



Children's Hospital
Colorado
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2025–2028

Community Health Implementation Strategies

**A joint plan for Children's Hospital Colorado licensed hospital facilities
at the Anschutz, North and South Campuses.**

The 2025-2028 Implementation Strategy was approved by the Children's Hospital Colorado Board of Directors on April 24, 2025.

Introduction

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 by providing high-quality coordinated programs of patient care, education, research and advocacy.

In response to our 2024 Community Health Needs Assessment, Children’s Colorado proudly presents our 2025-2028 Community Health Implementation Strategies. Here, we outline the key initiatives for the next three years in partnership with community organizations, schools, governmental agencies and more. We look forward to implementing this work — expanding, evolving and adapting our efforts to improve child health — and incorporating feedback from our community over these three years.

Defining our community

For the Denver metro area implementation strategies, Children’s Colorado has defined community as all children and young adults 0 to 25 years of age living in the six-county area where we have facilities and the majority of our organization’s patient population resides. This area includes Adams, Arapahoe, Broomfield, Denver, Douglas and Jefferson Counties. Within these counties, Children’s Colorado has three licensed hospital facilities: Anschutz (468 licensed beds) in Aurora, North Campus (19 licensed beds) in Broomfield, South Campus (16 licensed beds) in Highlands Ranch and other nonhospital facilities.

To understand the geographic area served by the three Denver metro hospital facilities, we reviewed our patient population data. We found that most emergency department/urgent care (ED/UC), inpatient admissions and outpatient visits are from children who live in one of the six counties mentioned above. In 2023, our Denver metro hospital facilities provided care to 151,081 unique patients from these six counties, aged 0 to 25, across ED/UC, inpatient/observation and outpatient settings. This represents 75.2% of all patients and 74.3% of all visits that year. Across these settings, 76.8% of all Medicaid patients seen at our three facilities in 2023 were from our six-county area.

Community health needs assessment and prioritization

In 2024, Children’s Colorado completed a community health needs assessment that included a review of population-level data and an extensive community outreach process to assess the interests and concerns of community members across neighborhoods and counties. Through partner and caregiver surveys, interviews and community meetings, we gathered input from thousands of people. Children’s Colorado was deliberate in ensuring representation from organizations, individuals and caregivers with knowledge, information or expertise relevant to the health needs of that community, as well as members of medically underserved, low-income and minority populations in the communities served by the hospital system. This approach allowed us to rank top health and social needs across different sources of input.

COMMUNITY HEALTH IMPLEMENTATION STRATEGIES

Top health needs by data source

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

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

Top social needs by data source

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

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

Prioritization criteria

Once data collection and community engagement were completed, Children's Colorado underwent an internal prioritization process to identify which community health needs would be included in the implementation strategies. We used the following criteria to guide prioritization: impact, community importance, viability, Children's Colorado's role, sustainability and scale.



Significant health and social needs to be addressed

Ultimately, Children’s Colorado prioritized mental health, mother and infant health, and injury as our health priorities, and access to care, nutrition security and housing as our social priorities.

Health priorities



Mental health



Mother and infant health



Injury

Social drivers of health



Access to care



Nutrition security



Housing

To see the full 2024 assessment, visit the [Denver Metro Community Health Needs Assessment](#).

Resources to address priority health needs

Community benefit

In 2023, Children’s Colorado provided a federally defined community benefit worth more than \$459 million. Community benefit activities respond to needs identified by the community in concrete ways that improve health and access to healthcare. Our annual community benefit contributions demonstrate our dedication and accountability to the communities we serve. Community benefit activities also inform broader strategic decisions, including assessing our ability to serve the community and addressing the health needs prioritized in our Community Health Needs Assessment and Implementation Strategies.

Partnerships

We are only one part of a rich ecosystem working to improve the health of children and families in Colorado. We rely on partnerships to accomplish this important work. We will use the strategies within this plan to assess current community partners and the need for new ones to ensure we meaningfully contribute to collective impact in alignment with others.

