



2024

Community Health Needs Assessment

Children's Hospital Colorado, Colorado Springs



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 six hundred 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

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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.

At our Colorado Springs Hospital, there are 50 NICU beds, three sleep study rooms and a Level 2 Trauma Center offering the best trauma care for children in southern Colorado. Our Colorado Springs Hospital is the only dedicated pediatric emergency department in southern Colorado.

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, Data and Analytics, School Health and Diversity, and 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 our 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 report for Children’s Hospital Colorado, Colorado Springs.

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 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, 77.9% of our Implementation Strategies are in progress, 15.3% are not completed due to shifting priorities and 6.8% are complete.

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.
- Our Building Resiliency for Healthy Kids behavioral health providers gave therapeutic services to 354 students in 2023.
- We had over a hundred 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.
- In 2023, we provided more than 100 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 10 new Captains from Colorado Springs.
- 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 area was 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 of the 2021 assessment.

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 CHNA:

Strengths

- Reviewers found the identified priority area to still be relevant and aligned with their own organization’s priorities.
- Reviewers appreciated the focus on equity, the impacts of racism and social determinants of health.
- Reviewers highlighted that the assessment was well organized, easy to follow and comprehensive.

Weaknesses

- Reviewers suggested using additional data sources including national comparisons and data that highlights 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 trends over time where data was available.

Reviewers also expressed interest in collaborating to address the needs that were identified in the 2021 assessment. There were several mentions of how we could partner together as the work continues. Overall, this feedback was used to shape and inform our 2024 process and final report, including how we approached our data collection process, analysis and community engagement. This process is further outlined in the Methods and Process section.

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 Community Health Needs Assessment was made publicly available during the three-year period for comments both in the documents and on our website 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 El Paso County. Within El Paso, Children’s Colorado has a licensed hospital facility at the Colorado Springs Hospital (115 licensed beds).

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 our hospital facility, we reviewed our patient population data and found that most emergency department/urgent care, inpatient admissions and outpatient visits are from children who live in El Paso County. In 2023, our Colorado Springs Hospital provided care to 26,326 patients from El Paso ages 0 to 25 years old across emergency department/urgent care, inpatient/observation and outpatient settings, representing 85.4% of all patients and 86.5% of all visits that year. Across these settings, when looking at all Medicaid patients at our Colorado Springs Hospital, 81.3% of all Medicaid patients seen in 2023 were from El Paso.

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

County	Emergency / Urgent Care, n (%)	Inpatient / Observation, n (%)	Outpatient, n (%)	Total, n (%)
El Paso	29,799	4,576	9,667	44,042
% of total visits	92.2%	75.3%	77.2%	86.5%

Source: Epic, 2023

In El Paso, 22.8% of the total population are children under 18 years, representing 169,938 children. The median family income is \$104,140 with 7.9% of children under 18 living in poverty (13,218 children). (1) For children under 19 years, 31.7% are on Medicaid and 3.8% are uninsured. When looking at languages in the home, 12.7% of children ages 5 to 17 speak a language other than English at home.

Community indicators, 2023

County	El Paso
Total population	744,215
Total population under 18 years	169,938
% of total population under 18 years	22.8%
# of children (under 18) living in poverty	13,218
% of children (under 18) living in poverty	7.9%
Median family income	\$104,140
% of children ages 5 to 17 who speak a language other than English at home	12.6%
% uninsured children (under 19)	3.8%
% Medicaid (under 19)	31.7%

Source: American Community Survey 1-Year Estimate, 2023

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 multiple 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 in El Paso. Below is a summary of our community input through surveys and community meetings. Overall, community input was gathered between April 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 El Paso.

Children's Colorado's 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 El Paso residents or served to them via social media ads.

Embold Research used the following sources to recruit respondents: targeted advertisements on Facebook and Instagram (148 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 (530 respondents).

Ads were placed on social media platforms that targeted parents or guardians of children/young adults living in El Paso County. Those who indicated that they lived outside of El Paso 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, 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 El Paso.

A representative sampling approach was taken to collect enough responses from El Paso caregivers to proportionally represent the overall population. The survey was open to the public during the month of April 2024. Overall, we received 678 survey respondents within that time frame. 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 array 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 El Paso County or statewide between April and May 2024. We collected responses via an online survey. Overall, we had 18 key informant responses. Please see Appendix C for our list of key informants.

Community collaborations

To help prioritize the health and social needs identified, Children's Colorado held seven meetings with community leaders who lived in or served in El Paso to review our secondary and primary data findings and rank the top needs through prioritization exercises between May and August 2024. In total, 80 community members participated, representing public health, schools, non-profit organizations, healthcare and interested citizens. Some of our partners in these community meetings included:

- **Building Resiliency for Healthy Kids** – The Building Resilience for Healthy Kids program is a school-based program that partners 6th grade students with a Children's Colorado trained health coach to help students develop and foster resiliency skills.
- **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.
- **El Paso County Public Health Healthy Communities (HCC)** – The HCC is a key informant group of community partners who have been working together since 2011 to implement strategies identified in the Community Health Improvement Plan for El Paso County. The HCC consists of over 60 representatives from city and county governments, hospitals, community health systems, non-profit organizations, schools and interested citizens.
- **Safe Kids Colorado** – Safe Kids Colorado is a coalition serving El Paso County and Teller County. It is comprised of public and private partners, including hospitals, nonprofit organizations, schools, law enforcement, fire services, emergency medical services, public health, family service organizations, parents and caregivers. Based on the needs of the community, this coalition implements evidence-based programs, such as car-seat checkups, safety workshops and sports clinics, that help parents and caregivers prevent childhood injuries.

METHODS AND PROCESS

Secondary data sources

Our team identified relevant secondary indicators, both internally and externally, that pointed to social inequities and needs within our defined community. In total, we collected and analyzed data from over 30 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 the approaches of 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 our key informant survey, we 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 partners 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 a county-level estimate due to data availability. As a result, for some of the indicators in this assessment, we have had to suppress specific estimates data due to data availability, low counts or present data as a Health Statistics Region (HSR).² As an example, Healthy Kids Colorado Survey data for 2021 for El Paso was not available due to low numbers of participating schools; the latest available data is from 2019.



Summary Findings

Description of community served

The populations that are included in this assessment are the residents of El Paso County aged 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, El Paso offers a number of community spaces including 17 public school districts and 17 public libraries.^{3,4} There are also 17 open spaces and 12 county parks of which community members can take advantage.⁵

Child population

In Colorado, nearly 30% of households have one or more children under 18 years old.¹ The percent of households with one or more children under 18 years old in Colorado and El Paso is consistent with the U.S. national estimate (28.8%).¹

Child population, 2023

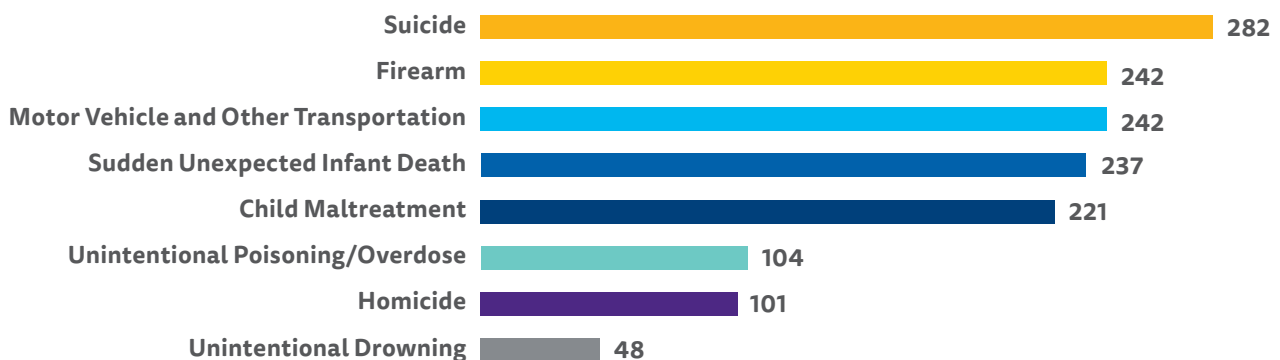
	Colorado	El Paso
Total households	2,428,261	298,973
% of households with one or more children under 18 years old	27.1%	31.1%

Source: American Community Survey 1-Year Estimate, 2023

Births and deaths

In 2023, there were 61,461 live births in Colorado and 8,864 (14.4%) of these statewide live births were from the El Paso region.⁶ 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 2022.⁷ 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.⁸

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%).⁹ El Paso County follows a very similar distribution to the state but with a slightly higher white population (57.1% compared to 56.0%) and slightly lower minority population compared to the state (42.9% compared to 44.0%).⁹

