

# Reimagining Health TOGETHER

*2017 Community Benefit Report*



Children's Hospital Colorado

# Letter from the CEO

You may know that Children's Hospital Colorado has been dedicated to improving the health of children for over 100 years. You may be familiar with our clinical expertise or our commitment to education and research. But what you may not know is that whether a child comes to Children's Colorado or not, we care deeply about their health—regardless of condition, location or life circumstance.

Impacting health where kids live, learn and play is an ambitious endeavor, and we can't do it alone. When we launched our population health strategy in 2015, we knew it would be impossible to truly create the future of healthcare without the help of our community and the organizations that know it best.

Our efforts, together, are changing the way we deliver healthcare, emphasizing the value of prevention and the need to address underlying causes that lead to poor health for kids like food insecurity, housing or lack of access to care.

We're building a healthcare system that supports families by connecting them to resources and incentivizes providers to achieve better health outcomes at a lower cost. And it starts in our own backyard. It starts with the kids in our neighborhood. It starts with the schools down the street.

We are excited to present the Children's Hospital Colorado 2017 Community Benefit Report, where we highlight partnerships that are transforming the way we serve kids and engage the community, research that focuses on prevention and improving outcomes and advocacy that influences health systems for kids at the state and national level.

Together, we are reimagining child health.

Thank you for your continued partnership on this endeavor,

Jena Hausmann



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# Impacting the Community

As a nonprofit pediatric hospital, Children's Hospital Colorado uses its net earnings to not only reinvest in the health of the organization, but also in the health and wellbeing of children. These investments are often in the form of "community benefit"— activities that go beyond caring for patients to those which make an impact on our community at large.

**In 2017, we proudly reported more than \$201,169,113 in community benefit activities.**

## Financial assistance

**\$132,750,905** ▶

Includes reimbursed costs from providing care to patients enrolled in Medicaid, Child Health Plan Plus (CHP+) and other government programs

## Subsidized health services

**\$13,842,257** ▶

Includes unreimbursed costs from operating programs that meet a community need, such as behavioral health services

## Research

**\$28,372,441** ▶

Includes laboratory science and applied research, which advances the best care for kids

## Health professions education

**\$15,856,744** ▶

Includes graduate medical education for residents and fellows, nursing students and other health professionals such as community pediatricians and trauma providers

## Community health improvement

**\$10,185,806** ▶

Includes activities such as immunization fairs, dental screenings and parent education

## Cash and in-kind contributions

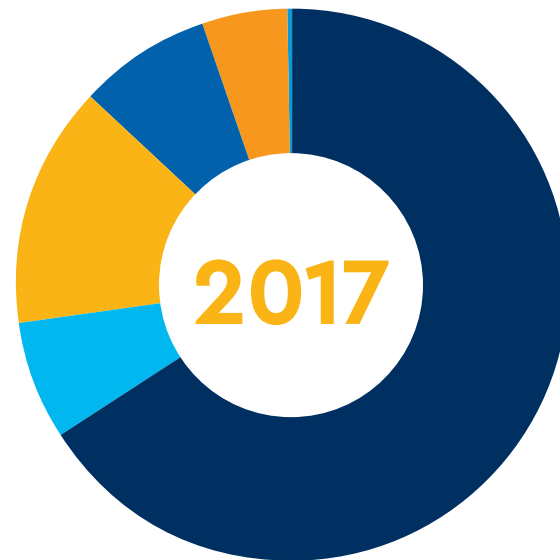
**\$160,960** ▶

Includes cash and in-kind donations such as sponsorship of nonprofit events, donation of meeting space and donation of health and safety educational materials

## Community building activities

**\$1,067,581**

Includes environmental improvements, workforce development and community health improvement advocacy efforts



**TOTAL = \$201,169,113 Community benefit activities**  
**\$1,067,581 Community building activities**

# Advancing Population Health Through Partnerships

The future of healthcare depends on how we address and support the whole picture of a child's health. It requires changing both the way we deliver healthcare and the way our population accesses healthcare. Every population and every community has a different set of healthcare needs, and addressing those needs isn't a one-size-fits-all model.

We call this approach **population health**, where we implement creative and alternative methods to ensure access to care for our entire population — in our case, children.

The population health approach is not only about access to medical care — it's about supporting health and wellness in the home, in communities and in schools. It's about delivering healthcare that lasts beyond a visit to the doctor or a check-in at the clinic.

## Why partnerships are critical

With the growing recognition that an individual's health is inextricably linked to the community's health, we know that health objectives cannot be achieved exclusively through clinical service delivery. That's why we're working to transform our care model from one focused on health service delivery to one which extends outside the clinical walls and acknowledges the complex social and environmental factors that influence the quality of life for children and families.

