2024
Community Health Needs Assessment

A joint assessment of Children's Hospital Colorado licensed hospital facilities at the Anschutz, North and South Campuses

Children's Hospital Colorado

Approved by the Children's Hospital Colorado Board of Directors on December 19, 2024.

Letter to the Community

On behalf of Children's Hospital Colorado, I am proud to present our 2024 Community Health Needs Assessment. Our dedicated team members and partners know that every child's well-being is deeply connected to the health and wellness of the community. We understand that we can't care for our children if we don't understand and care for our communities. We can't support thriving kids without nurturing thriving communities.

We also know that children have many influences in their lives and that every adult who comes in contact with a child has a unique perspective on what the child needs to thrive. To help us understand how to best serve our community, we've been hard at work this past year collecting public health and demographic data, surveying public health experts and community-based organizations, gathering input from more than one thousand parents and caregivers through an online survey, and presenting and prioritizing the findings with community groups.

The 2024 Children's Hospital Colorado Community Health Needs Assessment is the culmination of these efforts. As a result, we now have better insight into the challenges facing children in our community and across Colorado.

This health needs assessment will help inform the ways in which Children's Colorado supports health and wellness in the home, in communities and in schools. Following the publication of this report, we will develop an implementation strategy to address the priority needs that have been identified. The implementation strategy will serve as a roadmap for our community partnerships, programs and advocacy priorities for the next three years.

We sincerely thank the many contributors to this report and look forward to ongoing collaboration with our many community partners.

Together, we will continue working toward our goal of making Colorado the best state to be a kid.

JENA HAUSMAN
President and CEO

Overview and Purpose 4
About us 5
Purpose of the assessment 5
Actions Taken Since Our Previous CHNA 6
Impact of Implementation Strategies taken since the preceding CHNA 6
Community engagement meetings 7
Review feedback from 2021 CHNA 7
Public comment 7
Methods and Process 8
Defining the community 8
Our data collectioin approach 10
Primary data sources 10
Caregiver surveys 10
Key informant surveys 11
Community collaborations 11
Secondary data sources 12
Applying data equity lens 12
Limitations 13
Summary Findings 14
Description of community served 14
Community assets 14
Child population 14
Births and deaths 14
Race and ethnicity 15
Children and youth with special healthcare needs 15
Social determinants of health 16
Health equity 17
Access to benefits 17
Access to care 18
Early childcare and education 19
Food access and nutrition 20
Housing costs 20
Impacts of racism on health and well-being 22
Health and healthcare indicators 22
Asthma and respiratory health 22
Child abuse and neglect 23
Healthcare utilization 23
Issues with weight 24
Mental health and suicide prevention 24
Mother and infant health 26
Oral health 27
Unintentional injury 28
Violence 28
Community engagement 29
Data collection 29
Caregiver surveys 30
Key informant surveys 32
Community meetings 33
Prioritization 34
Description of identified priority needs 36
Conclusion 37
Appendix A: Community Health Implementation Strategies Progress Report 38
Appendix B: Data collection instruments 42
Caregiver survey 42
Key informant survey 47
Appendix C: Key informant list 49
Appendix D: Health and social indicator data sources 51
Appendix E: Resources to address prioritized needs 52
Citations 54

Overview and Purpose

About us

Founded in 1908, Children's Hospital Colorado has been a leader in providing the best healthcare outcomes for children for more than 100 years. Our mission is to improve the health of children through the provision of high-quality, coordinated programs of patient care, research, education and advocacy. We also work hard to keep kids out of the hospital. Through these efforts, we are committed to finding ways to keep kids safe and healthy.

Children's Colorado is a not-for-profit pediatric healthcare network. In 2023, Children's Colorado had 9,298 employees, 2,768 medical staff, 2,665 volunteers and 347 residents and fellows helping to carry out our mission. In 2023, our system of care had 192,851 emergency and urgent care visits, 19,507 inpatient admissions, 29,992 total surgeries and more than 600,000 outpatient visits.

Children's Colorado has multiple locations across Colorado and offers pediatric emergency care at our Anschutz Medical Campus in Aurora and our Colorado Springs Hospital, both emergency and urgent care at North Campus in Broomfield and South Campus in Highlands Ranch, and urgent care is available at Wheat Ridge and Southeast Aurora. Outpatient specialty and therapy care services are also available in numerous locations.

Our Anschutz Medical Campus is the only pediatric Level 1 Trauma Center in the region.

Purpose of the assessment

Children's Colorado embraces the opportunity to engage with our community to better understand their interests and concerns and to design programs and partnerships that directly respond to community needs. The primary purpose of this assessment is to better inform how we fulfill our mission of improving the health of all Colorado children. We will also use the information gathered from this assessment to inform the work of the Community Health and Advocacy Division. The Community Health and Advocacy Division includes the teams of the Child Health Advocacy Institute (CHAI), Government Affairs, Medicaid Strategy, School Health and the Office of Diversity, Health Equity and Inclusion (DHE&I).

Children's Colorado's Division of Community Health and Advocacy serves as the hub for supporting whole child health and demonstrating measurable impacts through programs, services and community-based partnerships in clinical care, social needs, policy advocacy, prevention and education. Our vision is strengthening health outcomes and realizing health equity to improve the lives of children, youth and families across our communities.

This report is focused on identifying and quantifying community health needs and will be followed by a strategy to address these needs. The Community Health Implementation Strategy will be completed no later than May 15, 2025, and will guide the implementation of the hospital's strategies for addressing identified needs. In addition, this report fulfills the requirements of the Affordable Care Act of 2010. Internal Revenue Service (IRS) Section 501(r) requires that nonprofit community hospitals conduct a Community Health Needs Assessment (CHNA) every three years. This is a joint CHNA report for the Anschutz, North and South Campuses because they share the same definition of community.

The 2024 Community Health Needs Assessment was approved by Children's Hospital Colorado Board of Directors on December 19, 2024.

Actions Taken Since Our Previous CHNA

The following actions have been taken since our previous CHNA:

- We conducted the first CHNA for our North Campus in 2022, which was licensed in 2020. North Campus will be included in this 2024 joint assessment and future assessments for our Denver metro facilities.
- We developed and posted our Implementation Strategies to address the identified needs.
- We conducted an annual evaluation of our Implementation Strategies.
- We hosted annual community engagement meetings to review progress and provide an opportunity for continuous feedback.
- We sent out and solicited feedback on our 2021 CHNA and made it available for public comment.

Impact of Implementation Strategies taken since the preceding CHNA

For our 2022 Implementation Strategies, several initiatives were completed while others are ongoing. Currently, 87.9% of our Implementation Strategies are in progress, 7.6% are complete and 4.5% have not been completed due to shifting priorities.

The 2022 Implementation Strategies and Progress Reports can be found here: https://www.childrenscolorado.org/community/community-health/community-health-needs-assessment/.

Below are some of the highlights from our 2022 Implementation Strategies.

Successes

- We increased suicide and depression screenings across settings with a system go-live that went into effect in August 2023.
- 100% of trained clinics implemented formal suicide screenings in 2023.
- We had over 100 attendees at our community presentations on mental health in 2023.
- We expanded social needs screenings to inpatient settings with a system go-live that went into effect in August 2023.
- We had over 600 referrals to our Food as Medicine Team in 2023.
- In 2023, we provided more than 300 car seat distributions to families in need and educated them on car seat safety.
- In 2023, our DHE&I team launched the seventh cohort of the Captains of Inclusion program, training a total of 50 new Captains.
- In 2023, we developed a standardized Behavioral Health Action Plan and an external webpage to share care plan templates and other school resources.

In progress

- We continue to provide training and implementation support to meet the mental health needs of students (e.g., dialectical behavioral therapy, suicide intervention and postvention protocols).
- We continue to host educational presentations by physicians, nurses and other healthcare experts for community organizations and schools.
- We continue our advocacy efforts around policies across our priority area.
- We continue to participate in coalitions and councils with people with lived experience, community advocates and governmental agencies to ensure community voices shape mental health policies and systems of care.

Please see Appendix A for our Community Health Implementation Strategies Progress Report.

Community engagement meetings

We hosted annual public community engagement meetings to share our progress toward our Implementation Strategy goals and to solicit feedback on our plans and community benefit investments (May 2022, May 2023 and May 2024).

Review feedback from 2021 CHNA

Prior to conducting our 2024 CHNA, Children's Colorado gathered feedback from external partners on our 2021 CHNA. The partners were representatives from public health, community-based organizations and a regional accountable entity. Reviewers were asked to give feedback on the strengths and weaknesses of our 2021 CHNA, to describe the extent to which the priority areas were still relevant and any other feedback on the report. In addition, we commissioned Melissa Biel, DPA, RN of Biel Consulting, Inc., who specializes in tax-exempt hospital community benefit work, to conduct a formal review for both assessments.

Below we highlight the summary findings from the feedback we received and how we have taken steps to address the weaknesses noted in our previous CHNAs:

Strengths

- Reviewers found the identified priority areas to still be relevant and aligned with priority areas identified within their own organizations.
- Reviewers appreciated the focus on equity, the impacts of racism and social determinants of health.
- Reviewers highlighted that the assessments were well organized, easy to follow and comprehensive.

Weaknesses

- Reviewers suggested using additional data sources including national comparisons and data that highlight families specifically.

  Actions taken:

  - As a result of this feedback, we have incorporated national statistics where data was available.
  - We have incorporated household- and family-specific data where available.

- Reviewers mentioned incorporating strengths of the communities being served instead of only highlighting gaps or disparities of the communities.

Actions taken:

- As a result of this feedback, we have highlighted community assets when describing our communities where data was available and will add to this in the next iteration of our needs assessment.
- Reviewers also mentioned making some of the visuals easier to understand and to show additional details such as trends.

Actions taken:

- We have included additional visuals including trending over time where data was available.

Public comment

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital CHNA and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. The 2021 CHNA was made publicly available during the three-year period for comments both in the documents and on our website https://www.childrenscolorado.org/community/community-health/community-health-needs-assessment/. There were no comments solicited during this time.

Methods and Process

Children's Colorado used the following process to complete our assessment, which is in full compliance with IRS requirements and builds on approaches we have used for previous assessments for our other licensed facilities.

Defining the community

For purposes of this assessment, Children's Colorado has defined community as all children aged 0 to 25 living in Adams, Arapahoe, Broomfield, Denver, Douglas and Jefferson counties. Within these counties, Children's Colorado has three licensed hospital facilities located at Anschutz (468 licensed beds), North Campus (19 licensed beds) and South Campus (16 licensed beds) and our associated networks of care.

Consistent with the IRS guidelines, Children's Colorado considered three criteria to select the geographic area included in the assessment:

- The mission of the organization.
- The geographic area served by the hospital facilities.
- The physical location of the hospital facilities.

The hospital's mission is "to improve the health of children through the provision of high-quality, coordinated programs of patient care, education, research and advocacy." To understand the geographic area served by the three Denver Metro hospital facilities, we reviewed our patient population data and found that most emergency department/urgent care (ED/UC), inpatient admissions and outpatient visits are from children who live in one of the following six counties: Adams, Arapahoe, Broomfield, Denver, Douglas and Jefferson counties. In 2023, our Denver Metro hospital facilities provided care to 151,081 patients from these six counties ages 0 to 25 years old across emergency department/urgent care, inpatient/observation and outpatient settings, representing 75.2% of all patients and 74.3% of all visits that year. Across these settings, when looking at all Medicaid patients at our three facilities, 76.8% of all Medicaid patients seen in 2023 were from our six-county area.

Visit volumes for patients ages 0-25 seen at Children's Hospital Colorado – Anschutz, North and South Campuses, by patient's county of residence, January – December 2023

County	Emergency / Urgent Care, n (%)	Inpatient / Observation, n (%)	Outpatient, n (%)	Total, n (%)
Adams*	28,378	2,924	69,701	101,003
Arapahoe	35,217	4,263	92,750	132,230
Broomfield*	3,682	391	11,625	15,698
Denver	19,528	2,792	65,752	88,072
Douglas*	12,272	1,784	48,433	62,489
Jefferson	12,918	2,243	52,009	67,170
Total visits in six-county region	111,995	14,397	340,270	466,662
% of total visits	85.5%	72.1%	71.3%	74.3%

Source: Epic, 2023; *These counties contain our licensed hospital facilities

In our six-county area, Broomfield, Douglas and Jefferson counties have a higher median family income (ranging from $130,920 to $164,825), a lower proportion of children that are either uninsured (1.9% to 3.4%) or on Medicaid (9.7% to 23.1%) and a lower proportion of children who speak a language other than English at home (10.9% to 14.3%). Adams, Arapahoe and Denver have lower median family incomes (ranging from $110,705 to $129,867), higher rates of children that are either uninsured (3.7% to 6.6%) or on Medicaid (36.1%to 43.2%) and a higher proportion of children who speak a language other than English at home (16.5% to 20.0%).

Community indicators, 2023

County	Adams	Arapahoe	Broomfield	Denver	Douglas	Jefferson
Total population	533,365	656,061	76,860	716,577	383,906	576,366
Total population under 18 years	129,601	145,828	15,503	126,869	87,740	103,678
% of total population under 18 years	24.3%	22.2%	20.2%	17.7%	22.9%	18.0%
# of children (under 18) living in poverty	17,656	22,951	458	16,749	3,430	7,681
% of children (under 18) living in poverty	13.7%	15.9%	3.0%	13.4%	3.9%	7.5%
Median family income	$110,705	$120,254	$130,920	$129,867	$164,825	$133,717
% of children ages 5 to 17 who speak a language other than English at home	20.0%	18.3%	*	16.5%	14.3%	10.9%
% uninsured children (under 19)	4.8%	6.6%	2.4%	3.7%	1.9%	3.4%
% Medicaid (under 19)	43.2%	36.1%	10.5%	41.7%	9.7%	23.1%

Source: American Community Survey 1-Year Estimate, 2023; *Data not available

Our data collection approach

Our data collection approach included both primary and secondary data sources. For our primary data sources, we gathered community input through surveys and community meetings. Our secondary data sources included our hospital utilization data, publicly available data and peer-reviewed articles.

Primary data sources

For our community input, we gathered data through a caregiver survey (caregiver has been defined as anyone with children in the household for the purpose of this assessment), a key informant survey and community meetings across our six-county community of Adams, Arapahoe, Broomfield, Denver, Douglas and Jefferson counties. Below is a summary of our community input through surveys and community meetings. Overall, community input was gathered between April 2024 and August 2024, detailed below by method. Please refer to Appendix B for the survey instruments used.

Children's Colorado has ensured that our data collection approach followed the IRS requirements of 1.501(r)-3(b)(3) to "not exclude medically underserved, low-income, or minority populations who live in the geographic areas from which it draws its patients" by oversampling lower income populations in our caregiver survey, providing surveys in both English and Spanish and providing interpretation services in Spanish when we had community members who did not speak English in attendance at our community meetings.

Caregiver surveys

For our caregiver survey, we partnered with a third party (Embold Research) to develop and field our survey. The survey was made available in both English and Spanish. Embold Research distributed the survey via a text link to residents living in any one of our six counties.

Children's Colorados goal was to ensure that we were able to consider data from this approach alongside other methods of listening to the community voice. The survey was actively pushed to residents in our six-county area or served to them via social media ads.

Embold Research used the following sources to recruit respondents: targeted advertisements on Facebook and Instagram (262 respondents) and text messages sent, via the Switchboard platform, to cell phone numbers listed on the voter file for individuals who qualified for the survey's sample universe, based on their voter file data (805 respondents).

Ads were placed on social media platforms that targeted parents or guardians of children/young adults living in Adams, Arapahoe, Broomfield, Denver, Douglas and Jefferson Counties. Those who indicated that they lived outside of the targeted counties or were not a parent or guardian of a child/young adult living at home were not eligible to complete the survey. As the survey fielded, Embold Research used dynamic online sampling: adjusting ad budgets, lowering budgets for ads targeting groups that were overrepresented and raising budgets for ads targeting groups that were underrepresented. Respondents were also recruited to the online survey instrument via SMS from a voter file of registered voters in the targeted counties.

