



Impact of Actions Taken to Address Community Health Needs 2016-2017 Implementation Strategy Progress Report

In 2016, Children's Hospital Colorado developed and employed several strategies to address the health concerns identified in the 2015 community health needs assessment. These actions included partnering with community organizations to develop data-driven approaches to identify targeted neighborhoods and populations for program implementation, developing the three-year implementation plan to guide activities focused in identified health priority areas, and formalizing the measures and tracking mechanisms to inform program planning and measure outreach and impact.

In early 2016, Children's Hospital Colorado partnered with the Colorado Health Institute to develop a child health severity index to identify ZIP codes where youth have the most severe health concerns. The interactive map was developed with the six prioritized health needs in mind, and helped prioritize where there was the greatest need and opportunities to address the priority health needs. Children's used this index to identify the initial ZIP codes to target programmatic efforts and develop the appropriate partnerships within the hospitals urban centers. We will continue to refer to this map as we expand our programs into other communities. Children's also began a partnership with Aurora Public Schools (APS) to promote community-based programs and services in the school setting. Through this partnership, Children's and APS will begin implementing programs to address students' top health needs, including oral health and mental health-related programs and services.

In April 2016, we developed our three-year implementation plan to address the six community health priority areas. Strategies in the report were driven by the 2015 CHNA and the neighborhoods with high needs identified through the child health severity index. Following the implementation plan, we developed over 80 measures to track outreach and impact of each priority areas' programs and initiatives. Our measures will include tracking the volume of educational workshops and trainings, growth in community partnerships and collaborations to expand and develop new programs to address community health needs, improved coordination of care and community-based services and supports, improved access to programs and services, and changes in health outcomes. Measures will continuously be tracked and reviewed to improve processes and ensure the programs are meeting their intended goals and populations.

An overview of the status of each priority area is attached for the period of 2016-2017. This document highlights key accomplishments. With the development of detailed indicators for each priority area (attached) we anticipate a detailed evaluation in early 2018 of the work accomplished in 2017



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CHCO Community Health Action Plan: Implementation Strategy 2016-2019
2016 -2017 Progress Report

KEY: Work begun/Ongoing ▲, Work begun/Completed ○, Work to Begin in 2017 ⊖

Priority Area	Goal	Anticipated Impact	Strategy	Status
Mental Health	Educate about and reduce stigma associated with mental health.	Increased community access and exposure to information about mental health promotion in children will result in increased community knowledge and understanding of the importance of mental health. Children’s Colorado anticipates that as a result youth and their families will be more comfortable discussing mental health with health care and community based providers, resulting in increased likelihood that they will seek resources and support to foster positive mental, social and emotional development.	1.1 Increase community education and awareness about the importance of healthy social-emotional development and mental health promotion 1.2 Reduce stigma associated with mental health, and with children and families seeking mental health supports and services. Change the conversation to focus on health promotion.	Stigma reduction toolkit Mental Health First Aid Trainings De-stigmatization work group / messaging platform
Mental Health	Promote healthy social-emotional development for children ages 3-18.	Increased community access to programming and information about social-emotional development in children will result in increased community knowledge and skills related to promoting positive social-emotional development in children.	2.1 Improve collaboration with community partners to promote children’s social-emotional health	Social-emotional development trainings Implementation of trainings with community partners
Mental Health	Increase access to mental health services.	Increase in the number of children identified as having a medical home with integrated mental health services in targeted communities. There will be fewer visits to the CHCO emergency department for mental health related challenges by children in these targeted communities. More children will receive consistent access to mental health services.	3.1 Lead state and federal policy efforts aimed at improving access to pediatric mental health promotion, prevention, and treatment services. 3.2 Improve collaboration with community partners to improve access for children and families to mental health services and supports.	PMHI advocacy trainings (internal) Strategic plan with APS and CO Spgs partners