By partnering with primary care, schools and community-based organizations who have similar goals to improve child health, we can work together to reduce clinical illness and improve the health and well-being of children in our community.



**Primary Care**



**Schools**



**Community-Based Organizations**

\*All financial data is for fiscal year 2017. This report includes amounts expended by Children's Hospital Colorado's hospital facilities, as reported on Schedule H of the IRS Form 990. Accordingly, the activities in this Community Benefit Report are greater than the amounts reported in the Children's Colorado Schedule H, which only applies to our hospital facilities. For questions or more information, please call Julie Gibbs, Community Health Manager, at 720-777-8780.

# Starting with Schools

*Partnerships that bring care to where kids are*

Healthy lifestyles for kids are built at home and at school. Just two miles west of Children's Hospital Colorado, Crawford Elementary identifies health and wellness as a priority need for their students. When kids spend most of their time at school, this provides the best opportunity for incorporating healthy eating and active living into their education and daily life.

For many years, Children's Colorado has managed healthy eating and active living programs on the Anschutz Medical Campus, and in 2017, it joined forces with Crawford to have a larger impact on the kids they were both trying to serve.

Kate Garvin, director of family advocacy and community engagement at Crawford, says, "Schools and community partners see a win-win when partnering to run programs in schools, as it allows for easier outreach, better program attendance and inherent trust built in from the school."

## Stronger together

The partnership started by moving Children's Colorado-led programs such as Camp Champions, a program for children who are overweight and obese at greater risk for summer weight gain, to Crawford in 2017. Now, Bikes for Life, a program to encourage healthy habits through bicycling, and Cooking Matters, a healthy eating course, have also moved to the school.

"There was an opportunity to partner with Crawford by providing continual seasonal programming of our flagship programs—Camp Champions, Cooking Matters and Bikes for Life—in a school setting," says Eve Kutchman, strategist in Lifestyle Medicine at Children's Colorado. "Now, we're meeting kids where they are. We're making it easier for them to access services and programming we know positively influence healthy lifestyles."

## A model that works

Maria Valenzuela, Children's Colorado prevention education outreach coordinator, spends a significant amount of time managing the programs at Crawford, building relationships with the school, applying her expertise in working with families and community members and helping problem-solve how the two organizations can provide the best care to its kids.

"Our families learn from the experts time and time again through this partnership. Through direct programming, outreach events and community surveys, the needs of our students and families were listened to and acted upon," Kate says. "Our families know Children's Colorado is a key partner here to bring wellness to our community."

Both partners plan to grow this model to other schools in Aurora, with an individualized focus on whatever the greatest need is at each school. "We don't want to see kids in the hospital for sick visits — we want to see them for well-child checks," Eve says. "Keeping kids healthy takes into account everything they're learning and doing at school, home and in the community — we need to reinforce healthy living from all angles."



# Driving Systems-Level Change

In addition to direct partnerships with schools like Crawford Elementary, Children's Colorado leads the Colorado Alliance for School Health. The Alliance ensures health and education partners collaborate to create better health outcomes among all Colorado students.

Formed in 2016 with support from The Colorado Health Foundation, the Alliance includes members of nine statewide health and education organizations with a proven track record of improving health outcomes, health equity and educational success for children and adolescents in Colorado. Members work together and with external partners to identify and respond to the health needs of districts and schools by partnering across sectors and systems.

So far, the Alliance has partnered to accomplish the following:

- Collaborated to create workplans for addressing student absences in two Colorado school districts
- Created an assessment tool for districts to use in analyzing what supports would help address health-related school absences
- Developed advocacy priorities and provided comments on public policy proposals

*"If we want to influence the social and environmental factors that affect child health outcomes, we have to partner in a different way with entities that directly serve the kids we aim to positively impact."*

DEB FEDERSPIEL, ALLIANCE LEAD FOR CHILDREN'S COLORADO

**Kids who attend Aurora Public Schools in surrounding hospital zip codes are more likely to utilize hospital care:**

**41,476**

Total number of children 0 to 17 years old

**56%**

More likely to be admitted to inpatient care than kids in Denver

**10%**

Longer inpatient stays than kids in Denver

**11.8%**

Of kids use mental health crisis system, compared to

**2 to 5%**

For the next 10 closest zip codes

**If we can work with community partners and schools on prevention and wellness for Aurora's kids, we can create a healthier community and prevent costly healthcare utilization.**



# Screening for Whole Health

*Psychosocial screener connects families to resources*

The Child Health Clinic at Children's Hospital Colorado is one of the largest providers of pediatric primary care for Medicaid patients in Aurora, with children birth to five years old making up the highest percentage of patients. Here, our First 1,000 Days strategic plan provides a roadmap for the organization to enhance its impact in the early childhood arena through psychosocial screening efforts.

