



Children's Hospital Colorado

Beyond Our Walls

2016 Community Benefit Report



Letter to the Community

Children are our future, and we have devoted ourselves to improving their health for over 100 years. We also know the future of healthcare is changing. We are proud that, together, we are at the forefront of leading that change.

Addressing all aspects of healthcare is at the core of truly reimagining child health. This means tackling social determinants of health in targeted communities through innovative partnerships.

We are more dedicated than ever to empowering community partners to focus on prevention and working with you to implement programming that keeps kids out of hospitals like ours in the first place.

We are proud to present the Children's Hospital Colorado 2016 Community Benefit Report. Here, we highlight a few of our programs and partnerships that reflect these efforts to change the way we approach child health and positively impact our community.

We are charting new territory to further our reach and impact, support the whole picture of a child's health and deliver healthcare that lasts beyond a doctor's visit.

Thank you for helping us achieve our vision of Child Health. Reimagined. Realized.

Gratefully,



Jena Hausmann



Table of Contents

Investing in Community	4
The Population Health Approach	5
All the Care Jude Needs	6
More Than a Number	7
The Whole Picture	8
A New Perspective	9
All Our Stories	10
Turning Tragedy into Legacy	11
Building Confidence	12 – 13
Speaking up for Kids	14 – 15
Two Generations	16
Inspiring Change	17
An Indescribable Feeling	18
Financial Summary	19

Investing in Community

As a nonprofit pediatric hospital, Children’s Hospital Colorado reinvests all positive hospital margins into the health and well-being of children. This investment is often in the form of “community benefit”— activities that went beyond caring for patients and made an impact on our community at-large.

In 2016, we proudly reported more than \$190,012,653 in community benefit activities.

Targeted efforts

To effectively focus these activities, Children’s Hospital Colorado launched the Community Health Action Plan, which defines how we will address the six main child health challenges identified in the 2015 Community Health Needs Assessment, in targeted zip codes, over the next three years.



Behavioral health



Obesity/nutrition/
physical activity



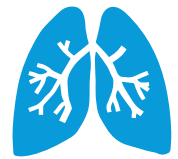
Dental/oral health



Injury prevention



Prematurity/
Early Childhood



Respiratory
illness

The Population Health Approach

Changing the Way We Deliver Healthcare

Imagine a child referred to the Lifestyle Medicine clinic of Children’s Hospital Colorado for obesity. Not only does this child’s obesity impact their physical health and wellbeing, but it likely impacts other health areas like susceptibility to injury, asthma and oral health.

Before looking to immediately address the issue of obesity, which also trickles into these other health conditions, we must first recognize the comprehensive nature of a child’s care. There are several other factors that likely contribute to this child’s struggle with obesity. For example, does this child live in an impoverished neighborhood where it’s not safe to play outside? Does their family have access or financial means to purchase healthy foods? Do they come from a culture where managing obesity isn’t a priority? Does their school have physical education classes as part of the curriculum?

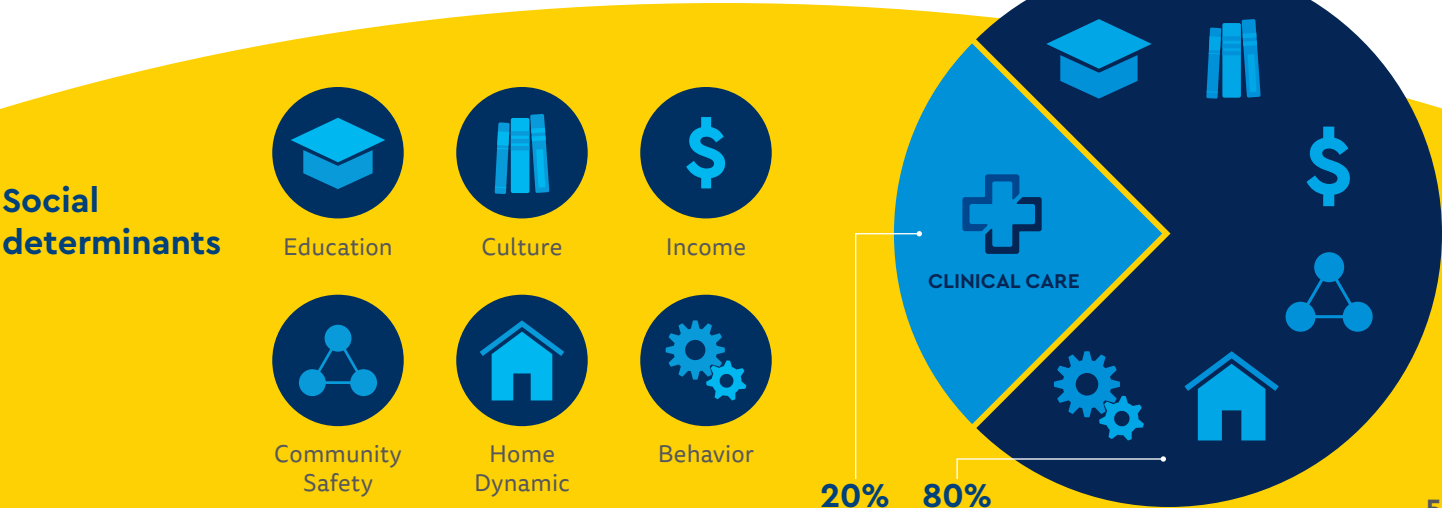
When we get to the core of what’s causing health problems, it consequently impacts the other layers. In fact, only 20 percent of health depends on clinical care; the other 80 percent depends on social determinants, according to the University of Wisconsin Population Health Institute.