A proportional approach was taken to collect enough responses where each of our counties would be represented proportionally to their overall population. The survey was open to the public during the month of April 2024. Overall, we received 1,067 survey respondents within that timeframe. We were able to collect information on participants' race and ethnicity, household income and what they saw as the top health and social needs of their community.

Key informant surveys

To gather a diverse response of key informant respondents, we surveyed community-based organizations, non-profit organizations, public health departments, academic institutions, other health departments, coalition leaders and youth (including those with complex medical conditions) who were either working directly in our communities or statewide between April and May 2024. We collected responses via an online survey from those key informants who were willing and responsive. Overall, we had 33 key informant responses. Please reference Appendix C for our list of key informants.

Community collaborations

To help prioritize the health and social needs identified, Children's Colorado partnered with several partners to conduct our community meetings. We held nine meetings with community leaders who lived in or served at least one of the counties in our six-county area to review our secondary and primary data findings and rank the top needs between May and August 2024. In total, 112 community members participated, representing public health, schools, non-profit organizations, healthcare and interested citizens. Some of our partners in these community meetings included:

- **African American Family Advisory Council (AAFAC) –** The AAFAC is made up of African American patients' families and community members, along with hospital staff and leadership. This group offers direct input on hospital initiatives, new policies and procedures. They also provide family representatives for hospital committees.
- **Children's Colorado Youth Council on Mental Health –** The Youth Council on Mental Health is a youth-led, adult-supported group focused on positively shaping the future of youth mental health in Colorado and is made up youth (ages 13-19) across all regions of Colorado.
- **Colorado Alliance for School Health (CASH) –** CASH is a coalition of 23 education, healthcare and youth-serving organizations working together to create health equity among all Colorado public school students.
- **Healthy Jeffco Alliance –** The Healthy Jeffco Alliance grew out of the aspiration of Jefferson County leaders to work together toward a healthy, thriving community where health and opportunity are possible for all.
- **School Health Nursing Team –** The School Health Nursing Team partners with more than 350 schools and childcare programs in the state and region to provide school nursing services to more than 82,000 children and young adults. They provide support through consultation, referral information and in-service education and training offered to school and childcare professionals.
- **University of Colorado Anschutz Medical Campus Resident Leadership Council (RLC) –** The RLC was established in 2014 as a grassroots volunteer organization associated with the University of Colorado Anschutz Medical Campus to represent and be a voice for residents who live in Aurora, especially those from immigrant, refugee and underserved communities.

Secondary data sources

Our team identified relevant secondary indicators, both internally and externally, that pointed to health and social inequities and needs within our defined community. In total, we collected and analyzed data from over 40 data sources. For a list of specific data sources, please see Appendix D.

Applying a data equity lens

Following previous approaches to our CHNAs, we applied a data equity lens to our data collection, analysis and communication. A data equity lens works to bring awareness to historical impacts, potential biases and exploration of demographic data, such as race, ethnicity, sexual orientation and the intersectionality of varying demographics. Below is a table that highlights some of the approaches we took to make our CHNA work more equitable.

Equitable Approaches to Data and Children's Colorado Examples

	Equitable Approach	Children's Colorado Example
Data Collection	Design data collection tools with inclusive language, at the appropriate literacy level	Used person-first language to describe specific populations in our data collection tools and reviewed with diverse team members for literacy and culturally responsive language
	Translate data collection tools into community preferred languages	Offered caregiver survey in English and Spanish
Data Analysis	Analyze data by multiple demographics (e.g., gender and race or ethnicity) to understand the intersection of multiple identities	Gathered demographic data for secondary sources, when available
	Include both individual-and system-level measures to limit internal bias	Individual-level: Analyzed data using our electronic medical records data (e.g. Epic) System-level: Analyzed big data from secondary sources
	Assess commonalities and differences in qualitative data using team-based approach which limits bias	Had data and evaluation team members review groupings and themes from our community input
Data Communication	Provide relevant historical or cultural context for a more complete picture of the data	Discussed barriers such as language, discrimination and racism around accessing services
	Ensure information is presented with appropriate literacy and language	Presented findings to various audiences using narratives, graphics and 1-2 data points to describe the data

Limitations

During the CHNA process, there were limitations when collecting both our primary and secondary data. For our caregiver survey, we were only able to survey respondents who could complete the survey either online or via text message thus missing populations who did not have access to technical resources. For Broomfield County, which is a smaller county, we had to suppress some of our county-level caregiver analyses due to low sample size.

For our key informant survey, we had made our best attempts to reach a number of key informants, but the response rate was lower than we anticipated. This may have been largely due to survey fatigue since many of our key informants have been involved in similar questionnaires from other health and hospital systems.

With our health and social indicator data, we were not always able to obtain county-level estimates due to low numbers in each county. As a result, for some of the indicators in this assessment, we have had to suppress specific estimates data due to data availability, combine years (e.g. use American Community Survey 2022 five-year estimates rather than 2023 one-year estimates) or present data as a Health Statistics Region (HSR).[2]

Description of community served

The populations that are included in this assessment are the residents of Adams, Arapahoe, Broomfield, Denver, Douglas and Jefferson counties ages 0-25 years. Data may be presented with slightly different age groups, depending on the data source and age groupings available.

Community assets

When looking at resources available to the community, our six-county region offers a number of community spaces. In Adams County, there are 12 public school districts, 10 public libraries, six county parks and five open spaces.[3–6] In Arapahoe County, there are nine public school districts, 12 public libraries, eight county parks and 10 open spaces.[7–9] In Broomfield County, there are six public school districts, one public library and 28 county parks.[10–12] In Denver County, there is one public school district, 27 public libraries and 280 county parks.[13–15] In Douglas County, there is one public school district, eight public libraries and 14 county parks.[16–18] In Jefferson County, there is one public school district, 12 public libraries, 27 county parks and three open spaces.[19–21] Overall, in our six-county region, there are 30 public school districts, 70 public libraries, 363 county parks and 19 open spaces.

Child population

In Colorado, nearly 30% of households have one or more children under 18 years old.[1] This is comparable across all counties in our six-county region and is consistent with the U.S. national estimate (28.8%).[1]

Child population, 2023

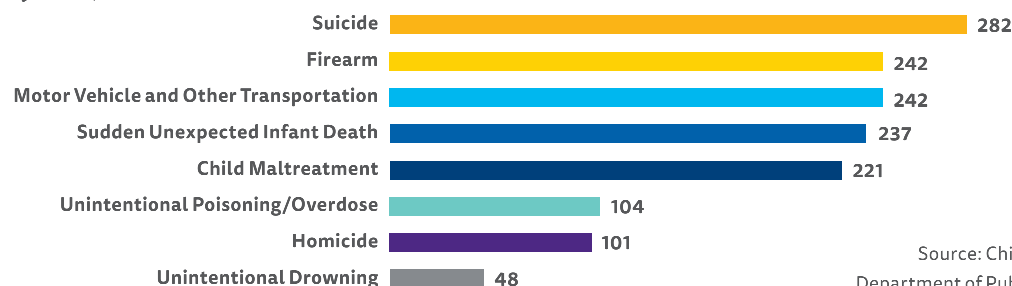
	Colorado	Adams	Arapahoe	Broomfield	Denver	Douglas	Jefferson
Total households	2,428,261	192,742	261,161	33,563	342,996	145,551	242,433
% of households with one or more children under 18 years old	27.1%	31.7%	30.1%	22.5%	20.2%	35.0%	24.4%

Source: American Community Survey 1-Year Estimate, 2023

Births and deaths

In 2023, there were 61,461 live births in Colorado and over half (52.6%) of these statewide births were from our six-county region.[22] When looking at deaths in the less than 1 year age group, Colorado's infant mortality rate was 4.5 deaths per 1,000 live births in 2022.[23] Among children and youth under 18 years, suicide is the leading cause of death, followed by firearm and motor-vehicle, then sudden unexpected infant death, child maltreatment, unintentional poisonings/overdose, homicide, and lastly, unintentional drownings.[24]

Leading causes of death occurring among those under age 18 in Colorado and reviewed by the Child Fatality Prevention System, 2018-2022



Source: Child Fatality Prevention System, Colorado Department of Public Health and Environment, 2018-2022

Race and ethnicity

Over half of the 0 to 25 year old population in Colorado identify as white and 44.0% identify as minority with the largest minority group identifying as Hispanic or Latino (30.4%).[25] Conversely, in both Adams and Denver counties, the Hispanic or Latino population make up the majority of the county's population followed by White.[25] Arapahoe County has a higher minority population than the state (55.9% compared to 44.0%), and Broomfield, Douglas and Jefferson counties have a larger white population compared to the state.[25]

Race and ethnicity ages 0-25, 2022

	Colorado	Adams	Arapahoe	Broomfield	Denver	Douglas	Jefferson
American Indian or Alaska Native	0.6%	0.5%	0.4%	0.5%	0.5%	0.3%	0.5%
Asian	3.6%	4.0%	6.5%	7.4%	3.9%	6.4%	3.2%
Black or African American	4.6%	3.5%	11.9%	1.4%	10.3%	1.6%	1.6%
Hispanic or Latino	30.4%	54.9%	30.4%	19.9%	42.5%	12.6%	23.4%
Native Hawaiian or Other Pacific Islander	0.2%	0.2%	0.4%	0.2%	0.3%	0.1%	0.1%
Two or more races	4.6%	3.5%	6.3%	4.5%	4.4%	4.7%	4.0%
White	56.0%	33.4%	44.1%	66.2%	38.2%	74.2%	67.1%

Source: Colorado Department of Local Affairs, 2022

Children and youth with special healthcare needs

There are an estimated 341,000 children and youth with special healthcare needs (CYSHCN) living in Colorado between the ages of 0 to 25.[26] Over half of Colorado's total CYSHCN population (55.1%) live in one of the counties within our six-county region.[27] CYSHCN often face more hurdles when accessing care compared to the overall population. Among CYSHCN living in Colorado, 29.3% have reported barriers to accessing a specialist when they needed one compared to 27.7% in the U.S.[26]

Children and youth with special healthcare needs ages 0-25, 2022

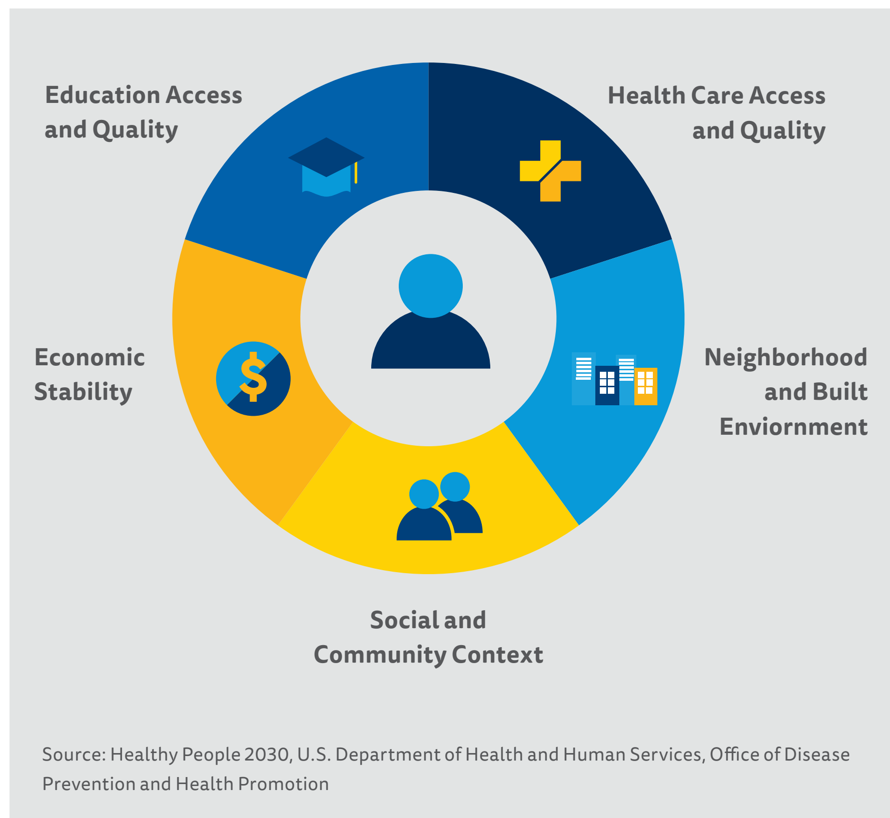
	Colorado	Adams	Arapahoe	Broomfield	Denver	Douglas	Jefferson
# of children and youth with special healthcare needs (CYSHCN)	341,000	38,492	43,865	4,656	42,067	25,634	33,057

Source: Colorado Department of Public Health and Environment, Community Inclusion in Colorado, 2022
*This is based on 2020 estimates from the Colorado Health Institute

Social determinants of health

Social determinants of health (SDoH) are the social, economic and physical conditions in which people are born and live that impact their health.[28] Social determinants of health can range from families not being able to access medical care because of public benefit eligibility requirements to structural issues with their housing that can impact their child's chronic health condition such as asthma.

According to the U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, social determinants of health consist of five domains that can impact a person's health and well-being: healthcare access and quality, neighborhood and built environment, social and community context, economic stability and education access and quality.[28]



Source: Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion

Health equity

As a hospital system, Children's Colorado is committed to improving the outcomes of our patients and communities, which includes addressing social determinants of health. Our Department of Diversity, Health Equity and Inclusion (DHE&I) is dedicated to eliminating health outcome disparities and developing an inclusive environment for team members, patients, their families and Children's Colorado's communities. We define DHE&I as follows:

Diversity is all the ways we are different, including the differences we are born with and the differences we have acquired. The broad dimensions of difference focused on by the DHE&I Department include and are not limited to creed, ethnicity, religion, language, race, physical and intellectual ability, neurodiversity, gender expression and identity, culture, sexual orientation, geographic location and origin, socio-economic status, veteran and citizenship status, educational attainment, professional background and age.

Health equity is achieved when everyone has access to the resources and opportunities they need to attain their highest level of health. Fostering health equity requires intentionally engaging in the process of removing obstacles to health such as poverty and discrimination. Achieving health equity is linked to access to good jobs, quality education, healthcare and safe housing.

Inclusion is the active process of inviting, engaging and involving the broad community, where the inherent worth and dignity of all people are recognized. An inclusive organization promotes and sustains a sense of belonging for all its members; it values and practices respect for the unique intersection of identities found in each person and community.

One of the guiding principles of our DHE&I Department is ensuring that all patients receive the same access to highest quality care, outcomes and experiences.

Next, we highlight the following SDoH topics and the impacts on our communities:

- Access to benefits
- Access to care
- Early childcare and education
- Economic stability
- Food access and nutrition
- Housing
- Racism

Access to benefits

In Colorado, 7.3% of children and youth ages 0 to 18 who are eligible to receive government benefits, such as Medicaid, Child Health Plan Plus (CHP+) and Advance Premium Tax Credits (APTCs), are not enrolled in any of them.[29] Arapahoe, Broomfield and Jefferson are higher compared to the state with Jefferson County being almost double that of the state at 13.6%.[29] Nearly half of the children who are eligible but not enrolled (EBNE) in benefits in Colorado are Hispanic or Latino (46.3%).[29]

Eligible but not enrolled ages 0-18, 2019

	Colorado	Adams	Arapahoe	Broomfield	Denver	Douglas	Jefferson
% EBNE*	7.3%	5.6%	8.7%	13.3%	5.7%	6.3%	13.6%

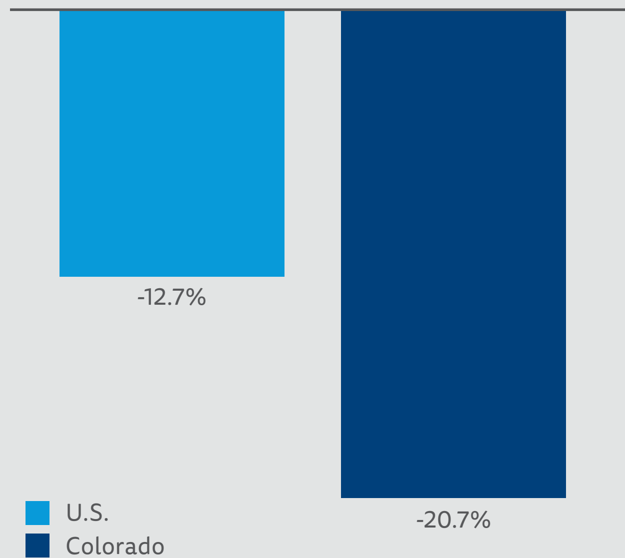
Source: 2019 Colorado Health Institute calculation using data from the Department of Health Care Policy and Financing; Connect for Health Colorado; American Community Survey 2019; 2019 Colorado Health Access Survey; 2015 Medical Expenditure Panel Survey

*Eligible but not enrolled (EBNE) in Medicaid, CHP+ or APTCs

Access to care

In March 2023, Congress passed a bill ending the continuous coverage requirement, which guaranteed continuous health coverage for those enrolled in Health First Colorado (Medicaid) during the COVID-19 epidemic, resulting in millions of people having to go through a Medicaid renewal process.[30] As a result of this, between March 2023 and June 2024, there has been a 21% decline in Colorado children enrolled in Medicaid/CHIP, representing more than 134,000 children who have been disenrolled from Medicaid/CHIP.[31] Without adequate healthcare coverage, families are forced to find alternative ways to cover medical costs.

