

# Community Health Implementation Strategies (CHIS) Three-Year Progress Report

Children’s Hospital Colorado, Denver Metro Area:

Anschutz, North, and South Campuses

Time Period: July 2022- June 2025

## Introduction

This report summarizes the three-year outcomes of the Community Health Implementation Strategies addressing community needs identified in the [2021 Community Health Needs Assessment \(CHNA\) for Anschutz and South Campus](#) and the [2022 CHNA for North Campus](#). In recognition that a multi-prong strategy is more likely to make a difference, our approach to addressing mental health, food insecurity, and access to care was holistic and layered.

## Executive Summary

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Community Health Implementation Strategies beginning in 2022 focused on the following priority areas:

1. (Child) Mental Health\*
2. Food Insecurity
3. Access to Care

\*The 2021 CHNA for Anschutz and South Campuses used the term “child mental health” whereas the 2022 CHNA for North Campus called the priority area “mental health.” The strategies and activities are similar and, sometimes, identical.

Mental Health and Access to Care have been consistent priorities for Children’s Hospital Colorado and long-time, community-identified needs. In 2022, Children’s Colorado published two Community Health Implementation Strategy (CHIS) reports focused on mental health for our Anschutz and South Campuses, in Aurora and Highlands Ranch, as well as our Colorado Springs Hospital. In 2023, Children’s Colorado published a CHIS for our North Campus, in Broomfield, focused on Mental Health, Food Insecurity, and Access to Care. As many of those strategies are applied across the Children’s Colorado hospitals and systems of care, the goals and strategies below are often shared across our system and geographic regions. This is also true of our growing work to address food insecurity and the social drivers of health, although partnerships and strategies may differ by geographic area.

## HIGHLIGHTS

**Mental Health.** We collaborated with school nurses on a Mental Health Action Plan for Anxiety that school nurses piloted in schools. The plan is available on our website for any school nurse to use in our state and beyond.

**Food Insecurity.** Social needs screening in all Children’s Colorado inpatient and many outpatient clinics now includes food security screening. Nearly all of those who screened positive for food insecurity and wanted assistance received it.

**Access to Care.** Just Keep Breathing navigators provided home visits to patients with high-risk asthma, improving outcomes through asthma education, environmental assessments and remediation, care coordination, and patient navigation. Health navigators assessed caregivers' mental health using the Patient Health Questionnaire-4 (PHQ-4) and worked to connect caregivers to community mental health services.

## Three-Year Progress Summary

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### Cross-Cutting Priority-Area Work

**Several strategies and activities addressed multiple priority areas at once. This work included:**

1. Policy and advocacy work to protect, advance, and enhance the health and wellbeing of children, youth, and families.
2. Psychosocial screening, health and system navigation, and connection to resources and services.
3. The coordination and facilitation of Family Advisory Councils to learn from families in order to improve the system of care and health outcomes for children and families receiving care.



#### Cross-Cutting Strategy 1: Policy and Advocacy

Policy and advocacy are important tools to improve children's health. Our Government Affairs and Medicaid Strategy teams work closely together, with partners, and with elected officials at different levels of government to advocate for policies and legislation that will support healthy, happy, and thriving families and communities throughout Colorado and our region. In the past three years, over 8,500 advocacy letters or emails were submitted to elected officials or government agencies, 136 Children's Colorado experts testified in public hearings, and 2,578 people became Child Health Champions (parents, caretakers, staff, patients and community members who, as part of our Child Health Champions advocacy network, raise their voices and advocate for issues impacting kids).

**Strategy 1:** Children's Government Affairs, Medicaid Strategy and Partners for Children's Mental Health (PCMH) teams will advocate for and support funding, legislation, regulations and policies that improve access to high-quality mental health services for Colorado youth.

**Strategy 2:** Children's Colorado Government Affairs and Medicaid Strategy teams will promote access to care, including mental health care and health-related social needs, by supporting funding, legislation, regulations and other policies that improve access to high-quality care.

