

# Protecting Colorado Youth

Success Stories  
From the Field



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# Protecting Colorado Youth

## Success Stories from the Field

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# Executive Summary

A key function of local public health is the promotion of health and safety for all members of a community, including infants and children.<sup>1,2</sup> One way this is accomplished is through the Child Fatality Prevention System (CFPS), a legislatively mandated, statewide network comprised of local child fatality prevention teams, also referred to as partners, from multiple agencies across Colorado.

Local public health professionals throughout Colorado, with support from various organizations and government entities, use the CFPS review process to drive action, leverage partnerships, and implement meaningful prevention initiatives. The CFPS review process is a collaborative way to review child deaths and develop recommendations to prevent future deaths in Colorado.<sup>3</sup> Child fatality prevention leaders work toward the collective goal of promoting child safety at home, school, on the roads, and everywhere in between.

This brief highlights the impact of the CFPS review process in preventing child fatalities across Colorado's urban and rural communities. It features success stories from communities that have used CFPS

programming to save children's lives. By interviewing local CFPS leaders throughout Colorado, the Colorado Health Institute identified ways that local teams, such as those working directly in health departments, use the CFPS review process to lead prevention strategies, five of which are highlighted in this brief. These include using CFPS data to drive local action, supporting changes to the built environment, creating targeted campaigns and distributing resources, conducting community engagement, and leveraging partnership and capacity building opportunities. The highlighted strategies within this brief also note barriers and challenges to implementing meaningful prevention programming, such as funding and capacity constraints, highlighting additional key opportunities where specialized partners, funders, and local CFPS teams can work more collaboratively to advance future prevention efforts.



A flyer from Pueblo County's Everyday Heroes initiative. See story on Page 10.

## Key Takeaways

- 1 Partners rely on the data collected through the CFPS process to address and act on local challenges.
- 2 Partners develop prevention programming through braided funding, creative partnerships, and awareness-building in their communities.
- 3 Funding and staff challenges limit local partners' ability to address the causes of child fatalities.

# Introduction and Overview

In 2024, the Colorado Health Institute (CHI) partnered with the Colorado Department of Public Health and Environment (CDPHE) to assess the impact of the Child Fatality Prevention System (CFPS) process on communities across Colorado. Since the 2014 implementation of the Child Fatality Act of 2013, local teams have reviewed fatalities at the county and regional level rather than at the state level. This brief aims to provide CDPHE and other stakeholders with examples of how local partners use the CFPS to address challenges and potential barriers to success. We hope that this brief advances CDPHE's goals of supporting local efforts and providing more tailored support and resources to improve processes.

CDPHE supports 40 local CFPS teams representing the 64 counties in Colorado. Some local teams work for regional health departments, representing multiple counties within their jurisdiction, while others are from single county health departments. They review deaths of infants, children, and youth under age 18.<sup>3</sup> Local teams regularly receive state-level aggregate data as well as information on corresponding successes and challenges.

Legislation mandates that local teams establish a child death review (CDR) team to look at individual cases. Lead by local or regional health departments, the CDR teams leverage external and cross-disciplinary expertise. Most local CDR teams are highly collaborative and have representatives from the following disciplines:<sup>4</sup>

- Local law enforcement
- Child protective services
- Prosecutors
- Medical examiners or coroners
- Public health officials
- Pediatricians or family health providers
- Mental health professionals
- Emergency medical services

Local CDR teams, established and supported by the leadership of the local CFPS team, review a range of causes of infant and child deaths, including:

- Motor vehicle and transportation incidents
- Sudden unexpected infant death (SUID)
- Suicide
- Child maltreatment
- Unintentional injuries (such as poisoning, falls, fires, or drowning)
- Overdoses
- Homicide
- Undetermined causes

Local teams record their fatality review data and discussions into the Case Reporting System, which is managed by the National Center for Fatality Review and Prevention. The National Center for Fatality Review and Prevention, in collaboration with state fatality review programs, develops and manages the national web-based reporting system.<sup>4</sup>