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Priority Area	Goal	Anticipated Impact	Strategy	Status
Physical Activity, Nutrition, Obesity	Educate and empower families across the lifecycle with the skills and information they need to make behavior changes that support a healthy lifestyle	Increased community access to information about healthy lifestyle behaviors in children will result in increased community knowledge and skills related to healthy lifestyle behaviors in children, with the long term goal of better health outcomes resulting from positive behaviors such as healthy eating, physical activity, and adequate sleep.	1.1 Increase community knowledge by centralizing evidence based healthy lifestyle resources and content and make them easily accessible and available for families and other community based providers that serve families. 1.2 Train providers on the importance of promoting healthy lifestyle behaviors in children and utilizing evidence based practices to engage with children and families to make behavior changes. 1.3 Lead educational classes and programs for families to build knowledge and skills about healthy lifestyles	Changes in provider practices / treatment in LM Endorsement of educational materials Healthy behavior trainings Camp Champions Cooking Matters
Physical Activity, Nutrition, Obesity	Improve access to healthy foods and physical activity for children and their families, particularly in underserved communities	Increased access to healthy foods and physical activity increases the likelihood that children and families will engage in healthy behaviors, ultimately resulting in more positive health outcomes.	2.1 Engage in local, state and federal public policy advocacy efforts aimed at improving access to healthy lifestyle and obesity prevention services. 2.2 Pursue internal hospital policy changes affecting nutrition and physical activity environment. Utilize Children’s Colorado touch points with families to help increase access to healthy food, physical activity, and healthy lifestyle services and supports. 2.3 Increase collaboration with community partners to improve access for children and families to healthy food, physical activity,	Health Hospital Bikes for Life Policy and advocacy in Aurora

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Priority Area	Goal	Anticipated Impact	Strategy	Status
Physical Activity, Nutrition, Obesity	Advance the field of childhood obesity research through collaboration and dissemination	Greater collaboration and information sharing could increase campus capacity to engage in research and increase efficiencies	and healthy lifestyle services and supports 3.1 Enhance information sharing regarding AMC driven childhood obesity research efforts to facilitate greater collaboration and efficiencies. 3.2 Improve the process for disseminating childhood obesity prevention research and adopting evidence based practices.	PA/obesity prevention database Entry/referral model into Health Living wrap-around programming in schools Explore research options for community-based treatment model

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Priority Area	Goal	Anticipated Impact	Strategy	Status
Oral Health	Increase Access to Oral Health Care	Over the course of 3 years the impact will be a decrease in the number of youth ages 2-18 with untreated tooth decay or dental carries in the targeted communities where these services are being provided. There will be an increase in the number of children identified as having a dental home in targeted communities.	1.1Ensure for the full integration of oral health prevention services in a diverse network of care provider settings that range from private health care clinics to school based and community mental health centers. 1.2Expand the number of dental providers offering pediatric specific preventative oral health services via professional development programs.	Cavity Free at Three ED/UC referrals to dental home
Oral Health	Promote oral health in provider, community and home settings	There will be an increase in number of dental providers and other primary care providers able to engage in pediatric specific preventative dental care utilizing practices like prevention counseling and dental caries risk assessments provided by the Cavity Free at Three program in the targeted communities.	2.1Expand the Cavity-Free by Three community outreach program which consists of the interdisciplinary training of child health and professional care providers, and oral health education workshops for parents and community groups.	Provider trainings on infant oral health OH workshops with families