*Note that Strategy 2 is the same as Mental Health - Goal 2: Improve systems of care and access to healthcare services, Strategy 1 and closely aligns with Access to Care - Goal 1: Improve systems of care and access to healthcare services, Strategy 1.*

- In 2024, 341 Child Health Champions received child advocacy training.
- PCMH's youth engagement work was revamped to create the Youth Council on Mental Health (YCMH). The Pediatric Mental Health Institute (PMHI) Youth Action Board (YAB) was incorporated into the YCMH in 2024. The new structure was built for youth, by youth. Over 45 Colorado youth applied to participate in the YCMH. The council holds 25 Colorado youth and two boards: Community Action Team and the Program Innovation Team. These boards meet monthly to

discuss mental health initiatives in schools and youth-led resource development (social media guide for teens).

Measure (Count)	2022-2023	2023-2024	2024-2025	Total (All 3 Years)
Advocacy letters or emails submitted to elected officials or government agencies	3,479	809	4,405	8,693
Advocates trained through Resident Advocacy Trainings	256	232	569	1,057
Bills monitored	396	213	160	769
Children's Colorado experts who testified in public hearings	41	32	63	136
Coalitions in which policy and advocacy team participated	41	35	32	108
Served in a lead advocacy role for priority policies impacting children's health	8	9	3	20
New Child Health Champions	1,534	406	638	2,578
New coalitions built across policy priority areas	11	5	2	18



## Cross-Cutting Strategy 2: Psychosocial Screening and Navigation Services

Screening and referral for psychosocial and basic needs has been increasingly recognized as a critical complement to health care. Health care services alone are insufficient for healthy families; our teams also support children and families by screening for many different needs – including food security, housing, mental health, and many more – and providing navigational support in accessing available resources and services. We are part of a network of partners connecting families to care and providing important supports. Universal social needs screening has been standard practice in our primary care settings since 2016 and was launched for inpatient units in August 2023: each year, a greater percentage of inpatient families have been screened. Over the past three years, nearly 45,000 families were served by Community Health Navigators at our Anschutz Medical Campus and outpatient Health Pavilion. Resource Connect – an onsite, centralized place where patients and families can access support for common social needs – is located at our Health Pavilion in Aurora. The programs to which Health Pavilion families were most commonly referred were Health Roots Food Clinic (36%), Medical-Legal Partnership (15%), Housing Support (10%), and Injury Prevention Services (10%) (Figure 1).

**Strategy 1:** Expand social needs screening to inpatient settings

**Strategy 2:** Address social barriers to care by providing supports, education and referrals

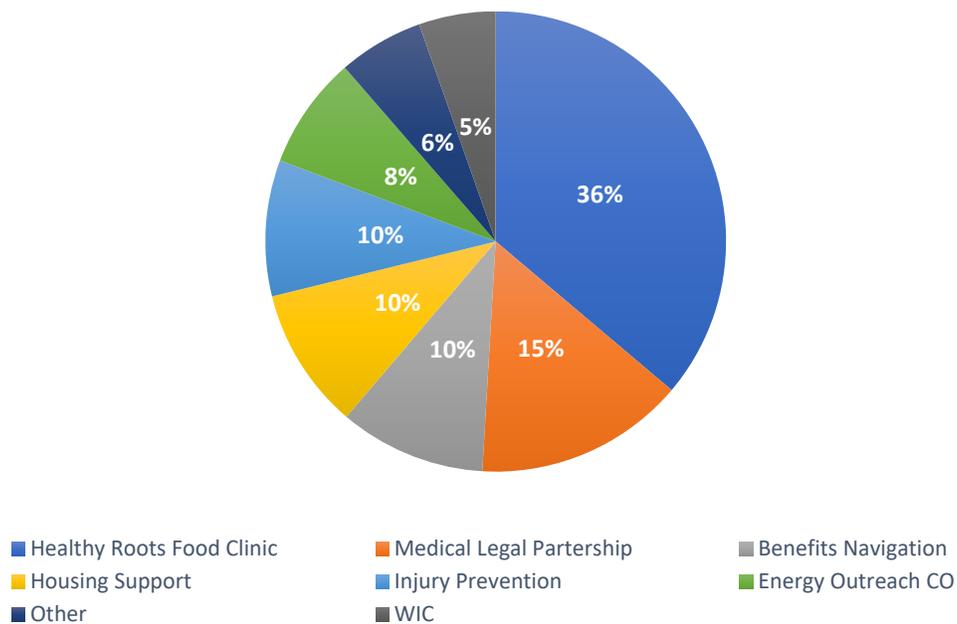
**Strategy 3:** Screen and refer families for food insecurity\* and public benefits across various settings