Specifically, 40 percent relates to social and economic factors, such as education, culture, employment, income, community safety, family and social support; 30 percent to health behaviors like tobacco use, diet and exercise and alcohol use; and 10 percent to the physical environment or environmental quality. Many children experience overlapping determinants, such as low income, lack of transportation and less access to safe places and role models, which consequently affects their health and wellbeing.

The future of healthcare depends on how we address and support the whole picture of a child’s health and begin to change both the way we deliver healthcare, and the way our population accesses healthcare. Every population and every community has a different set of healthcare needs, and delivering care isn’t a one-size-fits-all model.

We call this population health, where we implement creative and alternative methods to ensure access to care for the entire population — in our case, children. The population health approach is not only about access to medical care; it is about supporting health and wellness in the home, in communities and in schools. It’s about delivering healthcare that lasts beyond a visit to the doctor or a check-in at the clinic.

At Children’s Colorado, one of our missions as an organization is to create healthier communities through the population health approach, by investing resources into keeping kids out of our hospital through preventative programs and partnerships, and by addressing all aspects of their care.



Nearly

50%

of patients rely on some form of Medicaid coverage.

All the Care Jude Needs

Medicaid Provides Access for Most Vulnerable Kids

Jude Smith, 5 years old, demonstrates the elevator buttons. The number 7 goes to his grandma's apartment, where he's lived with his mom, Alita Smith, nearly all his life. Inside, Jude kicks off his shoes, orthotic sneakers that help to correct his gait problems. They're one of many small reminders of Jude's neurofibromatosis type 1, or NF1, a genetic mutation whose symptoms can range from mild to profound. They're also one of many expenses covered by Medicaid.

Jude's case is complex: hydrocephaly, epilepsy, autism spectrum disorder, brain tumors and moyamoya, a rare condition that constricts the vasculature in his brain, putting him at high risk for stroke. For all these complications, Jude needs a lot of care. He gets twice-yearly MRIs and consultations with neurosurgeons every two months. He has physical and occupational therapy multiple times a week. He's at Children's Hospital Colorado so often he doesn't even have a regular pediatrician.

"We've seen specialists out the wazoo," says Alita. "He has a lot of diagnoses, and he takes meds for all of them. I think at the high point the cost of his medication was up to \$2,000 per month — all paid for by Medicaid. I honestly don't know what we'd do without it."

Even commercial insurance would likely cover only a fraction of the therapy Jude needs. Insurance companies typically decide what they'll cover based on formulas applied to a diagnosis. In complex cases like Jude's, where diagnoses overlap and complicate each other, the formulas often fall far short.

Alita is not alone. Medicaid covers 30 million children nationwide. At Children's Colorado, nearly half the patient population has some form of Medicaid coverage. Here, no child is ever turned away, regardless of their ability to pay. Not only do we ensure that high-risk, medically underserved children in our community receive high-quality care, but we advocate that all kids, like Jude, receive health coverage and access to health services.

With Medicaid, Alita can be sure Jude will get the care he needs. It's part of what allowed her to go back to school. Five years later, she's getting ready to graduate with a teaching certificate and looking forward to a sustainable career. She and Jude can finally get a place of their own.

"It's going to launch us into a better life," she says.

More Than a Number

Psychosocial Screening Addresses All Aspects of Care

'Do you have any concerns or problems that make it hard for you to keep your child's health appointments or manage your child's healthcare?'

Questions like these have become part of regular intake processes when families visit Children's Hospital Colorado's Child Health Clinic, where there's an increased focus on screening families for issues like access to healthcare, resource needs like housing or food, financial challenges, safety, relationships and caregiver wellbeing.

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

"In the Child Health Clinic, we want to understand the circumstances that children and families deal with when they come to us for their well-child and sick care," says Dr. Ayelet Talmi, pediatric psychologist at Children's Colorado.