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Priority Area	Goal	Anticipated Impact	Strategy	Status
Prematurity	Increase public awareness about the importance of prenatal care and early childhood development	Increased awareness of the importance of gestation through age 2 (First 1,000 Days) to a wide audience of parents, caregivers, healthcare providers, early care and education providers, and community partners.	1.1 Create universal awareness through public engagement and a shared messaging campaign.	Kohl's FTD campaign
Prematurity	Advocate for local and state policy changes that would positively influence conditions in pregnancy and early childhood	By working to enact policy changes that support families, the anticipated impact will be: an increase in the number of women seeking prenatal care; an increase in the number of caregivers able to take advantage of maternity/paternity leave; and finally and most importantly a decline in the number of premature births and incidents of toxic stress following birth.	2.1 Review Children's Hospital Colorado internal policies to create a "Best in Class" workplace. 2.2 Suggest appropriate policy revisions at local and state levels.	FFW report and policy recommendations Rose Community Grant policy work
Prematurity	Increase healthcare provider awareness and understanding of the importance of gestation through age 2	Children's Colorado has over 1,200 providers that serve as a national touch point for young children and their families. Providing training to all levels of clinical staff and extending the training to providers at pediatric and family practices outside of Children's Colorado network will lead to improved health outcomes.	3.1 Offer thorough and impactful training to all levels of medical staff at Children's Hospital Colorado to educate medical providers with information about how to prevent, identify and mitigate toxic stress. 3.2 Extend provider training to providers at pediatric and family practices outside of Children's Colorado network.	PS provider trainings

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Priority Area	Goal	Anticipated Impact	Strategy	Status
Prematurity	Screening, identification, care coordination			PS screenings Referrals to community resources CHW integration and activities
Prematurity	Expand partnerships with pre-natal providers in order to reduce premature births	The anticipated impact of expanding Children’s Colorado’s partnerships with obstetricians and family care providers treating pregnant women are to: reduce premature birth; increase referrals to the Child Health Clinic and other pediatric settings that prioritize social and emotional health in addition to physical health; ensure that more babies and young children have medical homes; and improve treatment for women experiencing pregnancy related mood disorders.	5.1 Expand the public awareness campaign (Goal #1) to providers, give them information and materials they can easily disseminate to their patients. 5.2 Extend the provider training program (Goal #3) to obstetricians and family practitioners who see high volumes of low-income women 5.3 Provide training on the psychosocial screening (Goal #4) tool and information on how to access community resources. 5.4 Create “warm handoff” protocols for providers who refer babies to the Child Health Clinic. 5.5 Extend the “warm handoffs” to pediatric clinics beyond the Child Health Clinic.	Number of pre-natal partnerships Implementation of PS in other settings Data sharing agreements and processes for “warm hand-off”
Priority Area	Goal	Anticipated Impact	Strategy	Status
Respiratory Illness	Increase access to routine care for respiratory illnesses	Over the course of three years, the anticipated impact will be a decrease in the number of emergency department visits and hospitalizations for asthma and bronchiolitis in youth ages	1.1 Increase rate of follow-up visits with a specialist or community based primary care provider within 30 days of a CHCO emergency department	Respiratory health trainings Just Keep Breathing

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		0-17 in the targeted communities where these services are being provided. There will be an increase in the number of children who receive routine asthma care in the clinical setting outside of the emergency department. In addition, community providers will have a better understanding of care for children at risk for respiratory illnesses.	visit or inpatient hospitalization for asthma. 1.2 Standardize the content, material, and delivery of education around respiratory illnesses for all stakeholders, including community providers, school nurses, patients, and family members.	Step Up
Respiratory Illness	Decrease health impact of environmental exposure to air particulate matter	Because air particulate matter, such as tobacco smoke, car exhaust, and wildfire smoke, have been linked to increased prevalence of respiratory illness and worse outcomes, we anticipate decreasing exposure to air particulate matter will reduce emergency department visits and hospitalizations for acute respiratory episodes. Additionally, reducing exposure may reduce prevalence of chronic respiratory disease, in turn reducing burden on the health care system.	3.1 Improve tobacco screening and intervention by providers during routine and unexpected healthcare encounters.	Breathe Better conference Educational materials

