

Community Benefit

Evidence of Investment Improvement
Colorado Springs

2023



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Children's Hospital
Colorado

Table of Contents

Executive Summary	2
Overview of Children’s Hospital Colorado	4
Community Health Needs Assessment and Implementation Strategies	5
Public Meeting	8
Investments and Expense Reporting	13
2021 Community Benefit Investment: Schedule H 990.....	14
Addressing Community Health.....	15
Addressing Social Determinants of Health	22
Addressing Health Behavior and Risk	25
Other Community Benefit	33
Recommendations to Make Community Benefit More Meaningful	35
Appendix A	37
Appendix B	38



Executive Summary

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

As a not-for-profit hospital, Children's Colorado is proud to provide investments that respond to community needs and serve our community. Children's Colorado provides more healthcare services to children covered by Colorado Medicaid than any other provider. In 2022, the health insurance coverage-mix among our patient population in the Colorado Springs area included 52.2% of patients covered by Medicaid, 28.5% commercial insurance, 17.4% TRICARE, 1.3% CHP+, and 0.6% all other (including Medicare, cash-pay, uninsured, indigent care, etc.).

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

As a result of the timing associated with Children's Colorado's annual tax filings and the reporting timelines required by House Bill 19-1320, Children's Colorado respectfully submits this report using community benefit financial investments for 2021 and a summary of community benefit activities for 2022.

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

In 2021, Children's Colorado provided Community Benefit of \$301,516,894.

- Of that amount, \$252,896,657 was for the Denver Metro hospitals and network of care, and
- \$48,630,237 for our Colorado Springs hospital and network of care.

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

In 2021, Children's Colorado provided Community Building of \$902,047.

- Of that amount, **\$895,496** was for the Denver Metro hospitals and network of care, and
- **\$6,551** for Colorado Springs hospital and network of care.

Major community benefit investments in calendar year 2022 included:

- Expanding capacity to treat children and youth with behavioral health needs, an area of extreme and persistent need in Colorado
- Responding to the overwhelming surge of respiratory illness (RSV, flu, COVID-19) in our community
- Providing free and discounted healthcare services
- Advocating to advance health equity and reduce health disparities
- Advocating for expansion of health navigators in healthcare systems across the state
- Addressing health behaviors and risks
- Funding extensive injury prevention work including car seat education and distribution and infant safe sleep
- Offering health professional education for community-based healthcare providers and students. This includes graduate education for medical residents and fellows as well as for nursing students. This also includes continuing professional education for other health professionals such as community pediatricians and community emergency medical providers
- Funding ongoing pediatric medical research to facilitate cures to childhood diseases and equip the next generation of healthcare providers with the skills needed to expand pediatric access to care
- Operating [Partners for Children's Mental Health](#), a cross-system resource, training, evaluation, and implementation hub in order to bring communities together to increase access to high-quality youth behavioral health services in Colorado

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



Overview of Children's Hospital Colorado

Founded in 1908, Children's Colorado has been a leader in providing the best healthcare outcomes for children for more than 115 years. Our mission is to improve the health of children through the provision of high-quality coordinated programs of patient care, education, research, and advocacy. We also work hard to keep kids out of the hospital. Through medical research and advocacy efforts, we are committed to finding ways to keep kids safe and healthy.

Children's Colorado is a not-for-profit pediatric system of care. We have nearly 3,000 pediatric specialists and more than 8,400 full-time employees helping to carry out our mission. We provide comprehensive pediatric care at our hospital on the Anschutz Medical Campus in Aurora and at several locations throughout the region. The Anschutz location in Aurora is the only Level 1 Pediatric Trauma Center in a 7-state region.

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

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

In 2022, the health insurance coverage-mix among our patient population in the Colorado Springs area included 52.2% of patients covered by Medicaid, 28.5% commercial insurance, 17.4% TRICARE, 1.3% CHP+, and 0.6% all other (including Medicare, cash-pay, uninsured, indigent care, etc.).

Community Health Needs Assessment (CHNA) and Implementation Strategy

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

The Community Health Implementation Strategy, based on the needs assessment, guides hospital strategies to address the identified concerns and opportunities. We work collaboratively with the public and community partners to identify and implement evidence-based programs. While our network serves children in a seven-state region, for the purposes of the CHNA we have defined the community as all children living in the El Paso County area from which most of our patient population is drawn and where we have facilities.

Colorado Springs

Community Health Needs Assessment

For the [2021 Community Health Needs Assessment](#) (CHNA), we focused on El Paso County.

Our methods for the CHNA were informed by previous CHNAs and feedback we received on our 2018 CHNA from key stakeholders. We gathered both primary (community-based) and secondary (local, state, national) data for our communities and, when possible, gathered data that would demonstrate the impact of the COVID-19 pandemic on community health and well-being. Additionally, in response to our 2018 CHNA feedback, Children's Colorado revised our prior data collection approach in two main ways: 1) as a first step, we gathered secondary data to inform our primary data collection strategy and 2) we developed a more dedicated approach to equity in our data collection process. For the first revision, we used our secondary data to inform what primary data we would collect that could provide context to and fill gaps from the secondary data. For the second revision, we examined our practices for data collection, analysis and communication with an awareness of the historical impacts, potential biases, and explored more demographic data, such as race, ethnicity, sexual orientation, and intersectionality to better understand the disparate impacts of health across populations.

Behavioral health emerged as the top community concern through every method of data collection included in this assessment. Caregivers, healthcare team members, and community members all reported that the behavioral health of children in our community is a critical issue. Internal hospital utilization data and public health surveillance data demonstrate a continued and increasing need for behavioral health and suicide prevention services for



children and youth in Colorado, including services that address disparities in behavioral health outcomes within populations.

Children’s Colorado recognizes that the public health needs of the community are extensive, and many needs are not explicitly addressed through our priority and goals. Access to healthcare, including behavioral health services, and several social determinants of health were identified as top needs by the community and within the data, such as food insecurity, housing stability, access to public benefits, maternal and infant health, and economic issues.

Behavioral health has long been identified as a health priority among our community stakeholders as the community has noted that persistent systemic challenges have prevented behavioral health parity from being achieved. As Children’s Colorado joins our community partners in embracing whole-child, whole-health approaches to child health, we recognize the need to place a consistent focus on behavioral health to meaningfully integrate behavioral health into our holistic approaches to care.

Moreover, during the COVID-19 pandemic, children’s behavioral health needs have alarmingly intensified and further underscored the lack of behavioral health resources in our communities. In May 2021, Children’s Colorado declared a “State of Emergency” for youth behavioral health, highlighting the reality that behavioral health challenges facing kids have gone beyond crisis levels, and the organizations that serve kids are overwhelmed. Therefore, based on the data and feedback we heard from the community, our work toward holistic models of care, and reflecting the current crisis state of our behavioral health system for children and youth, behavioral health was selected as our primary priority.

Community Health Implementation Strategy

The [Community Health Implementation Strategy](#) (CHIS), adopted in May 2022, outlines our three-year goals for our priority area and details the strategies adopted to address this complex issue. Our team conducts an annual evaluation of the implementation strategy to ensure continued progress and that our approaches are innovative and meaningfully contributing to the health of our community. The 2021 CHNA and 2022 CHIS can be found in *Appendix A*.