Race and ethnicity ages 0-25, 2022

	Colorado	El Paso
American Indian or Alaska Native	0.6%	0.5%
Asian	3.6%	2.7%
Black or African American	4.6%	6.3%
Hispanic or Latino	30.4%	25.9%
Native Hawaiian or Other Pacific Islander	0.2%	0.2%
Two or more races	4.6%	7.2%
White	56.0%	57.1%

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 25.¹⁰ Over 50,000 CYSHCN, or 15.7% of the total CYSHCN Colorado population, live in El Paso.¹¹ 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.¹⁰

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

	Colorado	El Paso
# of children and youth with special healthcare needs (CYSHCN)	341,000	53,689

Source: Colorado Department of Public Health and Environment, Community Inclusion in Colorado, 2022

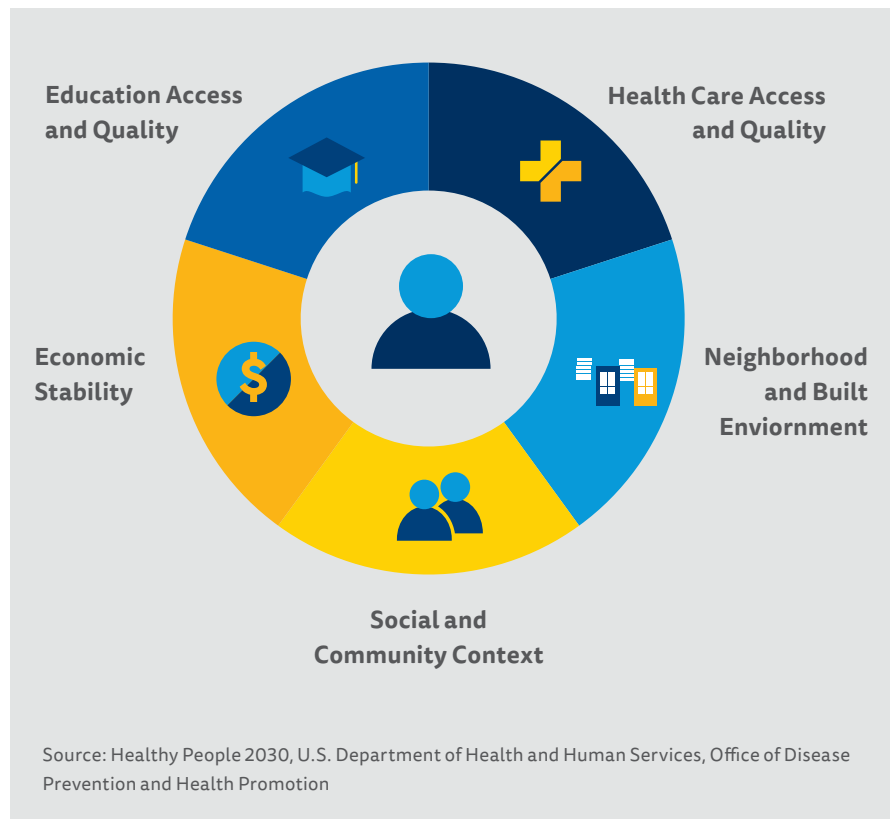
*This is based on 2020 estimates from the Colorado Health Institute



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.¹² Social determinants of health can range from families not being able to access medical care because of insurance 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.¹²



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.¹³ When looking at El Paso, 5.2% of children ages 0 to 18 are eligible but not enrolled (EBNE) for benefits and this has decreased from 2018 estimates at 6.8%.¹³ Nearly half of the children who are EBNE in Colorado are Hispanic or Latino (46.3%).¹³

Eligible but not enrolled ages 0-18, 2019

	Colorado	El Paso
% EBNE*	7.3%	5.2%

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

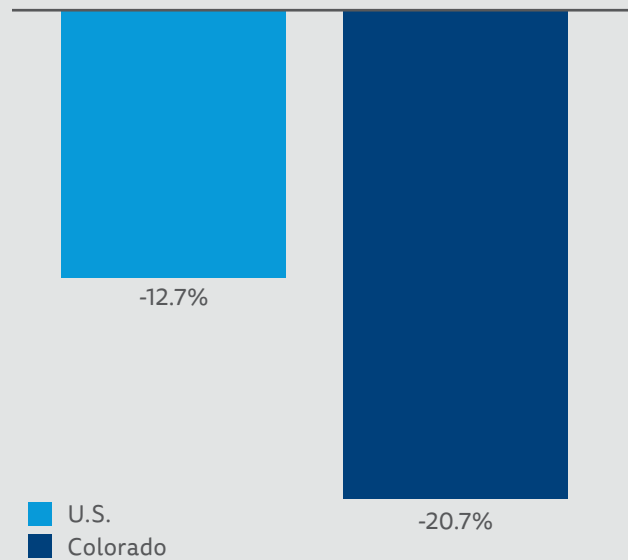
*Eligible but not enrolled (EBNE) in Medicaid, CHP+ or APTCs

SUMMARY FINDINGS

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.¹⁴ 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.¹⁵ 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.¹⁶

Healthcare access and affordability, 2023

	Colorado	El Paso
Access		
% Medicaid (under 19) ¹	34.3%	31.7%
% Uninsured children (under 19) ¹	4.1%	3.8%
Affordability		
Did not fill a prescription for medication due to cost ²	3.4%	3.3%
Did not get needed doctor care due to cost ²	4.0%	*
Did not get needed specialist care due to cost ²	5.2%	4.0%
Did not get needed dental care due to cost ²	5.5%	4.5%

Source: ¹American Community Survey 1-Year Estimate, 2023; ²Colorado Health Access Survey, 2021-2023 combined, data is presented as HSR;

*Indicates suppressed or unavailable data

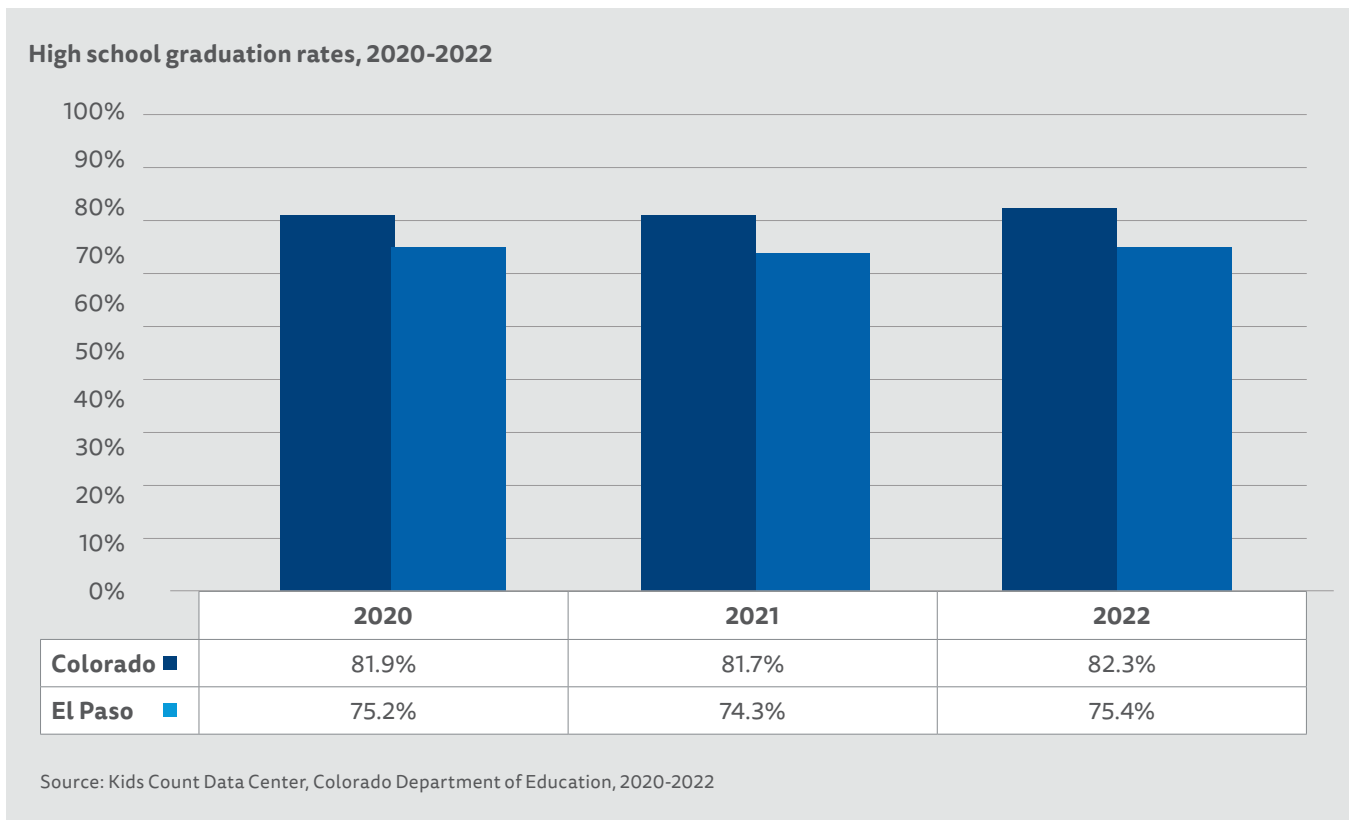
Early childcare and education

In Colorado, nearly one-third (30%) of a household's total income is required to cover the cost of childcare.¹⁷ The cost of childcare can be a significant financial burden on families and affect their ability to cover daily living expenses. One in ten Colorado 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 in 2023.¹⁶ Even if families are able to cover the cost of childcare, there are a limited number of childcare centers that can accommodate families.¹⁷