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Priority Area	Goal	Anticipated Impact	Strategy	Status
Injury	Strengthen the hospital-based and community-based education and outreach components of the Child Passenger Safety (CPS) Program at Children’s Hospital Colorado (CHCO) through establishment of a sustainable infrastructure that provides leadership, funding, data, policy, and evaluation to support the needs of community partners serving children and families in targeted communities.	An increase in the percentage of Adams, Arapahoe, and Denver County children ages birth to age eight years old, that are properly restrained in a car or booster seat, with special emphasis on increasing child restraint usage rates among African-American and Hispanic families living in the targeted neighborhoods.	1.1 Expand Child Passenger Safety program efforts to target parents and caregivers of (1) infants discharged from CHCO NICU; (2) CHCO Child Health Clinics; and (3) infants, toddlers, and children residing in neighborhoods at disproportionate risk for MVC injuries. 2.1 Advocate and provide leadership to policy efforts aimed at strengthening of the Colorado Child Passenger Safety Law (Colorado Revised Statute 42-4-236) to reflect best practice recommendations from the American Academy of Pediatrics.	CPS inspections
Injury	Expand programmatic efforts, and facilitate opportunities for collaborative injury prevention initiatives focusing on teen driver safety that provides leadership, funding, data, policy, and evaluation to support the needs of schools and community partners serving families and students in targeted communities.	Reduce the number of traffic fatalities and injuries among young drivers and passengers in the metro Denver area, with special emphasis on increasing seat belt usage rates among African-American and Hispanic families living in the targeted neighborhoods. Increase the knowledge of teens, parents, and caregivers about Colorado’s Graduated Driver’s Licensing laws in the identified high-risk zip codes by offering education and outreach opportunities to residents of these communities, and	2.1 Integrate Teen Driver Safety program efforts to target (1) parents of teens residing in neighborhoods at disproportionate risk for MVC injuries; and (2) teens 15-19 years residing in neighborhoods at disproportionate risk for MVC injuries. 2.1 Advocate and provide leadership to policy efforts aimed at strengthening of the Colorado Graduated Driver License Law (Colorado Revised Statute 42-2-106, Code 062) to reflect best practice recommendations from the National Highway Traffic Safety Administration.	Teen Driver Safety

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		<p>measuring progress toward this increase.</p> <p>Reduce the barrier of access to evidenced-based teen driver safety prevention strategies and resources among parents, caregivers, and other child guardians in identified high-risk neighborhoods by providing targeted programming to address the MVC injury burden.</p>		
Injury	Expand programmatic efforts, and facilitate opportunities for collaborative injury prevention initiatives focusing on the four leading causes of unintentional injury among children residing in neighborhoods at disproportionate risk.	<p>Reduce the number of traffic fatalities and injuries among young drivers and passengers in the metro Denver area, with special emphasis on increasing seat belt usage rates among African-American and Hispanic families living in the targeted neighborhoods.</p> <p>Increase the knowledge of teens, parents, and caregivers about Colorado’s Graduated Driver’s Licensing laws in the identified high-risk zip codes by offering education and outreach opportunities to residents of these communities, and measuring progress toward this increase.</p> <p>Reduce the barrier of access to evidenced-based teen driver safety prevention strategies and resources among parents, caregivers, and other child</p>	<p>3.1 Concentrate Safe Kids Denver Metro coalition prevention, education, and outreach efforts to target parents and caregivers of children residing in neighborhoods at disproportionate risk for the four leading causes of unintentional injuries, as determined by Colorado Hospital Association data for Emergency Department utilization.</p> <p>3.2 Monitor federal and state legislation that impacts the prevention of injuries and enhancement of opportunities to improve children’s health, and aligns with anticipatory guidance and best practices provided by federal, state, and NPO entities and organizations recognized as experts in the field of pediatric injury prevention</p>	<p>Infant safe sleep, home safety inspections</p>

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		guardians in identified high-risk neighborhoods by providing targeted programming to address the MVC injury burden.		
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Children's Hospital Colorado**Directory of Indicators**