In 2016, the Child Health Clinic launched its psychosocial screening initiative, which is available in ten languages. This universal tool assesses all aspects of a family's needs, environments and experiences, and connects them with appropriate resources to provide a safe, stable and nurturing environment for their child.

## In 2017:

8,000

Total psychosocial screens conducted in the Child Health Clinic

2,335

Patients under age 2 screened

24%

Positive screening rate

19

Languages spoken, including Spanish, Amharic and Arabic

1,000

Families assisted by Community Health Navigators




When needs are identified by the psychosocial screener, Community Health Navigators and behavioral health clinicians work with primary care providers to address each specific need by offering onsite services and supports, partnering with community organizations and connecting families with vital resources.

For example, when financial needs are identified, Community Health Navigators help families access services like Energy Outreach, which helps families afford heat and assists with bill payments, or Gabriel House, which provides baby supplies for families in need. If a family identifies food insecurity as a top need, Community Health Navigators connect them with Hunger Free Colorado, local food banks or food assistance programs. And for benefits support, Community Health Navigators work closely with local, county and state agencies to provide education and assistance to the family on how to access critical benefits.

Similarly, when caregiver mental health, family or community violence, or other factors related to behavioral and mental health are identified, behavioral health clinicians work with primary care providers to offer immediate support, engage in safety planning and when indicated, refer families to community-based mental health resources.

*When families receive access to resources and supports earlier, children have the best opportunity to benefit from prevention and health promotion.*

### Top needs identified by the screener

-  Financial needs
-  Food insecurity
-  Help with Medicaid and other benefits



# Finding Local Solutions

*Families receive infant safe sleep education and resources to prevent fatalities*

After a spike in infant sleep-related fatalities in Aurora two years ago, Children's Hospital Colorado took a more active role in providing safe sleep education and resources to members of the surrounding community.

The effort began by partnering with the Colfax Community Network to train staff and social workers in infant safe sleep practices. From there, a pilot project focused on serving community members living in motels along the Colfax Avenue corridor in Aurora, whose infants were at risk for suffocation-related deaths due to unsafe sleep environments. Colfax Community Network staff, serving as trusted community liaisons, worked to raise awareness of certain hazards by promoting safe sleep. When needed, staff also distributed portable cribs, linens, pacifiers and infant sleep sacks.

In 2017, the initiative moved to Children's Colorado's Child Health Clinic, one of the largest providers of pediatric primary care for Medicaid patients in Aurora. As with the pilot effort, Community Health Navigators were trained in best practices for promoting infant safe sleep, and subsequently began providing education on the importance and practices of infant safe sleep. Community Health Navigators were best able to discern which patient families had the greatest need for safe sleep education and resources through their personal relationships with each client.

Now, Community Health Navigators distribute Pack 'n Play cribs at no cost to the families, and work with them to ensure they understand how to set the crib up, regularly practice safe sleep and create a home environment aimed at keeping their infant safe and healthy.

## An Individualized Look at Child Fatalities

Colorado's Child Fatality Review team conducts systematic, comprehensive, multidisciplinary reviews of all preventable childhood deaths to better understand how and why children die in the state. In 2013, a law was passed that transitioned the child fatality review process from the state level to the local level. These teams brought together local professionals that better understood their individual community to review child fatalities and propose solutions.

Children's Colorado Injury Prevention Strategist Dwayne Smith is a member of the state review team and participates in the local review teams in Adams and Arapahoe Counties. He works with local professionals like school counselors, home visitation nurses, coroners,

mental health counselors, pediatricians and many more to evaluate child fatalities in Aurora and identify ways to prevent these heartbreaking losses in the future.

- Approximately **700 child fatalities** (ages 0-17) occur in the state of Colorado each year.
- From 2012-2016, Colorado saw **225 fatalities** attributed to Sudden Unexpected Infant Death. This figure represented 22.3% of all child fatalities during that same period.
- Each year about **4,000** infants in the U.S. die as a result of Sudden Unexpected Infant Death, including 45 infants in Colorado.
- Many sleep-related infant deaths are **preventable**.

*"By providing local solutions to local public health challenges, we're preventing future tragedies in a targeted way that makes sense for each individual community."*

DWAYNE SMITH

# Investing in Our Community's Youth

*Program develops local talent to populate the healthcare workforce*

Mayra Dawkins grew up eight minutes from Children's Hospital Colorado and attended a local Aurora high school. She had a passion for helping people, and in her sophomore year of high school, a teacher encouraged her to apply for a program at Children's Colorado, the Medical Career Collaborative (MC<sup>2</sup>).

Starting in 1999 as the first program of its kind in Colorado, the MC<sup>2</sup> program engages high school students in experiences that give them a jump start on careers in health, medicine and the biosciences. The program focuses on high-achieving students from underrepresented backgrounds and those from socio-economically disadvantaged groups in the Denver metro area. For Mayra, it was the opportunity she needed to discover her passion for healthcare.