Cumulative percent change in children's Medicaid/CHIP enrollment between March 2023 and June 2024



Source: Centers for Medicare and Medicaid Services, Medicaid & CHIP: Monthly Application and Eligibility Reports, March 2023 – June 2024

When looking at barriers to care, cost of care can keep families from seeking medical attention. In Colorado, as a result of cost, 3.4% of residents did not fill a prescription, 4.0% of residents did not go see a doctor, 5.2% did not see a specialist and 5.5% did not see a dentist.[32] These rates were even higher in Adams and Arapahoe counties.

Healthcare access and affordability, 2023

	Colorado	Adams	Arapahoe	Broomfield	Denver	Douglas	Jefferson
Access							
% Medicaid (under 19)[1]	34.3%	43.2%	36.1%	10.5%	41.7%	9.7%	23.1%
% Uninsured children (under 19)[1]	4.1%	4.8%	6.6%	2.4%	3.7%	1.9%	3.4%
Affordability							
Did not fill a prescription for medication due to cost[2]	3.4%	11.0%	5.6%	4.0%	3.6%	*	2.2%
Did not get needed doctor care due to cost[2]	4.0%	12.2%	6.7%	*	*	*	*
Did not get needed specialist care due to cost[2]	5.2%	13.6%	6.8%	*	7.0%	*	4.8%
Did not get needed dental care due to cost[2]	5.5%	21.6%	8.7%	4.1%	*	*	*

Source: [1]American Community Survey 1-Year Estimate, 2023; [2] Colorado Health Access Survey, 2021-2023 combined, data is presented as HSR;
*Indicates suppressed or unavailable data

Early childcare and education

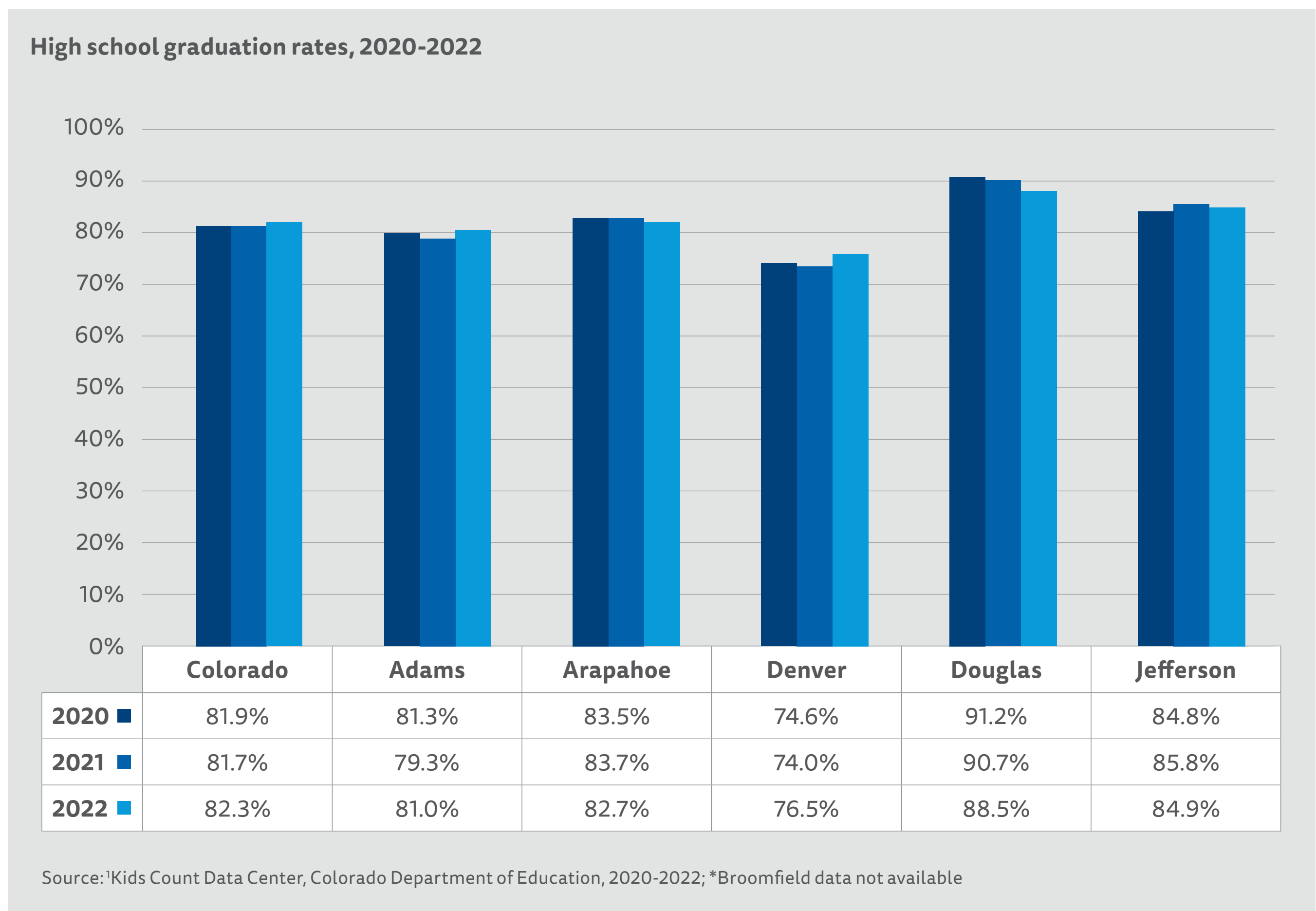
In Colorado, nearly one-third (30%) of a household's total income is required to cover the cost of childcare.[33] The cost of childcare can be a significant financial burden on families and can affect their ability to cover daily living expenses. In 2023, one in ten Coloradan parents, under the age of 26, reported that there was at least one week in the past year where they needed childcare and could not get it.[32] Even if families are able to cover the cost of childcare, there are a limited number of childcare centers that can accommodate families.[33]

Childcare cost burden, 2023

	Colorado	Adams	Arapahoe	Broomfield	Denver	Douglas	Jefferson
% of household income required for childcare expenses	30%	30%	29%	28%	32%	21%	28%
# of childcare centers per 1,000 population under 5 years old	12	7	8	13	10	11	12

Source: County Health Rankings, 2023

Access to childcare and other educational resources can also have future impacts such as on graduation rates. In Colorado, although there has been a slight increase in graduation rates from 2020 to 2022, Adams, Arapahoe and Douglas counties have decreased from 2020 rates.[34]



High school graduation rates, 2020-2022

	Colorado	Adams	Arapahoe	Denver	Douglas	Jefferson
2020	81.9%	81.3%	83.5%	74.6%	91.2%	84.8%
2021	81.7%	79.3%	83.7%	74.0%	90.7%	85.8%
2022	82.3%	81.0%	82.7%	76.5%	88.5%	84.9%

Source: [1]Kids Count Data Center, Colorado Department of Education, 2020-2022; *Broomfield data not available

Economic stability

While Colorado's median family income is $115,335 and higher than the national median family income ($96,401), 5.9% of families are living in poverty, representing over 87,000 families.[1] In Colorado, 28.0% of children are being raised in single-parent households.[35] Like the distribution of income and poverty, these figures are slightly higher in more urban areas and notably lower in more suburban areas.

Socioeconomic indicators, 2023

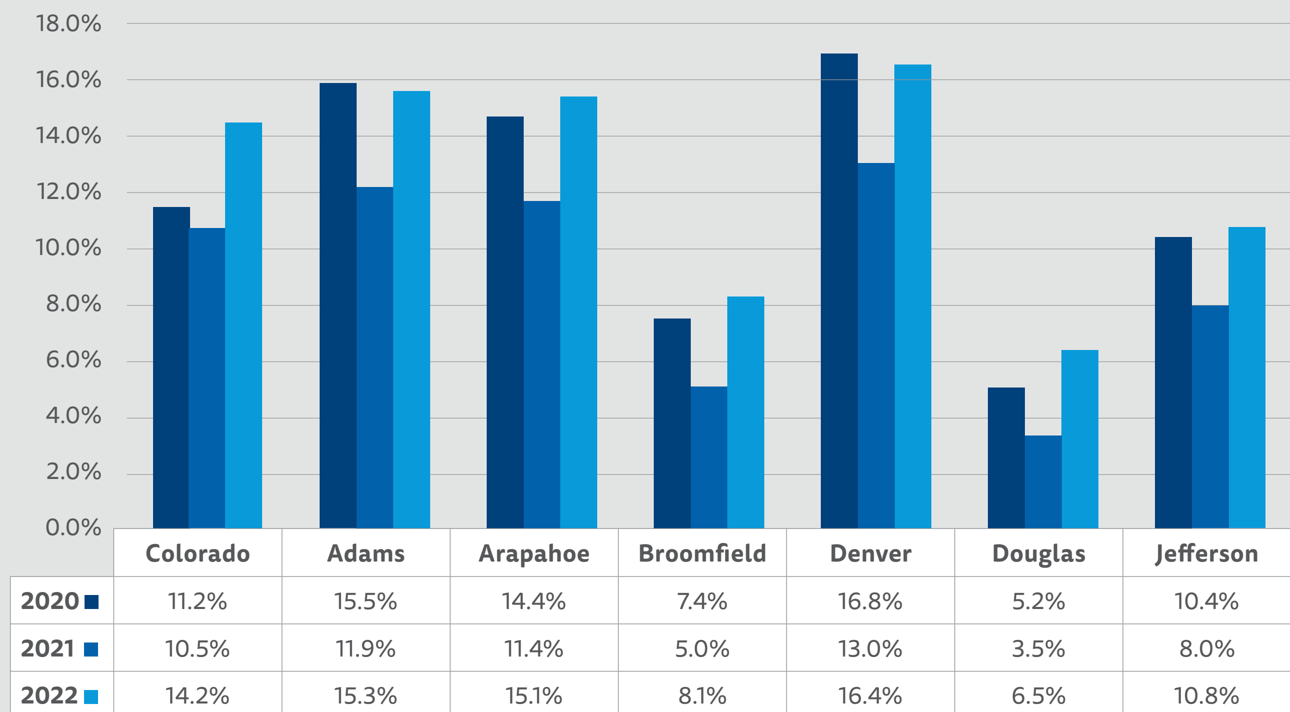
	Colorado	Adams	Arapahoe	Broomfield	Denver	Douglas	Jefferson
Total Families[1]	1,486,623	131,366	167,503	19,681	150,494	107,388	147,124
% of families living in poverty[1]	5.9%	7.4%	7.7%	3.8%	6.5%	2.8%	4.3%
Median family income[1]	$115,335	$110,705	$120,254	$130,920	$129,867	$164,825	$133,717
% of children (under 18) living in single-parent household[2]	28.0%	33.2%	29.7%	20.7%	32.8%	15.2%	26.2%

Source: [1]American Community Survey 1-Year Estimate, 2023; [2]American Community Survey 5-Year Estimate, 2022

Food access and nutrition

In the U.S, more than 13 million children (one in every five children) dealt with food insecurity in 2022.[36] In 2022, Colorado had a Child Food Insecurity Rate of 14.2%, with urban counties having a higher rate and suburban counties having a lower rate than the state.[36] This matches the distribution of income, poverty and socioeconomic indicators across our six-county region. Child food insecurity rates have also increased from 2021 to 2022 across the region.[36]

Child food insecurity rate, <18 years old, 2020-2022



	Colorado	Adams	Arapahoe	Broomfield	Denver	Douglas	Jefferson
2020	11.2%	15.5%	14.4%	7.4%	16.8%	5.2%	10.4%
2021	10.5%	11.9%	11.4%	5.0%	13.0%	3.5%	8.0%
2022	14.2%	15.3%	15.1%	8.1%	16.4%	6.5%	10.8%

Source: Feeding America, 2020-2022

The percent of high school students who went hungry in the last 30 days sometimes/mostly/always due to lack of food was higher in Adams and Arapahoe compared to the state.[37] Adams, Arapahoe, Denver and Douglas all had lower rates of high school students who ate vegetables one or more times per day in the past week compared to the state.[37]

Food insecurity, 2023

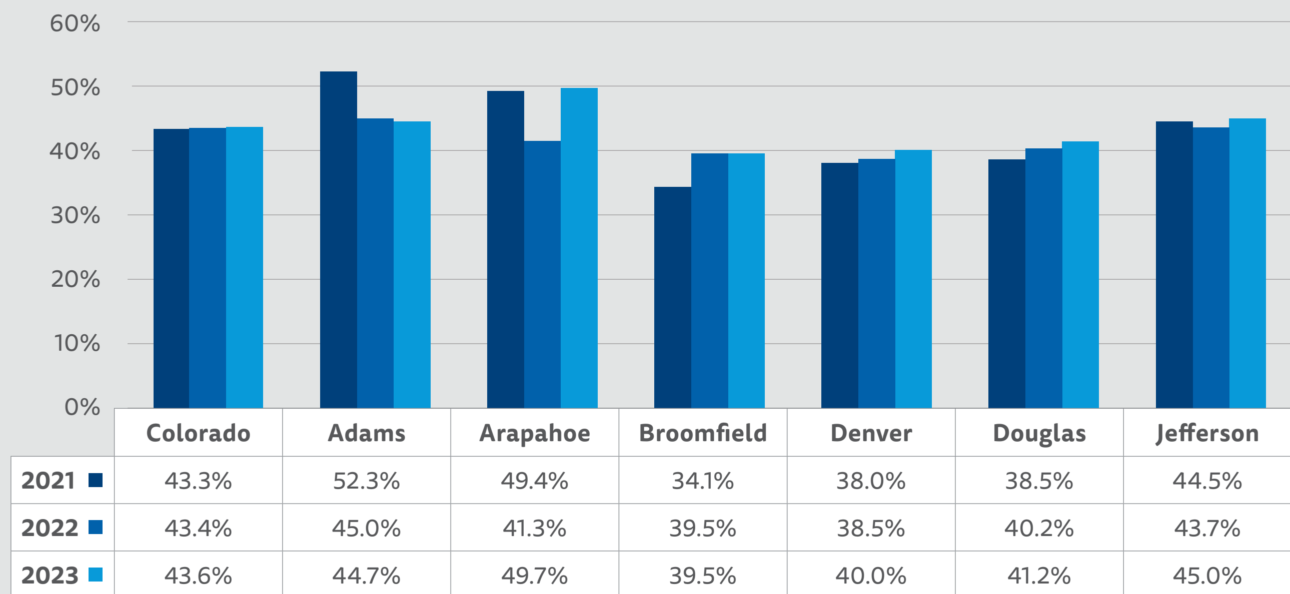
	Colorado	Adams	Arapahoe	Broomfield	Denver	Douglas	Jefferson
% of high school students who went hungry in last 30 days sometimes/most of the time/always because of lack of food	12.6%	13.2%	15.7%	8.3%	10.6%	10.0%	9.8%
% of high school students who ate vegetables (not including salad, potatoes, or carrots) one or more times per day in the past week	48.7%	45.2%	42.8%	60.0%	46.6%	48.1%	51.9%