Grants and contracts

Children’s Colorado partners with local, state and federal agencies and foundations to leverage existing resources to maximize community impact.

Foundation and philanthropy

The Children’s Hospital Colorado Foundation partners with donors who want to invest in child health and forge a path for better and more equitable health outcomes and opportunities for all children and families. These resources are not a substitute for public investment in child health but can complement and strengthen public systems.

Integrated strategies across health priorities

While specific activities to address the identified priority areas are covered further in this document, the following fundamental strategies were identified as cross-functional and will foster iterative implementation of the programs outlined in this plan.

Meeting children and families where they are

Central to our work is the belief that we can most effectively improve the health of children and families if we provide services and resources in places where children already spend much of their time. Consequently, we have designed cross-cutting strategies and programs to address the top six health and social priorities across multiple settings: home, school, primary care and community. We aim to support collaborations across community-serving organizations to reduce barriers and improve health outcomes.

Community engagement

Community engagement principles and practices are core values in our work and are incorporated throughout this plan. Since many factors which influence health fall outside our hospital walls, engaging with the communities we serve is critical to improving the health and well-being of all children and youth in Colorado. Our community engagement goal will focus on developing a new Community Health Advisory Council (CHAC) to provide consultation, support and feedback to the strategies within this Community Health Implementation Strategy and to other programs within the Division of Community Health and Advocacy.

Health outcomes

Not all populations have the same opportunities to achieve optimal health and well-being due to various challenges, and therefore, we are adding a health outcomes-focused approach to our work. This means we are committed to understanding which populations are at risk for health disparities and, in turn, redesigning how we meet their community needs. Every patient and family is unique, and we are intent on improving health and quality of life for all. This means putting patients and families first, and keeping in mind factors that could affect their care, such as their language, culture, religion, identity and more. For example, we will work to help populations who may experience difficulty finding inclusive care, those who face discrimination when seeking care, and those who may have additional barriers to healthcare — such as youth who are currently unhoused or families who speak languages other than English.

Advocacy

Child health advocacy is a core part of our hospital's mission to improve kids' health. This is why our Government Affairs team advocates for laws and policies that help keep kids out of the hospital. We work with local, state, regional and federal elected officials and staff, community partners, families and community members to ensure kids grow up healthy and strong. Kids don't vote, but they do deserve a voice when decisions are being made that impact them. That is why we have a responsibility to advocate on behalf of our patients and families, our community and all kids, not only because it's an investment in our nation's future, but because it's the right thing to do. Our advocacy goal is to drive systemic policy change across each of the priorities in the Community Health Needs Assessment. We will foster collaborative efforts across sectors to influence public policy outcomes that can improve child health.

COMMUNITY HEALTH IMPLEMENTATION STRATEGIES

These cross-functional strategies are intended to influence all prioritized health and social needs:

Community engagement

Goal: Promote community voices and engagement to inform, advise and shape community health programs

Objective	Activity
1. Provide a defined avenue for community members to advocate, engage, and educate Children's Colorado on how to better improve health outcomes for children and youth through community-based programs and outreach	1.1. Develop and facilitate a Community Health Advisory Council (CHAC) to ensure community health initiatives and services are aligned with the triennial Community Health Needs Assessment prioritized health needs
	1.2. Develop and direct a new community micro-grant giving strategy to financially support community nonprofit organizations whose work aligns with our current Community Health Needs Assessment prioritized health needs

Advocacy and policy

Goal: Advocate for public policy changes that benefit the health of children

Objective	Activity
1. Support local, state and federal policy advocacy efforts aimed at improving child health through the identified health and social priorities	1.1. Directly support (or oppose) proposed public policies that will positively (or negatively) impact child health through advocacy with policymakers and regulatory staff at all levels of government
	1.2. Build capacity through the cultivation of a statewide network of advocates and coalition work
	1.3. Utilize traditional media outlets and social media to educate members of the community, inform opinion leaders throughout Colorado and ultimately build public support for key child health policies and initiatives
	1.4. Train and mobilize youth, healthcare providers and caregivers to advocate