The CHIS includes strategies to improve access to healthcare and behavioral health services and address social determinants of health, both of which can improve behavioral health for children and youth.

Our approach to addressing behavioral health in our communities focuses on four goals:

1. Improve behavioral health awareness and reduce the risk of suicide,
2. Improve systems of care and access to behavioral health services,
3. Promote protective factors and reduce risk factors for behavioral health conditions,
and
4. Promote community voices and engagement to inform, advise, and shape behavioral health priorities and systems of care.

These strategies occur at various levels: individual child and youth, caregivers, healthcare provider, school, community, and at the system and policy level. Together, these areas will comprehensively work to address behavioral health needs among children and youth.

To evaluate our initiatives to promote behavioral health for children and youth in Colorado, we are using the RE-AIM evaluation framework, which measures the Reach, Effectiveness, Adoption, Implementation, and Maintenance of our work. As a whole, these measures can demonstrate where and how we are making the greatest impact and where we can improve our work.

The Reach, Effectiveness, Adoption, Implementation and Maintenance (RE-AIM) framework has been used for program evaluation in clinical and community settings. RE-AIM is a framework that aims to measure programs in a way that can promote external validity and improve more long-term adoption of effective interventions. The five types of measures in the framework are:

- Reach - what populations are impacted by the program?
- Effectiveness - did the program achieve its goals?
- Adoption - in what settings or communities was the program implemented?
- Implementation - was the program implemented consistency and with fidelity?
- Maintenance - what are the long-term plans or impacts of this program?

Community-driven strategies are critical to get children and youth the help they need, whether that is through raising awareness, screening, conducting trainings, increasing access to care, reducing stressors, and promoting community voices. Through our collaborations with schools, primary care practices, community organizations and more, we are better equipped to improve the behavioral health of children and youth in and with our communities. We look forward to building upon this plan to align with the strategies that will come through our health system's internal behavioral health strategic planning that is nearing completion. We will continue to look to our community to help evolve and improve our approach to best meet the behavioral health needs of kids in Colorado.



Public Meeting

Children’s Colorado conducted two Community Benefit Public Meetings for our Colorado Springs community, on May 18, 2023; the first at 9:00 am and the second at 7:00 pm.

Beginning in April, email invitations were sent to 83 Colorado Springs and El Paso County non-profit organizations, local public health agencies, state and local government staff, health alliances, K-12 schools, higher education agencies, healthcare professionals, and community advocates. The meeting invitation was also included in the Pediatric Care Network newsletter that reached more than 1,200 community primary care providers, and in an email to more than 6,700 Child Health Champions in Colorado. In addition, meeting announcements were placed in the Colorado Springs Gazette, Colorado Springs Independent, and La Voz (in Spanish), with a combined 133,454 total impressions.

To increase participation and accessibility, we made the decision to continue with a virtual format for these meetings, using the Zoom platform. Despite the extensive reach of these invitations, registration and attendance was low; 58 people registered for the Colorado Springs meetings and less than 40 attended, cumulative. See *Appendix B* for the list of invitees, meeting agenda, and community notices.

The meeting objectives were for attendees to:

- Learn about Children’s Colorado’s 2021 Community Investment.
- Learn about the Community Health Needs Assessment and report on implementation strategies meet identified community needs.
- Learn about the Hospital Transformation Program (HTP).
- Share with us their ideas about how the hospital can improve child and youth behavioral health and their considerations about supporting behavioral health where children live, learn, and play.
- Help us evaluate whether we are investing in the places that represent community needs.

Presenters:

- Lalit Bajaj, MD, MPH, Chief Quality, Equity and Outcomes Officer
- Claire Peters, MPH, Community Health Analytics Program Manager
- Susan Goldenstein, MNM, Director, Community Impact
- Ellen Stern, Interim Director, Government Affairs

To provide full access, we secured the services of the Community Language Cooperative who provided simultaneous Spanish translation. The agenda can be found in *Appendix B*.

To ensure broad participation during a virtual meeting, polls were administered throughout the meeting in both English and Spanish.

Polling and discussion questions and aggregated responses:

Topic	Questions	Feedback Summary
<p>Hospital Transformation Program (HTP) Social Needs Screening</p>	<p>Have you or your child ever been screened for social needs? (Answers: yes, no, not sure)</p> <p>Did you understand why you were being screened? (Answers: yes, no, not sure, not applicable)</p> <p>If the screening flagged a concern, did you get the resources or information you needed? (Answers: yes, no, not sure, not applicable)</p>	<p>Most participants indicated they had been screened for social needs in a healthcare setting, they understood why they were screened, and if they indicated a need they received the information or resource.</p>
<p>Hospital Transformation Program (HTP) Depression & Suicide Screening</p>	<p>Have you or your child ever been screened for depression and/or suicidal thoughts? (Answers: yes, no, not sure)</p> <p>Did you understand why you or your child were being screened? (Answers: yes, no, not sure, not applicable)</p> <p>If the screening flagged a concern, did you get the resources or information you needed? (Answers: yes, no, not sure, not applicable)</p>	<p>Most participants indicated they had been screened for depression and/or suicide needs in a healthcare setting, they understood why they were screening, and if they indicated a concern they received the information or resource needed.</p>
<p>CHIS Policy Priorities</p>	<p>Would you say the policy advocacy issues that Children’s Colorado advanced in 2022 are headed in the right direction, or have they gotten off on the wrong track?</p>	<p>All participants indicated they agreed that our stated priority areas and policy approaches were headed in the right direction.</p>
<p>CHIS Policy Priorities</p>	<p>Are there policy issues within our three core priority areas - youth mental health, access to care and food security - that are missing? If so, please share!</p>	<p>The majority of participants agreed with these three priorities.</p> <p>Several participants in the evening meeting indicated they felt there were missing priorities. During the open dialogue portion of the meeting we discovered:</p> <ul style="list-style-type: none"> • One participant felt that there needs to be more LGBTQ supports and resources available in Colorado Springs. • Another felt that gun violence in the community was major problem.



		<ul style="list-style-type: none"> • Another felt that food resources for families were insufficient. <p>Additional conversation illustrated concerns by community organizations and mental health providers, that while there are not enough behavioral health providers in the area to meet the need, of those children who do get connected to care - that their parent/guardian is the biggest challenge to progress, as many do not want to participate in therapy and/or address their own behavioral health needs.</p>
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To ensure participants had ample opportunity to provide feedback, we also shared a link to a post-meeting survey; three participants responded. Respondents had questions about how to find a reliable and up-to-date list of resources for families and feedback on collaborating with local schools to be a resource, particularly around behavioral health; we have responded to them individually.

We are currently rounding with internal departments and divisions to share the feedback from this meeting with internal teams and divisions for further integration and impact.