	Colorado	El Paso
% of household income required for childcare expenses	30%	26%
# of childcare centers per 1,000 population under 5 years old	12	7

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, El Paso continues to fall below the state average.¹⁸



SUMMARY FINDINGS

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 Additionally, the median household income in El Paso County is notably lower than in Colorado at \$104,140.¹ In El Paso, 28.2% of children are being raised in single-parent households.¹⁹

Socioeconomic indicators, 2023

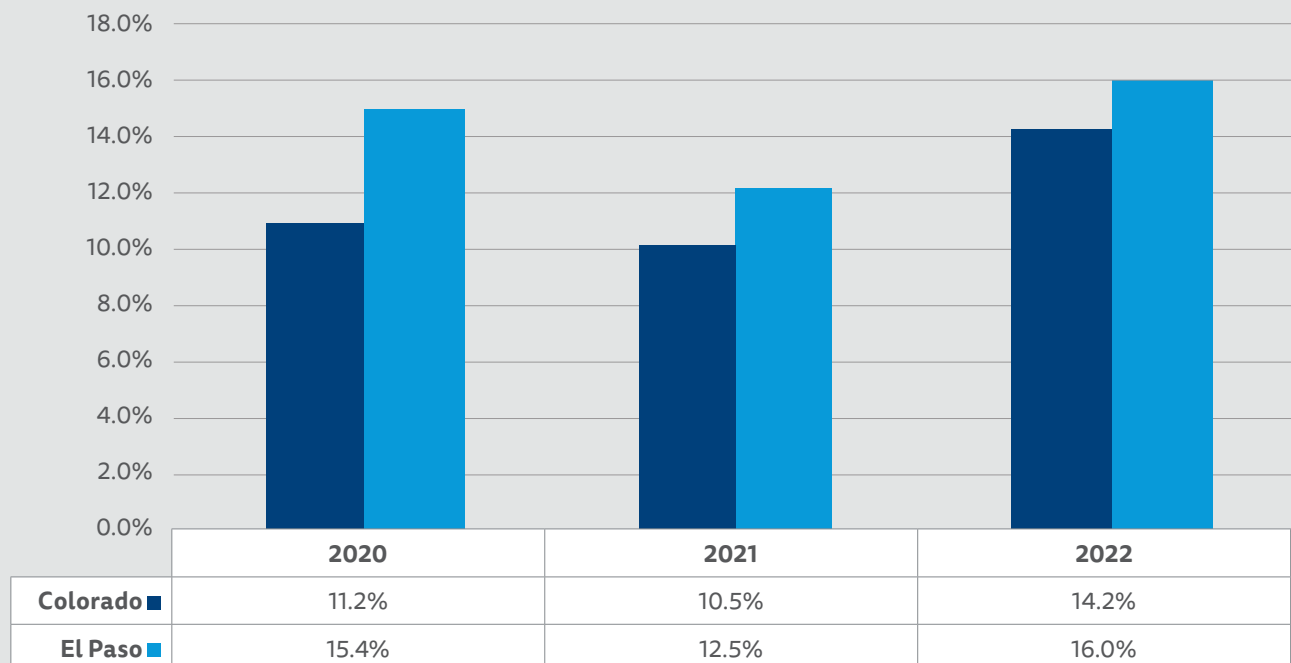
	Colorado	El Paso
Total Families¹	1,486,623	200,915
% of families living in poverty¹	5.9%	5.0%
Median family income¹	\$115,335	\$104,140
% of children (under 18) living in single-parent household²	28.0%	28.2%

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

Food access and nutrition

In the U.S, more than 13 million children (one in every five children) experienced food insecurity in 2022.²⁰ In 2022, Colorado had a Child Food Insecurity Rate of 14.2%, while El Paso County had a rate of 16.0% representing 27,570 children.²⁰ Child food insecurity rates have also increased from 2021 to 2022 across the region.²⁰

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



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 also higher in El Paso County (18.2%) than in Colorado (14.7%).²¹ El Paso also had a lower rate of high school students who ate vegetables one or more times per day in the past week compared to the state (22.1% compared to 25.0%).²¹

Food insecurity, 2019

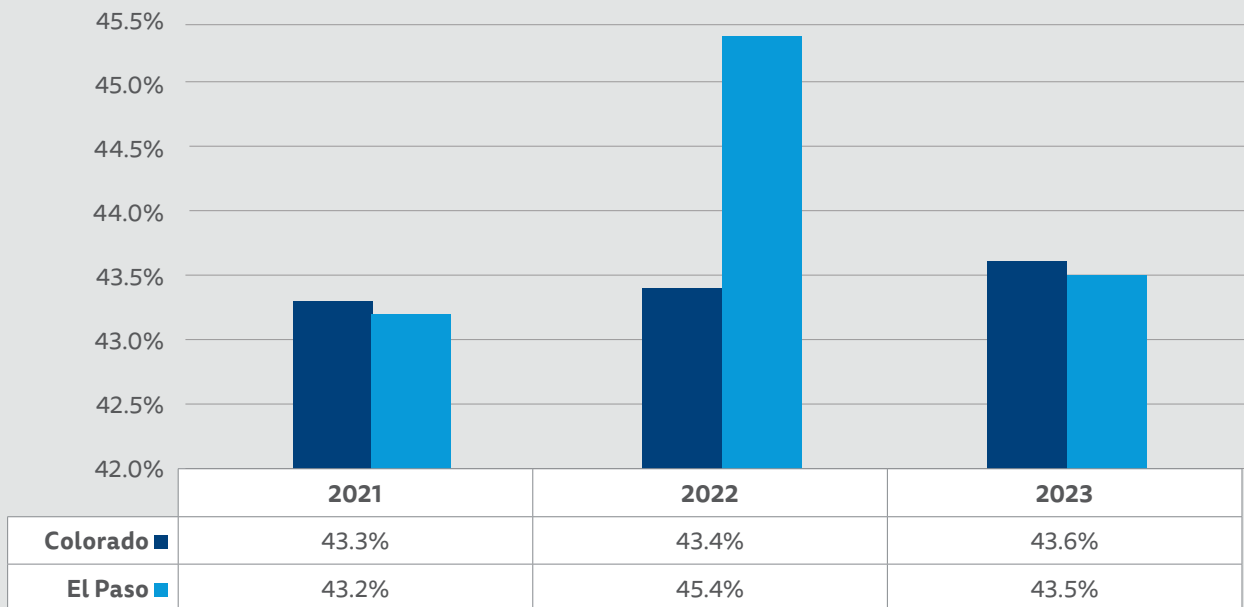
	Colorado	El Paso
% of high school students who went hungry in last 30 days sometimes/most of the time/always because of lack of food	14.7%	18.2%
% of high school students who ate vegetables (not including salad, potatoes, or carrots) one or more times per day in the past week	25.0%	22.1%

Source: Healthy Kids Colorado Survey, 2019, 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.¹⁸ 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.²² Across Colorado, 43.6% of households spend 35% or more of their household income on housing.¹ Although El Paso has seen a decrease from 2022 to 2023, rates are still higher compared to 2021.¹

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



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

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Impacts of racism on health

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.²³ According to the CDC, the life expectancy of Black/African Americans is four years lower compared to white Americans.²³ 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.”²⁴

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.²⁵

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 El Paso:

- 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.²⁶ Compared to 5 to 14 year olds, 0 to 4 year olds have higher emergency department and hospitalization rates.²⁷