For period through 12/31/2017

Source	Focus Area	Topic	Indicator	Active?
Obesity	Goal 1 - Obesity Prevention Education	Educational Materials	Formal endorsement of obesity education materials from Lifestyle Medicine	Yes
Obesity	Goal 1 - Obesity Prevention Education	Educational Materials	Number of obesity education materials to Children's clinics, community organizations, and schools	Yes
Obesity	Goal 1 - Obesity Prevention Education	Camp Champions (CC)	Number of Children enrolled in Camp Champions	Yes
Obesity	Goal 1 - Obesity Prevention Education	Camp Champions (CC)	Percent of CC enrollees who increase their physical activity and improvements in BMI trajectory	Yes
Obesity	Goal 1 - Obesity Prevention Education	Camp Champions (CC)	Implementation of Camp Champions with the Pikes Peak YMCA	Yes
Obesity	Goal 1 - Obesity Prevention Education	Cooking Matters (CM)	Number of CM courses with children/families from Child Health Clinic, Lifestyle Medicine and Camp Champions	Yes
Obesity	Goal 1 - Obesity Prevention Education	Cooking Matters (CM)	Percent of CM Participants will report a change in knowledge, attitudes, and behaviors as a result of attending CM course	Yes
Obesity	Goal 1 - Obesity Prevention Education	Cooking Matters (CM)	Percent of participants of the Cooking Matters research study will report improvements in outcome measures	Yes
Obesity	Goal 1 - Obesity Prevention Education	Provider Training	Number of healthy lifestyle behavior trainings in Children's clinics, community providers and school-based health providers	Yes

Obesity	Goal 1 - Obesity Prevention Education	Provider Training	Percent of trainees who report an increased understanding and developed skills to for healthy lifestyle promotion techniques	Yes
Obesity	Goal 1 - Obesity Prevention Education	Provider Training	Change in provider practices in promotion of healthy lifestyle behaviors that align with materials/training/guidelines	No
Oral Health	Goal 1 - Access to Oral Health	Cavity Free at Three (CF3)	Number of clinics with CF3 program among our network of community providers.	Yes
Oral Health	Goal 1 - Access to Oral Health	Cavity Free at Three (CF3)	Number of providers trained in CF3 program at medical practices and dental practices that implement the program	Yes
Oral Health	Goal 1 - Access to Oral Health	Cavity Free at Three (CF3)	Number of Children in the CF3 program who receive fluoride varnish treatment	Yes
Oral Health	Goal 1 - Access to Oral Health	Cavity Free at Three (CF3)	Number of Children in the CF3 program who receive a dental caries risk assessment	Yes
Oral Health	Goal 1 - Access to Oral Health	Dental Home Promotion	Number of Children of preschool age who report having a dental home	Yes
Oral Health	Goal 1 - Access to Oral Health	Dental Home Promotion	Number of Children at CHCO with oral health needs in the ED/UC who are referred to Children's Dental Clinic	Yes
Oral Health	Goal 1 - Access to Oral Health	Oral Health Coverage	Number of Children covered by Medicaid under the age of 3 (or 5) who have had at least any dental service	Yes
Oral Health	Goal 1 - Access to Oral Health	Oral Health Coverage	Proportion of Children covered by Medicaid under the age of 3 (or 5) with at least 1 dental preventive service	Yes

Oral Health	Goal 1 - Access to Oral Health	Oral Health Coverage	Implement coverage across Medicaid and CHP+ for D01351 on primary teeth (molars) at the same rate as permanent teeth	Yes
Oral Health	Goal 1 - Access to Oral Health	Oral Health Coverage	Implement coverage across Medicaid and CHP+ plans for D1354	Yes
Oral Health	Goal 2 - Oral Health Education	Professional education	Number of professional education workshops led by Children's dental providers	Yes
Oral Health	Goal 2 - Oral Health Education	Professional education	Number of OH workshops for parents, children, and community groups	Yes
Mental Health	Goal 1 - Mental Health Education	De-Stigmatization Work Group (Community)	Development of shared messaging platform and dissemination plan	Yes
Mental Health	Goal 1 - Mental Health Education	De-Stigmatization Work Group (Community)	Development of tracking mechanism for de-stigmatization messaging	Yes
Mental Health	Goal 1 - Mental Health Education	De-Stigmatization Work Group (Internal)	Development of action plan and measures of success	Yes
Mental Health	Goal 1 - Mental Health Education	MH Stigma Reduction Toolkit	Number of clinics and organizations who have MH stigma reduction toolkit available for community member use	Yes
Mental Health	Goal 1 - Mental Health Education	Youth Mental Health First Aid	Number of Persons who receive Mental Health First Aid training	Yes
Mental Health	Goal 1 - Mental Health Education	Youth Mental Health First Aid	Proportion of Persons who received MH First Aid Training and reported increased understanding (pre/post survey)	Yes