Prioritized health needs



Mental health

Suicide remains the leading cause of death among Colorado children.¹ Unmet mental health needs continue to be prioritized by all community key informants. Aside from clinical services, Children's Colorado's community-based work on this health priority will include educating and supporting primary care providers to manage low-acuity mental health needs within their practice; educating caregivers, school personnel and the general public on youth mental health; leading coalitions to influence systems-level improvements and supports; developing new programs to address mental health needs in early childhood; promoting youth voices and engagement to inform, advise and shape priorities and our system of care; and advocating for policy solutions that improve access to high quality mental and behavioral healthcare for children and youth.

Anticipated impact

- Increased awareness of mental health conditions and access to resources, trainings and treatments
- More coordinated and integrated systems of child and youth mental health in Colorado
- Improved access to and expertise in mental health services and support in primary care, schools and community
- Strengthened cross-collaboration in the community to improve mental health for children and youth



COMMUNITY HEALTH IMPLEMENTATION STRATEGIES

Goal: Improve youth mental health

Objective	Activity
1. Educate and support primary care providers (PCP) in managing low-acuity mental health needs within their practice	1.1. Partner with PCP practices to deliver the Pathways to Suicide Prevention education and training program
	1.2. Annually, offer the “Behavioral Health in Pediatric Primary Care: Approaches for Supporting and Treating Children and Families Today” two-day conference
2. Educate and train caregivers, school personnel and the public on youth mental health topics	2.1. Conduct educational events geared toward the general public and/or caregivers, both virtually and in-person
	2.2. Conduct educational events geared toward school-based staff. Topics may be driven by school needs and/or include Applied Suicide Intervention Skills Training (ASIST)
3. Lead coalitions to influence systems-level improvements to support youth mental health	3.1. Serve as the backbone organization for the Children, Youth and Families Mental Health Coalition focused on policy and advocacy initiatives
	3.2. Serve as the backbone organization for the Colorado Alliance for School Health
4. Provide support for transitions of care	4.1. Provide patients and families access to family peer support specialists for help in transitions from clinical care to home and community
	4.2. Collaborate with other health systems to improve the transition from pediatric to adult providers for ongoing care
5. Develop new program(s) to address mental health needs in early childhood	5.1. Develop a strategic plan for a community-based early childhood prevention and education program
6. Promote youth voices and engagement to inform, advise and shape mental health priorities and systems of care	6.1. Lead the Youth Council for Mental Health (YCMH) and its subcommittees to work on identified projects
	6.2. Recruit youth from each Colorado Medicaid Regional Accountable Entity (RAE) region
	6.3. Partner with Government Affairs to build mental health advocacy capacity by including youth perspectives in the public policy process
	6.4. Partner with Children’s Colorado teams, departments and clinics to improve patient experience
	6.5. Engage local and state communities to educate, raise awareness and advocate about/for youth mental health at events and conferences
Hospital resources: Children’s Colorado direct and in-kind contributions, philanthropy, grant funding	
Pediatric Mental Health Institute collaborations: University of Colorado School of Medicine, University of Colorado Department of Psychology and Psychiatry, local schools, Colorado Alliance for School Health members, Children, Youth & Families Mental Health Coalition, Colorado Mental Health Consortium	
Government Affairs collaborations: Healthier Colorado, Gary Community Ventures, Mental Health Colorado, Bell Policy Center, Colorado Children’s Campaign	



Mother and infant health

Mother and infant health remains a pressing issue in our Denver metro community. When looking at infant mortality by race and ethnicity, the mortality rate for babies who are non-Hispanic Black/African American is more than three times higher than that of babies who are non-Hispanic white.² Children’s Colorado’s work on this priority area will include efforts to provide education to patient-facing team members on disparities in healthcare, provide behavioral health services and support to pregnant and postpartum parents, provide safe infant sleep education and resources, collaborate with partners on other solutions and supporting policy and advocacy efforts.