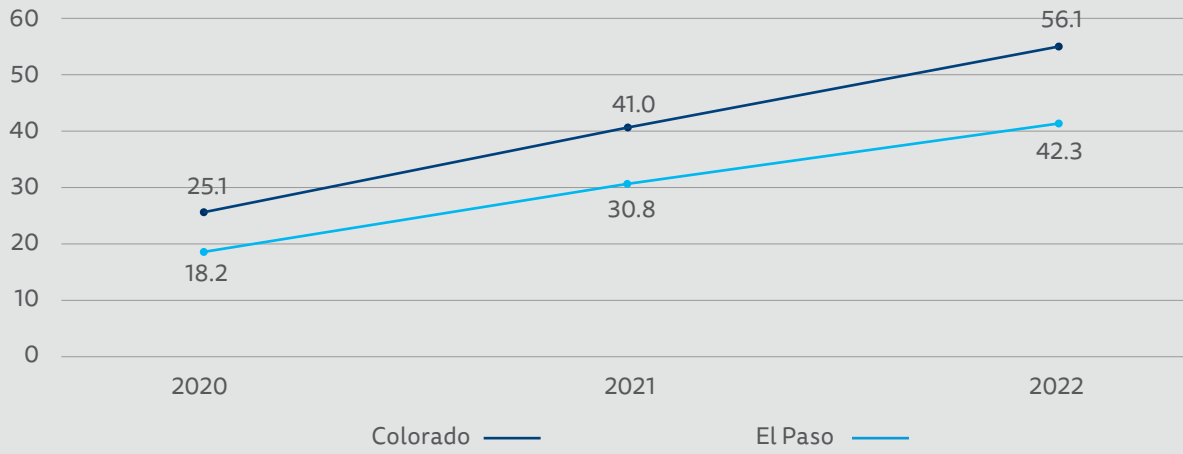
Asthma and respiratory health, 2022

	Colorado	El Paso
Asthma emergency department rate per 10,000, 0-4 year old	56.1	42.3
Asthma emergency department rate per 10,000, 5-14 year old	53.8	40.7
Asthma hospitalization rate per 10,000, 0-4 year old	26.3	17.9
Asthma hospitalization rate per 10,000, 5-14 year old	13.7	9.4

Source: Colorado Department of Public Health and Environment, Colorado Environmental Public Health Tracking, 2022

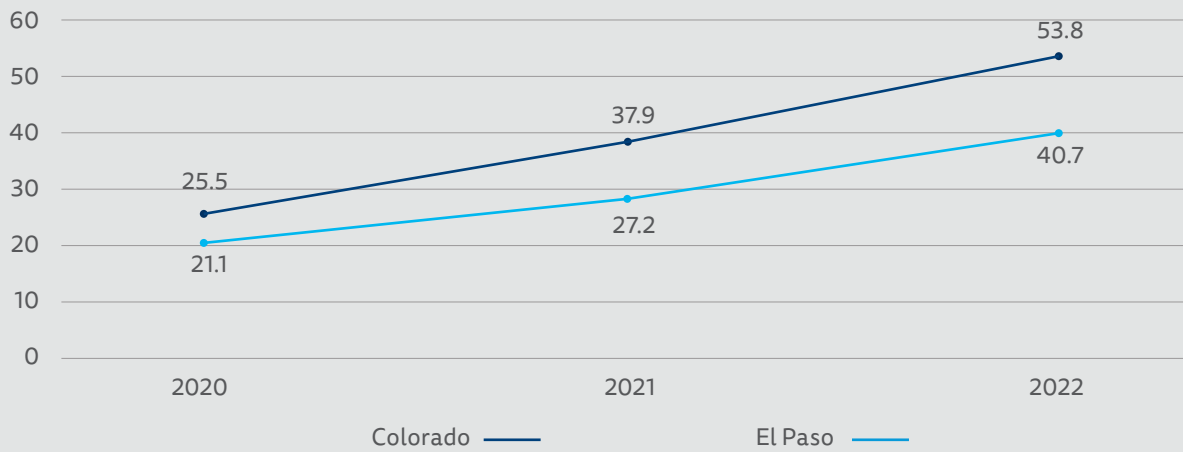
*Indicates suppressed or unavailable data

Asthma emergency department rate per 10,000 ages 0-4, 2020-2022



Source: Colorado Department of Public Health and Environment, Colorado Environmental Public Health Tracking, 2020-2022

Asthma emergency department rate per 10,000 ages 5-14, 2020-2022



Source: Colorado Department of Public Health and Environment, Colorado Environmental Public Health Tracking, 2020-2022

Child abuse and neglect

Child abuse and neglect continues to be one of the leading causes of death among children less than 18 years old and higher rates of abuse occur in the <1 year age group^{1,8,28}. When looking at emergency department visits mentioning injuries due to child or adult abuse, El Paso had higher rates compared to the state (141.9 per 100,000 compared to 90.6 per 100,000).²⁸ El Paso also had a higher rate of child maltreatment deaths compared to the state (4.2 per 100,000 compared to 3.1 per 100,000).²⁹

Child abuse, maltreatment and neglect, 2023

	Colorado	El Paso
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	141.9
Crude rate of child maltreatment deaths per 100,000 among Colorado residents under 18 years old ²	3.1	4.2
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	10.1

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

Healthcare utilization

Top diagnoses by clinical setting

The top diagnoses for ED/UC encounters for patients from El Paso in 2023 included respiratory-related illnesses and viral infections.

Top 5 diagnoses – ED/UC, 2023

Diagnosis Description	Percent
Acute upper respiratory infection, unspecified	9.3%
Acute obstructive laryngitis (croup)	3.9%
Vomiting, unspecified	3.3%
Noninfective gastroenteritis and colitis, unspecified	3.3%
Fever, unspecified	3.1%

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 respiratory failure with hypoxia	6.7%
Acute bronchiolitis due to respiratory syncytial virus	3.2%
Acute bronchiolitis due to other specified organisms	2.6%
Acute bronchiolitis, unspecified	2.4%
Dehydration	1.9%

Source: Epic, 2023

In the outpatient setting, the top diagnoses in 2023 included encounters for swallowing difficulties and chemotherapy.

Top 5 diagnoses – outpatient/observation, 2023

Diagnosis Description	Percent
Dysphagia, unspecified	3.6%
Encounter for antineoplastic chemotherapy	3.1%
Dysphagia, pharyngeal phase	2.8%
Acute lymphoblastic leukemia, in remission	2.1%
Snoring	1.6%

Source: Epic, 2023



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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.³⁰ 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, El Paso was below the state (46.4% compared to 48.0%).²¹ When looking at the number of hours high school students spend on an electronic device, El Paso was higher compared to the state (74.9% compared to 73.1%).²¹

Physical activity, 2019

	Colorado	El Paso
% 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	48.0%	46.4%
% 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	73.1%	74.9%

Source: Healthy Kids Colorado Survey, 2019, 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.⁸ 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 100,000.²⁹ In 2023, 5.5% of Colorado high school students reported that they had attempted suicide one or more time during the past year.²⁵

Emergency department rates mentioning intentional self-harm among 0 to 17 year olds were higher in El Paso compared to the state in 2023 (301.3 per 100,000 in El Paso compared to 202.0 per 100,000 in the state).³¹