Mental Health	Goal 2 - Healthy social-emotional development	Social-Emotional (S-E) Education	Number of clinics and orgs who received training on healthy S-E development	Yes
Mental Health	Goal 2 - Healthy social-emotional development	Social-Emotional (S-E) Education	Number of partner organizations who have implemented S-E support services into existing programs	Yes
Mental Health	Goal 3 - Early identification and access to MH	Advocacy (Internal/External)	Number of advocacy trainings with PMHI	Yes
Mental Health	Goal 3 - Early identification and access to MH	MH HIA	Number of Persons [placeholder for MH HIA work]	Yes
Mental Health	Goal 3 - Early identification and access to MH	Partnerships	Development of goals/objectives with APS	Yes
Mental Health	Goal 3 - Early identification and access to MH	Partnerships	Identification of CO Spgs partnerships	Yes
Mental Health	Goal 3 - Early identification and access to MH	Partnerships	Formation of CASH	Yes
Injury	Goal 1 - Child Passenger Safety (CPS) Program	Car Seat Inspections / Vouchers	Number of CPS inspections conducted for residents of targeted neighborhoods	Yes
Injury	Goal 1 - Child Passenger Safety (CPS) Program	Car Seat Inspections / Vouchers	Number of car seat vouchers redeemed by residents of targeted neighborhoods	Yes
Injury	Goal 1 - Child Passenger Safety (CPS) Program	CPS Education and Outreach	Number of new/existing partnerships for CPS education and outreach	Yes
Injury	Goal 3 - Teen Driver Safety	Teen Driver Safety Education / Outreach	Number of teen driver safety outreach resource kits disseminated for high schools and/or other youth programs to use	Yes

Injury	Goal 3 - Teen Driver Safety	Teen Driver Safety Education / Outreach	Number of Teen Driver Safety events (e.g., "Night with Trauma"), overall and in targeted zip codes	Yes
Injury	Goal 3 - Teen Driver Safety	Teen Driver Safety Education / Outreach	Percent of teens surveyed who used seat belts in each of the top five target zip codes	Yes
Injury	Goal 3 - Teen Driver Safety	Teen Driver Safety Integration	Number of teen-initiated events that produce teen driver safety awareness campaigns in targeted high schools or community	Yes
Injury	Goal 3 - Teen Driver Safety	Teen Driver Safety Integration	Number of CHCO providers that indicate they regularly provide anticipatory guidance on teen driver safety	Yes
Injury	Goal 1 - Child Passenger Safety (CPS) Program	Car Seat Inspections / Vouchers	Percent of families receiving CPS education who demonstrate an increased knowledge of correct use and installation of their car seats	Yes
Injury	Goal 1 - Child Passenger Safety (CPS) Program	Provider education of CHAI programs	Identification of priority IP messaging that align with anticipatory guidance at appropriate ages and stages	Yes
Injury	Goal 1 - Child Passenger Safety (CPS) Program	Reimbursement for Prevention Services	Number of Persons [placeholder for future indicator] - reimbursement for prevention services	Yes
Injury	Goal 2 - Leading Causes of Injury	Prevention, Education, and Outreach	Number of Persons [placeholder for future indicator] - injury prevention/education	Yes
Injury	Goal 2 - Leading Causes of Injury	Preventable injuries	Number of families in targeted zip codes who receive infant safe sleep awareness messaging	Yes
Injury	Goal 2 - Leading Causes of Injury	Preventable injuries	Number of home safety inspections and installation of prevention hardware for families residing in targeted zip codes	Yes