## Creating a more culturally representative workforce

Like the national landscape, the Colorado healthcare workforce does not accurately represent the communities it serves, most notably with racial and ethnic groups. According to a report published by The Colorado Trust in 2013, minorities account for 33 percent of Colorado's population but only make up 7 percent of nurses, 8 percent of physician assistants and 15 percent of dentists. This is in large part because students from underprivileged backgrounds often lack access to the preparation, knowledge, connection and education that fosters entry into these professions.

MC<sup>2</sup> aims to build a more representative and culturally responsive healthcare workforce by creating a pipeline for students to move from high school to the healthcare workforce.

"Our goal is to see these students move through their education and into healthcare careers by offering a direct pathway for them, and in turn, creating a more diverse healthcare workforce at Children's Colorado, across the Denver metro area and across the state," says Stacey Whiteside, Human Resources manager at Children's Colorado.

## Exposing youth to a future in healthcare

Coming from parents who migrated from Mexico and never attended college, Mayra knew she wanted to be the first in her family to attend, but didn't know where or how. Mayra started



## Bringing skilled workers back home

Upon graduating from Regis University with a Bachelors of Science in Nursing, Mayra returned to Children's Colorado, now working as a Registered Nurse in the Urology Clinic and an active member on the MC<sup>2</sup> Alumni Board.

"There's a lack of Spanish-speaking providers in this community," says Mayra. "MC<sup>2</sup> gives kids from our community an opportunity to learn about healthcare then come back to work in the same community they grew up in."

Mayra believes it's essential to provide culturally responsive care to all and that it's necessary to give back to her community.

"When I see a Spanish-speaking family that's never had a Spanish-speaking provider and I'm their first one, their whole world lights up," she says. "If we keep investing in our community and the students who come from it to help them experience new educational opportunities, we can increase the number of providers who can communicate with and provide appropriate care for patients here."

Mayra plans on attending the University of Colorado at Denver to obtain her Doctorate prepared Family Nurse Practitioner degree next fall, saying, "I'm excited to further my education and help bridge the gap of Spanish-speaking providers in our community."



### Program outcomes:

**57**

Past participants have been hired by Children's Hospital Colorado over the past 13 years

**84%**

Are enrolled in a 2-year technical program or a 4-year bachelor's degree program

**74.5%**

Are in pre-health programs

### Participant demographics:

**92%**

Are students of color

**81%**

Are bilingual

**86%**

Are from low-income households

# Fighting Hunger

*Working to improve food security for Colorado's kids*

Eating healthy foods helps kids develop physically and behaviorally, achieve academically and experience a better quality of life. Unfortunately, for thousands of kids in Colorado, good nutrition is often out of reach.

According to the U.S. Department of Agriculture, food insecurity is defined as a "lack of consistent access to enough food for an active, healthy life." Kids in low-income families, rural areas and communities of color are at a higher risk of being food insecure, yet those who qualify for food assistance programs sometimes struggle to use those services due to systemic barriers, lack of transportation, language challenges or fear of accessing government services.

## Realizing the magnitude of the challenge

In 2016, Children's Hospital Colorado began screening for food insecurity in its Child Health Clinic, one of the largest providers of pediatric primary care for Medicaid patients in Aurora. This involved training staff and providers to ask questions that helped them understand the level of food insecurity in their population.

"I remember the first day we screened my patients for food insecurity and two families screened positive. I'd seen them so many times, cared for multiple children and it never came up. I just remember thinking, 'Thank God we're screening because we're giving families a safe space to talk about their food challenges and we can do something about it,'" says Child Health Clinic Associate Medical Director Christina Suh, MD, MPH.

If a family screens positive for food insecurity, they're connected with Hunger Free Colorado, a community-based organization that links families with food resources and helps them navigate the process of applying for food assistance programs. Dr. Suh says this critical partnership with Hunger Free Colorado has served as a launching pad for connecting with many other entities in the state who are also committed to ending hunger.

## Forming a Food Security Council

"After we started screening, food insecurity became a hot topic in the medical community, and over the past two years, there's been a lot of energy and activation around the topic in our own organization," says Dr. Suh. As a result, Dr. Suh worked to convene a multidisciplinary group of Children's Colorado stakeholders, including dietitians, population health experts, Healthy Hospital and Government Affairs staff, who came together to form the Food Security Council.

The Food Security Council works alongside key community partners, particularly Hunger Free Colorado, and was a key stakeholder in the creation of the Colorado Blueprint to End Hunger in 2017. This initiative started when the Colorado Health Foundation brought over 35 stakeholders, either working to end hunger or living with hunger, together over several months to create a blueprint to achieve the goal of a hunger-free Colorado.