With this goal in mind and support from the Colorado Health Foundation, Rose Foundation and Caring for Colorado, the Child Health Clinic launched a Psychosocial Screening initiative in 2016. This universal tool assesses all aspects of a family's needs, environments and experiences, and connects them with appropriate resources. The psychosocial screener asks questions about elements that are known to impact child health and a family's ability to provide a safe, stable and nurturing environment for their child.

"Our clinic sees a diverse population of families from different cultures, languages, immigrant and refugee status as well as families that are largely publicly insured," says Dr. Bridget Burnett, psychologist at Children's Colorado. "Our screener is available in 11 languages, meaning families can share issues related to housing or behavioral health that otherwise they may not know they can discuss with their doctor."

When concerns are identified on the screener, a resource team member from Family Navigation, Community Health Liaison, Social Work or integrated behavioral health helps address those needs.

"The medical training environment and screening provides a unique opportunity to embed population health management into pediatric training," says Dr. Burnett. "When families receive access to resources and supports earlier, children receive the best opportunity for true prevention and health promotion."

Dr. Talmi concludes, "When we understand, identify and address concerns and challenges related to environments and experiences, we are able to provide comprehensive healthcare and deliver the necessary services and supports to ensure that children are healthy, strong and thriving."



The Whole Picture

Community Health Liaisons Embed Support Within Communities



When Lah Say Wah and Denise Burd walked into a home that had a box of eggs in the freezer and a carton of milk on the floor, they were hardly surprised. As Community Health Liaisons at the Women, Infants, and Children (WIC) Clinic in Aurora, Lah Say and Denise see a wide variety of family dynamics and challenges that extend far beyond managing health. Many are recent refugees who don't speak English and don't know how to take a bus or where to shop for groceries, nevermind how to use U.S. dollars to buy them.

"Culturally, it makes sense," says Lah Say, who was a refugee herself. "Some families don't know how to use canned goods or what a refrigerator is, but how could we expect them to when they've never owned one?"

Lah Say came to the United States from Thailand with her parents and brothers in 2009. She spoke no English, yet knew she wanted to be involved with the Aurora community to help other families like hers. Now, she and Denise make up two of eight Community Health Liaisons at Children's Hospital Colorado.

As part of the First 1,000 Days initiative, the Child Health Advocacy Institute launched its Community Health Liaison (CHL) program in 2016 with an award from the BUILD Health Challenge. The program aims to address the many social determinants that keep kids from getting the healthcare they need. CHLs meet families in their homes and in their communities, connect them with resources and help them with basic daily needs. Most of these families are immigrants, asylum-seekers or refugees, and some are homeless.

In some cases, Lah Say and Denise work with a family for up to three months, helping them navigate public transportation, language barriers, food insecurity,

Medicaid waivers and shopping for baby supplies. But they do much more than that. They are a nonjudgmental face, a counseling friend, a lifeline to surviving in a new country.

"For me, it's a way to pay it forward. When I first moved here, I barely spoke English, and I locked myself out of our home. This woman helped me and later brought cans of food to our apartment. I'll never forget it," reminisces Lah Say. "For some families we serve, they don't have food for the next day. They don't know how to pay the bills. And when we come in and help them, it may take 10 visits to figure it out. But when we tell them, 'We will help you get through this,' we see hope."

And when families feel hope, it's the start of positively impacting their health outcomes.

Since program
began in
September 2016:

40

patients enrolled

19

patients graduated

124

visits completed

A glance at the
patients served:

88%

Medicaid patients

80%

non-white

39%

with caregivers speaking
Spanish only

A New Perspective

Home Visit Program Prevents Asthma-Related ER Visits

For some families, doctor's offices can be intimidating, especially when a family doesn't speak English or know how to interpret doctors' questions or prescriptive instructions. And for kids in these families who struggle with asthma, misunderstanding can mean misuse of medication and increase in Emergency Department visits.

Here, managing asthma among children in vulnerable populations extends beyond providing care in clinical settings. That's where Carmen Espinoza and Elsy David come in.

"To treat the patient and provide the right care, we must know more about their background, experiences and lifestyle," says Elsy. Both Elsy and Carmen understand the importance of asthma management. Elsy's little brother and Carmen's son have both faced challenges with asthma. So when they saw openings for Community Health Liaisons as part of the Just Keep Breathing program, they knew it was the right fit.

Funded by the Colorado Department of Public Health and Environment (CDPHE), Just Keep Breathing started in 2016 as a home visit program for pediatric asthma patients at Children's Hospital Colorado. The program focuses on high-risk asthma patients within a 20-mile radius of the hospital, based on numbers of Emergency Department visits and inpatient admissions.