Injury	Goal 3 - Teen Driver Safety	Teen Driver Safety Integration	Percent of young drivers/passengers who report improvement re: knowledge of Colorado Graduated Driver's licensing provisions	Yes
Injury	Goal 3 - Teen Driver Safety	Teen Driver Safety Integration	Percent of parents/caregivers who report improvement re: knowledge of Colorado Graduated Driver's licensing provisions	Yes
Respiratory Health	Goal 1 - Access to Respiratory Health	Standardized Educational Materials and Training	Number of RH educational materials provided to internal and external community providers, school nurses, and patients	Yes
Respiratory Health	Goal 1 - Access to Respiratory Health	Standardized Educational Materials and Training	Number of RH trainings [future measurement]	Yes
Respiratory Health	Goal 1 - Access to Respiratory Health	Standardized Educational Materials and Training	Number of Persons [placeholder for obtaining sustainable funding for CHW home visitation program]	Yes
Respiratory Health	Goal 2 - Strengthen support network in RH	Asthma education in school settings	Number of asthma trainings in school settings	Yes
Respiratory Health	Goal 2 - Strengthen support network in RH	Asthma home visitation program (JKB)	Percent of JKB caregivers who demonstrate an increased knowledge	Yes
Respiratory Health	Goal 2 - Strengthen support network in RH	Asthma home visitation program (JKB)	Percent of JKB patients who demonstrate improved medication technique	Yes
Respiratory Health	Goal 2 - Strengthen support network in RH	Asthma home visitation program (JKB)	Percent of JKB patients who demonstrate a decrease in asthma symptoms	Yes
Respiratory Health	Goal 2 - Strengthen support network in RH	Asthma home visitation program (JKB)	Number of home visits (families) provided by CHWs	Yes
Respiratory Health	Goal 2 - Strengthen support network in RH	Explore personalized technology	Number of Persons [placeholder - Asthma Personalized Technology]	Yes

Respiratory Health	Goal 3 - Environmental Impact	Breathe Better Conference and Activities	Development of plan for addressing environmental impact on RH, including educational materials, language	Yes
Respiratory Health	Goal 3 - Environmental Impact	Breathe Better Conference and Activities	Development of standardized educational materials, informed by the Breathe Better conference	Yes
Respiratory Health	Goal 3 - Environmental Impact	Breathe Better Conference and Activities	Number of attendees at the Breathe Better conference	Yes
Respiratory Health	Goal 3 - Environmental Impact	Smoking Cessation Assistance	Number of cessation assistance trainings and attendees in Child Health Clinic, Young Moms Clinic, and Pulmonary Clinic	Yes
Respiratory Health	Goal 3 - Environmental Impact	Smoking Cessation Assistance	Number of Persons [placeholder - creation of tobacco cessation clinic]	Yes
Prematurity / Early Childhood	Goal 1 - Public Awareness	First Thousand Days Public Awareness	Number of website reach	Yes
Prematurity / Early Childhood	Goal 1 - Public Awareness	First Thousand Days Public Awareness	Number of community event reach	Yes
Prematurity / Early Childhood	Goal 1 - Public Awareness	First Thousand Days Public Awareness	Number of paid/unpaid media impressions	Yes
Prematurity / Early Childhood	Goal 1 - Public Awareness	First Thousand Days Public Awareness	Number of promotional reach	Yes
Prematurity / Early Childhood	Goal 1 - Public Awareness	First Thousand Days Public Awareness	Number of internal communication impressions	Yes