"As a large healthcare provider for children in our state, we have a responsibility to look beyond our walls and into the community to see how we can take up preventive solutions to address costly and persistent health disparities before they begin," says Aditi Ramaswami, Children's Colorado senior policy coordinator for healthy eating and active living.

## A vision for the future

In its first year, the Food Security Council has developed a strategic roadmap that includes meeting the healthy food needs of Children's Colorado team members and low-income patients, equipping low-income patients with access to adequate nutrition, collaborating with community partners and driving policy change that improves systemic access to food for vulnerable children and their families.

This includes improving enrollment rates in Colorado for federal food assistance programs, like the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), which are vital to ending hunger.

"Even if a child comes from a tough family or home situation, interventions like SNAP can help them reach their individual potential. These programs can be critical in addressing a whole range of factors across the life span, such as improving health outcomes, alleviating chronic conditions or bettering education outcomes," says Aditi. "Addressing hunger can lift the trajectory of a child's life."

*The Food Security Council's Vision: By 2023, at least 90% of Colorado's vulnerable children will have access to timely, quality and affordable food that meets their health needs.*

**1 IN 6**

Colorado kids don't always know where their next meal will come from

Colorado could save

**\$1 TO 2 BILLION**

Annually if we addressed food insecurity, due to the amount of healthcare costs attached to this issue

**74%**

Of SNAP enrollees in Colorado are families with children



## Our Own Backyard

### *Partnering to improve access and coverage for Aurora's kids*

Aurora is a diverse, growing city of over 366,000 people, with kids ages 0 to 19 making up almost 30 percent of its population. To keep these 100,000+ kids healthy and give them the best chance for a long and successful life, it's critical they have access to regular, preventive healthcare services.

Aurora Health Alliance\* (AHA) has served this community for nine years, with a mission to create a healthier Aurora, focusing on the most vulnerable and underserved residents.

As a founding member of AHA, Children's Hospital Colorado has been a longtime dedicated partner, working with AHA to improve access, expand coverage and build collaboration in the community, particularly for Aurora's kids.

"Children's Colorado is a key stakeholder in Aurora's health infrastructure," says Denise Denton, AHA Executive Director. "Not only does it provide excellent care for all our children, but it's a partner in understanding and addressing social determinants of health in our families, schools and community."

### Care for every kid

A key element of the partnership involves co-hosting the Aurora Kids Convening every other year, which started in 2013 to bring together community stakeholders around the health of Aurora's kids. The Convening examines recent data to see how the city is doing compared to the state and other communities, provides opportunities to learn more about key challenges the city faces and the many resources our community offers, and explores ways to work together to improve the health of Aurora's kids.

The 2017 Aurora Kids Convening attracted over 100 attendees and had a special focus on Aurora's refugee kids, discipline in schools and fostering healthy babies and strong families.

Denise says, "We are grateful — Aurora is grateful — that every child here can get the care they need, regardless of their background or ability to pay."

\*Aurora Health Alliance recently changed its name from Aurora Health Access



*"We are grateful — Aurora is grateful — that every child here can get the care they need, regardless of their background or ability to pay."*

DENISE DENTON, AURORA HEALTH ALLIANCE EXECUTIVE DIRECTOR



# Let's Talk About Mental Health

## *Bringing a youth voice to a statewide campaign*

For children and youth facing mental health challenges, there's an average delay of 8 to 10 years between the onset of symptoms and intervention, which are critical developmental years in the life of a child. One of the primary reasons for this delay is the stigma still associated with mental health and the shame many feel about seeking help.

In 2017, Children's Hospital Colorado joined Let's Talk Colorado, a campaign developed in collaboration with a range of public health, addiction, recovery and state and local government programs to encourage Coloradans to discuss challenges everyone faces to maintaining a state of balanced, positive mental health.

Children's Colorado Mental Health Strategist Deb Federspiel says, "As a provider who serves children and youth that face mental health challenges, Children's Colorado brought a voice and resources to the campaign that emphasized the specific barriers young adults face when it comes to stigma, and how parents can look for signs their child might need help." [childrenscolorado.org/stigma](http://childrenscolorado.org/stigma)

Funded by a State Innovation Model from the Center for Medicare and Medicaid Innovation, Let's Talk Colorado has deployed a number of tactics aimed at initiating an inclusive conversation about mental health, as well as encouraging those who need acute care for serious mental health issues to seek treatment. So far, this effort has included significant media buys, website development ([letstalkco.org](http://letstalkco.org)), social media activation and distribution of resources statewide.

Let's Talk Colorado continues to underscore the importance of talking about mental health and seeking professional care, just as we would with a physical injury or ailment, in a joint effort to put an end to the stigma that keeps so many from accessing the life-saving services and treatment they need.