Once a family volunteers and qualifies to participate, Carmen and Elsy spend six months visiting their home. Not only do they help the family learn how to administer the child's asthma medication, but they conduct home tours where they look for asthma triggers like mold, standing water, dirty vents or filters and fumes in garages. With a team of providers, researchers and social workers, Carmen and Elsy help connect the family with the resources they need to create a healthier home.

"Seeing a patient go from two to three Emergency visits a month to zero, all because we helped them learn how to properly use their medication, is incredibly rewarding," says Carmen. The support doesn't stop after six months, either. Carmen and Elsy are available via phone, text or email for questions or concerns, and continue to follow-up with families regularly.

"Going into a family's home gives you a whole new perspective of this family's life—a perspective providers can't get in a clinical setting," says Elsy. "You have a better understanding of what challenges they face and what their day-to-day life looks like. When we understand the full picture, that's when we can truly help them."

All Our Stories

Youth Group Brings Mental Health Challenges to Light

“Addressing pediatric mental health in our community starts with coming together to better understand the stigma surrounding the topic,” says Deb Federspiel, strategist for mental health programs at Children’s Hospital Colorado. “If we want to change the conversation around youth mental health, we can’t just engage adults in that conversation.”

As a way to bring youth together on the subject, Children’s Colorado’s Pediatric Mental Health Institute formed the Youth Action Board (YAB), which consists of up to 15 youth from across the Denver metro area interested in raising awareness about de-stigmatizing mental health issues.

“My mom is a social worker and my dad is interested in psychology, so mental health has always been a big topic of conversation in the house,” explains Maeve, 18. “But when I started having a bad experience with girls at school sophomore year, I became really depressed.”

Maeve joined the YAB around the same time she was struggling at school. For her, it was an outlet to talk about mental health and stigma with her peers, and to use their shared experiences to create a project that would impact others.

Each year, the YAB designs an interactive art exhibit to reflect their discussions surrounding mental health. In 2016, the exhibit was titled, “Mental Health is All Our Stories,” in which they encouraged teens to create a story in only six words:

An Oscar winning performance: “I’m fine.”

Sharing silence can speak very loudly.

There is no normal. Let go.

In 2015

24%

of Colorado teens felt sad or hopeless at least two weeks in the last year

60

Colorado teens lost their lives due to suicide

Maeve’s senior project at school was an extension of her work in YAB. The goal was to reduce the stigma surrounding mental health in her school community. As part of this project, Maeve presented on the importance of reducing mental health stigma to a school auditorium of 500 students, then encouraged her peers to participate in the six-word story project. She also organized a teacher training for staff on how to address youth mental health challenges.

Her work informed the creation of a community toolkit so other individuals and organizations, like schools, can engage youth in similar activities.

“Giving a presentation to the entire school is something I thought I’d never do. Students came up to me afterwards and said they wished it went longer,” Maeve says. “My biggest takeaway from everything is that I can speak up and make a difference, and that’s something young people don’t realize. There are plenty of other kids like me. They just need an outlet.”

Turning Tragedy into Legacy

Community Rallies Together to Educate Teens on Safe Driving

On October 22, 2014, Taylor Llewellyn, a student at Chaparral High School in Parker, Colorado, tragically lost her life in a car crash when her vehicle drifted across three lanes of traffic and collided head-on with an oncoming vehicle.

For Chaparral students Alex Lehman, 18, Jacqueline Closs, 18, and Emily Baller, 17, this unexpected tragedy became an opportunity to promote awareness of safe teen driving issues in their community, and potentially save future lives through the creation of an education program dedicated to Taylor's memory.

With support from Children's Hospital Colorado, the Colorado Department of Transportation and Safe Kids Denver Metro, the students' Chaparral High School Drive Safe Project became reality.

In 2016, the three teens launched a series of safe driving efforts as part of the campaign. Chaparral hosted its inaugural "Drive Safe Week," comprised of hands-on educational and awareness activities for students to spread the word about safe driving. Additionally, they convened workgroups and created committees, dedicating long hours after school and on weekends to build momentum and move the project forward. Experts in the traffic safety field were consulted to guide the development of promotional materials. With the support of Taylor's family, a

documentary video, "Taylor's Story," was produced which has subsequently been viewed by thousands of parents and teens.

All of these efforts collectively led to the creation of multiple "Teens Take the Wheel" events, which powerfully illustrated the effects of motor vehicle crashes resulting from distracted driving, and the impact they can have on families, schools and communities.

"With the goal of impacting lives and with the support of our many partners, we aimed to educate students in an engaging and fun way," says Alex. "We also shared Taylor's video at a school assembly, leaving no dry eyes in the room. It was encouraging to see students as excited about Drive Safe as we are."