Collaboration Laboratories

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

Schedule of Collaboration Laboratory’s completed:

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

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

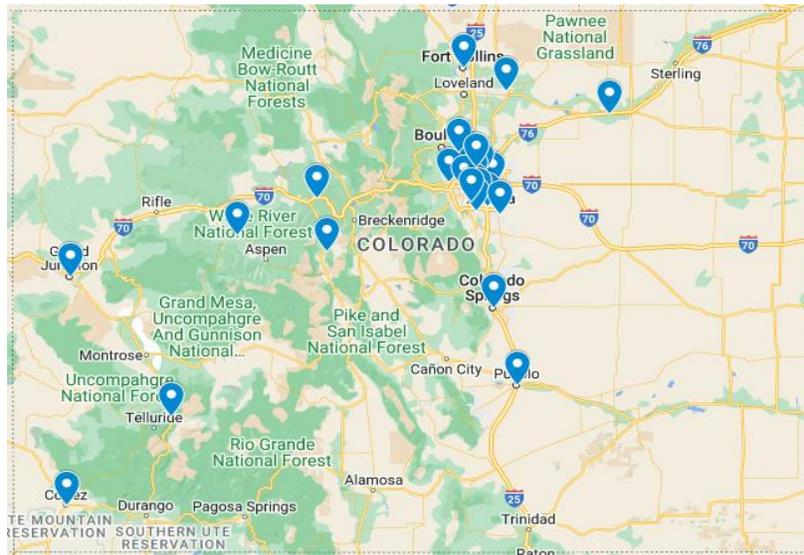


Figure 1. Communities represented in Collaboratory series.

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

Theme	Context	Actions Being Taken
Social Determinants of Health (SDoH)	Increase efforts and improvements related to addressing social needs of community members. Also, a call for investments in upstream and preventive activities.	We currently screen for social needs in our primary care clinics and will expand to inpatient units in Fall 2023. We are also working to ensure we have the right community partnerships who can help us respond as needs are identified.
Address Stigma & Trust	Increase trust and trustworthiness of medical providers and systems. Trust was closely associated with recommendations related to addressing stigma to increase health care access.	In partnership with youth, we will reevaluate youth-centered advisory boards and councils, beginning with the Pediatric Mental Health Institute’s Youth Advisory Council. Additionally, we will reevaluate our other family advisory councils.
Work in Collaboration	Multiple participants suggested that there needs to be more collaboration across systems and disciplines within healthcare.	We will continue to advocate for policy changes requiring public and private payers to adequately cover physical and behavioral health.



		<p>We will improve partnerships with schools and community-based organizations.</p> <p>We are actively working to enhance care coordination efforts and enable closed-loop referrals.</p>
Support & Work with Caregivers	<p>Participants mentioned the need to support caregivers of youth with complex medical and behavioral health needs.</p>	<p>Our Pediatric Mental Health Institute is working to open a “Center for Transition Services.” The goals of this center are:</p> <ul style="list-style-type: none"> • Deepen family support and advocacy • Build effective and engaged care transition teams • Coordinate mental health care • Provide up-to-date information and resources • Address stress and anxiety of navigating complex care environments
CLAS & Population-Specific Needs	<p>Multiple mentions for improving the culturally and linguistically response services (CLAS) for a variety of different populations.</p>	<p>We are working to address language and cultural barriers in screening tools and health services.</p> <p>We are also working to increase the diversity of our frontline healthcare providers, leaders, and also to improve the cultural competence of all team members.</p>

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

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

Investment and Expense Reporting

Total expenses included on Line 18 of Section (Part) 1 of submitted form 990: **\$180,956,069.**

Revenue less expenses included on Line 19 of Section (Part) 1 of submitted form 990: **\$11,294,340.**



2021 Community Benefit Investment: Schedule H990

Children's Hospital Colorado submits Schedule H 990 as a health system. In 2021, Children's Colorado community benefit investment totaled \$301,516,894 with community building activities totaling \$ 902,047.

The costs outlined below are community benefit investments reflective of the [Colorado Springs area](#).

Community Benefit: \$48,620,237

- **Financial Assistance** \$43,957,367. The Children's Charity Care program provides financial assistance for patients who are uninsured or underinsured and demonstrate financial need. Financial assistance also covers unreimbursed costs for patients enrolled in Medicaid, Child Health Plan Plus (CHP+) and other government programs.
- **Community Health Improvement** \$3,364,516. Includes activities addressing CHNA priorities, parent education, community health screening, health navigation, and advocacy for improving child health.
- **Health Profession Education** \$1,033,754. Includes graduate education for medical residents and fellows, nursing students and continuing professional education for other health professionals such as community pediatricians, community emergency medical providers.
- **Cash and in-Kind Contributions** \$264,600. Includes cash and in-kind donations to community non-profit organizations, donations of meeting space and donations of health and safety educational materials, and service on community boards and coalitions addressing community health.

Community Building: \$6,551

Includes environmental improvements, workforce development, coalition building and advocacy for health improvements.

Addressing Community Health

To address the depth and breadth of community health, Children's Colorado continues to build on our long and strong record of collaborating with community-based organizations, schools, academic institutions, and governmental and non-governmental organizations, with the goal of improving health outcomes and reducing health disparities for children and their families. Additionally, significant resources were allocated in 2022 to support efforts to engage community members advocating for access to healthcare as well as providing educational sessions for both policymakers and advocates on child health issues of importance.

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

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

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

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

Coordinating Patient Placement to Ensure Access to Care

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



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

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

Expanding Access to Emergency and Urgent Care

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

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

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

Rising Together to Meet the Challenge

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

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

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

COVID-19 Vaccine Access for the Youngest Children*

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

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

Addressing Vaccine Hesitancy

In 2022, our COVID-19 vaccine hesitancy² work focused on data collection. In collaboration with Health Literacy, Marketing, and Patient/Family Experience, we created an original RedCap survey that gathered information on the incidence of COVID-19 vaccine hesitancy among families seen in our Primary Care and Specialty Care clinics. We also assessed where

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



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

Advocacy

In 2021, our Government Affairs team coordinated virtual or written testimony from 3 experts on pending legislation at committee hearings, trained 154 130 new advocates at our 10th Annual Speak Up for Kids Day, and empowered constituents to send almost 200 emails to state lawmakers on pending kids' health legislation. Examples of our statewide advocacy work include:

Advocating to advance health equity and reduce health disparities

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

Advocating to improve behavioral healthcare services for kids

In 2021, we worked with partners to build a better system of care for all children, youth, and families. We supported House Bill 1097 to help implement a key recommendation of the Colorado Behavioral Health Task Force to create a Behavioral Health Administration, a new state agency to lead, promote and coordinate Colorado's behavioral health priorities. We also worked to expand access to behavioral healthcare for children and youth by supporting House Bill 1021 to fund behavioral health services provided by peer support professionals and House Bill 1258, which provided access to up to six telehealth therapy appointments for all school aged children regardless of insurance coverage.

In 2020, Senate Bill 137 allocated \$100 million in American Rescue Plan Act of 2021 (ARPA) funds toward behavioral health, including urgently needed funding for residential and other step-down levels of care that are in short support for Colorado's youth. We also successfully advocated for the restoration of funding cuts due to COVID-19 in order to implement Senate Bill 195 from 2019 to enhance the behavioral health system of care for children and youth through the creation of standardized screening and assessments and a high-fidelity wraparound benefit through Medicaid.