### **The state of youth mental health in Colorado:**

- Suicide is the leading cause of death for kids ages **10 to 17**
- Colorado was ranked **48th** in terms of youth mental illness prevalence and access to care
- **3,718 children** needed mental health crisis care in Children's Colorado's Emergency Departments in 2017

### **Nationally, we know:**

- **13% of youth** aged 8 to 12 live with mental illness severe enough to cause significant impairment in their day-to-day lives. This figure jumps to 21% in youth aged 13 to 18.
- Over **1.7 million youth** with major depressive episodes did not receive treatment — that's enough to fill every major league baseball stadium on the east coast twice.

*"Those of us who need treatment are more likely to seek it when we all agree that mental health is everyone's responsibility"*

LET'S TALK COLORADO CAMPAIGN



## Research Through New Eyes

*Partnership engages family leaders in healthy weight research*

Research shows that Hispanic children in Colorado, particularly those who come from low-income families, are at a higher risk for becoming overweight or obese, with weight issues often beginning early in a child's life. While most obesity prevention efforts focus on children ages five and older, research has shown that changing behaviors later in a child's life is challenging because patterns are already well established.



Children's Hospital Colorado and its community partners are working together to research culturally relevant interventions that would help prevent health disparities among low-income Hispanic children in their first few years of life. And over the past three years, Children's Colorado has served as the lead organization for this Familias Saludables partnership, which is funded by the Patient-Centered Outcomes Resource Institute Pipeline-to-Proposal (PCORI) award.

The Familias Saludables partnership brings together hospital staff and faculty from the University of Colorado to conduct regular meetings and focus groups with Hispanic caregivers, where they discuss the challenges low-income Hispanic parents face when establishing and maintaining a healthy weight for their young children.



### Including families in research — a new approach

Pipeline-to-Proposal Awards enable individuals and groups that are not typically involved in clinical research to develop community-led funding proposals focused on patient-centered comparative effectiveness research.

"Our engagement work with families is incredibly important. Research stemming from this work will, as a result, be more innovative, and hopefully more relevant to the concerns of the Hispanic community," said Darcy Thompson, MD, associate professor of pediatrics and research lead.

For the past two years, about 15 caregivers from the Denver metro area have participated in the research group. They meet with hospital staff and faculty to provide input on everything from what are considered credible sources for information and guidance, to who in the family should receive education about healthy habits for their child. Discussions have also focused on what's culturally appropriate and what kind of words resonate with the community. For example, the family leaders identified that the term "obese" doesn't register with the Hispanic community when referring to an infant or young child, and that a term like "healthy weight" is more appropriate.



"Many times, research is never translated into practice, or if it is, it's not as successful as it was in the study," says Maria Valenzuela, Children's Colorado's family engagement leader for the study. "That's because we haven't traditionally involved the people we want to impact, and that's what the Familias Saludables partnership is doing."

## Reducing Costs, Improving Outcomes

*Research aims to reduce emergency department utilization*

While emergency services are necessary in some cases, many families could avoid a trip to the emergency department (ED) by scheduling an appointment with their medical home provider or by having a conversation with a provider over the phone. The reasons that families use the ED are complex—lack of transportation, job-related responsibilities of caregivers and insufficient information around ED use are just a few. And data demonstrates that families covered by public health insurance programs like Medicaid use the ED with a much greater frequency.

"There's a whole host of reasons why kids on Medicaid use the ED more often—sometimes they don't have a primary care provider they can rely on or can't see them in a timely fashion, and often

### Narrowing the scope

Two pediatric medical home practices in the Denver metro area that have experienced a pattern of high ED and urgent care utilization among their publicly insured patients were identified to participate in the research. CCHAP and Children's Colorado work directly with these practices to assist them in developing a number of interventions.

One of these interventions includes calling families the day after their child enters the ED to help parents understand alternative ways of getting advice in handling their child's illness, and making appointments while on the phone for future preventive care. Alternative interventions encourage parents to call their child's doctor or the Children's Colorado call center for advice or use other resources like the existing Children's MD pediatric mobile

app to help parents and caregivers understand the appropriate source of care based on their child's symptoms." it's a lack of understanding of how to use our healthcare system," said Children's Hospital Colorado's pediatrician Steven Poole, MD. "That's why Children's Colorado identified ED and urgent care utilization as a critical opportunity for improving patient outcomes and reducing healthcare costs."

For 2016, Children's Colorado partnered with the Colorado Children's Healthcare Access Program (CCHAP) to develop an innovative program aimed at reducing improper ED and urgent care utilization among children on Medicaid, increasing the use of a medical home by these patients and enhancing access to community-based supports and services for families.