Source: Healthy Kids Colorado Survey, 2023, data is presented as HSR

Housing costs

Lack of affordable housing and housing instability continue to put financial strains on many Coloradans. In 2022, 360,000 children in Colorado lived in households with a high housing cost burden.[34] When looking at all 50 U.S. states, Colorado ranks as the 8th least affordable state in the U.S. when median income is compared to median home sales prices.[38] Across Colorado, 43.6% of households spend 35% or more of their household income on housing.[1] Arapahoe, Broomfield, Denver, Douglas and Jefferson counties had increases between 2021 and 2023 with more households spending 35% or more of earned income on housing costs.[1]

Households whose rent is 35% or more of the households' income, 2021-2023



	Colorado	Adams	Arapahoe	Broomfield	Denver	Douglas	Jefferson
2021	43.3%	52.3%	49.4%	34.1%	38.0%	38.5%	44.5%
2022	43.4%	45.0%	41.3%	39.5%	38.5%	40.2%	43.7%
2023	43.6%	44.7%	49.7%	39.5%	40.0%	41.2%	45.0%

Source: American Community Survey 1-Year Estimate, 2021-2023

Impacts of racism on health and well-being

In 2021, the U.S. Centers for Disease Control and Prevention (CDC) declared racism a serious public health threat that was impacting millions of people in the United States and serving as the root cause of many systemic health disparities.[39] According to the CDC, the life expectancy of Black/African Americans is four years lower compared to white Americans.[39] The Colorado Department of Public Health and Environment also declared racism a public health crisis in 2021 and stated that racism is "a chronic stressor that contributes to the 'wear and tear' on bodily systems."[40]

The impacts of racism can also have lasting negative effects on children and youth. Among students in Colorado who participated in the 2023 Healthy Kids Colorado Survey, 9.1% of high school students said that they saw family members who were treated unfairly because of their race or ethnicity, 6.6% of high school students said they were assumed to be less intelligent because of their race or ethnicity, and 5.0% of high school students said they were treated badly or unfairly because of their race or ethnicity all in the past year.[37]

Health and healthcare indicators

After looking at how social factors can influence a child's well-being, the section below summarizes how some of the following health and healthcare indicators impact our communities:

- Asthma and respiratory health
- Child abuse and neglect
- Healthcare utilization
- Issues with weight
- Mental health and suicide prevention
- Mother and infant health
- Oral health
- Unintentional Injury
- Violence

Asthma and respiratory health

Children are more likely than adults to be seen in the emergency department or hospital for asthma and/or upper respiratory infections. At Children's Colorado, asthma and respiratory-related illnesses continue to be a top reason for hospitalizations. Younger children are also more likely to have asthma-related difficulties and hospitalizations compared to older children.[41] Looking at asthma emergency department and hospitalization rates among 0 to 14 year olds in 2022, Adams, Arapahoe and Denver have had notably higher rates compared to the state.[42]

Asthma and respiratory health, 2022

	Colorado	Adams	Arapahoe	Broomfield	Denver	Douglas	Jefferson
Asthma emergency department rate per 10,000, 0-4 year old	56.1	81.5	70.1	52.4	77.3	43.6	57.9
Asthma emergency department rate per 10,000, 5-14 year old	53.8	84.3	65.7	26.3	89.9	29.1	40.5
Asthma hospitalization rate per 10,000, 0-4 year old	26.3	36.1	35.1	*	42.2	22.3	27.0
Asthma hospitalization rate per 10,000, 5-14 year old	13.7	21.4	18.9	*	29.8	8.6	10.8

Source: Colorado Department of Public Health and Environment, Colorado Environmental Public Health Tracking, 2022
*Indicates suppressed or unavailable data

Child abuse and neglect

Child abuse and neglect continues to be one of the top leading causes of death among children less than 18 years and higher rates of abuse occur in the <1 year age group.[24,43] When looking at emergency department visits mentioning injuries due to child or adult abuse, Adams (99.9 per 100,000), Arapahoe (107.9 per 100,000) and Denver (105.5 per 100,000) had higher rates compared to the state (90.6 per 100,000).[43]

Child abuse, maltreatment and neglect, 2023

	Colorado	Adams	Arapahoe	Broomfield	Denver	Douglas	Jefferson
Average annual crude rate of emergency department visits per 100,000 mentioning injuries due to child or adult abuse among Colorado residents under 18 years old[1]	90.6	99.9	107.9	43.4	105.5	49.9	63.9
Crude rate of child maltreatment deaths per 100,000 among Colorado residents under 18 years old[2]	3.1	5.0	1.7	*	3.6	1.6	1.4
Child abuse and neglect (incidence of maltreatment of children younger than 18 including physical abuse, sexual abuse, emotional abuse, and/or neglect) rate per 1,000[3]	6.4	8.7	5.0	2.6	11.9	4.1	2.5

Source: [1]Colorado Department of Public Health and Environment, Injuries in Colorado Dashboard, 2021-2023; [2]Colorado Department of Public Health and Environment, Child Fatality Prevention System, 2018-2020; [3]Kids Count, Division of Child Welfare Services, Colorado Department of Human Services, 2023
*Indicates suppressed or unavailable data

Healthcare utilization

Top diagnoses by clinical setting

The top diagnoses for ED/UC encounters for patients from our six-county area in 2023 included respiratory-related illnesses and viral infections.

Top 5 diagnoses – ED/UC, 2023

Diagnosis Description	Percent
Acute upper respiratory infection, unspecified	8.8%
Acute obstructive laryngitis (croup)	4.0%
Fever, unspecified	3.2%
Noninfective gastroenteritis and colitis, unspecified	3.2%
Vomiting, unspecified	3.0%

Source: Epic, 2023

In the inpatient or observation settings, the top diagnoses in 2023 also included respiratory and viral infections.

Top 5 diagnoses – inpatient/observation, 2023

Diagnosis Description	Percent
Acute bronchiolitis due to other specified organisms	5.6%
Acute bronchiolitis due to respiratory syncytial virus	4.3%
Acute respiratory failure with hypoxia	3.7%
Viral pneumonia, unspecified	3.3%
Encounter for antineoplastic chemotherapy	1.7%

Source: Epic, 2023

In the outpatient setting, the top diagnoses in 2023 included encounters for Autism and Attention-Deficit Hyperactivity Disorder.

Top 5 diagnoses – outpatient, 2023

Diagnosis Description	Percent
Autistic disorder	1.3%
Attention-deficit hyperactivity disorder, combined type	1.2%
Generalized anxiety disorder	1.0%
Encounter for examination for normal comparison and control in clinical research program	<1.0%
Acne vulgaris	<1.0%

Source: Epic, 2023

Issues with weight

According to the Physical Activity Guidelines for Americans by the U.S. Department of Health and Human Services, children and youth ages 6 to 17 should complete 60 minutes or more of moderate-to-vigorous physical activity each day.[44] When looking at the number of high school students who were physically active for at least 60 mins/day on five or more days in the past week, Adams, Arapahoe and Denver were below the state.[37] When looking at the number of hours high school students spend on an electronic device, Adams, Arapahoe, Douglas and Jefferson counties had higher rates compared to the state.[37]

Physical activity, 2023

	Colorado	Adams	Arapahoe	Broomfield	Denver	Douglas	Jefferson
% of high school students who were physically active for a total of at least 60 mins/day on five or more days in the past week	49.9%	44.2%	43.9%	57.2%	46.9%	51.8%	53.3%
% of high school students who spent 3+ hours in front of a TV, computer, smart phone, or other electronic device for something other than school work	69.3%	69.4%	73.1%	67.1%	67.1%	71.2%	70.0%

Source: Healthy Kids Colorado Survey, 2023, data is presented as HSR

Mental health and suicide prevention

Suicide has remained the leading cause of death among Colorado children and youth under 18 years.[24] Between 2018 and 2020, the rate of suicide deaths among 5 to 17 year olds increased from 6.3 per 100,000 to 7.3 per 100,000.[45] In 2023, 5.5% of Colorado high school students reported that they had attempted suicide one or more times during the past year.[37]

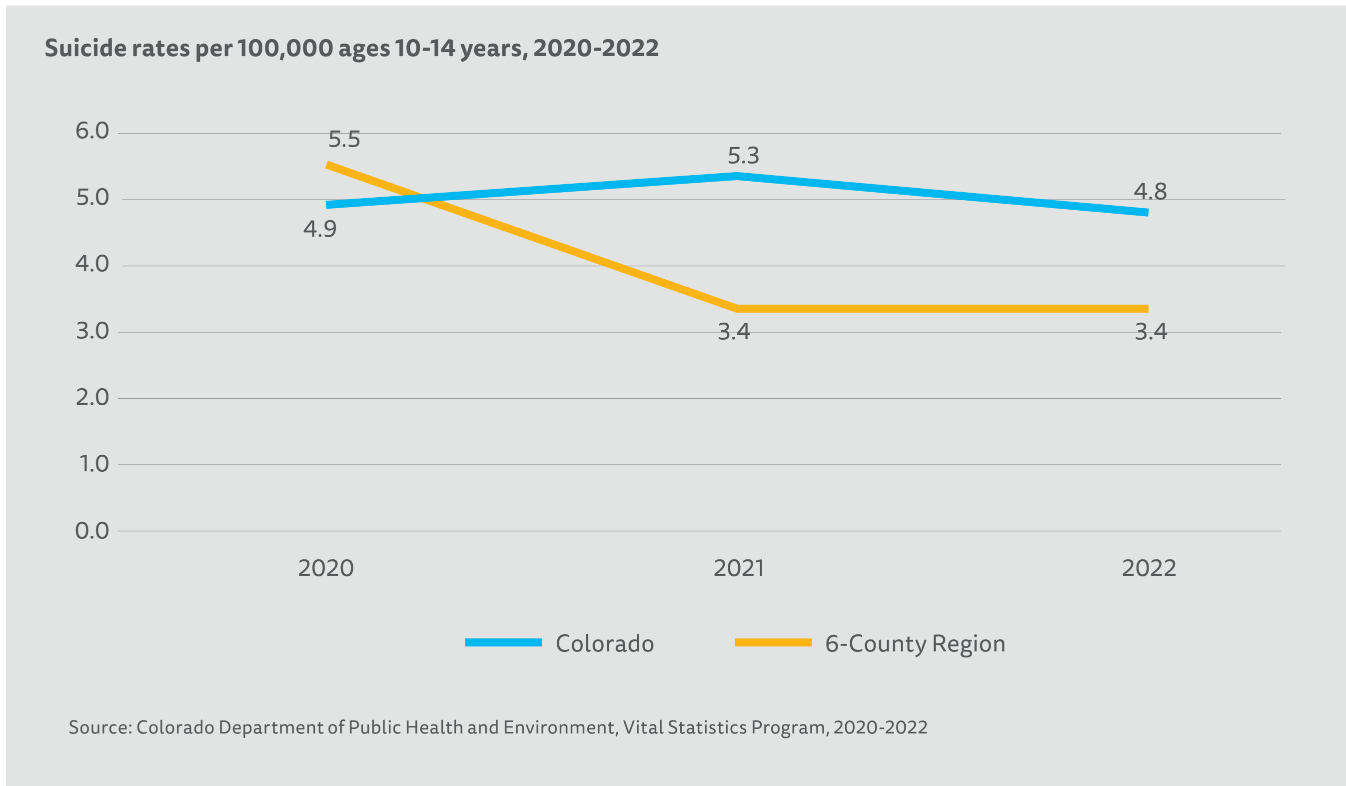
Emergency department rates mentioning intentional self-harm among 0 to 17 year olds were higher in Adams and Broomfield counties in 2023 compared to the state (223.4 per 100,000 in Adams County and 212.8 per 100,000 in Broomfield County).[46]

Rates of emergency department visits per 100,000 mentioning intentional self-harm ages 0-17 years, 2023

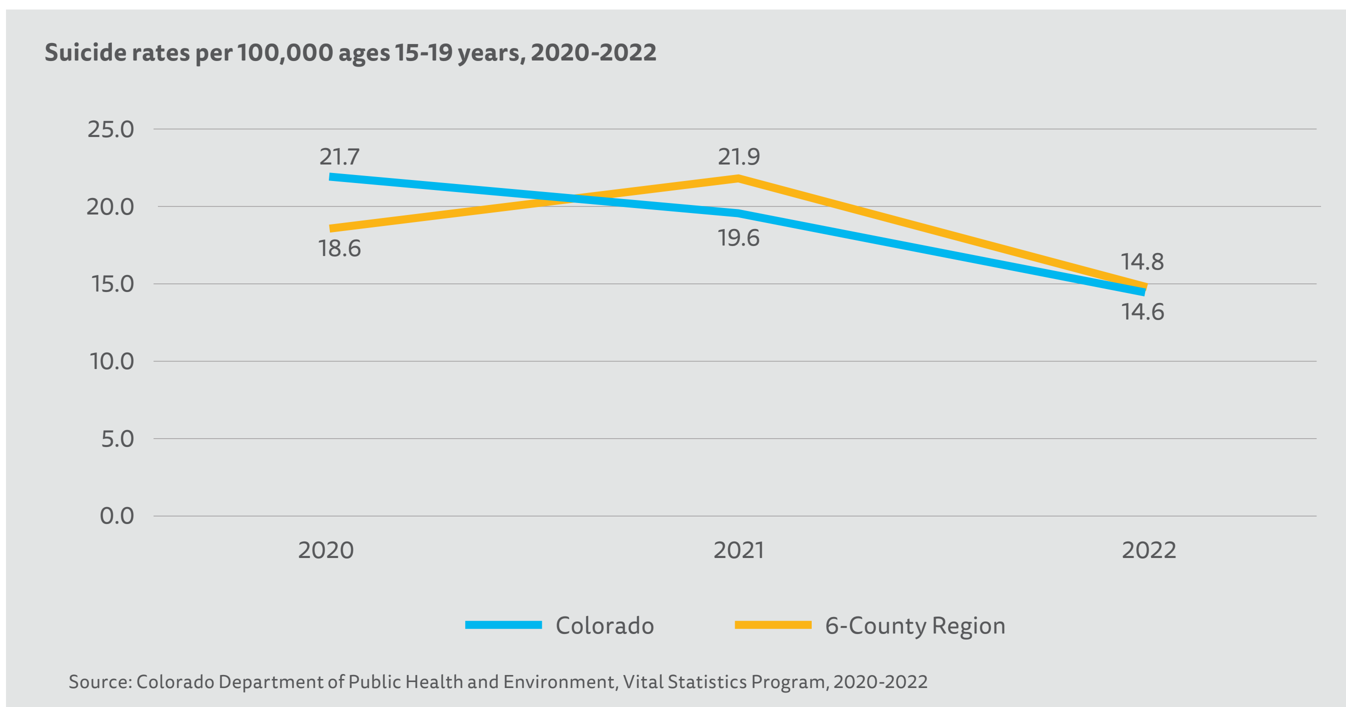
	Colorado	Adams	Arapahoe	Broomfield	Denver	Douglas	Jefferson
Average annual crude rate of emergency department visits mentioning intentional self-harm per 100,000 Colorado residents under 18 years old	202.0	223.4	171.8	212.8	130.3	182.8	193.3

Source: Colorado Department of Public Health and Environment, Injuries in Colorado Dashboard, 2023

When looking at suicide rates among 10 to 14 year olds between 2020 and 2022, overall rates have decreased since 2020 and rates in our six-county area have dropped below the state average.[23]