Community Health Education

Access to Health Education via Digital Platforms

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

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

- [Ongoing COVID-19 Updates and Resources](#)
- [COVID-19 Vaccine Deliberation Campaign](#)
- [Youth Mental Health Crisis Resources](#)
- [RSV, COVID and Flu Surge](#)
- [Baby formula shortage](#)
- Pediatric conditions
 - [Mechel’s Diverticulum](#)
 - [Familial Adenomatous Polyposis](#)
 - [Hereditary Spherocytosis](#)
 - [Splenic Trauma](#)
 - [Superior Mesenteric Artery](#)
 - [Penile skin bridge/penile adhesions](#)
 - [Cavus Foot](#)
 - [Arthrogyrosis](#)
 - [Cycstic Hygroma](#)
 - [Perthes Disease videos](#)
 - [Neurofibromatosis](#)
 - [Neurogenetics](#)
 - [Skeletal Dysplasia](#)
 - [Depression](#)
- Specialty-specific resources
 - [Burn resources for families](#)
 - [Burn prevention and home safety](#)
 - [Neurosciences Resources for Families page](#)
- Health literacy and medical animation video review and publishing
 - G-tube education series in [English](#) and [Spanish](#)
 - [Comfort holds](#)
 - [Metopic craniosynostosis](#)

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



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

- <https://www.auroratv.org/video/childrens-hospital-colorado-car-seat-safety-tips>
- https://gazette.com/health/eating-disorders-in-colorado-teens-young-adults-rose-during-pandemic/article_f0a58e26-3aae-11ed-a340-df0ded8b6982.html
- <https://www.forbes.com/health/family/how-much-screen-time-kids/>
- https://www.9news.com/article/news/local/next/next-with-kyle-clark/behavioral-health-resource-gap/73-9f7e86f8-3bc8-48ae-bd74-1765b2e895a3?utm_campaign=snd-autopilot
- <https://www.dropbox.com/s/5j3x8pz1zucpsy/Hundreds%20of%20Suicidal%20Teens%20Sleep%20in%20Emergency%20Rooms.%20Every%20Night.%20-%20The%20New%20York%20Times.pdf?dl=0>
- <https://www.fox21news.com/news/prevention-is-key-to-avoiding-dog-bites/>
- <https://www.denver7.com/news/local-news/couples-newborn-off-to-healthy-start-thanks-to-childrens-hospital-colorado>
- <https://www.cpr.org/2022/11/15/colorado-covid-rsv-flu-childrens-health/>
- <https://www.rmpbs.org/blogs/rocky-mountain-pbs/colorados-youth-mental-health-crisis-gets-worse/>
- <https://www.forbes.com/health/family/start-your-baby-solid-foods/>
- <https://www.longmontleader.com/local-news/two-in-utero-surgeries-save-lives-of-longmont-twins-5677494>

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

Healthcare Support Services

For Parents

Children’s Colorado’s [ParentSmart Hotline](#) provides parents and caregivers 24/7 access to experienced pediatric nurse who can provide telephone triage and in-depth information on what may be ailing their child⁴.

In 2021, we answered 39,376 calls.

For Community Providers

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

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

in the community receive significant benefits from this program through access to timely, helpful advice concerning their child's illness or injury.

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



Addressing Social Determinants of Health

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

Community Health Navigation

The health navigation⁵ team plays a critical role in addressing social determinants of health for patients and families in a variety of clinical and community settings addressing needs which became more prevalent during the pandemic. The team provided resource support to more than 1,723 Colorado Springs patients/families in 2022.

Diversity, Health Equity & Inclusion

As our communities continue to work through the ongoing impacts of the pandemic and socio-economic challenges, Children’s Colorado is acutely aware that the behavioral health crisis of our youth and the access to care for so many are major impetus for our work. In 2022, we invested heavily in building the foundation⁶ of our work toward realizing health equity with several additions to our structure, programs and both internal and external communications. Connected to our mission, vision and values, diversity, health equity & inclusion are integral parts of our organizational strategic planning, and as such, all parts of Children’s Colorado will be involved in delivering on the goals within the strategic plan.

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

Diversity

Focusing on the impact that the differences individuals, families and communities bring to our care spaces, is both challenging and necessary. In order to deliver a world-class healthcare

⁵ Rosenthal, E. L., Brownstein, J. N., Rush, C. H., Hirsch, G. R., Willaert, A. M., Scott, J. R., ... & Fox, D. J. (2010). Community health workers: part of the solution. *Health Affairs*, 29(7), 1338-1342.

⁶ Corbie, G., Brandert, K., Fernandez, C. S., & Noble, C. C. (2022). Leadership development to advance health equity: An equity-centered leadership framework. *Academic Medicine*, 97(12), 1746.

experience, we need team members who are representative of our patient population⁷. Our recruitment and leadership teams have begun to take the necessary steps to increase leadership racial diversity; augment our team member career pathways with educational opportunities from schools and universities that historically serve Black and Brown students; and implementing changes in our recruitment processes to make sure candidate experiences are more equitable and inclusive.

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

Health Equity

To deepen the efforts to improve child health outcomes, Children's Colorado launched an effort to collect, study and respond to patient data - specifically, racial and ethnic identity and preferred language (called REaL data). This data effort includes the entire care system, involving audits of information systems, educational practices, patient experience audits and will lead to tracking and trending of health differences and disparity, that will allow our care providers to customize and improve interventions⁸.

Family and patient engagement is crucial to improving care and experience and Children's Colorado now has 11 different Family Advisory Councils that span our patient population, in different specialties and communities. The Family Advisory Councils have worked with the Human Resources, Marketing, Patient Experience and Government Affairs teams to give input on policy, practice and propose changes to care delivery. The Government Affairs team worked tirelessly to advocate for change through state legislation about mental health care access and weapon safety, because when related to those concepts, children in our community experience severe disparities in health outcomes.

Inclusion

As the flagship training experience delivered by our Diversity, Health Equity & Inclusion and Creative Arts Therapy teams, the fourth and fifth cohorts of the Captains of Inclusion Development Program graduated with individual and group capstone projects to work toward health equity in the coming year. The continued effort to educate staff and physicians about the impacts of bias, microaggressions, power and privilege⁹ advanced learning for more than 30% of our organization, who volunteered to take part in the Toward Equity learning series.

The number of chartered Team Member Resource Groups has grown in the last year, expanding the opportunities for identities and communities to be learned about, celebrated and prioritized, by their efforts. Joining the legacy groups, T.A.N. (The Afrocentric Network), Unidos, and Spectrum ALLYance is Inclusive Minds. More groups are working to be officially

⁷ Gomez, L. E., & Bernet, P. (2019). Diversity improves performance and outcomes. *Journal of the National Medical Association*, 111(4), 383-392.

⁸ People, H. (2013). Conclusion and future directions: CDC health disparities and inequalities report—United States, 2013. *CDC Health Disparities and Inequalities Report—United States, 2013*, 62(3), 184.