Although Alex and Jacqueline have graduated, Emily plans to lead the project this year and bring more students on board in an effort to perpetuate the program. "By getting behind the wheel, you are risking your life without even driving distracted," says Alex. "You are driving a 2,000-pound weapon and it's just not something we can take lightly."



In 2015

2,656

teens in the Denver metro-area (ages 15-19)
were injured in a motor vehicle crash

In 2016

Children's Colorado's teen
driving program reached

6,000
teens

Taylor's video was viewed

17,400
times

Building Confidence

Summer Camp Promotes Healthy Lifestyles

Olayemi and her twin sister, Olayemisi, both 14, participated in Children's Hospital Colorado's Camp Champions the summer of 2016 at the Anschutz Health and Wellness Center, after being referred from Children's Colorado's Lifestyle Medicine program.

Olayemi and Olayemisi say that, because of camp, they eat more vegetables, stretch every day and are more active, always trying to “fill the bar” on their activity tracker. “You fill the bar on your activity tracker when you get over an hour of exercise a day. We compete with each other to see who will fill the bar first,” says Olayemi.

Children who are overweight and obese are at a greater risk for summer weight gain. So as part of the goal of obesity prevention and health promotion, Children's Colorado launched the Camp Champions program in 2015 to address accelerated summer weight gain in youth. This weeklong program for underserved, low income youth incorporates activities and curriculum from existing programs to engage youth in continuous physical activity while learning about goal setting, teamwork, nutrition and healthy lifestyles.

“The campers are exposed to a variety of physical activities and hands-on cooking lessons throughout the week,” says Laura Retzer, Camp Champions coordinator.

A typical day includes morning stretching, goal setting, fun physical activities like capture the flag or “Olympics”, lessons on sleep, stress management and healthy eating, yoga, gardening, cooking and much more. Camp participants log an average of 19,272 steps per day at camp.

“The goal is to engage youth in healthy lifestyle activities in a fun way that they and their parents or caregivers will positively respond to and continue after camp ends,” says Eve Kutchman, Healthy Kids strategist.

Thanks to sponsorship from Transamerica, campers attend the program for a nominal fee, and receive physical activity trackers and workbooks they keep after camp ends.

“There are a lot of recipes we learned at camp that we make at home now, like Asian salad with chicken, bean salad and turkey wraps with avocado,” describes Olayemisi. “But my favorite are the pancakes — healthy pancakes. We used whole wheat oats and orange juice instead of milk. And we got to flip them!”



Burn Camp Fosters Healing

"One day, coming back from a hike, a young camper said, 'I didn't know there were other kids who had been burned before,'" says Joey Kaufman, 24, who has worked at the Cheley Children's Hospital Colorado Burn Camp the past three summers. "This camper thought she was alone and isolated in her situation. Now because of camp, she knows there are other kids who have gone through similar experiences, and that she's perfect the way she is."

Children's Colorado's Burn Camp was the first residential burn camp nationwide. Thirty-four years later, it remains the premier burn camp in the country. Thanks to donations, grants and the partnership between Cheley Colorado Camps and Children's Colorado, 70 to 85 children recovering from burn injuries nationwide enjoy a weeklong summer camp adventure in Estes Park each summer at no cost.

Summer Burn Camp is one of multiple programs run by the Children's Colorado Burn Camps Program to support burn survivors in their recovery. Other programs include winter teen ski camp, a young adult retreat and family camp.

"Burn injuries are not like many other injuries. If you break your arm, it typically heals and you move on," says Trudy Boulter, Burn Camp director. "That's not the case for a child who sustains a burn injury. These injuries can have a lifelong impact on the child and the family. The trauma of the injury is often a difficult journey, both emotionally and physically."

The goal of Burn Camp is to support kids all the way through wellness, creating opportunities for survivors to share their stories and push themselves beyond what they thought was possible. Activities include hiking, mountain biking, camping, challenge courses, horseback riding, mountain climbing, fishing, crafts, archery and swimming.

One of the campers, Jon, 11, who is going on his fifth year of attending camp, was nervous about riding a horse for the first time, Joey recounts. But once he gained the confidence, horseback riding became one of his favorite activities.

"Kids in these situations feel limited by their injuries," says Joey. "We want to help young adults and kids grow outside of their burn injuries. Creating a community of other kids with shared experiences makes this possible."



Speaking Up for Kids

Policy Advocacy Ensures Medical Foods Coverage for Kids

Leah Jensen, 11, was diagnosed with eosinophilic esophagitis (EoE) and severe food allergies at 15 months old. She was having so many difficulties with eating, sleeping and inexplicable pain that her doctor removed all foods from her diet and placed her exclusively on elemental formula. This formula, also known as medical food, was an amino acid-based complete nutrition she could tolerate without reactions or immune responses.