\*See the Nutrition Security Priority Area Section for related metrics

- Our health navigation teams play a critical role addressing needs such as housing, food, benefits navigation and enrollment, and transportation, etc. In 2024, in the Denver Metro Area, we completed 21,402 inpatient social needs screenings with 2,609 (10%) patients screening positive for social needs.

Measure (Count or Percentage)	2022-2023	2023-2024	2024-2025	Total (All 3 Years)
Families served by Community Health Navigators, Anschutz Medical Campus and Health Pavilion	14,025	15,287	15,469	44,781
Families served by Community Health Navigators, North Campus	210	321	655	1,186
Families served by Resource Connect at Health Pavilion	1,196	1,484	1,303	3,983
Patients engaged by Resource Connect at Health Pavilion	1,201	1,483	1,304	3,988
Referrals to Resource Connect at Health Pavilion	1,762	2,166	1,827	5,755
Percentage of inpatients screened with a psychosocial screening tool, North Campus	go-live	90.1%	96.4%	N/A
Percentage of inpatients screened with a psychosocial screening tool, Anschutz Medical Campus and South Campus	go-live	82.9%	93.4%	N/A
Of patients who screened positive for a psychosocial need, the percentage who wanted an intervention and received one, North Campus	go-live	73.5%	90.0%	N/A
Of patients who screened positive for a psychosocial need, the percentage who wanted an intervention and received one, Anschutz Medical Campus and South Campus	go-live	95.2%	94.9%	N/A

Figure 1. Post-Screening Referrals by Program, 3-Year Totals, 2022-2025, Denver Metro Area



### Cross-Cutting Strategy 3: Family Advisory Councils

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. Recognizing the importance and value of listening to those with lived experience – and acting on their recommendations – we have continued to prioritize the development and successful coordination of Family Advisory Councils across our system. Every year, approximately 150 patient family

advisors have served on one of the 14 Family Advisory Councils. In 2025, in addition to the 148 patient family advisors, there were 44 team members serving alongside and working in coordination with the advisors.

**Strategy 1:** 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 health policies and systems of care

Measure (Count)	2022-2023	2023-2024	2024-2025	Total (All 3 Years)
Number of Patient Family Advisors	142	142	148	N/A*
Number of Family Advisory Councils	10	14	14	N/A

\*As we are unable to validate unique individuals, three-year totals are not included.



## Priority Area: Mental Health

Mental health includes a person’s emotional, psychological, and social well-being. It can be strengthened by social supports and environments but also put at risk by traumatic events and stressors. Social and environmental factors, often called social drivers of health, play a significant role in mental health outcomes. While not all mental health conditions are preventable, there are approaches to reduce risk, promote mental health resiliency, and better prepare families, healthcare professionals, teachers, and peers to support children and youth with mental health conditions.

### Our approach to improving mental health focuses on four areas:

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

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

**Strategy 1:** 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 to include a larger representation of people and geographic regions served.

*Note that Strategy 1 is similar to Cross-Cutting Strategy 1: Policy and Advocacy, Strategies 1 & 2 and aligns closely with Access to Care – Goal 1: Improve systems of care and access to healthcare services, Strategy 1*

- In 2024 and 2025, PCMH made a deliberate effort to recruit primary care practices with high Medicaid panels from rural and frontier counties. They trained three rural clinics, serving close to 50% Medicaid-insured lives in 2024, and estimated that during implementation of the pathway in the coming year they will likely screen at least 1,900 youth at risk for suicide.
- Fifty-six individuals attended the six-part Extension for Community Health Outcomes (ECHO) series, *Pediatric Suicide Prevention: A Practical Care Pathway for Primary Care*, which was presented twice in early 2025. Over half (64%) of the attendees served Medicaid patients and one in five (21%) were from rural or frontier counties.