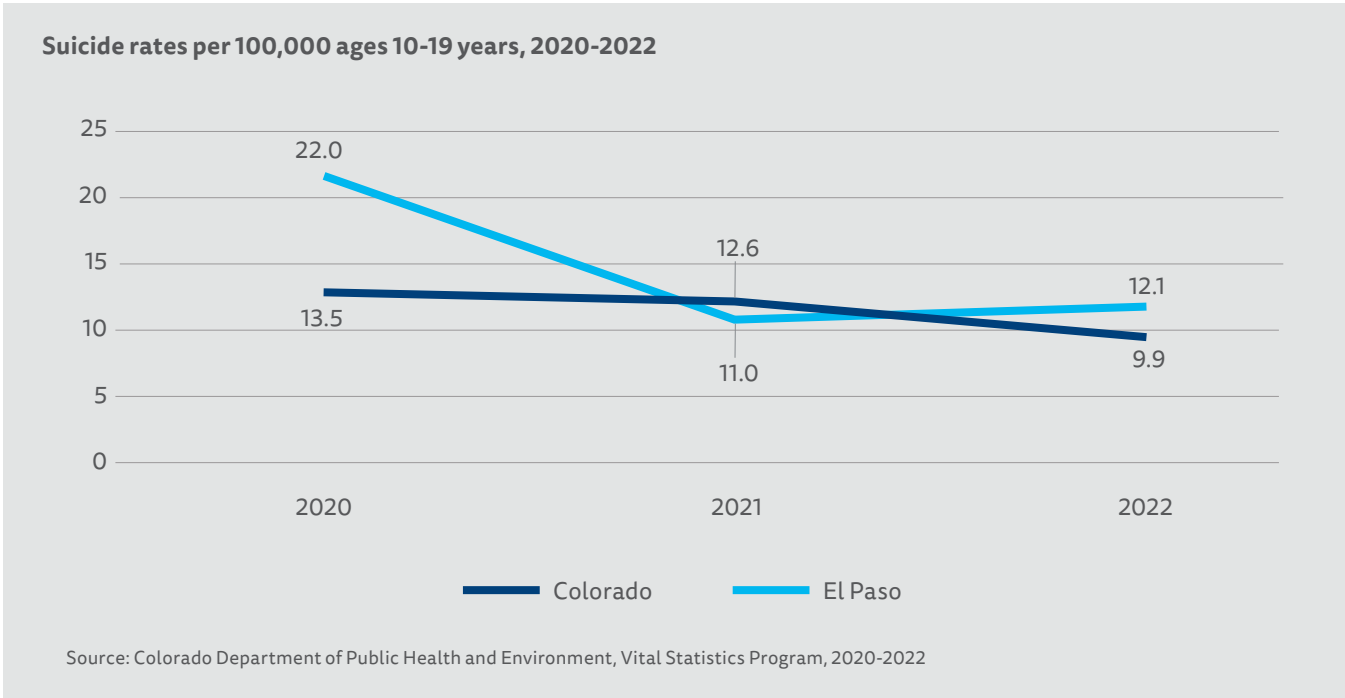
Rates of emergency department visits per 100,000 mentioning intentional self-harm ages 0-17 years, 2023

	Colorado	El Paso
Average annual crude rate of emergency department visits mentioning intentional self-harm per 100,000 Colorado residents under 18 years old	202.0	301.3

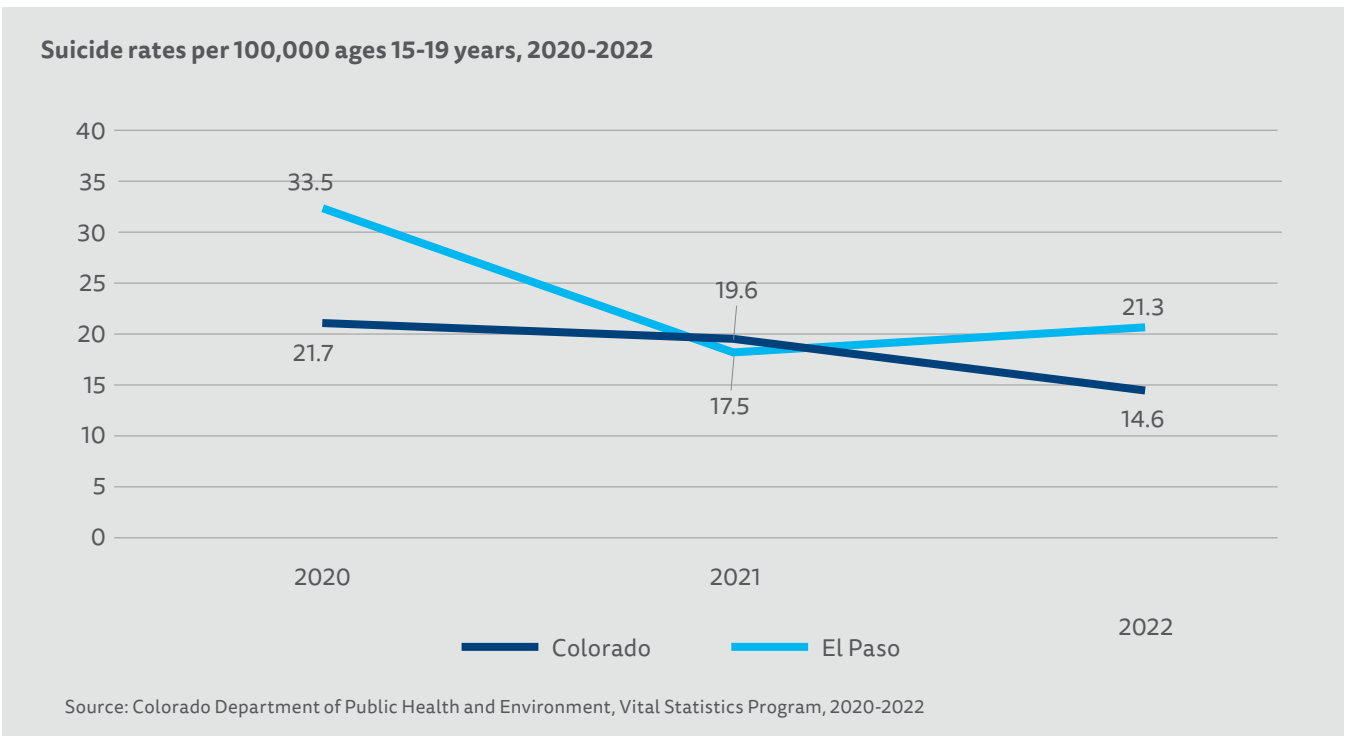
Source: Colorado Department of Public Health and Environment, Injuries in Colorado Dashboard, 2023



When looking at suicide rates among 10 to 19 year olds between 2020 and 2022, overall rates have decreased since 2020. However, El Paso was higher than the state average in 2022 (12.1 per 100,000 in El Paso compared to 9.9 per 100,000 in Colorado),⁷



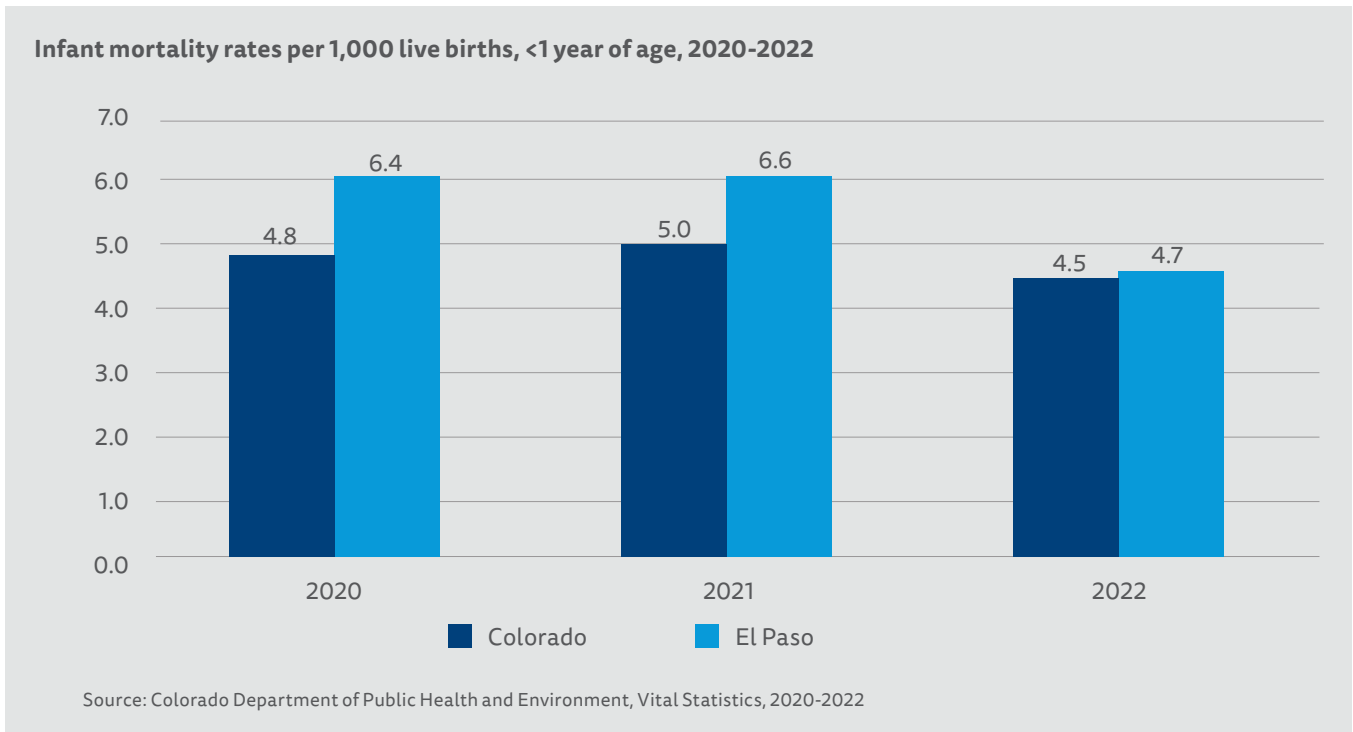
For 15 to 19 year olds, suicide rates overall have also decreased since 2020, but rates in El Paso were higher than the state average in 2022 (21.3 per 100,000 compared to 14.6 per 100,000),⁷