Children with EoE, and conditions like it, cannot eat foods without experiencing extreme symptoms, including severe, persistent and debilitating abdominal pain, vomiting, life-threatening shock and painful rashes. They rely on this elemental formula to survive.

“Once starting on the formula, Leah began to gradually improve, gain weight and sleep. She was no longer constantly sick,” says Monica Jensen, Leah’s mom. Leah started seeing Dr. Glenn Furuta and Dr. Dan Atkins, director and co-director of the Gastrointestinal Eosinophilic Diseases Program at Children’s Hospital Colorado, for management and treatment of her EoE when she was two and a half years old.

However, in December of 2015, the company Leah’s dad worked for changed insurance carriers. “We had been told that my daughter’s formula would be covered, but suddenly the new insurance refused coverage because it wasn’t her entire diet,” says Monica.

Families whose insurance denies coverage often end up spending anywhere from \$6,000-\$14,000 a year for their child’s medical formula. For the 180 families in Colorado who had private health insurance that refused to cover medical foods, this meant having to make deep and significant financial sacrifices to ensure their child could eat.

“These conditions are very stressful for families,” says Dr. Atkins. “One of the things we love to do as parents is feed our children, and these children don’t tolerate food. That’s stressful, and when you add the financial stress on top, it adds another level of anxiety.”

Due to the high cost of this formula, Dr. Furuta says some families would go anywhere to get it, including online. “We were concerned about the safety and quality of the formula these families were receiving.”

Though Leah’s insurance eventually covered the formula, her family became aware of the importance of developing legislation that could support all Colorado families living with these diseases.

Leah told her story to lawmakers at the State Capitol in 2016, advocating for passage of House Bill 16-1387, which ensures that as of January 1, 2018, all Colorado health plans must provide coverage for medical formula.

“Living with this disease can be difficult socially, emotionally and physically,” she said. “Most social activities seem to revolve around food, such as eating at a friend’s house or going out to eat. I cannot participate in any of these, which makes me often feel very left out.”

When asked about their experience at the Capitol, Monica says, “Living with this disease, the focus is often on what your child cannot have or participate in. When Leah was given the chance to make a difference for other kids like her, she didn’t hesitate. It was an extremely empowering experience.”

With the leadership of the Children’s Colorado Government Affairs team, Dr. Furuta, Dr. Atkins, the Jensen family and many other families and advocacy groups, House Bill 16-1387 was signed into law.

The bill removes the financial burden from families and allows them to focus on their child’s health and well-being. “For our family and the many others who rely on this formula, the passing of this bill means security and peace of mind,” says Monica. “It is reassuring to know that no matter which insurance carrier we have, our children’s formula will still be covered.”



In 2016

the Government Affairs team
actively tracked

88

Colorado bills

Clinical leaders testified in

13

committee hearings

Grew our advocacy
network to over

5,000

members

Leah shakes hands with Governor John Hickenlooper at the signing of House Bill 16-1387

Credit: ArrowHeart Media

Two Generations

School Partnership Educates Young Parents on Dental Health

Pregnancy and babies don't come with a textbook, and teen parents especially need extra help and support. Adolescent parents have unique needs for parenting information and advice, as they are still learning to attend to their own health and wellbeing. One area critical for young parent education includes dental health. Parents who have the tools for good oral health can take better care of themselves and their babies.

"The germs that cause cavities are passed to the infant very early in life – before the baby's teeth even come in," says Valerie Haustein, a dental hygienist at Children's Hospital Colorado. "If parents have experienced cavities themselves, the cavity causing germs can be passed from parent to baby and make their new teeth susceptible to decay."

Many people have come to see cavities as an inevitable rite of passage in their child's life. But Valerie says tooth decay is nearly 100% preventable. In a coordinated effort to promote good oral health and preventive care for both the parent and the child, Children's Colorado partnered with Aurora Public Schools' (APS) Young Parent Support Program.

"Aurora Public Schools has been supporting pregnant and parenting teens for more than 35 years," says Danette Lippman, director of health services at APS. "The Young Parent Support Program (YPSP) is committed to helping pregnant and parenting students navigate the multiple challenges of being a teen mother or father and succeeding in school."

The program teaches teens to parent with a purpose – providing education on dental health and overall health for the baby and themselves.

Teen parents are involved in the program across high schools in Aurora. Valerie visits these schools to host teen discussion groups around child dental health, answer questions about growth and development, teething, good nutrition and feeding practices, and help young parents prevent tooth decay for their infants and toddlers. She and others from the Dental Center at Children's Colorado also offer dental screening and preventative services for the preschool age children.