The project also identifies families within these practices that could benefit from enhanced education on using the healthcare system, and connects families who are high ED utilizers or who are otherwise identified as high risk to a Community Health Navigator, who assists them in addressing socioeconomic barriers to good health.

"Our intent is that we can identify the most effective interventions, then work with Colorado Medicaid to reimburse practices for actually implementing these interventions," Dr. Poole says. "Ultimately, our goal is that, in the long-term, we'll contribute to improved health outcomes among these families."

Children in Colorado on Medicaid come to ED almost

**5X**

As often as kids on commercial insurance

If we can find a way to help the families of kids who are on Medicaid use the ED at the same level as commercially insured kids, we'd save Colorado

**\$90 MILLION A YEAR**

## Our advocacy efforts included:

68

State bills actively tracked

14

Committee hearings on pending legislation at which healthcare providers gave expert testimony

160

New advocates trained at our 6th annual Speak Up for Kids Day at the Capitol

851

New members added to our Child Health Champions advocacy network

5,691

Colorado advocates contacted

880

Constituents activated to email state lawmakers

## Advocating for Kids in Colorado

*Healthier kids through public policy*

Children's Hospital Colorado's Government Affairs team works with healthcare providers, community-based organizations and other child health advocates to keep kids out of the hospital by supporting laws that would improve child health — and defending against those that would not.

"During the 2017 legislative session, Children's Colorado partnered with allies across the state, engaged team members and lifted up the voices of patients and families," says Zach Zaslow, director of government affairs at Children's Colorado. "Together, we championed policies that have the potential to advance child health in our state."

### Expanding access to healthcare professionals in schools

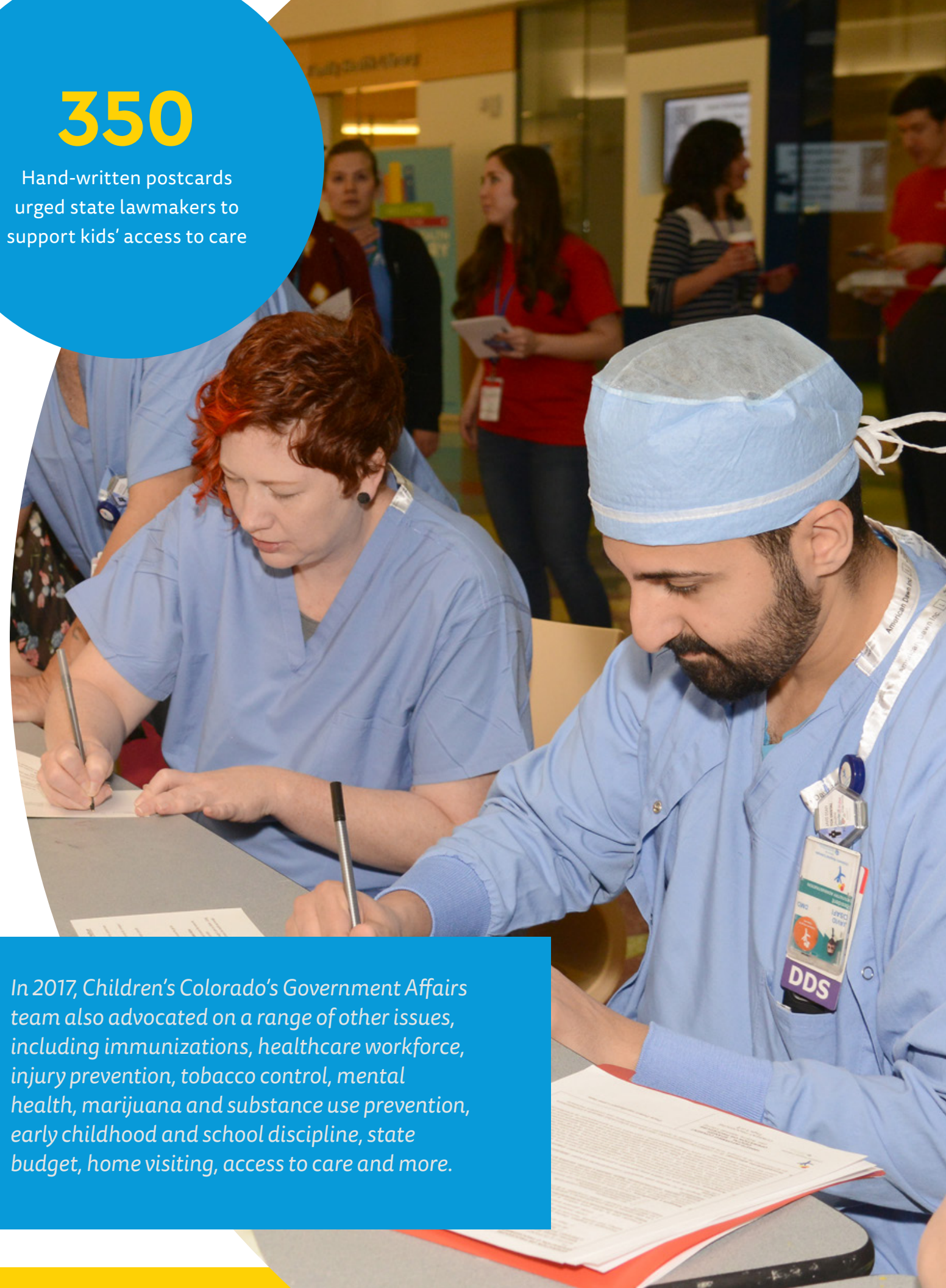
Investing in school health professionals can translate to improved graduation rates and health outcomes for children in K-12 schools. By getting more school counselors, nurses, psychologists and social workers into the setting where kids spend much of their time, students see both academic and medical benefits from prompt access to the support of a trusted healthcare professional for mental health and other healthcare needs. Yet in Colorado, inadequate state funding can limit access to these professionals in schools. The Centers for Disease Control and Prevention recommends one school nurse for every 750 general education students, but in 2016, Colorado had a ratio of one school nurse to 1,469 students. To address this, Children's Colorado supported legislation to expand the School Health Professional and Counselor Corps grant programs into elementary schools. Additionally, we successfully led a coalition in support of an additional \$9 million investment of marijuana tax cash funds into the School Health Professional Grant program so that schools around the state could hire 150 more school health professionals to implement evidence-based substance use and mental health programming.