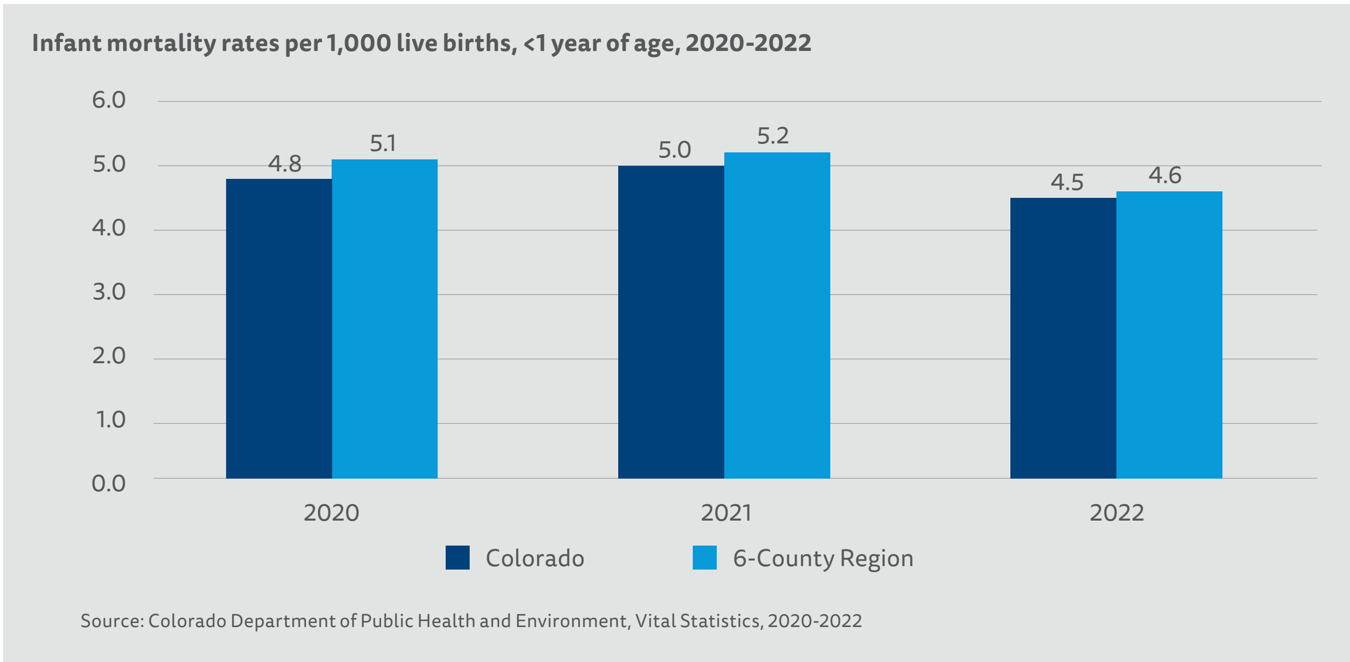


For 15 to 19 year olds, suicide rates overall have also decreased since 2020, but rates in our six-county area were higher than the state average from 2021 to 2022.[23]

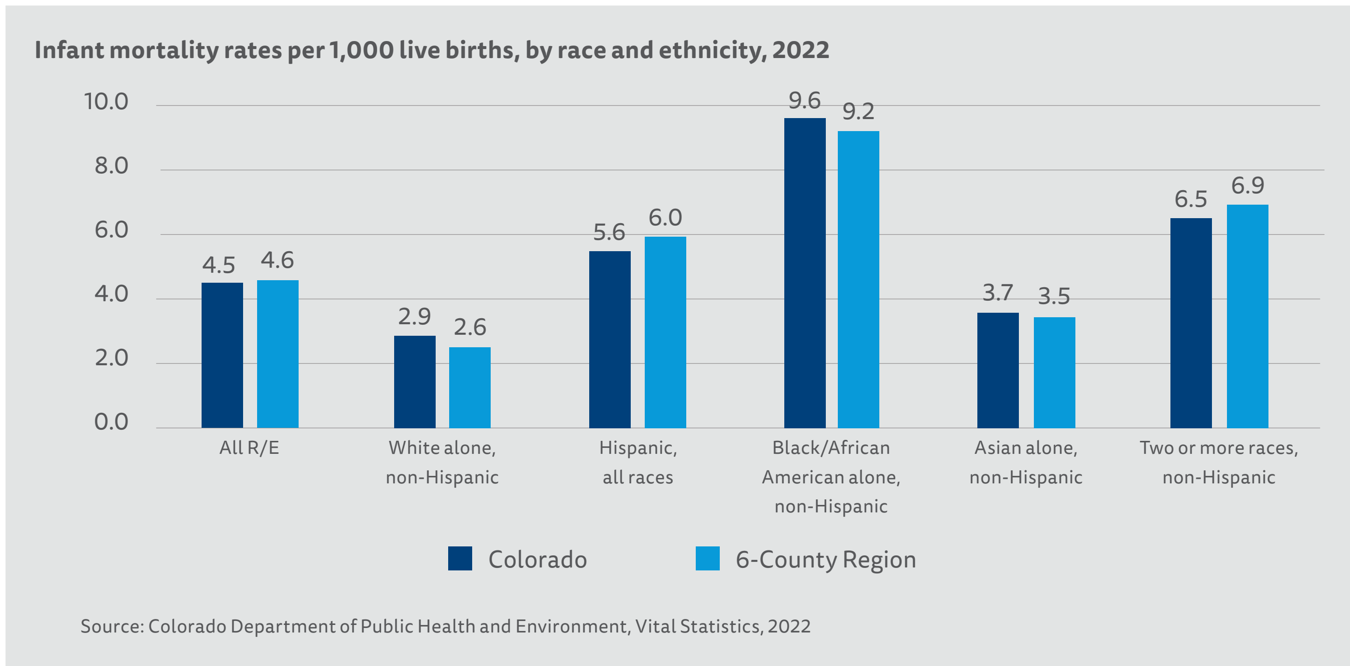


Mother and infant health

Although the infant mortality rate in Colorado is below the national infant mortality rate (4.5 infant deaths per 1,000 live births in Colorado compared to 5.6 per 1,000 live births in the U.S.), mother and infant health remains a pressing issue in our communities.[47] From 2020 to 2022, infant mortality rates for our six-county region have remained higher than the state average, with the range for Colorado being 4.5 to 5.0 per 1,000 live births and the range for the six-county region being 4.6 to 5.2 per 1,000 live births.[23]



When looking at the infant mortality rate by race and ethnicity, the rate for babies who are non-Hispanic Black/African American is more than three times higher than that of babies who are non-Hispanic white, for both Colorado and the six-county region.[23]



When looking at risk factors for mother and infant health, Adams and Broomfield had a higher proportion of mothers who smoked during pregnancy compared to the state (4.4% in Adams, 4.7% in Broomfield and 3.9% statewide) and Denver, Douglas and Jefferson counties had higher proportions of mothers who drank during pregnancy compared to the state (23.0% in Denver, 18.0% in Douglas, 19.5% in Jefferson and 15.6% statewide).[48]

Mother and infant health indicators, 2020-2021

	Colorado	Adams	Arapahoe	Broomfield	Denver	Douglas	Jefferson
% of pregnant people who smoked during their third trimester of pregnancy	3.9%	4.4%	1.5%	4.7%	3.0%	*	3.0%
% of pregnant people who drank during their third trimester of pregnancy	15.6%	10.9%	12.3%	13.8%	23.0%	18.0%	19.5%

Source: Pregnancy Risk Assessment Monitoring System, 2020-2021; *Indicates suppressed or unavailable data

Oral health

One of the most common chronic childhood diseases is tooth decay. According to Healthy People 2030, from 2016 to 2021, the number of low-income children and adolescents receiving preventive dental care in the past year in the U.S. declined from 75.8% to 68.7%.[28] In Colorado, 18.2% of children aged 0 to 18 did not visit the dentist or a dental hygienist in the past year and 5.9% of parents in Colorado reported that the condition of their child's teeth was fair or poor.[32] Adams, Arapahoe and Denver counties had higher rates of children who did not see a dentist or dental hygienist in the past year compared to the state.[32]

Oral health, 2021-2023

	Colorado	Adams	Arapahoe	Broomfield	Denver	Douglas	Jefferson
Percentage of parent-reported child's teeth condition is fair or poor	5.9%	*	*	*	*	*	*
Children aged 0 to 18 who did not visit the dentist or a dental hygienist in the past year	18.2%	22.0%	26.7%	15.6%	20.2%	12.5%	19.4%

Source: Colorado Health Access Survey, 2021-2023 combined; *Indicates suppressed or unavailable data

Unintentional injury

Motor vehicle and other transportation injuries are the third leading cause of death for children under 18 years in Colorado.[24] According to high school students who took part in the Healthy Kids Colorado Survey in 2023, one in three students said that they texted, posted or used their phone in some way while driving in the past month.[37] Adams (613.5 per 100,000), Arapahoe (507.0 per 100,000) and Denver (522.0 per 100,000) all had higher rates of emergency department visits due to traffic-related motor vehicle injuries compared to the state (438.2 per 100,000).[43]

Unintentional injuries, 2021-2023

	Colorado	Adams	Arapahoe	Broomfield	Denver	Douglas	Jefferson
Average annual crude rate of emergency department visits mentioning any traffic-related motor vehicle injury per 100,000 Colorado residents under 18 years old	438.2	613.5	507.0	318.6	522.0	247.9	365.5
Average annual crude rate of emergency department visits mentioning traffic injuries to pedestrians per 100,000 Colorado residents under 18 years old	15.2	20.8	20.5	*	23.9	4.6	15.3

Source: Colorado Department of Public Health and Environment, Injuries in Colorado Dashboard, 2021-2023; *Indicates suppressed or unavailable data

Violence

For children under 18 years in Colorado, firearms are the second leading cause of death.[24] For Adams, Arapahoe and Denver counties, the rates of emergency department visits due to firearms per 100,000 for residents under 18 years were higher compared to the state (13.8 per 100,000 in Adams County, 16.1 per 100,000 in Arapahoe County and 18.9 per 100,000 in Denver County).[43] Firearm deaths followed a similar pattern and higher rates in these same counties.[43] Among students in Colorado who participated in the 2023 Healthy Kids Colorado Survey, 10.0% of high school students said that they did not go to school at least one or more days in the past month because they felt unsafe at school or on their way to/from school.[37]

Firearm injuries, 2021-2023

	Colorado	Adams	Arapahoe	Broomfield	Denver	Douglas	Jefferson
Average annual crude rate of emergency department visits mentioning any traffic-related motor vehicle injury per 100,000 Colorado residents under 18 years old	9.9	13.8	16.1	*	18.9	*	4.8
Average annual crude rate of emergency department visits mentioning traffic injuries to pedestrians per 100,000 Colorado residents under 18 years old	4.2	4.8	6.6	*	7.8	1.8	1.5

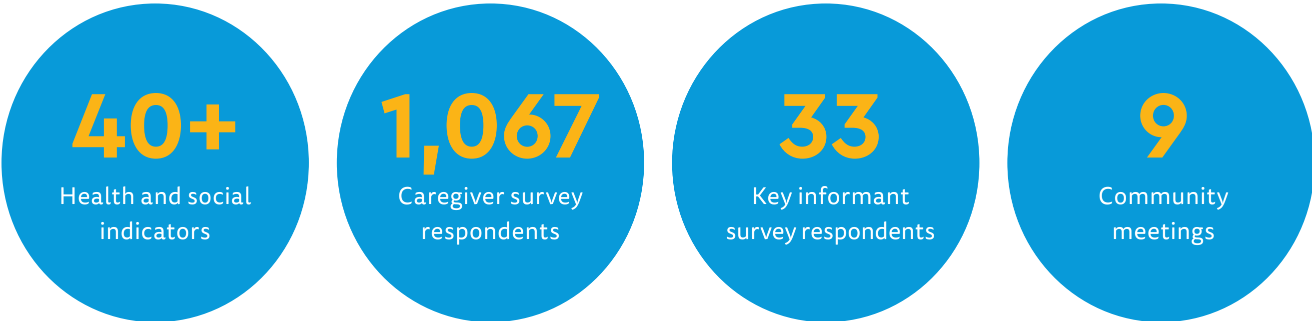
Source: Colorado Department of Public Health and Environment, Injuries in Colorado Dashboard, 2021-2023; *Indicates suppressed or unavailable data

Community engagement

To help prioritize the areas of focus for our community engagement work, we identified areas for our primary data collection based on where there were health disparities, inequities or gaps in our secondary analysis when comparing the six counties to the state or within populations living in the six-county area. As outlined in our methodology section of this report, Children's Colorado engaged in a community outreach process to find out the interests and concerns of caregivers (defined for the purpose of this assessment as people with children in the household) in our six-county area. Through collaborations, surveys, interviews, and community meetings, we were able to get the input of thousands of people. We found both similarities and some differences between our secondary data priorities and those of the communities of focus.

Data collection

Children's Colorado engaged in several different ways to assess the top issues impacting communities of our six-county area. Through our primary data collection approaches, which included caregiver surveys (conducted in partnership with Embold Research), key informant surveys, and community meetings, we were able to gain the input of thousands of people.



Caregiver surveys

Overall, we had 1,067 respondents complete our caregiver survey. The survey was available in both English and Spanish. When looking at the distribution of the survey sample compared to the demographics of our communities, we did have an oversampling of the <$50,000 family income group. However, due to sampling limitations, we did not have a proportional representation for our non-White race and ethnicity groups. The margin of error on the survey was 3.5%.

Caregiver survey sample overview

	Six county unadjusted average (American Community Survey Census data)*	Embold Research
RACE AND ETHNICITY (Children under 18 years in households)[1]		
White	66.9%	61%
Black or African American	5.2%	5%
American Indian and Alaska Native	<1%	1%
Asian	4.4%	4%
Native Hawaiian and Other Pacific Islander	<1%	<1%
Other race	5.8%	1%
Hispanic or Latino origin (of any race)	30.1%	24%
INCOME GROUP (Families)[2]		
$0-$24,999	5.4%	7%
$25,000-$49,999	7.7%	10%
$50,000-$74,999	10.8%	11%
$75,000-$99,999	11.9%	10%
$100,000-$149,999	21.4%	18%
$150,000 or more	42.9%	37%
COUNTIES (Families)[2]		
Adams	8.8%	18%
Arapahoe	11.3%	22%
Broomfield	1.3%	3%
Denver	10.1%	24%
Douglas	7.2%	13%
Jefferson	9.9%	20%

Source: [1]American Community Survey 5-Year Estimate, 2022; [2]American Community Survey 1-Year Estimate, 2023

*Note: Some percentages may not add up to 100% due to sampling error

Survey respondents ranked the top health issues having the biggest impact on children and youth in their communities.

Top health issues

1. Mental health, including risk of suicide (54%)
2. Bullying (31%)
3. Violence (28%)
4. Issues with weight (21%)
5. Unintentional injury (20%)

When looking at the top health needs by race and ethnicity and income level, mental health was also ranked as the top health issue facing children across all race and ethnicity groups and income groups.

Survey respondents ranked the top financial issues impacting children.

Top financial issues

1. The cost of groceries and other essentials (70%)
2. Lack of affordable housing (62%)
3. Access to or cost of childcare (51%)
4. Access to or cost of healthcare and mental health services (45%)
5. Access to benefits (13%)

We also found that 7 in 10 caregivers in our six-county area saw the cost of groceries as one of the biggest financial issues impacting children in their community. Three in five caregivers from low-income households needed assistance with covering their living expenses. Nearly 30% of Black caregivers reported needing social support from friends and family.

Respondents were asked about what type of barriers prevent or delay them from getting medical care for their children.

Top barriers to medical care

1. Unable to schedule an appointment when needed (24%)
2. Can't take time off work (20%)
3. Cannot afford to pay for care (17%)
4. Doctor's office does not have convenient hours (15%)
5. Unable to find a doctor who takes my insurance (9%)

Key informant surveys

We had 33 key informants complete our key informant survey and found some overlap with our caregiver survey findings. Key informants also ranked mental health as the top health need facing children and youth. Preventive care (e.g. immunizations), mother and infant health were the next top health needs. Unintentional injury and 'other' (i.e. a text box field for respondents to enter another health need such as substance use or autism for example) were both ranked equally.

Top health issues

1. Mental health (29%)
2. Preventive care (21%)
3. Mother and infant health (13%)
4. Unintentional injury (9%)
5. Other (e.g. substance use, autism) (9%)

Respondents were next asked to identify the top social needs impacting children and youth. Access to care was found to be the top social need, followed by housing, food insecurity, access to or cost of childcare, and access to benefits.