"Research shows that early oral health intervention and education goes a long way in preventing the development of cavities," explains Danette. "If we can prevent cavities at an early age, we are positioning children for better success in school and in life."

Danette and Valerie agree, "We're impacting two generations of lives (parent and child) through this program and helping to make children and families healthier and stronger."

"WE'RE IMPACTING TWO GENERATIONS OF LIVES (PARENT AND CHILD) THROUGH THIS PROGRAM AND HELPING TO MAKE CHILDREN AND FAMILIES HEALTHIER AND STRONGER."



Inspiring Change

Boot Camp Trains Passionate Advocates

In 2014, Kay Jenner, Children's Hospital Colorado's family and community engagement coordinator, was terrified when her 6-year-old son was hospitalized with shattered bones in his arm and thumb caused by bullying. After spending two years at Children's Colorado, she learned from her own experience that although school and hospital leaders encourage parents to speak up on behalf of their kids, many parents in her position don't know how to ensure their voices are effectively heard.

After this experience, Kay decided to transform monthly advocacy lunch and learns into a more intensive program, Children's Advocacy Boot Camp (CABC). CABC is a nine-month leadership development program that teaches the fundamentals of effective advocacy to 20-25 passionate individuals each year.

"In addition to learning the different types of advocacy, this class incorporates the most important part of being an advocate—interpersonal mastery, or understanding yourself," says Kay. "To understand other people, how they make decisions or how they approach change, you have to understand yourself, and most importantly, you have to be able to effectively tell your story."

Each month features a different leadership activity, building skills like storytelling, effective communications, public speaking, fundraising and coalition-building. Participants learn about child health challenges for Colorado kids and the latest issues in early childhood policy. The program also includes personalized coaching sessions, monthly challenges, field trips, a community impact project and many networking opportunities for alumni following graduation.

Kay focuses on recruiting members from the surrounding community for the program, particularly in the zip codes neighboring the hospital. Participants range from moms and dads to psychiatry and psychology

fellows, in addition to teachers, school health nurses, nonprofit partners, therapists, professional organization members and more.

When Dawn Fritz realized her son, who was diagnosed with autism spectrum disorder (ASD), wasn't receiving an appropriate education at school, she joined CABC in 2016 to become a better advocate for her son. "It's sort of funny how nervous I was to speak to my state legislators back then. Now they both know me by name," says Dawn.

"It's sort of funny how nervous I was to speak to my state legislators back then. Now they both know me by name"

Following graduation from the program, Dawn became a leader in a grassroots parent advocacy group, Jeffco Association of ASD, which advocates for appropriate autism education services in Jefferson County. "I've learned over the last few years," she says, "that I have a valuable voice to add to the conversation."





An Indescribable Feeling

Donated Human Milk Saves Precious Lives

Adele Tafoya-Ecker had an oversupply of her milk after having her daughter. When she looked around online and found that there were opportunities to donate her own milk, she jumped at the chance. Months later, she's donated over 11,509 ounces of milk to babies who may not have access to healthy human milk.

A Colorado-based nonprofit program part of Rocky Mountain Children's Health Foundation, Mothers' Milk Bank (MMB), collects, processes, tests and provides donor human milk to babies across the country. Babies who receive the milk may be premature or have severe illnesses and need human milk to thrive.

"I came across the Mothers' Milk Bank online and fell in love with the idea," says Adele. MMB dispenses more than 760,000 ounces of milk to babies in more than 26 states on an annual basis, and approximately 85 percent of MMB's donated human milk goes to hospitals for preterm and sick babies.

Laraine Lockhart Borman, director of outreach for MMB, says donating to and receiving milk from a nonprofit milk bank guarantees that the milk will be safe, unaltered and provided to the babies who need it most.

To achieve this mission, MMB has a network of several donation sites across multiple states

where experts collect milk from donors. A longstanding partner of MMB, Children's Hospital Colorado opened its Donation and Outreach Center in April 2016.

"Our Milk Lab became a drop-off location for women in the community to conveniently deliver their donated milk," says Tena Kascht, lactation program manager at Children's Colorado. "Many moms of hospitalized infants here have extra milk and choose to donate."

"Having a Donation Center at Children's Colorado is a benefit to people living in the community, especially moms who have extra milk and know they can save a life with their gift," says Laraine.

For Adele, it did just that. "Knowing my donations have helped parents give human milk to their babies who otherwise wouldn't have been able to is an indescribable feeling. It makes me happy that I was able to help such precious lives in need."

Since opening in April 2016, the Donation and Outreach Center

logged

28

community drop-offs,

and sent over

**43,000
OZ**

of human milk.