Anticipated impact

- A healthier community and welcoming healthcare environment
- Strengthened support to improve access to behavioral and healthcare resources for prenatal and postpartum parents
- Strengthened cross-collaboration in the community to improve health outcomes for mothers and children

Goal: Improve mother and infant health by decreasing health inequities

Objective	Activity
1. Educate patient-facing staff and community providers about health disparities in mother and infant health	1.1. Provide training to strengthen welcoming and effective care practices for healthcare providers in partnership with community-based advocates and organizations through the Center for Advancing Professional Excellence (CAPE) simulation education training
2. Provide mental health direct services for pregnant and postpartum parents	2.1. Deliver therapy and support through small group programs (e.g., Healthy Expectations, Bearing Hope, MAMAS Connect, Mothers and Moods, etc.)
3. Support safe infant sleep environments through education and resource distribution	3.1. Provide training to health navigators on identifying patient safe sleep needs and educating caregivers
	3.2. Provide education on infant safe sleep within primary care, inpatient units and at community-based events
	3.3. Distribute safe sleep resources (e.g., portable cribs, etc.) for families without a safe sleep space
4. Partner with community-led programs and coalitions that address mother and infant health	4.1. Participate and support local and state collaboratives (e.g., Families Forward Resource Center, Colorado Perinatal Care Quality Collaborative, Colorado Department of Public Health and Environment, etc.)
Hospital resources: Children’s Colorado direct and in-kind contributions, philanthropy, grant funding	
Focused initiatives collaborations: University of Colorado School of Medicine Center for Advancing Professional Excellence, Families Forward Resource Center, Colorado Department of Public Health and Environment, Colorado Perinatal Care Quality Collaborative	
Injury prevention collaborations: Lifespan Local, Arapahoe County and Adams County public health departments, Aurora Fire, local schools, Safe Kids Colorado	





Injury

Injury remains a leading cause of morbidity and mortality for children. Both motor vehicle and firearm injuries are in the top five leading causes of death for children under 18 years in Colorado.¹ Children’s Colorado’s work on the health priority of injury will include efforts to address both motor vehicle injury and interpersonal violence. For motor vehicle crashes, Children’s Colorado will provide education and resources to caregivers on proper car seat use, support policy and advocacy efforts, expand community access to trained child passenger safety specialists and collaborate with partners on other solutions. For interpersonal violence, Children’s Colorado will expand our current efforts to screen and counsel youth and caregivers on safe firearm storage, expand services for youth who are at risk for perpetuating and/or being victimized by violence, improve services to counsel on lethal means safety for youth at elevated risk for suicide, and support policy and advocacy efforts.

Anticipated impact

- Improved healthcare outcomes by increasing access to injury prevention education and resources
- Increased awareness of safe firearm storage practices and access to resources
- Strengthened cross-collaboration in the community to improve health outcomes for children

Goal: Reduce child injury from motor vehicle crashes

Objective	Activity
1. Provide education and resources to caregivers on proper car seat use	1.1. Provide one-on-one car seat installation appointments for the community
	1.2. Provide car seats at subsidized cost to families in need
	1.3. Provide car seat education to caregivers in small group settings
2. Expand community access to trained child passenger safety specialists	2.1. Lead courses to certify partners as child passenger safety technicians (CPSTs)
	2.2. Lead courses to train existing CPSTs in adaptive car seats for children with special healthcare needs
	2.3. Conduct car seat fitter trainings for clinical staff
3. Partner with local and state collaboratives working on motor vehicle safety	3.1. Serve as the backbone organization for the Safe Kids Colorado state office
	3.2. Participate in the Choose S.A.F.E. teen driving coalition
	3.3. Participate in the Colorado Department of Transportation (CDOT) Occupant Protection Task Force
Hospital resources: Children’s Colorado’s direct and in-kind contributions, grant funding, Safety Store revenue	
Injury prevention collaborations: Impact Teen Drivers, Safe Kids Worldwide, Choose S.A.F.E. Coalition, National Child Passenger Safety Board, National Highway Traffic Safety Administration	