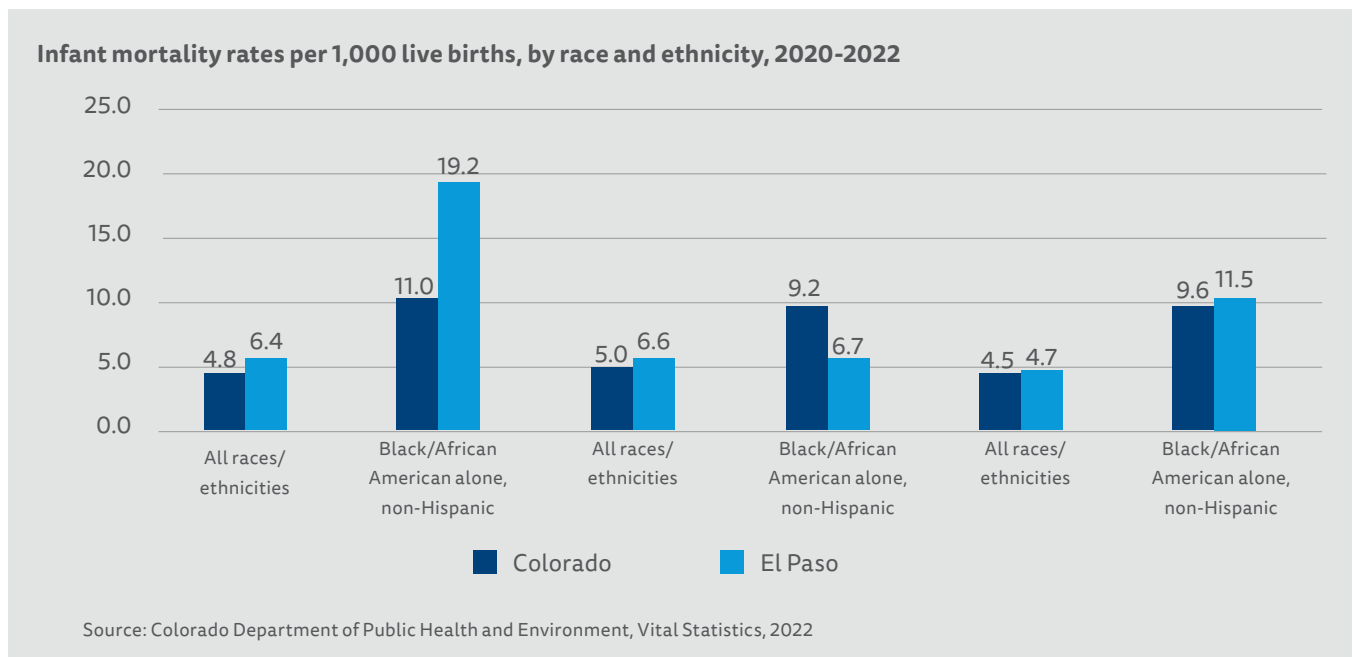
SUMMARY FINDINGS

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 El Paso.³² From 2020 to 2022, infant mortality rates for El Paso 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 El Paso being 4.7 to 6.6 per 1,000 live births.,



When looking at the infant mortality rate by race and ethnicity, non-Hispanic, Black/African American babies have had a higher infant mortality rate compared to all other race and ethnicities from 2020 to 2022.,





When looking at risk factors for mother and infant health, there was a higher proportion of mothers in El Paso who smoked during pregnancy compared to the state (4.9% compared to 3.9%).³³

Mother and infant health indicators, 2020-2021

	Colorado	El Paso
% of pregnant people who smoked during their third trimester of pregnancy	3.9%	4.9%
% of pregnant people who drank during their third trimester of pregnancy	15.6%	14.5%

Source: Pregnancy Risk Assessment Monitoring System, 2020-2021

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. has declined over the years from 75.8% to 68.7%.¹² 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.¹⁶

Oral health, 2021-2023

	Colorado	El Paso
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%	16.6%

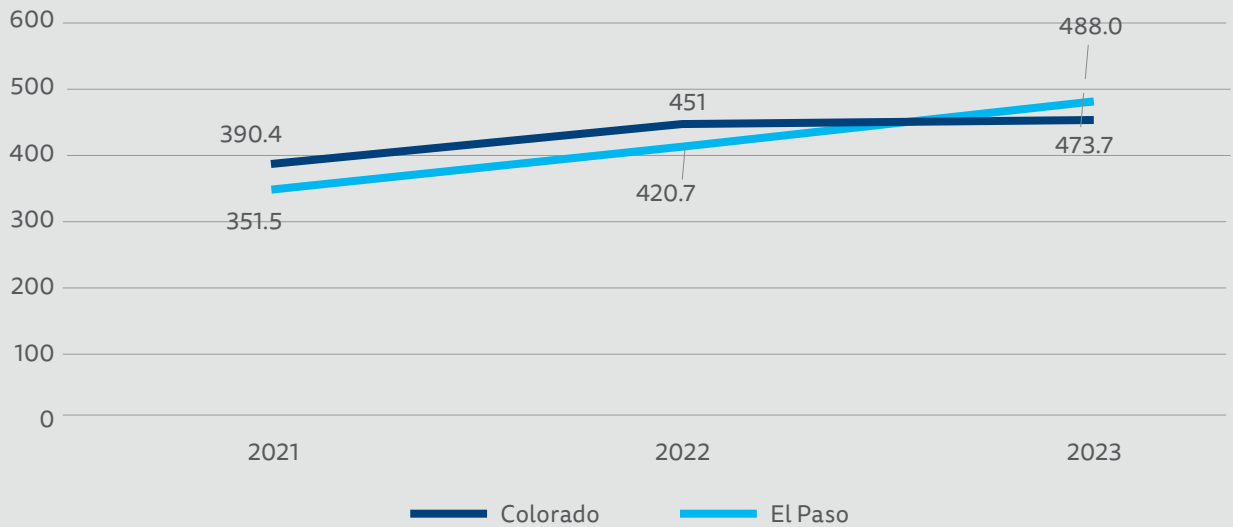
Source: Colorado Health Access Survey, 2021-2023 combined; *Indicates suppressed or unavailable data

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Unintentional injury

Motor vehicle and other transportation injuries are the third leading cause of death for children under 18 years in Colorado.⁸ 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.²⁵ Rates of emergency department visits due to traffic-related motor vehicle injuries per 100,000 for residents under 18 years across the state and in El Paso have been increasing between 2021 and 2023.²⁸

Emergency department rates per 100,000 Colorado residents under 18 years old mentioning any traffic-related motor vehicle injury at acute care hospitals in Colorado, 2021-2023



Source: Colorado Department of Public Health and Environment, Injuries in Colorado Dashboard, 2021-2023

Violence

For children under 18 years in Colorado, firearms are the second leading cause of death.⁸ In El Paso, the rates of emergency department visits due to firearms per 100,000 for residents under 18 years was higher compared to the state (10.4 per 100,000 in El Paso compared to 9.9 per 100,000 for the state).²⁸ The rate of firearm-related deaths per 100,000 for residents in El Paso under 18 years increased from 4.7 per 100,000 in 2021 to 6.5 per 100,000 in 2023.²⁸ 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.²⁵

Firearm injuries, 2021-2023

	Colorado	El Paso
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	10.4
Average annual crude rate of emergency department visits mentioning traffic injuries to pedestrians per 100,000 Colorado residents under 18 years old	4.2	4.3

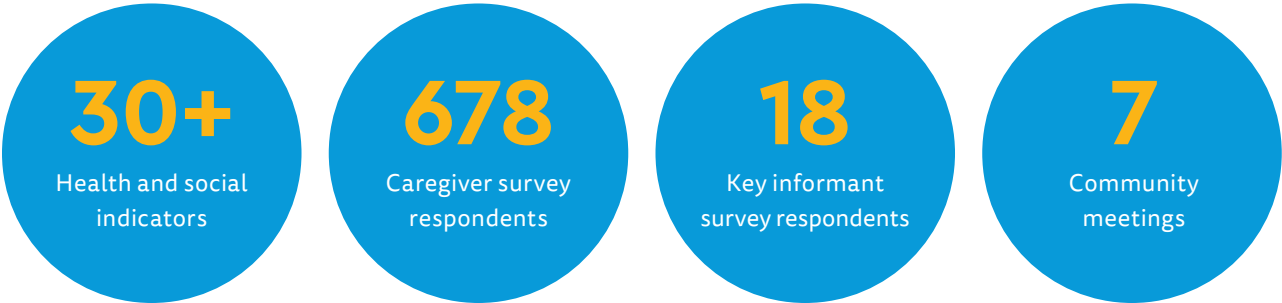
Source: Colorado Department of Public Health and Environment, Injuries in Colorado Dashboard, 2021-2023

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 El Paso to the state or within populations living in the El Paso 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 the El Paso area. Through collaborations, surveys, interviews and community meetings, we were able to get the input of hundreds of people. We found both similarities and some differences between our secondary data priorities and those prioritized by the community.