- Fifty individuals attended a new three-part ECHO series, *Navigating Complexities in Youth Experiencing Suicidality*, which was presented for the first time in the fall of 2024. Over half (62%) of the attendees served Medicaid patients and nearly half (43%) were from rural or frontier counties.

Measure (Count)	2022-2023	2023-2024	2024-2025	Total (All 3 Years)
Professionals who received PCMH training	777	573	1,402	2,752
Professional contact hours for PCMH training	3,458	925	37	4,420
Community members who received PCMH training	209	268	171	648
Community member contact hours for PCMH training	484	14	5	503
Colorado counties reached by PCMH	62	49	24	135
School districts engaged by PCMH	23	5	5	N/A*
Improvement in satisfaction, knowledge, confidence, and intention scores among school trainees (out of 5)	1.9 to 3.6	2.1 to 3.6	N/A**	N/A
Improvement in knowledge and fidelity scores to program implementation among clinic trainees (out of 5)	2.1 to 3.4	2.6 to 3.9	N/A	N/A
Improvement in knowledge and fidelity scores to program implementation among community trainees (out of 5)	3.6 to 4.7	N/A	N/A	N/A

\*As we are unable to validate unique districts, three-year totals are not included.

\*\*This program changed over time; not all data were collected every year.

**Strategy 2:** Children’s Colorado will screen for suicidal ideation and depression in various clinical settings.

- In August 2023, universal suicide and depression screening was implemented within all the inpatient units of the Children’s Colorado system.

Measure (Count)	2022-2023	2023-2024	2024-2025	Total (All 3 Years)
Clinics that implemented formal suicide screenings	6	6	2	14
Providers that implemented formal suicide screenings	78	127	5	210

**Strategy 3:** Pediatric Mental Health Institute (PMHI), Speakers Bureau (SB) and Corporate and Community Development (CCD) will educate and raise awareness of child mental health needs, resources, supports, and skill building.

Measure (Count)	2022-2023	2023-2024	2024-2025	Total (All 3 Years)
Attendees at PMHI community presentations on mental health	503	123	N/A	N/A*
Mental health-related media events	2	4	2	8
Community health presentations on mental health	14	1	6	21
Events with mental health resources distributed	22	1	10	33
Media stories about youth mental health featuring Children's Colorado experts	1,622	331	531	2,484
PMHI department pageviews	71,758	67,760	73,396	212,914
Mental health website pageviews	5,285	6,924	13,858	26,067
Continuing Medical Education (CME) presentations related to mental health	2	9	4	15
Non-CME presentations related to mental health	13	4	55	72
NewsNow articles related to mental health	14	6	12	32

\*As we are unable to validate unique attendees, three-year totals are not included.

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

**Strategy 1:** 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.

Measure (Count)	2022-2023	2023-2024	2024-2025	Total (All 3 Years)
Amendments secured on legislation and/or regulations impacting children's mental health	14	14	12	40
Media stories generated with an advocacy focus on children's mental health and/or Social Drivers of Health	34	3	33	70

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

**Strategy 1:** Create a culturally responsive, equitable and inclusive environment by training, mentorship and workforce development with staff and community members.

Measure (Count)	2022-2023	2023-2024	2024-2025	Total (All 3 Years)
Center for Advancing Professional Excellence (CAPE) simulation trainings	20	7	9	36
Children’s Colorado policies and procedures consultations with the Experience Different Teams	120	66	168	354
Community advocates represented in the CAPE simulation trainings	34	21	26	81
Community members represented on the African American Family Advisory Council	6	14	75	95
Community partners or groups represented in the Community-Focused Health Initiative simulation training courses offered	3	3	14	20
Healthcare providers trained in the CAPE simulation trainings	35	24	38	97
Mental health-related education events and opportunities sponsored within communities	35	18	54	107
Mental health-related education events and opportunities sponsored within the organization	175	76	78	329
Participants enrolled in Kindred Mamas mentorship program	4	1	7	12
Team members participating in Team Member Resource Groups	1,590	1,599	1,804	4,993
Team members trained as Captains of Inclusion	43	42	42	127

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

Please note that this goal is closely related to Cross-Cutting Strategy 3: Family Advisory Councils.