⁹ Noone, D., Robinson, L. A., Niles, C., & Narang, I. (2022). Unlocking the power of allyship: giving health care workers the tools to take action against inequities and racism. *NEJM Catalyst Innovations in Care Delivery*, 3(3).



supported, hAAPI (honoring Asian American and Pacific Islanders), Join Forces!, and Helping Hearts will be a part of the available groups in 2023. The Wellness Team within the Human Resources Department is working to incentivize and reward team members who engage in equity and inclusion efforts. Team members can work toward lowering their health insurance premium, win prizes and recognition for participating in different activities and challenges.

Addressing Health Behavior and Risk

Behavioral Health*

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

Children’s Colorado is one of the most comprehensive providers of youth behavioral health services in Colorado, treating kids from all 64 counties. Across four hospitals, we treat the most children in crisis through our emergency departments, are one of the largest providers of outpatient care and provide inpatient care to the most complex pediatric patients. Since declaring a state of emergency for youth mental health in 2021¹⁰, Children’s Hospital Colorado has embarked on an iterative approach to develop a comprehensive strategic plan to support coordinated models of mental health care, develop and retain a diverse workforce of mental health professionals, and advocate and partner for a stronger, more sustainable statewide youth mental health infrastructure.

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

Crisis Services

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

1. Emergent triage and assessment across all four emergency departments
 - Create a new integrated clinical model and care environment to initiate treatment for patients in the ED experiencing a mental health crisis
 - Introduce split-flow pathways to assign a mental health acuity and streamline the flow of patients
 - Introduce mental health virtual urgent care option as an extension of the Pediatric Call Center
2. Ambulatory rapid access (outpatient crisis clinic)
 - Establish a crisis clinic to provide rapid access to ambulatory treatment
 - Secure priority placement with community providers
3. Acute Crisis stabilization (less than 72-hour stay)
 - Develop a new level of care for patients not yet safe to go home, who would benefit from a family-centered, acute crisis intervention

¹⁰ Canady, V. A. (2021). Colorado calls for pediatric ‘state of emergency’ for children’s MH issues. *Mental Health Weekly*, 31(23), 1-3.



Outpatient Services

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

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

Pediatric Mental Health Institute (PMHI)*

- Between 2019 and 2022, there was a 15% increase in pediatric suicide attempts and ideation presentation to emergency rooms across Colorado.
- In 2022 there was a 63% increase in patients coming to Children’s Hospital Colorado Emergency Departments for mental health, compared to 2019
- We have increased our capacity for behavioral health inpatient, outpatient, and partial hospitalization between 2015 and 2021. Our Anschutz campus is expanding inpatient psychiatric services from 22 beds to 32 beds.
- **In fall 2022, our Telstar Therapy Care location opened in Colorado Springs.** This new facility will help bridge the gap and provide preventive and wrap-around services for children struggling with mental and behavioral health needs, and includes a pediatric-based partial hospitalization program (PHP) that will enable patients to receive intensive behavioral health treatment during the day and return to their homes at night, as well as the Developmental Pediatrics outpatient clinic and outpatient behavioral health services. In 2022, we saw 483 outpatient behavioral health visits and 222 visits in our partial hospitalization program (PHP) at our Telstar location.

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

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

Areas of specialty service include:

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

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

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

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

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

Partners for Children’s Mental Health (PCMH)*

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

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

PCMH highlights by program:

1. **Youth Suicide Prevention in Primary Care.** For a youth at risk for suicide, a primary care visit may be their best chance to access needed care. PCMH offers free training and consultation to help clinics implement a youth suicide prevention care pathway rooted in the Zero Suicide framework. The care pathway includes screening, risk assessment, safety planning, lethal means safety, and follow-up. It features evidence-informed suicide prevention practices backed by the American Academy of Pediatrics, the American Foundation for Suicide Prevention, and the National Institutes of Mental Health. Providers learn what to do when a patient expresses thoughts of suicide and how to keep them safe until they receive the right support.



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

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

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

5. **LGBTQ+ Competency & Inclusivity.** In 2022, PCMH launched a series of trainings on providing LGBTQ+ competent care and working with transgender and gender-diverse youth. The aim is to help providers and other youth-serving professionals create safe spaces for LGBTQ+ youth. Throughout the year, we offered six trainings with 131 individuals in attendance. The trainings were well received, with one participant noting: *“This training was a valuable refresher on trans inclusive care and also an intro to new resources for my ongoing study, practice, and advocacy for trans health equity.”*

- 6. Authentic Youth Engagement.** We can't effectively improve children's mental health without the input and opinions of those we are trying to serve. In 2022, a dozen teens from across all regions of Colorado participated in PCMH's youth engagement council, the Youth Committee for Mental Health (YCMH). YCMH provides input on our programs and training materials to ensure youth voice is considered in all initiatives.

School Health

Building Resiliency for Healthy Kids

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

The Building Resilience for Healthy Kids program is an innovative, upstream, school-based resilience program that partners 6th grade students with a Children's Hospital Colorado trained health coach¹¹. The coach works 1:1 with students to develop and foster resiliency skills, utilizing motivational and strengths-based techniques over a 6-week period. During each 15-20 minute weekly coaching session, the health coach assists the student in developing goals and skills to improve resilience and provides non-judgmental support to the child along the journey. Students who complete the program demonstrate increased resilience, self-efficacy, emotional self-regulation, and they experienced decreased symptoms of anxiety and depression¹²¹³.

In 2022, with a staff of 12 health coaches and six behavioral health providers, Healthy Kids served a total of 1,211 students, from 25 schools and seven districts. For some students, participation in the program reveals acute mental health needs; those students are then referred to the program behavioral health providers. In 2022, Healthy Kids behavioral health providers delivered therapeutic services to 329 students. Students who complete the program demonstrate increased resilience, self-efficacy, emotional self-regulation, and they experienced decreased symptoms of anxiety and depression¹⁴. Results are particularly discernable in underserved, racial/ethnic minority communities where access to mental health services are typically scarce. In fact, racial minority students exhibited greater

¹¹ Lee, J. A., Heberlein, E., Pyle, E., Caughlan, T., Rahaman, D., Sabin, M., & Kaar, J. L. (2021). Study protocol for a school-based single group pragmatic trial to promote resilience in youth: Building Resilience for Healthy Kids. *Contemporary clinical trials communications*, 21, 100721.

¹² Lee, J. A., Heberlein, E., Pyle, E., Caughlan, T., Rahaman, D., Sabin, M., & Kaar, J. L. (2021). Evaluation of a Resiliency Focused Health Coaching Intervention for Middle School Students: Building Resilience for Healthy Kids Program. *American journal of health promotion: AJHP*, 35(3), 344-351.

¹³ Simon SL, Ware MA, Bowen AE, Chandrasekhar JL, Lee JA, Shomaker LB, Gulley LD, Heberlein E, Kaar JL. Sleep Moderates Improvements in Mental Health Outcomes in Youth: Building Resilience for Healthy Kids. *American Journal of Health Promotion*. 2022 Jun;36(5):772-780.