COMMUNITY HEALTH IMPLEMENTATION STRATEGIES

Goal: Reduce injury caused by interpersonal physical violence among youth

Objective	Activity
1. Expand counseling about safe firearm storage	1.1. Create a toolkit for implementing safe firearm storage counseling for use by clinical units and community-based clinical settings
	1.2. Counsel youth and families in outpatient clinics and provide support and education on lethal means safety
	1.3. Standardize, streamline, and increase internal awareness of the Safe Storage flowsheet within our electronic medical record (Epic), to enhance data collection and program evaluation
2. Expand services for youth who are at risk for perpetrating and/or being victimized by violence	2.1. Continue leading the Children’s Colorado Firearm Injury Prevention Workgroup to increase awareness of programming and support through the Children’s Colorado system and the University of Colorado, develop multidisciplinary collaborations for research and advance clinical initiatives
	2.2. Provide wraparound services for youth who are at risk for perpetrating and/or being victimized by violence
	2.3. Increase referrals and follow up with community-based programs, such as the At-risk Intervention and Mentoring (AIM) program, and develop and support their processes. Increase awareness of Victims of Crime Act (VOCA) and its resources and programs, etc.
3. Improve services, including lethal means safety counseling, for youth who are at elevated suicide risk	3.1. Educate providers in clinical settings on safety planning, including lethal means safety counseling
	3.2. Develop follow-up protocol for youth who screen positive for suicide, including those who are not at imminent risk for suicide and do not get a crisis or mental health evaluation
	3.3. Provide professional development and continuing education sessions to community-based primary care providers on how to discuss safe firearm storage with families and provide lethal means safety planning to youth at elevated risk for suicide
	3.4. Develop a process to file an Extreme Risk Protection Order (ERPO), increase awareness of Child Access Prevention (CAP) laws and educate providers on existing laws and process
Hospital resources: Children’s Colorado direct and in-kind contributions, grant funding	
Planned collaborations: University of Colorado School of Medicine Department of Pediatrics, Pediatric Care Network, community-based primary care practices, Denver Youth Partners, At-risk Intervention and Mentoring program, Health Alliance for Violence Intervention, Firearm Injury Prevention Initiative, Aurora SAVE Program, American Academy of Pediatrics Colorado Chapter	

Prioritized social drivers of health



Access to care

Children need access to health insurance and the ability to effectively use those benefits based on factors like the availability of healthcare providers, geographic location of services and cost. Colorado is one of only eight states where the Medicaid/CHIP enrollment has remained lower than pre-pandemic levels.³ Children’s Colorado’s work on this priority area will include screening for health insurance needs, referrals to primary and specialty care, increasing capacity and reach of school-based care, advocacy for increased medical insurance coverage and working with community-based practices and organizations to support increased healthcare insurance coverage and access to care for children.

Anticipated impact

- Improved healthcare and health outcomes by reducing barriers to social support and increasing access to health insurance
- Strengthened cross-collaboration in the community to improve health outcomes for children

Goal: Improve systems of care and access to healthcare services for children

Objective	Activity
1. Expand access to public health coverage through screenings and referrals to resources	1.1. Screen patients for health insurance needs in primary care settings
	1.2. Support families in navigating systems and connect them to community resources for health insurance coverage and other social needs
	1.3. Partner with the county to have an eligibility technician onsite to assist families with Medicaid application and enrollment
2. Expand school-based health services to increase access to healthcare	2.1. Provide school nurse consultation to school partners by creating individualized student care plans and training school-based unlicensed assistive personnel (UAPs) to help implement the care plans
	2.2. Develop new individualized care plan templates for emerging conditions seen in school settings and make the templates available on the Children’s Colorado website for other school health programs to use
	2.3. Conduct school-based vision and hearing screenings
	2.4. Conduct school-based oral health screenings and make referrals for further dental care
	2.5. Provide support to students, families and school staff to improve school-based asthma care and pediatric asthma outcomes
	2.6. Provide professional development opportunities for school nurses across Colorado and the region (e.g., training sessions for school nurses on pediatric health conditions, hosting the annual Community and School Health Conference, etc.)