**Strategy 1:** 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 health policies and systems of care.

Measure (Count)	2022-2023	2023-2024	2024-2025	Total (All 3 Years)
Youth participating on Partners for Children’s Mental Health youth committee	23	22	17	62



### Priority Area: Food Insecurity

An increasingly prioritized need, food and nutrition insecurity impacts the health and wellbeing of children and families in our communities. As housing costs and the cost of living increase, families’ ability to pay for and access high-quality, nutritious food can suffer. Limited local access to fresh, healthy food retailers can also increase food and nutrition security. We can reduce food insecurity in our communities by supporting and expanding partnerships and networks that support food and nutrition security and ensuring all children and families who are eligible for services and resources know about them and are able to access them.

#### Our approach to improving food security focuses on three areas:

1. Strengthen supports for families experiencing food insecurity

2. Raise awareness of the health impacts of food insecurity
3. Promote community partnerships in support of food security

## Goal 1: Strengthen supports for families experiencing food insecurity

**Strategy 1:** Screen and refer families for food insecurity and public benefits across various settings.

Measure (Count or Percentage)	2022-2023	2023-2024	2024-2025	Total (All 3 Years)
Patients referred to Healthy Roots Food clinic	645	614	584	1,843
Of the people who completed screening in various inpatient clinical settings, the percentage of families who completed the optional food insecurity screening questions, North Campus	go-live	99.0%	99.0%	N/A
Percentage of screens that were positive for food insecurity, North Campus	go-live	2.2%	2.1%	2.2%
Percentage of families with a successful referral	39.9%	35.6%	37.9%	37.8%

## Goal 2: Raise awareness of the health impacts of food insecurity

**Strategy 1:** Partner with schools and community-based organizations to identify opportunities to promote access to high-quality nutritious food and education.

Measure (Count or Percentage)	2022-2023	2023-2024	2024-2025	Total (All 3 Years)
Percentage of families whose food insecurity needs were resolved	go-live	80.0%	92.0%	87.0%
Usage of federal United States Department of Agriculture nutrition programs among patients and families	77	1,650	1,902	3,552

## Goal 3: Promote community partnerships in support of food security

**Strategy 1:** Align with statewide efforts to promote food security across community settings, including Colorado Blueprint to End Hunger and Hunger Free Colorado.

**Strategy 2:** Continue and expand partnerships in schools and with community-based organizations to promote access to high-quality nutritious food.

- The Food as Medicine (FAM) Team formalized its partnership, through a Memorandum of Understanding, with Adams 12 Five Star Education Foundation which supports the Adams 12 School District in populated northwest Adams County. Through the partnership, Children’s Colorado distributed program funds to support implementation and expansion of the Nutritious Food and Education Initiative. The FAM team provided targeted recommendations for Five Star food sites to ensure alignment with FAM principles; this included identifying and addressing the presence of “sometimes” food items, and reallocating those items, creating communication protocols related to nutrition acceptability for food suppliers, and supporting actionable planning and process improvement related to food procurement, stocking, and distribution. In addition, the FAM team provided regular technical assistance and support of the Five Star team and shares insights into Children’s Colorado’s operational processes.

- In 2024, the Healthy Roots Food Clinic received 676 referrals from primary care clinics in our Health Pavilion (Aurora) and served 3,574 people (1,757 children and 1,817 adults). Most of these referrals came from social needs screening within our Health Pavilion’s primary care clinics which provide comprehensive, team-based, family-centered primary care in a medical home model to more than 12,000 visits annually to children aged 0-18, regardless of their ability to pay. Additionally, in 2024, our Healthy Roots Garden produced over 580 pounds of fresh produce that was distributed in our food clinic.