### Working to prevent lead poisoning in schools

In 2017, most Colorado school districts did not test for the presence of lead in their water. Children's Colorado partnered with environmental, educational and public health groups on a bill that supports schools to do more testing. This legislation gives schools the opportunity, without creating unfunded mandates, to apply for grants to cover the cost of testing. Funding in a water quality program already exists, and the new program enables schools to apply for a grant to test for lead in their water. The grant prioritizes schools at the highest risk for lead and for younger children who may be more susceptible to long-term harm from lead exposure. As such, public elementary schools and older schools are given precedence. If schools require remediation, there may be grant funds available through the existing Building Excellent Schools Today program (BEST), which supports school capital construction projects.

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Hand-written postcards urged state lawmakers to support kids' access to care



*In 2017, Children's Colorado's Government Affairs team also advocated on a range of other issues, including immunizations, healthcare workforce, injury prevention, tobacco control, mental health, marijuana and substance use prevention, early childhood and school discipline, state budget, home visiting, access to care and more.*

## Serving as a voice for kids in Washington, D.C.

Medicaid covers 30 million kids in the United States and about 590,000 in Colorado. At Children's Colorado, nearly half of our patient population relies on Medicaid coverage. In 2017, major pieces of legislation to repeal and replace the Affordable Care Act (ACA) were introduced, including drastic cuts to Medicaid that would have fundamentally threatened access to care for millions of children.

Children's Colorado's Government Affairs team quickly leapt into action to ensure that any potential healthcare reforms would protect the unique needs of children — especially those with preexisting conditions and those who access coverage through Medicaid. We remained steadfast in our advocacy that any changes by Congress should not subject children to harm through Medicaid cuts or other reductions in coverage.

We worked with internal and external partners to navigate the constantly changing landscape as legislators introduced, debated and voted on new healthcare bills. We stayed closely coordinated with hospital leadership on national efforts to speak up for kids, while uniting leaders from across the state and across party lines in recognizing that children and their families should not be harmed by efforts to repeal and replace the ACA.

### Our advocacy efforts included:

- Activating our grassroots advocacy network to send **2,556 email messages** to Colorado's Congressional delegation
- Engaging team members and constituents to pen **1,600 handwritten postcards** we delivered to D.C.
- Collecting **26 stories** from patients and their families about what having Medicaid as insurance coverage meant in their lives
- Garnering coverage in **15 media stories**, with articles and interviews in influential outlets like NBC Nightly News, 9News, Channel 7, CBS4, CNN, *The Denver Post*, KOA Radio and *The Colorado Springs Gazette*, among others
- Securing **5 meetings** with editorial boards across the state, resulting in favorable editorials in *The Denver Post*, *The Colorado Springs Gazette*, *The Pueblo Chieftain* and *The Daily Sentinel*
- Making **2 multi-day, in-person visits** to meet with the Colorado congressional delegation in Washington, D.C., one of which included a patient and his family joining as part of the Children's Hospital Association's Family Advocacy Day

Across the country, advocacy groups like ours came together to push for the defeat of these harmful pieces of legislation, demonstrating the incredible impact advocacy can have on shaping public policy.