Data collection

Children’s Colorado engaged in several different ways to assess the top issues impacting the El Paso 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 hundreds of people.



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Caregiver surveys

Overall, we had 678 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 4.2%.

Caregiver survey sample overview

	El Paso (American Community Survey Census data)*	Embold Research
RACE AND ETHNICITY (Children under 18 years in households)¹		
White	67.0%	66%
Black or African American	5.7%	5%
American Indian and Alaska Native	1.0%	<1%
Asian	2.0%	2%
Native Hawaiian and Other Pacific Islander	<1%	<1%
Other race	4.1%	1%
Hispanic or Latino origin (of any race)	26.1%	19%
INCOME GROUP (Families)²		
\$0-\$24,999	6.0%	7%
\$25,000-\$49,999	10.9%	14%
\$50,000-\$74,999	16.1%	12%
\$75,000-\$99,999	14.5%	16%
\$100,000-\$149,999	23.1%	22%
\$150,000 or more	29.5%	21%

Source: ¹American Community Survey 5-Year Estimate, 2022; ²American 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 (59%)
2. Bullying (34%)
3. Issues with weight (23%)
4. Violence (22%)
5. Child abuse and neglect (13%)

When looking at the top health needs by race and ethnicity and income level, respondents ranked mental health as the top health issue facing children. Nearly half of Hispanic caregivers saw bullying as a top health issue. Caregivers from low-income households were most likely to report a need for mental health resources.

Respondents were asked about the top financial needs impacting children.

Top financial issues

1. The cost of groceries and other essentials (79%)
2. Lack of affordable housing (62%)
3. Access to or cost of childcare (41%)
4. Access to or cost of healthcare and mental health services (41%)
5. Access to benefits (15%)

Nearly 80% of caregivers in El Paso ranked the cost of groceries as the biggest financial issue impacting children in their community. White and Hispanic caregivers were more likely to identify access to or the cost of childcare as a top financial issue.

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 (30%)
2. Cannot afford to pay for care (23%)
3. Can't take time off work (22%)
4. Doctor's office does not have convenient hours (17%)
5. Unable to find a doctor who takes my insurance (14%)



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Key informant surveys

We had 18 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 and access to a primary care provider), mother and infant health were the next top health needs. Child abuse and neglect, and issues with weight, were both ranked equally.

Top health issues

1. Mental health (31%)
2. Preventive care (17%)
3. Mother and infant health (15%)
4. Child abuse and neglect (10%)
5. Issues with weight (10%)

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 and food insecurity. Transportation and access to or cost of childcare were both ranked equally.

Top social issues

1. Access to care (30%)
2. Housing (26%)
3. Food insecurity (19%)
4. Transportation (7%)
5. Access to or cost of childcare (7%)

Lastly, key informants were asked who they felt could play 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.

The top areas of assistance that our key informants most often help with were access to care followed by mental health resources. Help with bill payments, housing and food insecurity were all ranked equally.

Top areas that key informants assist with

1. Access to care (17%)
2. Mental health resources (15%)
3. Bill payment (12%)
4. Housing (12%)
5. Food insecurity (12%)

Community meetings

As part of the last step in our community input process, we both collaborated with community partners or 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 7 community meetings with 80 attendees.

Our top health and social indicators based on our secondary data were:



Access to care



Asthma and respiratory health



Child abuse and neglect



Food insecurity



Housing



Issues with weight



Mental health



Mother and infant health



Oral health

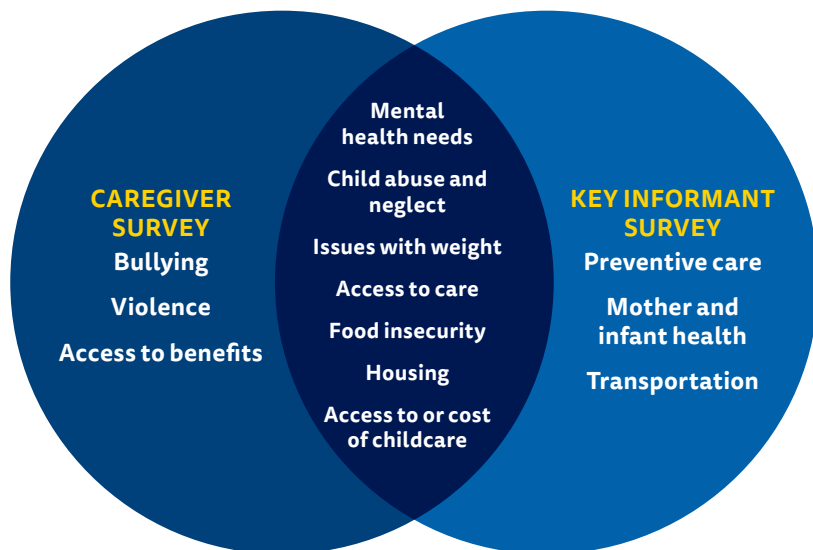


Unintentional injury



Violence

We also highlighted the areas of overlap between both our caregiver and key informant surveys. For health needs, mental health, child abuse and neglect, and issues with weight were ranked as top health needs in both surveys. For social needs, access to care, food insecurity, housing, 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 child abuse and neglect as the top health needs.

Top health needs

1. Mental health (13%)
2. Preventive care (5%)
3. Child abuse and neglect (5%)

For social needs, 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
Issues with weight	Mother and infant health	Child abuse and neglect	Child abuse and neglect
Violence	Child abuse and neglect	Bullying	Violence
Child abuse and neglect	Issues with weight	Mother and infant health	Issues with weight
			Asthma and respiratory health
			Unintentional injury

*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 across the data sources were access to care, food insecurity and housing, followed by access to or cost of childcare.

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	Transportation		
Access to benefits	Access to or cost of childcare		

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



SUMMARY FINDINGS

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.

Prioritization criteria



Description of identified priority needs

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

Health Priorities



Mental health



Injury



Preventive care

Social Drivers of Health



Access to care



Nutrition security



Housing

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

Children’s Colorado knows that the needs and 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 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 hundreds 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 insight 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 Strategy, we took a holistic approach to addressing child mental health, which is our primary priority need identified for our 2021 CHNA for our Colorado Springs Hospital. 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
<p>The Building Resiliency for Healthy Kids Program will provide a community responsive and research-based upstream approach for youth through 1:1 coaching, peer coaching and community collaborations.</p>	<p>In progress</p> <ul style="list-style-type: none"> • 1,414 students served (Colorado Springs) • 24 participating schools (Colorado Springs) • Healthy Kids behavioral health providers (licensed clinicians) delivered therapeutic services to 354 students (Colorado Springs). • Students who completed the program demonstrated increased resilience, self-efficacy, emotional self-regulation and experienced decreased symptoms of anxiety and depression (Colorado Springs).
<p>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.</p>	<p>In progress</p> <ul style="list-style-type: none"> • 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 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. <p>Complete</p> <ul style="list-style-type: none"> • 100% of trained clinics have implemented suicide screening into their workflow
<p>Screen for suicide ideation and depression in various clinical settings</p>	<p>Complete</p> <ul style="list-style-type: none"> • 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 75.7% (Colorado Springs)
<p>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.</p>	<p>In progress</p> <ul style="list-style-type: none"> • 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

CONCLUSION

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.	<p>In progress</p> <ul style="list-style-type: none"> • 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.	<p>Discontinued</p> <ul style="list-style-type: none"> • 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	<p>Complete</p> <ul style="list-style-type: none"> • The full hospital system go-live was in August 2023. • The social needs screening rate was 92.8% (5,827 screens out of 6,227 inpatient admissions) of inpatients at Colorado Springs. Of those admissions, 7.6% screened positive for at least one domain: 3.6% for food, 2.9% positive for utilities, 2.4% positive for housing, 2.4% positive for transportation and 1.2% for interpersonal violence (Colorado Springs).
Address social barriers to care by providing supports, education, and referrals	<p>In progress</p> <ul style="list-style-type: none"> • 5,321 encounters and 2,661 families served by Community Health Navigators (Colorado Springs) • 142 car seats distributed (Colorado Springs) • 14 car seat education materials distributed/presentations (Colorado Springs) <p>Complete</p> <ul style="list-style-type: none"> • Creation of navigation measurement dashboard