¹⁴ Sabin, C., Bowen, B., Heberlein, E., Pyle, E., Lund, L., et al. The Impact of a Universal Mental Health Intervention on Youth with Elevated Negative Affectivity: Building Resilience for Healthy Kids. *Contemporary School Psychology*. 2023; 27(1):53-60.



improvement in resilience as compared to white students, illustrating that Health Kids is not only a universal program, but an equitable one¹⁵.

Colorado Alliance for School Health

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

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

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

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

Injury Prevention

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

Colorado Springs-based car seat community education¹⁶ included:

¹⁵ Sabin C, Bowen AE, Heberlein E, Pyle E, Lund L, Studts CR, Shomaker LB, Simon SL, Kaar JL. Universal School-based Mental Health Program Implemented Across Ethnically Diverse Youth Yields Equitable Outcomes: Building Resilience for Healthy Kids. *Community Mental Health Journal*. 2023; 59(6):1109-1117.

¹⁶ Sartin E, Bell TR, McDonald CC, Mirman JH. Assessment of Caregiver-Targeted Interventions for Use of Motor Vehicle Passenger Safety Systems for Children: A Systematic Review and Meta-analysis. *JAMA Netw Open*. 2019;2(10):e1914180. doi:10.1001/jamanetworkopen.2019.14180

- We continued providing 1-on-1 car seat checks by appointment and also held four car seat check events in the community, checking a combined total of 167 car seats and educating 201 caregivers.
- For our subsidized car seat program in Colorado Springs, we reduced the cost of each car seat and booster from \$40 to \$10 each, resulting in a 72% increase in distributions as compared to 2021 and providing a total of 55 to caregivers in need.
- Through our inpatient program, we provided 18 free car seats and boosters to patients treated at our hospital with educational information and QR code links to installation videos.
- We continued conducting car seat check appointments in English and Spanish in person through our bilingual Injury Prevention Specialist and utilized interpreters for families who spoke Dari and Arabic.
- We conducted 8 total in-person car seat safety presentations for expecting families at 3 military bases—Schriever Space Force Base, Peterson Space Force Base, and United States Air Force Academy—reaching 74 military parents and caregivers.
- We continued our child passenger safety program in the hospital, providing 13 free car seats to patient families in need along with printed materials on inspection stations across southern Colorado, a QR code to a video on proper installation, and handouts on Colorado law and best practices.
- We also began offering hands-on child transportation education to community partners who transport children, including the Department of Human Services, El Paso County Sheriff’s Office Victim Advocacy unit, Lutheran Family Services Refugee and Asylee Program, and local child mentoring chapter Friends of the Children, reaching 42 total individuals.

With bike and wheeled-activity injuries combined being among the top 5 causes of traumatic injury, we continued our helmet distribution¹⁷ program through our Colorado Springs Emergency Department for children. We give each patient a guide on proper helmet fit and a list of when it’s appropriate to wear a bike helmet for other wheeled activities according to the Consumer Product Safety Commission. We provided 23 helmets to patients treated in our hospital and gave 24 helmets to a ‘bike library’ program run by an area community center. We partnered with that same community center to hold a Bike to School Day on May 4th, talking about bike safety with kids, fitting their helmets, and riding with them to their nearby elementary school. We continue to receive support from partner Borealis, a local fat bike company, to sustain the program through donated bike helmets.

As non-accidental trauma remained among our top 5 causes of traumatic injury in 2021, with 44% of patients being under 1 year old, we continued our virtual education program. We maintained our partnership with UCHHealth Memorial Hospital, a popular birthing hospital in Colorado Springs, to provide a free and virtual 1-hour class on Shaken Baby Syndrome (SBS) prevention called ‘Crying Happens. What’s Your Plan?’. The course reached 59 caregivers and each participant who completed the survey reported having learned something new about SBS.

Other IP outreach in Colorado Springs:

- In 2022 the IP program completed 5 media interviews on topics including dog bite prevention, child passenger safety, and window safety. We also created original social

¹⁷ Strotmeyer, S.J., Behr, C., Fabio, A. *et al.* Bike helmets prevent pediatric head injury in serious bicycle crashes with motor vehicles. *Inj. Epidemiol.* 7 (Suppl 1), 24 (2020). <https://doi.org/10.1186/s40621-020-00249-y>



media posts on dog bite safety for the Pediatric Trauma Society for April's 'Dog Bite Prevention Week, which were shared on their Facebook page.

- We trained 11 internal team members and 71 external community members on the American College of Surgeon's program Stop the Bleed¹⁸, including team members from the Denver International Airport and Colorado Springs Airport, in partnership with the Colorado Trauma Network.
- We continued coordinating the Safe Kids Colorado Springs coalition, which has over 20 community partner organizations, and presented the past years' trauma data to help inform outreach plans.
- We continued the free Safe Kids Colorado Springs monthly e-newsletter with over 180 subscribers to share timely safety tips, past events, and upcoming community opportunities with families and community partners.
- We also continued our [Safe Kids Colorado Springs Facebook](#) page to share safety tips and community event information.

Overall we conducted outreach through 24 community events and outreach opportunities, reaching over 2,200 adults and children to promote awareness of safety tips including pedestrian safety, motor vehicle safety, and home safety¹⁹.

¹⁸ Schroll, R., Smith, A., Martin, M. S., Zeoli, T., Hoof, M., Duchesne, J., ... & Avegno, J. (2020). Stop the bleed training: rescuer skills, knowledge, and attitudes of hemorrhage control techniques. *Journal of Surgical Research*, 245, 636-642.

¹⁹ Pulliam, K., Gardner, D., Edmunds, P., Moody, S., Aldridge, N., Lyons, S., ... & Falcone Jr, R. A. (2022). Partnering with high-risk communities to successfully reduce pediatric injury over time. *Journal of pediatric surgery*.

Other Community Benefit

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

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

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

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

Health Professional Education

Part of our mission is to improve the health of children, and as an academic medical center Children's Colorado offers a broad spectrum of training, education and certification programs aimed at developing, strengthening, and sustaining knowledge and expertise in the pediatric medical field. We offer a wide variety of advanced training and learning opportunities for future healthcare professionals and today's clinicians²⁰. Health profession education addresses regional and national workforce needs, serves to increase access to healthcare and improve health outcomes²¹.

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

²⁰ Thibault, G. E. (2020). The future of health professions education: emerging trends in the United States. *FASEB BioAdvances*, 2(12), 685.

²¹ Zhang, X., Lin, D., Pforsich, H. *et al.* Physician workforce in the United States of America: forecasting nationwide shortages. *Hum Resour Health* 18, 8 (2020). <https://doi.org/10.1186/s12960-020-0448-3>



- **Children’s Hospital Colorado is currently home to more than 240 pediatric medical residents and 16 pediatric dental residents.** Federal CHGME funding falls far below our institutional financial support and we backfill the needs at **triple the amount** currently funded by the federal government.
- **From 2016-2021, 61% of our pediatric medical residents continued practicing in Colorado after program completion.** Upon completion of training, many of these providers care for children throughout the broader Rocky Mountain region²² as well, where there are no other pediatric training programs.