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3. Work to stabilize statewide Medicaid and private insurance coverage for children through policy and advocacy	3.1. Participate and support local and state collaboratives working on Medicaid coverage (e.g., the Colorado Health Policy Coalition)
	3.2. Engage with policy efforts that promote increases in Medicaid and private insurance coverage for children
	3.3. Support and advocate for legislation that impacts children’s Medicaid or private insurance coverage
	3.4. Partner to ensure adequate Medicaid or private insurance coverage for children with medical complexity through family engagement and advocacy with policymakers
4. Advocate for community primary care and behavioral health providers that serve large Medicaid populations	4.1. Participate and support local and state collaboratives working on provider support (e.g., Save Our Safety Net)
	4.2. Engage with policy efforts that increase support for community healthcare providers
	4.3. Support and advocate for legislation that impacts children’s Medicaid coverage
5. Promote community voices and engagement to inform, advise and shape initiatives related to improving access to care	5.1. Conduct focus groups within the communities surrounding the Anschutz Campus to gain insight into barriers to accessing care
	5.2. Conduct community meetings to educate community members about the healthcare system and invite feedback
Hospital resources: Children’s Colorado direct and in-kind contributions, grant funding, philanthropy	
Resource Connect collaborations: Adams County eligibility technician, Medical Legal Partnership	
School health collaborations: Colorado Department of Education, various school districts (Public, private, charter, childcare), Colorado Association of School Nurses, Healthy Child Care Colorado, local public health agencies, Colorado Department of Public Health and Environment, Colorado Department of Early Childhood	
School-based dental collaborations: Aurora Public Schools, University of Colorado-School of Dental Medicine, Delta Dental of Colorado Foundation, Colorado Department of Public Health and Environment, Every Child Pediatrics	
AsthmaCOMP collaborations: Colorado Department of Public Health and Environment, Colorado Department of Education (CDE), Denver Public Schools, Aurora Public Schools, RMC Health, Environmental Protection Agency Region 8, Love My Air, and the American Lung Association	
Medicaid Strategy collaborations: Family Voices, the Colorado Center on Law and Policy, Colorado Cross-Disability Coalition, Disability Law Colorado	
Government Affairs collaborations: Colorado Children’s Campaign, Colorado Hospital Association, Colorado Chapter of the American Academy of Pediatrics, Colorado Department of Health Care Policy and Financing, Colorado Division of Insurance, Healthier Colorado	



Food and nutrition security are essential for preventing and treating disease. In Colorado, child food insecurity rates have increased from 10.5% in 2021 to 14.2% in 2022.⁴ Access to healthy and affordable food is consistently prioritized by our community as a top need. Children’s Colorado’s work on this priority will include screening for nutrition needs, conducting nutrition education, providing nutritious food to families in need, capacity building with community partners and advocacy efforts to increase nutrition security in the community.

Anticipated impact

- Improved healthcare and health outcomes by reducing barriers to social support and increasing access to nutritious food
- Strengthened cross-collaboration in the community to improve health outcomes for children