**One
of 72**

donation centers
across the U.S

Financial Summary of 2016 Community Benefit

In 2016, Children's Hospital Colorado proudly reported \$190,012,653 in community benefit activities.

Financial assistance

Includes reimbursed costs from providing care to patients enrolled in Medicaid, State Child Health plan and other government programs

Subsidized health services

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

Research

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

Health professions education

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

Community health improvement

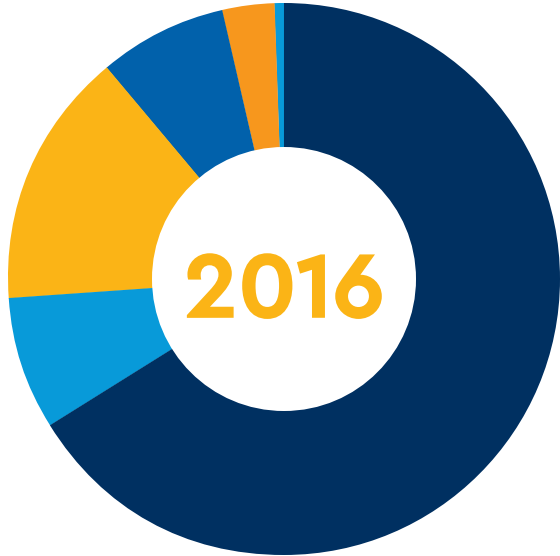
Includes activities such as immunization fairs, dental screenings and parent education

Financial and in-kind contributions

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

Community building activities

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



\$126,025,407	<i>Financial assistance</i>
\$14,824,967	<i>Subsidized health service</i>
\$28,540,496	<i>Research</i>
\$14,128,796	<i>Health professions education</i>
\$6,009,693	<i>Community health improvement</i>
\$483,294	<i>Financial and in-kind contributions</i>
\$1,013,049	<i>Community building activities</i>

TOTAL = \$190,012,653 *Community benefit activities*
\$1,013,049 *Community building activities*

*All financial data is for fiscal year 2016. This report includes amounts expended by Children's Hospital Colorado's hospital facilities, as reported on Schedule H of the IRS Form 990. Accordingly, the activities in this Community Benefit Report are greater than the amounts reported in the Children's Colorado Schedule H, which only applies to our hospital facilities. For questions or more information, please call Julie Gibbs, Community Health Manager, at 720-777-8780.



Children's Hospital Colorado

To learn more about Children's Hospital Colorado's reimagined community work and ongoing mission to care for our kids, visit childrenscolorado.org/communityhealth.

Discrimination is Against the Law. Children's Hospital Colorado complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Children's Hospital Colorado does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. • Children's Hospital Colorado provides free aids and services to people with disabilities to communicate effectively with us, such as: Qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic formats, other formats). Children's Hospital Colorado provides free language services to people whose primary language is not English, such as: Qualified interpreters, information written in other languages. • If you need these services, contact the Medical Interpreters Department at 720.777.9800. • If you believe that Children's Hospital Colorado has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Corporate Compliance Officer, 13123 E 16th Avenue, B450, Aurora, Colorado 80045, Phone: 720.777.1234, Fax: 720.777.7257, corporate.compliance@childrenscolorado.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Corporate Compliance Officer is available to help you. • You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD) Complaint forms are available at www.hhs.gov/ocr/office/file/index.html. • Children's Hospital Colorado complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. • ATENCION: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-720-777-9800. • CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-720-777-9800. • 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-720-777-9800 번으로 전화해 주십시오. • 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電1-720-777-9800。 • ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-720-777-9800. • អ្នកប្រើប្រាស់ភាសាខ្មែរ: យើងផ្តល់សេវាប្រែប្រាស់ភាសាឥតគិតថ្លៃដល់អ្នកប្រើប្រាស់ភាសាខ្មែរ។ ទូរស័ព្ទ 1-720-777-9800 (សេវាប្រែប្រាស់ភាសាឥតគិតថ្លៃ)។ • ملاحظتو: إذا كنت تتحدث اللغة العربية فإن خدمات المساعدة اللغوية متوفرة لك. 720-777-9800-1 الرقم اتصل برفقه. • ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-720-777-9800. • ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-720-777-9800. • ध्यान बनु हो सतपाइले नेपाल बोलनहन छ भन तपाइको निम्त भाषा सहायता सवाहरून-शुल्करूमा उपलब्ध छ। फोन गनु हो सर 1-720-777-9800। • PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-720-777-9800. • 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-720-777-9800 まで、お電話にてご連絡ください。 • NI: Q buru na asu Ibo, asusu aka oasu n'efu, defu, aka. Call 1-720-777-9800.

CHAI_160088756_2016