Top social issues

1. Access to care (28%)
2. Housing (25%)
3. Food insecurity (20%)
4. Access to or cost of childcare (10%)
5. Access to benefits (7%)

The top areas of assistance that our key informants most often help with were access to care, mental health resources, food insecurity, support for new parents, and housing.

Top areas that key informants assist with

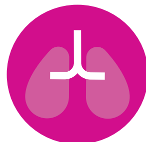
1. Access to care (17%)
2. Mental health resources (16%)
3. Food insecurity (16%)
4. Support for new parents (12%)
5. Housing (11%)

Lastly, key informants were asked who they felt plays a role in addressing the top health and social needs. Key informants could choose from Children's Colorado, community-based organizations (CBOs), public health departments, schools or none of the above. Key informants indicated that Children's Colorado had a primary role in addressing health-related needs, such as access to health and mental health services, preventive care, and mental health. Additionally, key informants felt that schools should have the main role in addressing issues related to bullying. Most key informants felt that Children's Colorado was not the primary entity that should address social needs, such as food insecurity, housing and access to childcare, but that CBOs and public health departments should have this role.

Community meetings

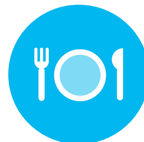
As part of the last step in our community input process, we collaborated with community partners and conducted our own meetings to 1) share our findings from our secondary data and surveys and 2) collect community members' feedback for the top health and social needs. Altogether, we had a total of nine community meetings with 112 attendees across our six-county region.

Access to care



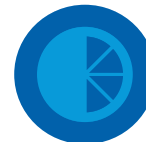
Asthma and repiratory health

Child abuse and neglect



Food insecurity

Housing



Issues with weight

Mental health

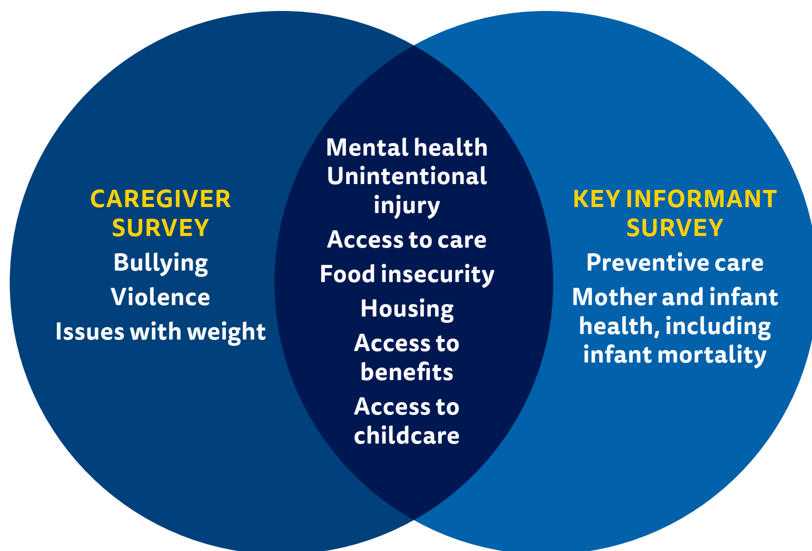
Mother and infant health

Oral health

Unintentional injury

Violence

We also highlighted the areas of overlap between both our caregiver and key informant surveys. For health needs, mental health and unintentional injury were ranked as top health needs in both surveys. For social needs, access to care, food insecurity, housing, access to benefits and access to childcare were ranked as top social needs in both surveys.



After sharing our findings, we then asked community members to rank what they felt were the top needs impacting children and youth in their communities.

Community members ranked mental health, preventive care, and bullying as the top health needs.

Top health needs

1. Mental health (17%)
2. Preventive care (5%)
3. Bullying (3%)

Community members ranked access to care, food insecurity, and housing as the top social needs.

Top social needs

1. Access to care (26%)
2. Food insecurity (24%)
3. Housing (15%)

Prioritization

After completing both our secondary and primary data collection, the final step of the assessment was to seek input on how to prioritize among the needs identified between the primary and secondary data.

When looking at the top health needs by all our data sources (surveys, community meetings and secondary data), we found overlap across a few areas: mental health, violence/bullying, mother and infant health, issues with weight, injury and preventive care.

Top health needs by data source

Caregiver survey	Key informant survey	Community meetings	Health indicators (secondary data)*
Mental health	Mental health	Mental health	Mental health
Bullying	Preventive care	Preventive care	Mother and infant health
Violence	Mother and infant health	Bullying	Violence
Issues with weight	Unintentional injury	Mother and infant health	Issues with weight
Unintentional injury	Other	Issues with weight	Unintentional injury
			Asthma and respiratory health
			Child abuse and neglect
			Oral health

*Secondary data column is not ranked but instead highlights which indicators share overlap with the other data sources

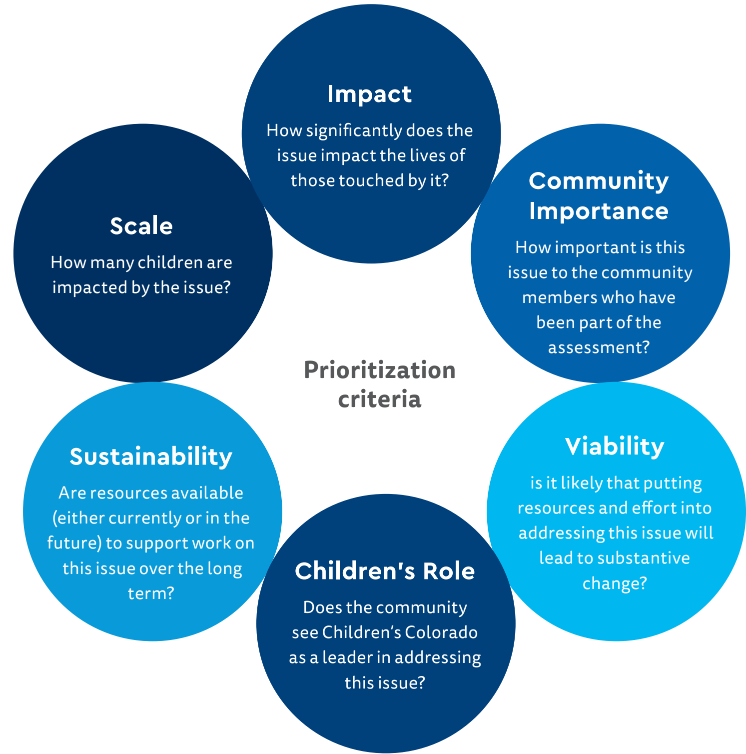
We then looked at the top social needs by data sources. For some of the categories, we did not have as many rankings as we did in the health topics due to either low cell counts or because there were fewer social needs categories. Areas of overlap that we saw across the data sources were: access to care, food insecurity, housing and then followed by access to or cost of childcare and access to benefits.

Top social needs by data source

Caregiver survey	Key informant survey	Community meetings	Health indicators (secondary data)*
Food insecurity	Access to care	Access to care	Access to care
Housing	Housing	Food insecurity	Food insecurity
Access to or cost of childcare	Food insecurity	Housing	Housing
Access to care	Access to or cost of childcare		
Access to benefits	Access to benefits		

*Secondary data column is not ranked but instead highlights which indicators share overlap with the other data sources

We then presented these findings to a group of leaders within Children's Colorado from the Community Health and Advocacy Division, Social Work, Health Literacy and Patient Access, Quality and Patient Safety, Ambulatory, Strategy and Planning, Nursing, the Pediatric Mental Health Institute, Diversity Health Equity and Inclusion, and the senior leadership team. The prioritization criteria used by this group to select the top health and social priorities were impact, community importance, viability, scale, sustainability and Children's Colorado's role in addressing the need.



Description of identified priority needs

After careful review of the needs assessment findings, Children's Colorado prioritized mental health, mother and infant health, and injury as the health priorities, and access to care, food insecurity, and housing as social needs priorities.

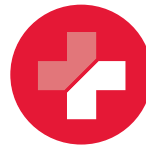
Health Priorities

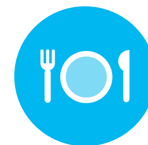
Mental health

Mother and infant health

Injury

Social Drivers of Health


Access to care


Nutrition Security

Housing

In response to these identified needs, Children's Colorado will draft and publish a Community Health Implementation Strategies report in May 2025 that will outline our approaches to work to address these community health needs. Please see Appendix E for resources available to address mental health, mother and infant health, injury, access to care, food insecurity, and housing.

Children's Colorado knows that the needs and the concerns of the community are extensive and that our ability to address those needs is limited. While the selected priority areas will be the focus of our community efforts for the next several years, we will also continue to listen to the community and to identify new opportunities to address public concerns. Some of the specific issues that the community raised through this process, but that were not selected as top priorities, will continue to be addressed through the work of the Community Health and Advocacy Division.

Conclusion

This report is the culmination of an inclusive and far-reaching effort to gather input from a wide range of key informants. Children's Hospital Colorado is proud of its work with the community and the leadership role it plays in supporting the mental, emotional and physical health of every child in Colorado. We wish to thank the thousands of parents and community members who lent their voices to this health needs assessment. Through surveys, community meetings and one-on-one conversations, we gathered important insights into the issues that families care about. Our promise is that we will act on what we have heard and will continue to partner with the community to improve the health and well-being of all children in Colorado.

As a first step, we will incorporate the findings of this assessment into implementation strategies that will guide our community-based efforts for the next three years. We look forward to documenting ways that we can continue the successful programs we have already established as well as exploring new ways to effectively address the priority issues.

We also welcome continued feedback both on the content of this report and our strategies for addressing community health needs. Comments, questions and suggestions can be sent to communitybenefit@childrenscolorado.org.

Appendix A: 2022 Community Health Implementation Strategies Progress Report

Overview

For our 2022 Community Health implementation strategies, we took a holistic approach to addressing child mental health, which is our primary priority need identified in our 2021 CHNA, 2022 implementation strategy needs assessment for Anschutz and South Campuses. Our approach focuses on four goals:

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

Priority Area: Mental Health

Goal 1: Improve mental health awareness and reduce the risk of suicide.

Strategy	Status
Partners for Children's Mental Health (PCMH) will train trusted adults to meet child and youth mental health needs and provide implementation support in schools, clinical settings and communities. PCMH plans to expand trainings, including the diversity of trainees and regions served.	**In progress** • 573 professionals have received Pediatric Mental Health Institute training, including 925 contact hours. • 268 community members have been trained, including 268 contact hours. • 127 providers have implemented formal suicide screenings. • 49 Colorado counties have been reached. • 5 school districts have been engaged. • School trainees showed improvement from baseline with an average of 2.1 to 3.6 in improvement in knowledge following the training. • Clinic trainees showed improvement from baseline with an average of 2.6 to 3.9 in improvement in knowledge following the training. **Complete** • 100% of trained clinics have implemented suicide screening into their workflow.
We will screen for suicide ideation and depression in various clinical settings.	**Complete** • Pilot screening for both depression and suicide ideation started in summer 2023 and the full hospital system go-live was in August 2023. • Suicide and depression screening rate was 73.0% (Anschutz and South)

Strategy	Status
Pediatric Mental Health Institute (PMHI) Speakers Bureau (SB) and Community and Corporate Relations (CCR) will educate and raise awareness of child mental health needs, resources and supports, and skill building.	**In progress** • 63,469 Pediatric Mental Health Institute Department pageviews (Colorado users) • 6,632 mental health pageviews (Colorado users) • 331 media stories about youth mental health featuring Children's Colorado experts • 123 attendees at community presentation • 9 CME and 4 non-CME presentations related to mental health • 6 NewsNow articles related to mental health • 4 mental health-related media events • 1 community health presentation on mental health • 1 event with mental health resources distributed

Goal 2: Improve systems of care and access to mental health services

Strategy	Status
Children's Government Affairs, Medicaid Strategy and PCMH teams will advocate for and support funding, legislation, regulations and policies that improve access to high-quality mental health services for Colorado youth.	**In progress** • 809 advocacy letters submitted to elected officials and government agencies • 213 bills monitored • 35 coalitions participated in • 32 experts testified in public hearings • 14 amendments secured on legislation and/or regulations impacting children's mental health • 5 coalitions built across policy priority areas • 3 media stories generated with an advocacy focus on children's mental health • Ended legislative session with several key victories on youth mental health funding and other priorities including car seat safety legislation, housing stability and more • Annually, Children's Colorado's leads a Youth Mental Health Advocacy Day at the Capitol • Engaged in 2 priority policy areas. HRSN/SDoH through implementation of CO Medicaid 1115 HRSN waiver (food and housing are the focus areas). Early childhood mental health advocacy and RAE 3.0 reforms on integrated behavioral health.
The Virtual Integrated Pediatric Behavioral Health Program (VIPBHP) will provide mental health services and consultation through telehealth to primary care practices (PCPs) and coordinate care between PCPs and schools.	**Discontinued** • The implementation of this program was suspended due to shifting strategic priorities within our Pediatric Mental Health Institute.

Goal 3: Promote protective factors and reduce risk factors for mental health conditions

Strategy	Status
Expand social needs screenings to inpatient settings	**Complete** • The full hospital system go-live was in August 2023. • The social needs screening rate was 84.0% (17,606 screens out of 20,950 inpatient admissions) of inpatient patients screened. Of those admissions, 10.3% screened positive for at least one domain: 4.8% for food, 3.8% positive for housing, 3.6% positive for utilities, 3.3% positive for transportation and 2.1% for interpersonal violence (Anschutz and South).
Address social barriers to care by providing supports, education, and referrals	**In progress** • 27,854 encounters and 15,287 families served by Community Health Navigators (Anschutz and South) • 2,116 referrals to Resource Connect (Anschutz and South) • 619 referrals to the Healthy Roots Food Clinic and 219 successful referrals (Anschutz and South) • 576 car seat education materials distributed/presentations (Anschutz and South) • 390 car seats distributed (Anschutz and South) • 78 proof of education checklists for Safe Sleep participants (Anschutz and South) • 78 liability forms filled out for Safe Sleep participants (Anschutz and South) • The Healthy Roots Food Clinic went live in Epic to be able to schedule appointments and send reminders in June 2024.
Create a culturally responsive, equitable and inclusive environment by training, mentorship and workforce development with staff and community members	**In progress** • 76 education events/opportunities sponsored within the organization by Team Member Resource Groups • 66 Children's Hospital Colorado policies and procedures consultations with the Experience Different teams • 50 team members trained as Captains of Inclusion with 7 cohorts graduated • 7 Black Health Initiative simulation training courses offered (Anschutz and South) • 24 healthcare providers trained in the Black Health Initiative simulation training courses offered (Anschutz and South)
We will provide community-based asthma programs to strengthen the circle of support for patients with asthma to improve health outcomes. These programs plan to expand geographically and potentially add direct mental health support.	**In progress** • 171 participants in AsthmaCOMP (Anschutz and South) • 104 patients seen by asthma navigator (Anschutz and South) • 37 patients who received a home visit through Just Keep Breathing (Anschutz and South) • 98 Just Keep Breathing visits (Anschutz and South) • Just Keep Breathing provided 146 supplies to patients and made 13 connections to resources (Anschutz and South) • 11 Community Advisory Board meetings (Anschutz and South)

Strategy	Status
In partnership with local schools, we will increase access to both behavioral health resources and clinical services in school settings.	**In progress** • 51 students with an Individual Health Plan for behavioral health needs • 3,900 students and 22 schools served by the School-Based Dental Clinic (Anschutz and South) • 3,700 hygiene kits distributed at our School-Based Dental Clinics (Anschutz and South) • 1,024 students received oral health education at our School-Based Dental Clinics (Anschutz and South). • 949 students received an oral health screening through our School-Based Dental Clinics (Anschutz and South). • 574 dental hygiene visits to our School-Based Dental Clinics (Anschutz and South) • 127 unique users received sealants at our School-Based Dental Clinics (Anschutz and South). • 78 providers trained to provide preventive oral health services at medical visits through our School-Based Dental Clinics (Anschutz and South) **Complete** • Development of a standardized Behavioral Health Action Plan • Development of an external webpage to share care plan templates and other school health resources

Goal 4: Promote community voices and engagement to inform, advise, and shape mental health priorities and systems of care

Strategy	Status
Develop and participate in coalitions and councils with people with lived experience, community advocates and governmental agencies to ensure community voices shape mental health policies and systems of care.	**In progress** • 406 Child Health Champion volunteer signups • 232 trained advocates through our Resident Advocacy Trainings • Over 43 Colorado youth applied to participate in the Youth Council on Mental Health and the council holds 22 Colorado youth. • Active collaborations that include but are not limited to: Aurora Health Alliance, Aurora Public Schools, Colorado Alliance for School Health, Denver Health, Denver Public Schools, Every Child Pediatrics, Hunger Free Colorado and many others • The Family Advisory Councils at Children's Colorado continue to play a critical role in advocating for improvements to the system of care and health outcomes for children and families; currently, there are 12 Family Advisory Councils in the Denver Metro area • Supporting partnership with the Resident Leadership Council including the Community Academies

Note: Unless otherwise noted, measures shown in this report reflect activities system-wide.