Goal: Strengthen supports for families to increase nutrition security

Objective	Activity
1. Expand access to nutrition security through screenings and referrals to resources	1.1. Screen patients for food needs in inpatient and outpatient primary care settings
	1.2. Support families in navigating systems and connect them to community resources for nutrition security and other social needs
2. Increase families’ access to and knowledge of healthy food through their participation in the Healthy Roots Food Clinic (HRFC)	2.1. Provide education to families about healthy eating and healthy food preparation
	2.2. Provide nutritious food to families who participate in the HRFC program
	2.3. Operate the Healthy Roots Garden to supply produce to the HRFC during growing season
3. Partner with the community on existing supports and services	3.1. Provide technical assistance and consultation to the Adams 12 Five Star Schools’ Five Star Education Foundation as they transform their food closets by adopting Food as Medicine principles and practices
	3.2. Develop and test a toolkit for community partners that outlines the steps and actions that food pantries can implement to work toward a Food as Medicine model
	3.3. Provide ongoing technical assistance and support to Aurora Public Schools with their implementation of Food as Medicine principles within their food clinic
4. Reinstate the Children’s Colorado Nutrition Security Council to address nutrition insecurity throughout the system of care	4.1. Develop council charter and initiate meetings
	4.2. Develop a work plan for nutrition security efforts across the hospital’s system of care
Hospital resources: Children’s Colorado direct and in-kind contributions, grant funding, philanthropy	
Health Navigation collaborations: Hunger Free Colorado, Food Bank of the Rockies	
Food as Medicine collaborations: Food Bank of the Rockies, Aurora Public Schools, Hunger Free Colorado, Adams Five Star Education Foundation, Adams Five Star School District, Colorado Access Foundation	



Housing

The lack of available and affordable housing across Colorado continues to strain families. Colorado ranks as the eighth least affordable state when comparing median income to median home prices.⁵ Children’s Colorado’s work on this priority will include providing support to keep families in their current housing situation, collaborating with partners to increase access to affordable housing and supporting policy and advocacy efforts.

Anticipated impact

- Improved healthcare and health outcomes by reducing barriers to social support and increasing access to housing resources
- Strengthened cross-collaboration in the community to improve health outcomes for children

Goal: Strengthen support for families experiencing housing insecurity

Objective	Activity
1. Provide access to housing assistance through screenings and referrals to resources	1.1. Screen patients for housing insecurity in inpatient and primary care settings
	1.2. Support families in navigating systems and connect them to community resources for housing assistance and other social needs
2. Improve environmental living conditions for children with asthma	2.1. Conduct home visits to patients with high-risk asthma, including environmental assessments and remediation, to improve asthma outcomes and sustain existing housing
3. Increase access to housing resources through partnerships with local and state collaboratives	3.1. Participate in local and state housing coalitions (e.g., the Aurora@Home collaborative of the Aurora Housing Authority, Colorado Department of Public Health and Environment’s Healthy Housing Coalition, etc.)
Hospital resources: Children’s Colorado direct and in-kind contributions, grant funding, philanthropy	
Planned collaborations: Medicaid Regional Accountable Entities, Aurora Housing Authority, Social Health Information Exchange, Colorado Department of Public Health and Environment	
Resource Connect collaborations: Medical Legal Partnership	
Health Navigation collaborations: Colorado Housing Connects, City of Aurora, Colorado Legal Services	
Just Keep Breathing Collaborations: Servicios de la Raza, Mortgage Bankers Association Opens Doors Foundation, Rocky Mountain Children’s Health Foundation, Families Forward, Love of Grace, The Butterfly Foundation	

Other significant health needs not identified as priorities within the Implementation Strategy

Children’s Colorado recognizes that the public health needs of the community are extensive, and many needs are not explicitly addressed through our priorities and goals. Children’s Colorado knows that our ability to address those needs is limited, leading to our need to prioritize the needs listed above. The identified strategies will be the focus of our community efforts for the next several years. However, we will continue to listen to the community and to identify new opportunities to address emerging community concerns. Many of the specific issues that the community raised through the needs assessment will continue to be addressed through the Division of Community Health and Advocacy and other departments at Children’s Colorado.

Conclusion

Community-driven strategies are critical to meet the populations we serve where they are and to get children and youth the help they need, whether that is through raising awareness, screening, conducting trainings, increasing access, advocacy or promoting community voices. Through our collaborations in schools, primary care, community organizations and more, we are better equipped to improve the health of children and youth in and with our communities. We will continue to look to our community to help evolve and improve our approach to best meet the health needs of kids in Colorado.

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

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Children's Hospital Colorado

Anschutz Medical Campus
13123 East 16th Avenue
Aurora, CO 80045