In 2022, as a healthcare system, Children’s Colorado supported 1,152 nursing students; of which, **383 nursing students were Colorado Springs-based.**

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

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

Emergency Medical Services (EMS) Outreach and Education

As a Level One Trauma Center, we also have an emphasis on education and outreach. The Children’s Colorado Emergency Medical Services (EMS) Outreach Education team provides education to first responders, hospital providers, and other medical facilities across a seven-state region. Across the region many of the first responders they train live in rural communities. The team uses evidence-based research and guidelines from the hospital, oftentimes changing the way EMS teams respond to situations to achieve improved pediatric outcomes. In 2022, the team conducted 27 educational events covering all four quadrants of the state and reached 1,745 EMS providers.

Research

Research is woven into Children’s Colorado’s mission: To improve the health of children through the provision of high-quality, coordinated programs of patient care, education, research and advocacy. We offer our patients the most innovative treatments today. Children’s Colorado, in affiliation with the [University of Colorado School of Medicine](#), has been a national center for pediatric research for more than 50 years. Our [Pediatric Clinical Translational Research Center](#) (CTRC) accelerates the translation of innovative science to get advanced treatments to patients more quickly. Our physician-scientists have pioneered seminal research in the treatment of pediatric [liver disease](#), [infectious disease and vaccines](#), pediatric and adolescent HIV/AIDS, [cystic fibrosis](#), [pulmonary hypertension](#), [pediatric cardiology](#) and [neonatology](#).

²² N. Douthit, S. Kiv, T. Dwolatzky, S. Biswas, Exposing some important barriers to health care access in the rural USA, Public Health, Volume 129, Issue 6, 2015, Pages 611-620, ISSN 0033-3506, <https://doi.org/10.1016/j.puhe.2015.04.001>.

Together, through our campus partnership and commitment to child health research, we aim to profoundly transform the lives of children and the populations we serve across the lifespan. As an integrated health system, our research benefits all of our patients at each Children's Colorado site.

Highlights from 2022 include:

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

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



Recommendations to make Community Benefit reporting even more meaningful

Numerous investments and strategic decisions have a bearing on what kinds of benefits a community will - or will not - experience from the healthcare providers in that community. In the spirit of public-private partnerships to improve the health of Colorado children, we encourage the State to consider giving healthcare providers the opportunity to highlight Medicaid and other losses that result from providing critically needed services, especially where those services are needed due to gaps in public systems.

For example, Children's Colorado invested more than \$35 million in capital projects over the last three years to improve our behavioral health facilities and expand capacity to meet the growing demand for services across the state. An additional \$7 million in capital construction efforts began in 2022 to further increase capacity. The child and youth behavioral health capacity we are building is desperately needed in our state. Yet these needed services also incur tremendous financial loss for Children's Colorado. We are meeting this challenge because it is what is needed - because it aligns with our mission - not because it fulfills a business or financial interest. Investing in the capacity to provide our community with needed services, fully knowing that it will mean financial loss, is absolutely intended to benefit the community. However, the confines of current required reports do not allow it to be reported as such.

The Colorado General Assembly and the Department of Health Care Policy and Financing have recognized the importance of investments in additional behavioral health services, funding health professional workforce education, encouraging physical and behavioral health integration, discounted hospital services in Colorado. We encourage the Department to consider broadening the scope of investments and activities that hospitals can elect to report that, when aligned with public priorities, might not today be considered a community benefit by the State's definitions, but meet important community needs and might warrant public description through this report.

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



Appendix A

Community Health Needs Assessment

Colorado Springs:

[childrens-hospital-colorado-2021-community-health-needs-assessment-colorado-springs.pdf \(childrenscolorado.org\)](#)

Community Health Implementation Strategy

Colorado Springs:

[2022-2024-community-health-implementation-strategies-childrens-hospital-colorado-colorado-springs.pdf \(childrenscolorado.org\)](#)

Appendix B

Meeting Agenda

1. Welcome and Overview (1 poll)
2. Hospital Transformation Program - Present and discuss two measures: 1. Social needs screening, and 2. Depression and suicide screening. (2 Polls)
3. Community Health Needs Assessment
4. Community Health Implementation Strategies, focusing on our policy and advocacy strategies (2 polls)
5. 2022 Community Engagement series “Collaboration Laboratories” review
6. Open feedback session (also shared link to post-meeting survey)

Colorado Springs Public Meeting Invitation List

Academy School District 20
Care and Share
Catholic Charities
City of Colorado Springs
CO Commission on Higher Education
CO Dept of Health Care Policy & Financing
CO Dept of Human Services
CO Dept of Human Services / BHA
CO Div of Insurance, Dept of Regulatory Affairs
CO Office of Saving People Money on Health Care
Colorado Behavioral Healthcare Council
Colorado College
Colorado College
Colorado Community Health Alliance
Colorado Consumer Health Initiative (CCHI)
Colorado Crisis Services (CDHS)
Colorado Dental Association
Colorado House District 17 (SE COS)
Colorado Pharmacists Society
Colorado Rural Health Center
Colorado Springs Fire Department
Colorado Springs Health Foundation
Community Advocate
Community Health Partnership
Delta Dental Foundation
Diversus Health
El Paso County Health Dept.
El Paso County Public Health
El Pomar Foundation
Fountain Valley, El Paso County
Gazette Charities Foundation
Harrison School District 2
Hillside Connection
Home Front Military Network
Inside Out Youth Services
Manitou Springs School District
Partners in Housing
PASCO - Colorado Springs Children's Services
Networking Alliance
Peak Vista
Pediatric Care Network
People-Centered Transportation Coalition
Pikes Peak Suicide Prevention
Pikes Peak United Way
Plains to Peaks RETAC
RISE Southeast COS
Safe Passage
SafeCare CO by Lutheran Family Services
School District 11
School District 12
School District 3
School District 49
Springs Rescue Mission
The Resource Exchange
University of Colorado, Colorado Springs
UC Health, Memorial Hospital

Additional distribution channels

Child Health Champions network of 6,711 advocates on the Front Range
PedsConnect Faculty Listserv reaching about 500 physicians
Pediatric Care Network newsletter reaching about 700 primary care physicians
Children’s Hospital Colorado’s 12 Family Advisory Councils and volunteer parent mentors reaching 613 advocates



Media Advertising Reach

Overview

Denver Event: May 10 | Colorado Springs Event: May 18

- Colorado Springs Gazette
 - ¼ page 4 color Main News - \$2,850
 - Sunday, May 7 & May 14
 - Circulation 25,727 = **51,454 impressions**
- Colorado Springs Independent
 - ¼ page 4 color Main News - \$690
 - May 11 (this paper only publishes once a week)
 - Circulation **18,000 impressions**
- La Voz
 - ¼ page 4 color Main News - \$1,430
 - April 26 and May 3
 - Circulation 32,000 = **64,000 impressions**

133,454 impressions

Colorado Springs Gazette

AFFIDAVIT OF PUBLICATION/DISTRIBUTION

STATE OF: Colorado
 COUNTY OF: El Paso
 CITY OF: Colorado Springs

I, Tara Sisbach, being duly sworn on oath now and during all times herein stated, have been the designated agent or publisher of the publication known as Colorado Springs Gazette and have full knowledge of the facts herein stated as follows:

The inserts for Emico/Children's Hospital was distributed according to the Insertion Order on 5.7.2023

PUBLICATION: Colorado Springs Gazette

By: *Karen Hogan*

Subscribed and sworn to before me
 this 23 day of May, 2023

Notary Public Notary Seal:

KAREN HOGAN
 NOTARY PUBLIC
 STATE OF COLORADO
 NOTARY ID 20224024441
 MY COMMISSION EXPIRES 1/26/2028

Colorado
 El Paso
 Colorado Springs
 Colorado Springs Gazette

Gazette ad #170294

Colorado Springs Independent

Election NEXT WEEK

From the campaign trail: endorsements, money, party politics, watch parties, casting ballots
by PAM ZUBECK | zubeck@csindy.com

THE MAYORAL RUNOFF ELECTION IS ON MAY 16, WHEN voters will choose between career politician Wayne Williams and political newcomer and businessman Yoni Nobelski. The two candidates who got the most votes in the April 4 election.

More endorsements for Mobolade
Nobelski recently picked up three more key endorsements. Former City Council President Scott Harce, Air Force Academy grad and retired Air Force officer, former City Councilor Don Knight, retired Air Force officer, and former president and CEO of Springs Raceway Mission Larry Yorlker, are backing him. Zubeck adds that those and others' endorsements, saying they "know Yoni" is the right leader for the right time to address Colorado Springs' rapid growth and stand up for neighborhoods, crime, rising cost of living, homelessness, and poor roads are hurting our families, and residents deserve a leader in the mayor's office who will fight for residents to have a voice in government."

More negative campaigning from Williams
Williams continued his efforts to steer the nonpartisan race into political party territory by sending a mailer doubling down on attacks to label Mobolade as being aligned with "far-left Democratic liberal policies" and warning that "harder can't trust" him. Williams also has promoted similar ads on Facebook. Mobolade is unaffiliated and has rejected the negative party campaign. Williams then paints himself as a "conservative Republican." Before the April 4 election, he decried involvement with negative campaigning but later side-stepped a question on whether his campaign would turn negative.

Dark money
Two dark money groups — Citizens Protecting Our Water and Citizens for Responsible Leadership — spent \$30,000 and \$40,000, respectively, to promote Williams and smear Gaille Clark in the mayor's race, and to promote a slate of candidates supported by Mayor John H. Haney, who resigned last week leaving office. Sullens' entire slate of endorsed Council candidates won in the April 4 election. All of that money came from Denver, Colorado, a group he doesn't have to disclose in detail.



continued on p. 4

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Dear Community Members

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The meeting will be held via Zoom (dial-in option available) and you can participate in English and Spanish.

Please use the link below, or scan the QR code, to register for the time that works best for you.

communitybenefit.childrenscolorado.org

THURSDAY,
MAY 18,
2023

5:00 AM - 9:00 AM

7:00 PM - 8:00 PM

Thank you for partnering with us to meet our communities' needs!

Children's Hospital Colorado

2 NUESTRA GENTE

LaVozColorado

Aprel 26, 2023

La Voz

Denver Press Club honors Steve Lopez

Steve Lopez
Los Angeles Times journalist and columnist Steve Lopez became the first Hispanic American to win the Danes Rasmusen Award from the Denver Press Club earlier this month.

The award was presented at the Denver Mayor's Award ceremony on Tuesday, April 25, at the Denver Press Club. Lopez was honored for his work as a journalist and author of the book "Hunger for Memory," which won the Pulitzer Prize for Biography in 2008.

Lopez is a former member of the Denver Press Club and has been a frequent guest at the club's events. He is currently a columnist for the Los Angeles Times and a frequent contributor to the Denver Press Club's newsletter.



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Denver Press Club honra a Steve López

Steve Lopez
Los Angeles Times periodista y columnista Steve López se convirtió en el primer hispanoamericano en ganar el premio Danes Rasmusen del Denver Press Club.

El premio se entregó en un banquete de premiación durante la ceremonia de los Premios Danes Rasmusen en el Denver Press Club el martes 25 de abril.

López fue honrado por su trabajo como periodista y autor del libro "Hunger for Memory," que ganó el Premio Pulitzer de Biografía en 2008.

López es un miembro anterior del Denver Press Club y ha sido un invitado frecuente en los eventos del club. Actualmente es columnista del Los Angeles Times y un frecuente contribuyente de la newsletter del Denver Press Club.

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Wednesday, May 10, 2023
10:30 AM - 11:30 AM

Miércoles 10 de Mayo, 2023
7:00 PM - 8:00 PM

Thank you for partnering with us to meet our communities' needs!

communitybenefit.childrenscolorado.org

Estadísticas integradas en la Comunidad.
El Hospital Colorado les invita, como miembros valiosos integrados en las comunidades que servimos, a participar en una reunión relacionada con nuestro beneficio comunitario y el programa de transformación hospitalaria. En la reunión, compartiremos nuestros esfuerzos por comprender y abordar las necesidades sanitarias de las comunidades y agradeceremos sus comentarios.

La reunión se realizará mediante Zoom (opción de acceso telefónico disponible) y pueden participar en inglés y español.

Por favor utilice el siguiente enlace para registrarse a la hora que mejor le convenga.

Créditos por asociación con nosotros para asociarse las necesidades de nuestras comunidades!

communitybenefit.childrenscolorado.org

May 3, 2023

LaVozColorado

7

Colorado Health Department recognizes Air Quality Awareness Week

Department continues using technology, science, and people power to protect Colorado.

The Colorado Department of Public Health and Environment is recognizing Air Quality Awareness Week, a statewide initiative to raise awareness about air quality and the health impacts of air pollution.

The department is using a variety of tools and resources to help residents understand air quality and what they can do to improve it. This includes providing information on air quality monitoring stations, air quality forecasts, and air quality alerts.

The department is also working with local organizations and businesses to promote air quality awareness and encourage people to take steps to reduce air pollution.

CDPHE nombra la primera Organización de Responsabilidad del Productor para el reciclaje en todo el estado

El Departamento de Salud Pública y Medio Ambiente reconoce la Semana de la Conciencia sobre la Calidad del Aire.

El Departamento de Salud Pública y Medio Ambiente reconoce la Semana de la Conciencia sobre la Calidad del Aire, una iniciativa para concienciar a los ciudadanos sobre la importancia de la calidad del aire y los impactos de la contaminación del aire en la salud y el medio ambiente.

El departamento está utilizando una variedad de herramientas y recursos para ayudar a los residentes a comprender la calidad del aire y lo que pueden hacer para mejorarla. Esto incluye proporcionar información sobre estaciones de monitoreo de la calidad del aire, pronósticos de la calidad del aire y alertas de la calidad del aire.

El departamento también está trabajando con organizaciones locales y empresas para promover la conciencia sobre la calidad del aire y animar a las personas a tomar medidas para reducir la contaminación del aire.

El Departamento de Salud de Colorado reconoce la Semana de Conciencia sobre la Calidad del Aire

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