Prematurity / Early Childhood	Goal 2 - Policy & Advocacy	Internal - Family Friendly Workplace Committee	Percent of CHCO employees who report satisfaction on FFW and related questions	Yes
Prematurity / Early Childhood	Goal 3 - Provider Training	Psychosocial Screener (PS) Training	Number of CHCO providers who have completed the psychosocial training	Yes
Prematurity / Early Childhood	Goal 2 - Policy & Advocacy	External - [PLACEHOLDER] Rose Community Grant work	Number of Persons [Rose Community Grant - placeholder for future indicator]	Yes
Prematurity / Early Childhood	Goal 3 - Provider Training	Psychosocial Screener (PS) Training	Percent of trained CHCO providers who report that PS will influence how they respond to families with psychosocial needs	Yes
CHNA.org CHA Indicators	Health	Health Outcomes	Rate of Infant Deaths that occur within the first year of life	Yes
Prematurity / Early Childhood	Goal 3 - Provider Training	Psychosocial Screener (PS) Training	Percent of CHWs who report that PS will influence how they respond to families with PS needs	Yes
Prematurity / Early Childhood	Goal 4 - Screening, Identification, and Care Coord	Psychosocial Screener and CHW Implementation	Percent of CHC patients (ages 0-2)/families who received the psychosocial screener at their well-child visit	Yes
Prematurity / Early Childhood	Goal 4 - Screening, Identification, and Care Coord	Psychosocial Screener and CHW Implementation	Percent of positive screened families who are successfully referred to community services	Yes
Prematurity / Early Childhood	Goal 4 - Screening, Identification, and Care Coord	Psychosocial Screener and CHW Implementation	Number of CHWs integrated into Child Health Clinic and community settings	Yes
Prematurity / Early Childhood	Goal 4 - Screening, Identification, and Care Coord	Psychosocial Screener and CHW Implementation	Number of patients/families referred to CHWs for resource needs and support services	Yes
Prematurity / Early Childhood	Goal 5 - Expanding Pre-Natal Partnerships	Expanding partnerships to promote FTD	Number of partnerships with pre-natal providers	Yes
Prematurity / Early Childhood	Goal 5 - Expanding Pre-Natal	Expanding partnerships to promote FTD	Implementation of PS and intervention at partner prenatal	Yes

	Partnerships		providers	
Prematurity / Early Childhood	Goal 5 - Expanding Pre-Natal Partnerships	Expanding partnerships to promote FTD	Development of data sharing agreement and processes for “warm hand-off” between pre-natal providers and CHC, other ped practices	Yes
Oral Health	Goal 1 - Access to Oral Health	[Future Activity - decreasing caries in schools]	Number of Persons [placeholder - Reducing caries in schools]	Yes
Oral Health	Goal 1 - Access to Oral Health	Cavity Free at Three (CF3)	Number of Persons [Placeholder for OH indicator tied to school-based resource center]	Yes
Respiratory Health	Goal 1 - Access to Respiratory Health	Standardized Educational Materials and Training	Percent of RH referral and follow-up processes in Children’s hospital, clinics and with community providers for established asthma patients	Yes
Obesity	Goal 2 - Access to Food	Bikes for Life (BFL)	Percent of BFL enrollees who report an increase in physical activity, and decrease in sedentary behaviors	Yes
Obesity	Goal 2 - Access to Food	Bikes for Life (BFL)	Percent of BFL study participants who demonstrate a reduction in BMI, increase in physical activity and decrease in sedentary behavior	Yes
Obesity	Goal 2 - Access to Food	Policy/Advocacy for Improving Access to Food	Number of Persons [placeholder for future indicator] - policy for food access	Yes
Obesity	Goal 2 - Access to Food	Policy/Advocacy for Improving Access to Food	Healthy Hospital status	Yes
Oral Health	Goal 1 - Access to Oral Health	Cavity Free at Three (CF3)	Number of providers trained in CF3 program at medical practices and dental practices that implement the program	Yes

Mental Health	Goal 1 - Mental Health Education	De-Stigmatization Work Group (Internal)	Number of CHCO employees who use the Employee Assistance Program for MH	Yes
Prematurity / Early Childhood	Goal 3 - Provider Training	Psychosocial Screener (PS) Training	Demonstration of practice changes with patients, through provider survey	Yes