Appendix B: Data collection instruments

Caregiver Survey

Caregiver Questions - English

1. In what county do you currently live?

- LIST OF COLORADO COUNTIES [END SURVEY IF NOT TARGET COUNTY]

2. Are you a parent or guardian of any children or young adults under the age of 23 living in your home?

- Yes
- No [END SURVEY]

2a. [If yes] What age are the children or young adults living in your home? Select all that apply.

- Infant to 2 years old
- 3 to 5 years old
- 6 to 11 years old
- 12 to 14 years old
- 15 to 17 years old
- 18 to 22 years old

3. What do you feel are the biggest **health issues** facing children in your community (including children in your home)? Select up to THREE issues. [RANDOMIZE]

- Bullying
- Lack of dental care
- Injury (for example: falls, vehicle accidents)
- Mental health, including risk of suicide
- Child neglect and abuse
- Mother and infant health (for example: prematurity, vaccines, lactation services)
- Issues with weight (for example: obesity, overweight, eating disorders)
- Respiratory health, including asthma
- Access to healthy food
- Violence (for example: firearm violence, interpersonal violence)
- Something else (please specify) [TEXT BOX]

4. What do you feel are the biggest financial issues impacting children in your community (including children in your home)? Select up to THREE issues. [RANDOMIZE]

- Access to benefits (for example: Medicaid, food stamps, TANF)
- Access to or cost of healthcare and mental health services
- Access to or cost of child care
- Lack of affordable housing
- The cost of groceries and other essentials
- Something else (please specify) [TEXTBOX]

5. Below is a list of resources that could help you with your child/children's health or financial needs. Please indicate whether you have access to and use each resource. [I have access to this resource and use it | I do not have access to this resource and need it | I do not need to use this resource] [RANDOMIZE]

- Assistance with living expenses (for example: rent, electric bills)
- Child care assistance
- Financial support from family and friends
- Social support from family and friends
- Nearby grocery stores with healthy food options
- School-based resources (for example: school nurses, counselors)
- Mental health resources (for example: therapy, suicide awareness and education programs)
- Nearby hospitals / clinics
- Support for new parents (for example: lactation services, assistance with baby supplies)

6. What are some reasons that may prevent or delay you from getting medical care for your child/children? Select all that apply.

- Not sure how to find a doctor
- Cannot afford to pay for care
- Unable to schedule an appointment when needed
- Unable to find a doctor who knows or understands my culture or religious belief
- Unable to find a doctor who takes my insurance
- Do not have insurance to cover medical care
- Live too far away from the doctor's office or do not have transportation
- Can't take time off work
- Doctor's office does not have convenient hours
- Something else (please specify) [TEXTBOX]
- None of the above - I do not struggle to access medical care for my children

7. Which of the following are the primary reasons preventing or delaying you from getting medical care for your child/children? Select up to THREE.

- [Show options selected in Q6]

Please answer the next set of questions about yourself and the children living in your home.

8. Are you a:

- Man
- Woman
- Something else*

8a. [If something else] Please specify your gender. [TEXT BOX]

9. In what year were you born? [TEXT BOX]

10. In what ZIP code do you currently live? [TEXT BOX]

11. What is your race or origin? Select all that apply.

- White / Caucasian
- Hispanic or Latino/a
- Black or African American
- Asian or Asian American
- American Indian or Alaska Native
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- Some other race or origin (please specify [TEXT BOX]

12. What is the highest level of education you have completed?

- High school diploma or less
- Some college, but no degree
- Associate's degree, or two-year college degree
- Bachelor's degree, or four-year college degree
- Graduate degree

13. What language is used the most in your home?

- American sign language
- Amharic
- Arabic
- Burmese
- English
- French
- German
- Korean
- Nepali
- Russian
- Spanish
- Somali
- Other (please specify) [TEXTBOX]

*This term was used by a third-party survey company. Children's Hospital Colorado would have preferred using the term "another gender" and will do so moving forward.

14. Do any of the children in your household need or use more medical care, mental health, or educational services than is usual for most children of the same age?

- Yes
- No

15. What is the race or origin of the children in your home? Select all that apply.

- White / Caucasian
- Hispanic or Latino/a
- Black or African American
- Asian or Asian American
- American Indian or Alaska Native
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- Some other race or origin (please specify [TEXT BOX]

16. For statistical purposes, what is your annual household income?

- 0 to $24,999
- $25,000 to $49,999
- $50,000 to $74,999
- $75,000 to $99,999
- $100,000 to $149,999
- $150,000 to $249,999
- $250,000 or more
- Don’t know / Prefer not to answer

Caregiver questions – Español

1. ¿En qué condado vive actualmente?

- LIST OF COLORADO COUNTIES [END SURVEY IF NOT TARGET COUNTY]

2. ¿Es usted padre, madre o tutor(a) de niños(as) o jóvenes adultos(as) menores de 23 años que viven en su hogar

- Sí
- No [END SURVEY]

2a. [If yes] ¿Cuáles son las edades de los(as) niños(as) o jóvenes adultos(as) que viven en su hogar? Seleccione todas las opciones que correspondan.

- Dos años o menos
- Entre tres y cinco años
- Entre seis y once años
- Entre 12 y 14 años
- Entre 15 y 17 años
- Entre 18 y 22 años

3. ¿Cuáles considera que son los problemas de salud más importantes que se les presentan a los niños en su comunidad (incluidos los niños de su hogar)? Seleccione un máximo de TRES problemas. [RANDOMIZE]

- Acceso a comida sana
- Violencia (por ejemplo, violencia con armas de fuego, violencia interpersonal)
- Problemas con el peso (por ejemplo, obesidad, sobrepeso, trastornos alimentarios)
- Salud respiratoria, lo que incluye asma
- Negligencia y abuso infantil
- Lesión (por ejemplo, caídas, accidentes de tránsito)
- Salud mental, lo que incluye riesgo de suicidio
- Salud materno-infantil (por ejemplo, prematuridad, vacunas, servicios de lactancia)
- Acoso escolar
- Falta de atención dental
- Otra cosa (especifique) [TEXTBOX]

4. ¿Cuáles considera que son los problemas financieros más importantes que afectan a los niños en su comunidad (incluidos los niños de su hogar)? Seleccione un máximo de TRES problemas. [RANDOMIZE]

- Acceso a cuidado infantil o su costo
- Falta de vivienda asequible
- Acceso a beneficios (por ejemplo, Medicaid, cupones para alimentos, programa de Asistencia Temporal para Familias Necesitadas [TANF, por sus siglas en inglés])
- Acceso a servicios de atención médica y salud mental o su costo
- El costo de los abarrotes y demás productos esenciales
- Otra cosa (especifique) [TEXTBOX]

5. La siguiente es una lista que podría ayudarlo(a) con las necesidades de salud o financieras de su(s) hijo(s). Indique si tiene acceso a cada recurso y si lo utiliza.

[Tengo acceso a este recurso y lo uso| No tengo acceso a este recurso y lo necesito | No necesito usar este recurso] [RANDOMIZE]

- Hospitales o clínicas en las cercanías
- Recursos de salud mental (por ejemplo, terapia, programas de sensibilización y educación sobre el suicidio)
- Apoyo para padres recientes (por ejemplo, servicios de lactancia, asistencia con insumos para bebés)
- Asistencia con el cuidado infantil
- Apoyo económico de familiares y amigos(as)
- Recursos escolares (por ejemplo, personal de enfermería de la escuela, consejeros)
- Apoyo social de familiares y amigos(as)
- Asistencia con los costos de vida (por ejemplo, alquiler, boletas de electricidad)
- Tiendas de abarrotes cercanas con opciones de comida sana

6. ¿Cuáles son algunos de los motivos que podrían impedir o retrasar que usted obtenga atención médica para su(s) hijo(s)? Seleccione todas las opciones que correspondan.

- Vivo demasiado lejos del consultorio del médico y no tengo transporte
- No tengo seguro para cubrir la atención médica
- No estoy seguro(a) de cómo buscar un médico
- No puedo encontrar un médico que sea o entienda mi cultura o creencia religiosa
- El consultorio del médico no tiene un horario conveniente
- No puedo encontrar un médico que acepte mi seguro
- No puedo tomarme tiempo libre en el trabajo
- No puedo programar una cita cuando la necesito
- No puedo pagar la atención médica
- Otra cosa (especifique) [TEXTBOX]
- Ninguna de las opciones anteriores; no tengo dificultades para obtener la atención médica para mi(s) niño(s)

7. ¿Cuáles de los siguientes son los motivos principales que impiden o retrasan que usted obtenga atención médica para su(s) hijo(s)? Seleccione un máximo de TRES opciones.

- [Show options selected in Q6]

Responda la siguiente serie de preguntas sobre usted y los niños que viven en su hogar.

8. ¿Es usted...?

- Hombre
- Mujer
- Otra cosa*

8a. [If something else] Especifique su género. [TEXT BOX]

9. ¿En qué año nació? [TEXT BOX]

*Este término fue utilizado por una empresa de encuestas independiente. Children's Hospital Colorado hubiera preferido utilizar el término "otro género" y lo hará en el futuro.

10. ¿Cuál es el código postal del lugar donde vive actualmente? [TEXT BOX]

11. ¿Cuál es su raza u origen? Seleccione todas las opciones que correspondan.

- Blanco(a) o caucásico(a)
- Hispano(a) o latino(a)
- Negro(a) o afroamericano(a)
- Asiático(a) o estadounidense de origen asiático
- Indígena americano(a) o nativo(a) de Alaska
- Nativo(a) de Oriente Medio o África Septentrional
- Nativo(a) de Hawái o isleño(a) del Pacífico
- Otra opción (especifique) [TEXT BOX]

12. ¿Cuál es el máximo nivel educativo que ha alcanzado?

- Graduado de la escuela secundaria o menos
- Estudios universitarios sin graduarse
- Título universitario de dos años
- Título universitario de cuatro años
- Título de posgrado

13. ¿Qué idioma se usa más en su hogar?

- Lenguaje de señas americano
- Amhárico
- Árabe
- Birmano
- Inglés
- Francés
- Alemán
- Coreano
- Nepalí
- Ruso
- Español
- Somalí
- Otra opción (especifique) [TEXTBOX]

14. ¿Alguno de los niños en su hogar necesita o usa más servicios de atención médica, salud mental o educación de lo que es habitual para la mayoría de los niños de la misma edad?

- Sí
- No

15. ¿Cuál es la raza o el origen étnico de los niños en su hogar? Seleccione todas las opciones que correspondan.

- Blanco(a) o caucásico(a)
- Hispano(a) o latino(a)
- Negro(a) o afroamericano(a)
- Asiático(a) o estadounidense de origen asiático
- Indígena americano(a) o nativo(a) de Alaska
- Nativo(a) de Oriente Medio o África Septentrional
- Nativo(a) de Hawái o isleño(a) del Pacífico
- Otra raza u origen étnico (especifique) [TEXT BOX]

16. Para fines estadísticos, ¿cuál es el ingreso anual de su hogar?

- Entre $0 y $24,999
- Entre $25,000 y $49,999
- Entre $50,000 y $74,999
- Entre $75,000 y $99,999
- Entre $100,000 y $149,999
- Entre $150,000 y $249,999
- $250,000 o más
- No sé/Prefiero no responder

Key informant survey

Key informant questions

This survey's purpose is to gather information from community key informants about the populations they serve and their health and social needs. The data collected from this survey will be used in the 2024 Community Health Needs Assessment (CHNA), which will be publicly available on the Children's Hospital Colorado website. Non-profit hospitals are required to complete this needs assessment every three years. Participation in this survey is completely voluntary. By participating in this survey, you and consenting to your name, role, and organization appearing in a list of key informants in the CHNA report; however, your individual responses will not be attributed to you.

1. What is your name? [TEXT BOX]
2. What is your title? [TEXT BOX]
3. What organization are you a part of? [TEXT BOX]
4. On which of the following counties/areas does your organization focus its work? Select all that apply.

   a. Adams
   b. Arapahoe
   c. Broomfield
   d. Denver
   e. Douglas
   f. El Paso
   g. Jefferson
   h. Statewide

5. Please describe the population(s) you serve in detail, including age group and/or other applicable characteristics. [TEXT BOX]
6. Of the following populations, which would you say you or your organization is most familiar with or primarily services/outreaches to? Please select up to 3.

   a. Families in the military
   b. Families who identify as black, indigenous or other person of color
   c. Families with diverse languages used in the home (e.g. languages other than English)
   d. Immigrant families new to the U.S.
   e. Children with medical complexity
   f. Youth in the lesbian, gay, bisexual, trans or queer communities
   g. All children and youth
   h. Other

7. Please describe the population(s) that your organization is familiar with that was not part of the response options for the previous question. [TEXT BOX]
8. Which of the following do you feel are the most important health concerns for children in the communities you serve? Select the 3 most important concerns.

   a. Bullying
   b. Child neglect or abuse
   c. Dental care
   d. Injury
   e. Interpersonal safety
   f. Mental health
   g. Mother and infant health
   h. Obesity / overweight
   i. Preventive care (e.g. immunizations, sexual education)
   j. Respiratory health, including asthma
   k. Violence
   l. Other

9. Please list the health concern(s) that are important for children in your community that were not part of the response options for the previous question. [TEXT BOX]
10. Who has a primary role in addressing the following health concerns? Select all that apply.

	Children's Hospital Colorado	Community-based organizations	Schools	State and local public health departments	None
Bullying					
Child neglect or abuse					
Dental care					
Injury					
Interpersonal safety					
Mental health					
Mother and infant health					
Obesity / overweight					
Preventive care					
Respiratory health, including asthma					
Violence					

11. Which of the following do you feel are the most important social needs for children in the communities you serve? Select the 3 most important needs.

    a. Access to public benefits
    b. Access to healthcare and mental health services
    c. Access to or cost of child care
    d. Affordable housing
    e. Food insecurity / access to healthy food
    f. Transportation
    g. Other

12. Please list the social concern(s) that are important for children in your community that were not part of the response options for the previous question. [TEXT BOX]
13. Who has a primary role in addressing the following social needs? Select all that apply.