## Priority Area: Access to Care

Access to comprehensive care is important for preventing, recognizing, and treating physical and mental health conditions. Many, and sometimes, complex factors influence access to affordable care, including insurance coverage, cost of services, timeliness of care, navigation of the many systems impacting or related to care, transportation to and from care, availability of care, and the mode of care. All of these factors can be influenced by supporting children and families to navigate within the current systems, by providing services that do not exist or are scarce in the community, by working with partners to enhance the network of available care, and by improving the systems and policies to promote and facilitate access.

### Our approach to access to care focuses on three areas:

1. Improve systems of care and access to healthcare services
2. Promote navigation support to increase access to social services and supports that affect access to care
3. Promote community partnerships in support of access to care

## Goal 1: Improve systems of care and access to healthcare services

**Strategy 1:** Children’s Colorado Government Affairs and Medicaid Strategy teams will promote access to care, including mental health care and health-related social needs, by supporting funding, legislation, regulations and other policies that improve access to high-quality care.

*Note that Strategy 1 is closely related to Cross-Cutting Strategy 1: Policy and Advocacy. These measures are also listed in that section. This strategy also aligns closely with Mental Health - Goal 2: Improve systems of care and access to healthcare services, Strategy 1.*

Measure (Count)	2022-2023	2023-2024	2024-2025	Total (All 3 Years)
Advocacy letters or emails submitted to elected officials or government agencies	3,479	809	4,405	8,693
Advocates trained through Resident Advocacy Trainings	256	232	569	1,057
Bills monitored	396	213	160	769
Children's Colorado experts who testified in public hearings	41	32	63	136
Coalitions in which policy and advocacy team participated	41	35	32	108
Served in a lead advocacy role for priority policies impacting children's health	8	9	3	20
New Child Health Champions	1,534	406	638	2,578
New coalitions built across policy priority areas	11	5	2	18

## Goal 2: Promote navigation support to increase access to social services and supports that affect access to care

Note that Goal 2 is closely related to Cross-Cutting Strategy 2: Psychosocial Screening and Navigation Services. These measures are also listed in that section, above.

**Strategy 1:** Expand social needs screening to inpatient settings.

**Strategy 2:** Address social barriers to care by providing supports, education and referrals.

Measure (Count or Percentage)	2022-2023	2023-2024	2024-2025	Total (All 3 Years)
Car seats distributed	238	390	187	815
Car seat education materials distributed and/or presentations	409	576	561	1,546
Families served by Community Health Navigators, Anschutz Medical Campus, Health Pavilion, and South Campus	14,025	15,287	15,469	44,781
Families served by Community Health Navigators, North Campus	210	321	655	1,186
Patients engaged by Resource Connect at Health Pavilion	1,201	1,483	1,303	3,987
Referrals to Resource Connect at Health Pavilion	1,762	2,166	1,827	5,755
Percentage of inpatients screened with a psychosocial screening tool, North Campus	go-live	90.1%	96.4%	N/A
Percentage of inpatients screened with a psychosocial screening tool, Anschutz Medical Campus and South Campus	go-live	83.5%	93.8%	N/A
Of patients who screened positive for a psychosocial need, the percentage who wanted an intervention and received one, North Campus	go-live	73.5%	90.0%	N/A
Of patients who screened positive for a psychosocial need, the percentage who wanted an intervention and received one, Anschutz Medical Campus and South Campus	go-live	95.2%	94.9%	N/A

## Goal 3: Promote community partnerships in support of access to care

**Strategy 1:** Provide community-based asthma programs to strengthen the circle of support for patients with asthma to improve health outcomes.