<p>Create a culturally responsive, equitable and inclusive environment by training, mentoring and developing workforce with staff and community members.</p>	<p>In progress</p> <ul style="list-style-type: none"> • 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 • 10 team members from Colorado Springs were trained as Captains of Inclusion (Colorado Springs). • Leadership diversity increased from 19.6% in 2023 to 21.3% in 2024 (Colorado Springs).
<p>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.</p>	<p>Not complete</p> <ul style="list-style-type: none"> • This scope of work has not expanded at this time to Colorado Springs.
<p>In partnership with local schools, we will increase access to both behavioral health resources and clinical services in school settings.</p>	<p>In progress</p> <ul style="list-style-type: none"> • 36,542 participants have received executive functioning resources from Unstuck and On Target. • 27,525 people visited the Unstuck and On Target website. • 1,255 participants in Colorado have enrolled in Unstuck and On Target online training.

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

Strategy	Status
<p>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.</p>	<p>In progress</p> <ul style="list-style-type: none"> • 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: Developmental Pathways, Peak Parent, Peak Vista Community Health Center, Pediatric Care Network, Safe Kids Colorado, State Network of Colorado Ambulatory Practices and Partners, United States Air Force Academy 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 is one Southern Colorado Family Advisory Council with 9 family members represented (Colorado Springs).

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.

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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.

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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 are 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]

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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. With which of the following needs do you assist? Select all that apply.

Resources
Assistance with bill payment
Childcare assistance
Housing
Food insecurity / access to healthy food
School-based resources (for example: school nurses, counselors)
Mental health resources (for example: therapy, suicide awareness and education programs)
Access to healthcare and healthcare coverage
Support for new parents (for example: lactation services, assistance with baby supplies)
Other

15. Please list the need(s) with which you assist that were not part of the response options for the previous question.
[TEXT BOX]

16. Is there anything you would like to add that we did not ask about? [TEXT BOX]

17. 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
Ability Connection Colorado	Nichole Arp, Program Manager	Parents/Caregivers of individuals with disabilities and/or special healthcare needs
Brent's Place	Allen Browning, Family Support Director	Immunocompromised patients traveling for medical treatments
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
Colorado Springs Fire Department	Kathryn Hook, Community Risk Reduction	All ages and demographics (newborn to 100+)
Diversus Health	Katie Blickenderfer, Chief Clinical Officer	Children (from birth) and families; population is primarily Medicaid but serve all payers within crisis services
El Paso County Public Health	Rubba Ahram, Public Health Planner	All people living in El Paso County

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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
Front Range Area Health Education Center (FRAHEC)	Okany Rivas, Regional Health Connector	Residents of El Paso and Teller County
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
University of Colorado Health (UCHealth)	Keith Peterson, Director of Community Benefit	All persons and all age groups seeking healthcare
YMCA of the Pikes Peak Region	Theresa Johnson, Chief Operating Officer (COO)	All ages and demographics
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), 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)
National Alliance on Mental Illness	Service area: county level Languages: English and Español	National Alliance on Mental Illness - Colorado Springs - Home (namicoloradosprings.org)
Preventative care resources		
Peak Vista Community Health	Service area: county level Languages: several languages provided	Peak Vista Community Health Centers Doctor Near Me
El Paso County Health Department, Immunizations	Service area: county level Languages: English, Español, Amharic, Arabic, and additional languages	Adult & Child Immunizations - El Paso County Public Health (elpasocountyhealth.org)
El Paso County Health Department, Reproductive	Service area: county level Languages: English, Español, Amharic, Arabic, and additional languages	Reproductive Health Clinic - El Paso County Public Health (elpasocountyhealth.org)
Injury resources		
Child Abuse and neglect hotline	Service area: statewide Languages: English and Español	Colorado Child Abuse and Neglect Hotline Reporting System Colorado Department of Human Services
Report Abuse and Neglect	Service area: county and city Languages: English and Español	Report Abuse or Neglect - City and County of Denver (denvergov.org)
Colorado Department of Human Services	Service area: statewide Languages: English and Español and additional languages available	Contact the Colorado Department of Human Services Colorado Department of Human Services
Child Abuse and Neglect Services	Service area: statewide Languages: English and Español	Child Abuse and Neglect Services Children's Hospital Colorado (childrenscolorado.org)

CONCLUSION

Department of Human Services El Paso County	Service area: county level Languages: English, Español and additional languages available	Department of Human Services - El Paso County Human Services
Access to care resources		
Regional Accountable Entity Northeast Health Partners	Service area: county level Languages: English, Español, Arabic, Amharic, Somali, additional languages provided	Northeast Health Partners
Child Health Clinic	Service area: statewide Languages: English, Español, Amharic, Somali, Burmese and 240 additional	Child Health Clinic Children's Hospital Colorado (childrenscolorado.org)
SET Family Medical Clinic	Service area: county level Languages: English, Español, Amharic, Somali, French and additional languages	SET Family Medical Clinics COLORADO SPRINGS CommonSpirit Health
El Paso County Public Health	Service area: county level Languages: English, Español, Amharic, Arabic and additional languages	Reproductive Health Clinic - El Paso County Public Health (elpasocountyhealth.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)
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. El Paso County. El Paso School Districts [Internet]. 2024. Available from: <https://assessor.elpasoco.com/tax-entity-maps/school-districts/>
4. Pikes Peak Library District. Pikes Peak Library District [Internet]. 2024. Available from: <https://ppld.org/library-locations>
5. El Paso County. El Paso County Parks and Recreation [Internet]. 2024. Available from: <https://communityservices.elpasoco.com/parks-and-recreation/>
6. Colorado Department of Public Health and Environment (CDPHE). Vital Statistics. 2023.
7. Colorado Department of Public Health and Environment (CDPHE). Vital Statistics. 2022.
8. Child Fatality Prevention System. Child Fatality Prevention System, 2024 Annual Legislative Report. 2024; Available from: www.cochildfatalityprevention.com
9. Colorado Department of Local Affairs. Race and Ethnicity Population Estimates. 2022.
10. 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>
11. Colorado Department of Public Health and Environment. Communities inclusion in Colorado. 2022.
12. U.S. Department of Health and Human Services. Healthy People 2030 [Internet]. Available from: <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>
13. Colorado Department of Health Care Policy and Financing. Eligible but Not Enrolled. 2019.
14. The Colorado Health Foundation. End of the Public Health Emergency – Implications of the Medicaid Unwind. 2024.
15. 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/>
16. Colorado Health Institute. Colorado Health Access Survey. Colorado Health Access Survey. 2023.
17. County Health Rankings & Roadmaps. Family and Social Support. 2023.
18. Kids Count Data Center. Kids Count Data Center. 2022.
19. Census. American Community Survey (ACS) 5-Year Estimate. 2022.
20. Feeding America. Feeding America [Internet]. Available from: <https://www.feedingamerica.org/hunger-in-america/child-hunger-facts>
21. Colorado Department of Public Health and Environment. Healthy Kids Colorado Survey. 2019.
22. U.S. News. Affordability Ranking [Internet]. [cited 2021 Jun 28]. Available from: <https://www.usnews.com/news/best-states/rankings/opportunity/affordability>
23. 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>
24. Colorado Department of Public Health and Environment. Declaring racism a public health crisis. 2021.
25. Colorado Department of Public Health and Environment. Healthy Kids Colorado Survey. 2023.
26. Sarikloglou E, Fouzas S, Paraskakis E. Prediction of Asthma Exacerbations in Children. *J Pers Med*. 2023 Dec;14(1).
27. Colorado Department of Public Health and Environment (CDPHE). Environmental Public Health Tracking. 2022.
28. Colorado Department of Public Health and Environment. Injuries in Colorado Dashboard, 2021-2023.
29. Colorado Department of Public Health and Environment. Child Fatality Prevention System, 2018-2020.
30. U.S. Department of Health and Human Services. Physical Activity Guidelines for Americans, 2nd edition. 2018.
31. Colorado Department of Public Health and Environment. Injuries in Colorado Dashboard, 2023. 2023.
32. 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>
33. Colorado Department of Public Health and Environment. Pregnancy Risk Assessment Monitoring System (PRAMS).



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