	Children's Hospital Colorado	Community-based organizations	State and local public health departments	None
Access to benefits				
Access to healthcare and mental health services				
Access to or cost of child care				
Affordable housing				
Food insecurity / access to healthy food				
Transportation				

14. Please list the need(s) with which you assist that were not part of the response options for the previous question. [TEXT BOX]
15. Is there anything you would like to add that we did not ask about? [TEXT BOX]
16. If you would like to receive more information on the Community Health Needs Assessment results, please provide your email address: [TEXT BOX]

Appendix C: Key informant list

Organization	Name and Role	Population(s) Served
A Precious Child	Nichole Everman, Chief Operating Officer (COO)	Children and families below 300% self-sufficiency standard
Ability Connection Colorado	Nichole Arp, Program Manager	Parents/Caregivers of individuals with disabilities and/or special healthcare needs
Adams County Health Department (Maternal Child Health)	Vicki Swarr, Nurse Manager	Maternal/Child, kids 0-21 with special healthcare needs, pregnant people, fathers and families
Adams County Health Department	Callie Preheim, Public Health Planning and Evaluation	All people living in Adams County
Adams County Health Department	Jamie Rodriguez, Regional Health Connector	All populations
Arapahoe County Public Health (Maternal Child Health)	Undisclosed, Maternal Child Health Team	Children and their families in Arapahoe County
Aurora Health Alliance	Manda Ashley, Executive Director	Underserved, Medicaid, CHP+, undocumented and unhoused
Aurora Housing Authority	Laura Getz, Manager of Homeless and Housing Stability	Families with children who reside in Aurora
Aurora Public Schools	Elizabeth "B" Lewis, Manager of Community Schools Impact	Students and families of all ages, representing 130 countries and over 160 different languages
Brent's Place	Allen Browning, Family Support Director	Immunocompromised patients traveling for medical treatments
Broomfield FISH Food and Family Resource Center	Dayna Scott, Executive Director	Low-income Broomfield residents in need
Broomfield Public Health and Environment	Sarah Mauch, Health Planning and Systems Manager	All residents with special emphasis on those who may be considered 'marginalized' or 'safety net' populations
Children's Hospital Colorado Child Health Clinic	Daniel Nicklas, Medical Director	All demographics (newborn to 20 years); 85% Medicaid members
Colorado Access Foundation	Mirella Chavez, Program Manager	Racially and ethnically diverse individuals, people with lower incomes, individuals who identify as LGBTQ+ and individuals living with disabilities
Colorado Department of Education	Krista Klabo, School Psychology Specialist	School-aged students, school psychologists and school social workers
Colorado Department of Public Health and Environment	Andrew Erhart, School-age Systems Specialist	All children and youth, with a focus on children and youth with special healthcare needs (CYSHCN)
Colorado Immigrant Rights Coalition	Q Phan Chau, Organizer	Spanish speaking parents, ages of 25-70, and undocumented families

Organization	Name and Role	Population(s) Served
Denver Public Schools	Marie Quinn, Director of Nursing and Student Health	Early Childhood Education (birth to age 8) and children and youth up to the age of 21
Douglas County Health Department	Mary Elliott, Public Health Nurse	Prenatal to 18 years old residents of Douglas County
Emergency Medical Services for Children (EMSC) - Colorado	Nicolena Mitchell, Program Manager	Community Emergency Departments and prehospital providers (Fire and EMS)
Families Forward Resource Center	Shay Jacobs, Community Development Manager	Black and African American birthing and parenting families
Intermountain Health	Katie Koblenz, Community Health Director	All ages and demographics
Jefferson County Public Schools	Matt Palaoro, Chief Student Success Officer	All children and youth (Pre-K to 21 years of age)
Jefferson County Public Health (Maternal Child Health)	Mary Margaret Fouse-Bishop, Maternal Child Health Nurse Supervisor	Individuals of reproductive age, infants, children and adolescents with special healthcare needs
Newborn Hope	Lindsay Pechek, Executive Director	Premature babies and their families
Personal Assistance Services of Colorado (PASCO)	Damian Rosenberf, Senior Director of Community Partnerships	Colorado's disability community- birth-100 and primarily those on Medicaid
Ronald McDonald House Charities of Southern Colorado	Beth Alessio, Executive Director	Families of critically ill children of which the majority are low-income families and Medicaid members
Safehouse Progressive Alliance for Nonviolence	Anne Tapp, Executive Director	Adult and child victims of domestic violence
St. Anthony North Hospital	Ann Trebesch, Director of Mission Integration	All persons and all age groups seeking healthcare
The Fax Partnership	Veronica Conchas, Community Outreach Coordinator	Immigrant/Refugees, undocumented, elderly, non-English speakers, children, families, low-income and unhoused populations
University of Colorado Health (UCHealth)	Keith Peterson, Director of Community Benefit	All persons and all age groups seeking healthcare
University of Colorado	Gabriela Jacobo, University of Colorado Staff	BIPOC community, ages 18 -75
Youth Healthcare Alliance	Mariana Ledezma-Amorosi, Director of Community Engagement	Youth

Appendix D: Health and social indicator data sources

American Community Survey

Centers for Disease Control and Prevention

Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System (YRBS)

Child Fatality Prevention System

Child Health Survey

Children's Colorado Epic

Colorado Department of Education

Colorado Department of Health Care Policy and Financing

Colorado Department of Human Services, Division of Child Welfare Services

Colorado Department of Local Affairs

Colorado Department of Public Health and Environment, Environmental Public Health Tracking

Colorado Department of Public Health and Environment, Injuries Dashboard

Colorado Department of Public Health and Environment, Pregnancies Risk Assessment Monitoring System (PRAMS)

Colorado Department of Public Health and Environment, Vital Statistics

Colorado Health Institute (CHI) Access to Care Index and Colorado Health Access Survey

County Health Rankings

Feeding America

Healthy Kids Colorado Survey

Health Resources and Services Administration (HRSA)

Kaiser Family Foundation

Kids Count Data Center

Medical Expenditure Panel Survey

U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Healthy People 2030

Appendix E: Resources to address prioritized needs

The following list was generated through conversations with key informants and community members. It is not intended to be a comprehensive list of all community resources. For additional resources refer to Colorado 2-1-1 at https://www.211colorado.org/.

Mental health resources		
Colorado Crisis Services	Service area: statewide, county and city level Languages: English and Español	https://coloradocrisisservices.org/
988 Suicide and Crisis Lifeline	Service area: statewide, county and city level Languages: English and Español	https://988lifeline.org/chat/
Community Mental Health Centers	Service area: statewide, county level Languages: English and Español	https://bha.colorado.gov/get-behavioral-health-help#Mental-health-services
I Matter (Youth mental health)	Service area: statewide Languages: English and Español	I Matter. (imattercolorado.org)
Community Reach Center	Service area: county level Languages: English and Español	Behavioral & Mental Health Services in the Denver Area - Community Reach Center
Maternal and child health resources		
Colorado Department of Public Health and Environment	Service area: statewide Languages: several languages provided	https://cdphe.colorado.gov/pregnancy
Colorado Crisis services	Service area: statewide, county, and city level Languages: access to more than 200 languages	https://coloradocrisisservices.org/
Parents Thrive Colorado	Service area: Denver metro Languages: English and Español	https://parentsthrive.org/resources/
Postpartum Support International-Colorado Chapter	Service area: Denver metro Languages: English and Español	https://parentsthrive.org/resources/postpartum-support-international-colorado/
Nurse Family Partnership	Service area: Denver metro Languages: English and Español	https://www.nursefamilypartnership.org/locations/Colorado/
La Cocina, Mental Health Services	Services: county level Languages: English and Español	La Cocina | Mental Health Services in Colorado (lacocinahome.org)
Injury resources		
Safety and Injury Prevention	Service area: statewide Languages: several languages	Childhood Safety and Injury Prevention | Children's Hospital Colorado (childrenscolorado.org)
Injury prevention outreach	Service area: county level Languages: several languages offered	Injury prevention and outreach - UCHealth

Access to care resources		
Colorado Access	Service area: county level Languages: English, Español, Arabic, Amharic, Somali, additional languages provided	Colorado Access: Caring For You And Your Health (coaccess.com)
Salud Clinic	Service area: county level Languages: English, Español and Somali	Healthcare | Salud Family Health Centers | Colorado (saludclinic.org)
Stride Clinic	Service area: county level Languages: 136 languages spoken	Home | STRIDE Community Health Center | Colorado FQHC (stridechc.org)
Child Health Clinic	Service area: statewide Languages: English, Español, Amharic, Somali, Burmese and 240 additional	Child Health Clinic | Children's Hospital Colorado (childrenscolorado.org)
Tepeyac Community Health Center	Service area: county level Languages: English and Español	Tepeyac Community Health Center (tepeyachealth.org)
Food insecurity resources		
Hunger Free Colorado-Food Resource Hotline	Service area: statewide, county and city level Languages: Arabic, Chinese, Russian, Somali, Español, Vietnamese	https://hungerfreecolorado.org/partner-with-us/partner/hotline-referral-program/
Supplemental Nutrition Program for Women, Infants and Children	Service area: statewide and county level Languages: English and Español	https://www.coloradowic.gov/homepage
Benefits in Action	Service area: county level Languages: English and Español	https://www.benefitsinaction.org/food
Find Help	Service area: statewide Languages: English and Español	https://www.findhelp.org/
United Way 211	Service area: statewide Languages: Arabic, Chinese, Español, Hmong, Japanese, Korean, Russian, Somali, Vietnamese	Chat – 2-1-1 Colorado (211colorado.org)
Housing resources		
Emergency Rental Assistance Program	Service area: statewide Languages: English, Español, Somali, Amharic, Burmese, Vietnamese and additional languages	Emergency rental assistance | Division of Housing (colorado.gov)
TRUA	Service area: county level Languages: English and Español	Temporary Rental and Utility Assistance (TRUA) Program Submission Manager (submittable.com)
Colorado Poverty Law Project	Service area: statewide Languages: English and Español	Temporary Rental and Utility Assistance (TRUA) Program Submission Manager (submittable.com)
Brothers Redevelopment	Service area: county level Language: English and Español	Rent/Mortgage Assistance - Brothers Redevelopment
Emergency Mortgage Assistance Program	Service area: statewide Languages: English, Español, Somali, Amharic, Burmese, Vietnamese and additional languages	Emergency Mortgage Assistance Program | Division of Housing (colorado.gov)

Citations

1. Census. American Community Survey (ACS) 1-Year Estimate. 2023.
2. Colorado Department of Public Health and Environment. CDPHE Colorado Health Statistics Regions [Internet]. Available from: https://data-cdphe.opendata.arcgis.com/datasets/75e32548d3b24169adb942ecb7424937/about
3. Adams County. Adams County Local School Districts [Internet]. 2024. Available from: https://adcogov.org/local-school-districts
4. Anythink Foundation. Anythink [Internet]. 2024. Available from: https://www.anythinklibraries.org/locations
5. Adams County. Adams County Developed Parks [Internet]. 2024. Available from: https://adcogov.org/developed-parks
6. Adams County. Adams County Open Space [Internet]. 2024. Available from: https://adcogov.org/open-space
7. Arapahoe County. Arapahoe County School Districts [Internet]. 2024. Available from: https://www.arapahoeco.gov/your_county/about_arapahoe_county/community/index.php
8. Arapahoe Libraries. Arapahoe Libraries [Internet]. 2024. Available from: https://arapahoelibraries.bibliocommons.com/
9. Arapahoe County. Arapahoe County Open Space [Internet]. 2024. Available from: https://www.arapahoeco.gov/your_county/county_departments/open_spaces/properties/index.php
10. Broomfield County. Broomfield County Schools [Internet]. 2024. Available from: https://www.broomfield.org/397/Schools
11. Broomfield Library. Broomfield Library [Internet]. 2024. Available from: https://www.broomfield.org/276/Library-Home
12. Broomfield County. Broomfield Parks and Park Shelters [Internet]. 2024. Available from: https://www.broomfield.org/593/Parks-and-Park-Shelters
13. Denver Public Schools. Denver Public Schools [Internet]. 2024. Available from: https://www.dpsk12.org/
14. Denver Public Library. Denver Public Library [Internet]. 2024. Available from: https://www.denverlibrary.org/locations
15. Denver County. Denver Public Parks [Internet]. 2024. Available from: https://www.denvergov.org/Government/Agencies-Departments-Offices/Agencies-Departments-Offices-Directory/Parks-Recreation
16. Douglas County. Douglas County School District [Internet]. 2024. Available from: https://www.dcsdk12.org/
17. Douglas County. Douglas County Libraries [Internet]. 2024. Available from: https://www.dcl.org/locations/
18. Douglas County. Douglas County Parks [Internet]. 2024. Available from: https://www.douglas.co.us/parks-trails-building-grounds/parks-trails/
19. Jefferson County. JeffCo Public Schools [Internet]. 2024. Available from: https://www.jeffcopublicschools.org/about
20. Jefferson County. Jefferson County Public Library [Internet]. 2024. Available from: https://jeffcolibrary.org/
21. Jefferson County. Jefferson County Open Space [Internet]. 2024. Available from: https://www.jeffco.us/964/Parks
22. Colorado Department of Public Health and Environment (CDPHE). Vital Statistics. 2023.
23. Colorado Department of Public Health and Environment (CDPHE). Vital Statistics. 2022.
24. Child Fatality Prevention System. Child Fatality Prevention System, 2024 Annual Legislative Report. 2024; Available from: www.cochildfatalityprevention.com.
25. Colorado Department of Local Affairs. Race and Ethnicity Population Estimates. 2022.
26. Colorado Health Institute. The ABCs of Health Equity for Children and Youth with Special Health Care Needs: A Policy Agenda for Colorado [Internet]. 2020. Available from: https://drive.google.com/file/d/1bTFhZfN-tL7q8OYQwlxx5gcjz84RzF5W/view
27. Colorado Department of Public Health and Environment. Communities inclusion in Colorado. 2022.
28. U.S. Department of Health and Human Services. Healthy People 2030 [Internet]. Available from: https://health.gov/healthypeople/objectives-and-data/social-determinants-health
29. Colorado Department of Health Care Policy and Financing. Eligible but Not Enrolled. 2019.

30. Alker, Joan; Osorio, Aubrianna; Brooks, Tricia; Park E. Child Medicaid Disenrollment Data Shows Wide Variation in State Performance as Continuous Coverage Pandemic Protections Lifted [Internet]. 2024. Available from: https://ccf.georgetown.edu/2024/05/02/child-medicaid-disenrollment-data-shows-wide-variation-in-state-performance-as-continuous-coverage-pandemic-protections-lifted/
31. Kaiser Family Foundation. Medicaid Enrollment and Unwinding Tracker [Internet]. 2024. Available from: https://www.kff.org/report-section/medicaid-enrollment-and-unwinding-tracker-state-enrollment-and-unwinding-data/
32. Colorado Health Institute. Colorado Health Access Survey. Colorado Health Access Survey. 2023.
33. County Health Rankings & Roadmaps. Family and Social Support. 2023.
34. Kids Count Data Center. Kids Count Data Center. 2022;
35. Census. American Community Survey (ACS) 5-Year Estimate. 2022;
36. Feeding America. Feeding America [Internet]. Available from: https://www.feedingamerica.org/hunger-in-america/child-hunger-facts
37. Colorado Department of Public Health and Environment. Healthy Kids Colorado Survey. 2023.
38. U.S. News. Affordability Ranking [Internet]. [cited 2021 Jun 28]. Available from: https://www.usnews.com/news/best-states/rankings/opportunity/affordability
39. Center for Disease Control. Racism and Health [Internet]. 2021 [cited 2021 Jun 30]. Available from: https://www.cdc.gov/minority-health/racism-health/index.html
40. Colorado Department of Public Health and Envornment. Declaring racism a public health crisis. 2021;
41. Sarikloglou E, Fouzas S, Paraskakis E. Prediction of Asthma Exacerbations in Children. J Pers Med. 2023 Dec;14(1).
42. Colorado Department of Public Health and Environment (CDPHE). Environmental Public Health Tracking. 2022.
43. Colorado Department of Public Health and Environment. Injuries in Colorado Dashboard, 2021-2023.
44. U.S. Department of Health and Human Services. Physical Activity Guidelines for Americans, 2nd edition. 2018.
45. Colorado Department of Public Health and Environment. Child Fatality Prevention System, 2018-2020.
46. Colorado Department of Public Health and Environment. Injuries in Colorado Dashboard, 2023. 2023.
47. Ely DM, Driscoll AK. Vital Statistics Rapid Release Infant Mortality in the United States: Provisional Data From the 2022 Period Linked Birth/Infant Death File. 2022;(33):1–8. Available from: https://www.cdc.gov/nchs/products/index.htm.
48. Colorado Department of Public Health and Envornment. Pregnancy Risk Assessment Monitoring System (PRAMS).

Children's Hospital Colorado

Anschutz Medical Campus

13123 East 16th Avenue
Aurora, CO 80045

© Children's Hospital Colorado 2025 All rights reserved. CHAI-150063081A-2025-02