were previously fatal.

## Program Funding

Across issues areas, Children's Colorado Government Affairs team advocated to secure or maintain millions of dollars in funding for child health promotion, prevention and treatment. Below is a summary of some of the key programs and funding that were secured or maintained between 2016 and 2018:

- **Children and Youth Mental Health Treatment Act:** This program provides funds for intensive residential and community-based mental health treatment for children who are at risk of child welfare involvement through no fault of the parent.
  - \$1,292,923 in House Bill 1094
  - \$1,760,809 in House Bill 1322 – state budget
  - \$524,864 in House Bill 1162 – supplemental

- **Total: \$3,578,596**
- **Residential Child Care Facility Program for Children with Co-Occurring Disorders:** Children’s Colorado led the advocacy effort to establish a new program within the Colorado Department of Human Services. This new Request for Proposal process authorizes one Residential Child Care Facility provider to receive annual funds to support children with co-occurring mental health and intellectual or developmental disabilities who often face difficulties in securing in-state residential treatment placement if they need longer term services and supports.
  - **Total: \$2,363,550**
- **Newborn Screening Program:** 67,000 babies in Colorado are born every year and every newborn receives three tests to screen for inherited medical conditions, hearing loss and critical congenital heart defects. Funding enhancements at the Colorado Department of Public Health and Environment will enable the addition of new genetic conditions to the newborn screening panel to align with federal recommendations, funds a new IT system for monitoring babies with hearing loss and funds additional staff to coordinate the hearing follow-up program.
  - **Total: \$2,122,258 (in House Bill 1006)**
- **Healthy Steps:** This is an evidence-based early childhood integrated behavioral health program that is delivered in a child’s pediatric medical home to high-risk children and families who are low-income or publicly insured and who have at least one risk factor that could impact the baby’s health and well-being.
  - **Total: \$421,360**
- **Mental Health Professionals in Schools:** Children’s Colorado led an effort to secure funding that nearly tripled the available grant funds for mental health professionals in schools who perform evidence-based mental health and substance use prevention programming to elementary through high school-aged kids, and make referrals for treatment as needed.
  - **Total: \$11,923,783**
- **Long-Acting Reversible Contraception:** After the expiration of a successful private grant that funded expanded birth control options for adolescent women and low-income women, a coalition supported funds that allowed the program to continue as part of the Colorado Department of Public Health and Environment’s broader family planning programming to continue the state’s reduction in teenage pregnancy.
  - **Total: \$1,543,445**
- **Healthy Kids Colorado Survey:** The anonymous survey is distributed to middle and high school students every two years and the purpose of the survey is to better understand youth health and what factors support youth to make healthy choices.
  - **Total: \$745,124**
- **Lead Poisoning Prevention Grants:** Established a lead testing program for public schools that want to apply for grant funds to test their water for lead.
  - **Total: \$453,256**
- **Early Childhood Mental Health Specialists (Consultants):** Lawmakers increased state funding for the number of early childhood mental health specialists. These “consultants” work directly with child care providers in early learning environments and provide the early intervention supports that young children may need.
  - **Total: \$2,987,632**

## Conclusion

Children's Colorado's Government Affairs team has helped to improve the lives of children and families across legislative and regulatory policies at the state and national level. By tracking and ensuring successful implementation of bills, partnering with healthcare professionals and families to provide public testimony to lawmakers, recruiting and training child health advocates and partnering with coalitions and organizations across the state, the Government Affairs team serves as a key leader in child health policy and advocacy in Colorado. For the remainder of 2018, the team will continue focusing on areas within the Community Health Needs Assessment, including partnering to establish a new Early Childhood Mental Health Coalition, ensuring proper rulemaking for House Bill 18-1006 for newborn screening, participating in rulemaking and implementation of House Bill 18-1045 for silver diamine fluoride and working to expand Senate Bill 18-013 to include school lunch through 12<sup>th</sup> grade. The team will also continue to grow its advocacy capacity through Family Advocacy Day in Washington, D.C. over the summer, helping with election engagement and a voter guide in the fall and working on capacity building with the Child Health Champion network in Colorado and Wyoming.

## Conclusion

The Community Health Action Plan of 2016-2018 served as a foundation and road map for Children's Colorado's population health work. This report highlights how we've impacted children and families in our hospital and into the community, with a focus on the six health areas identified in our Community Health Needs Assessment as well as our partnerships in schools, community and primary care, our work in community health, and our policy and advocacy efforts. Children's Colorado will continue to focus its efforts in the community to promote health and reduce illness in our community and focusing on new and existing community partnerships to develop a sustainable model to address population health.