Measure (Count)	2022-2023	2023-2024	2024-2025	Total (All 3 Years)
Community Advisory Board meetings for asthma programs	14	11	2	27
Just Keep Breathing visits	N/A	98	234	332
Participants in AsthmaCOMP	458	171	92	721
Patients seen by asthma community health navigator	486	104	283	873
Patients who received a home visit through Just Keep Breathing	95	37	2	134
Total supplies provided by Just Keep Breathing staff	N/A	146	422	568

**Strategy 2:** In partnership with local schools, increase access to resources and clinical services in school settings.

- During the 2024-2025 school year, our oral health outreach program provided preventive oral health services to children in various school settings outside of a traditional dental clinic. Through collaborative efforts with Aurora Public Schools, 1,099 students received oral health education and screening services; these students came from 16 schools across the district. The school-based dental clinics (SBDC) completed 704 encounters and provided preventive hygiene services to 512 unique students, of which more than 75% were uninsured. The school-based dental program also provides dental services to students enrolled at KidStreet, a multidisciplinary early intervention program for medically complex young children who are dependent on medical technology.

Measure (Count)	2022-2023	2023-2024	2024-2025	Total (All 3 Years)
Hygiene kits distributed	3,083	3,700	2,200	8,983
Providers trained to provide preventive oral health services at medical visits through SBDCs	59	78	N/A	137
Schools participating in SBDC program	14	22	16	N/A*
Sealants provided	134	127	N/A	261
Students served in the community	1,030	3,900	1,400	6,330
Students who received a dental hygiene visit	574	574	524	1,672
Students who received an oral health screening	450	989	704	2,143
Students receiving oral health education	31	1,024	1,099	2,154

\*As we are unable to validate unique schools, three-year totals are not included.

**Strategy 3:** Build partnerships to help promote access to care for Medicaid members.

- A team of Medicaid, government affairs, and mental health experts advocated for early childhood mental health and Regional Accountable Entities (RAE) 3.0 reforms on integrated behavioral health. Highlights from 2023 include efforts on House Bill 23-1269 to improve outcomes for kids with complex mental health needs by increasing access to services and strengthening accountability for children and youth who end up boarding or staying for an extended period of time in hospitals. Notably, the team supported the passage of Senate Bill 23-002 to enable community health workers to be reimbursed by Medicaid to improve patient health outcomes, address health disparities, and reduce healthcare costs while also expanding and diversifying the healthcare workforce.
- In 2024, we continued to build relationships with community partners. The collective effort focused on creating a pediatric alternative payment methodology, mitigating the impact of Medicaid disenrollment on children and families (caused by the unwind of the public health emergency coverage), and advocating for child health priorities in the Accountable Care Collaborative (ACC) 3.0 contracts. All eight of our child health priorities were advanced in these final contracts. We also saw modest improvement in our Region 6 RAE catchment area: 3.6% well-child Key Performance Indicator (KPI) improvement in latest data for overall well-child rate.

## Next Steps

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In 2024, Children’s Hospital Colorado conducted its most recent triennial [Community Health Needs Assessment \(CHNA\)](#). A joint assessment was conducted for the three licensed hospital facilities in the Denver Metropolitan Area, which included Children’s Colorado - Anschutz Medical Campus in Aurora, Children’s Colorado - South Campus in Highlands Ranch, and Children’s Colorado - North Campus in Broomfield. Through a robust data collection and community engagement approach that included both qualitative and quantitative, primary and secondary data sources – we identified six critical issues for children’s health. The priorities have been divided into two primary categories: Health Priorities, including Mental Health (a continued priority), Mother and Infant Health, and Injury – and Social Drivers of Health, including Access to Care (a continued priority), Nutrition Security (a continued priority) and Housing. The CHNA was approved by the Children’s Colorado Board of Directors on December 19, 2024. Children’s Hospital Colorado will address these community-driven priorities, building upon work completed through the 2022-2024 CHIS, through a commitment of resources and with specific programs and services as outlined in the [2025 Community Health Implementation Strategies](#) report. We approach this work in the spirit of collaboration and will continue to work with and grow our partnerships with community and community-based organizations as we work towards common goals.

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**Questions or Comments?** Please contact us at [communitybenefit@childrenscolorado.org](mailto:communitybenefit@childrenscolorado.org).