## Methods

CHI conducted hour-long virtual key informant interviews with nine local CFPS partners, including leads of CDR teams and child fatality prevention and public health specialists. Local partners represented four rural and frontier and five urban counties throughout Colorado, covering the metro Denver area, southern Colorado, southwest Colorado, northeast Colorado, and the Western Slope. CDPHE sent invitations to local CFPS partners through a convenience sampling method. These partners then volunteered to be interviewed by CHI staff. CDPHE and CHI selected partners to interview based on their county classification (urban, rural, and frontier) to capture a variety of experiences. The interviews focused on the CFPS process, data, and challenges. See Appendix A for the interview guide. After conducting interviews, CHI used thematic analysis strategies to extract themes from key informant interviews and to systematically organize and analyze the data. To ensure consistency and accuracy, a comprehensive codebook was developed, guiding the coding process and helping to identify key patterns and insights across the nine interviews.



## Findings and Success Stories

CHI identified five primary ways local partners use the CFPS review process to address child fatality outcomes:

- Using statewide CFPS data to drive local action
- Supporting changes to the built environment
- Creating targeted campaigns and distributing resources
- Conducting community engagement and empowerment
- Leveraging partnerships and capacity building

The built environment refers to the man-made or modified structures that provide people with distribution systems for water and electricity, buildings where communities work and play, and transportation systems such as bridges, crosswalks, and roads.<sup>5</sup>

This section highlights success stories and opportunities within each of the five use cases.

### Using Statewide CFPS Data to Drive Local Action

CHI asked local partners about their experience participating in the CFPS — specifically, how they use statewide data to make meaning of what is happening within their own communities. Partners find CFPS information useful as it serves as a benchmark and comparison tool. One partner said:

***“State-level data is always important to us because it gives us that baseline and an average as to what’s happening across our state. What’s happening at the state level may look very different from what we see here at our local level and that’s helpful for us, because data really helps inform what kind of prevention, messaging, or education that we may want to do in the community around certain types of deaths.”***

Rural CFPS partners generally review fewer child deaths in a year than their urban counterparts. Several rural partners highlighted the importance of reviewing statewide data with the goal of improving their own prevention activities. Some said that

despite having very few or no reportable infant or child deaths in recent years, prevention is still top of mind. The ability to easily evaluate statewide trends supports prevention activities and provides a general sense of awareness among rural partners. With few child deaths, statewide data trends are especially important to inform prevention decision-making in smaller communities.



### Success Story: Evaluating COVID-19 Social Isolation and Identifying Disproportionately Impacted Populations

During key informant interviews, local partners described trends of consistent or growing rates of youth suicide within their communities. In some communities, this is the leading cause of childhood death. Northeast Health Department said they use statewide data to better understand trends in youth suicide rates, specifically the impact of COVID-19 on social isolation and poor mental health. The increase in statewide suicides during and following the COVID-19 pandemic sparked more conversation among local CFPS teams to understand and prevent social isolation.

Some local partners use state CFPS data to illuminate how adult fatality trends may mirror childhood fatality causes. Using this data to seek similar population trends has provided opportunities for local teams and partners to use and advocate for [braided funding sources](#) to implement prevention initiatives.

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CFPS data have also provided local partners an opportunity to evaluate which populations are disproportionately impacted by infant and child fatality. In several Colorado counties, local trends show disproportionate rates of child fatalities among the following groups:

- Latino/a and Hispanic children
- LGBTQ children
- Native American and Alaska Native children
- Black children
- Children with lower socioeconomic statuses

Staff at the Adams County Health Department, representing the local CFPS team, said they use data to address the social determinants of health in their local death review process. Social determinants of health are the nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age. These include a wide set of systems that shape daily life such as economic policies and conditions.<sup>6</sup> Sharing this experience, staff from Adams County Health Department said:

*“We don’t just look at access to care. We look at poverty, housing, transportation, every aspect of social determinants of health, and it’s been remarkable to really solidify that it’s much more than one’s economic background or access to care that has impacts on a life.”*

### *Opportunities: Further Supporting Disproportionately Impacted Groups and Addressing the Social Determinants of Health*

Given disproportionate rates of child fatalities among certain populations in Colorado, particularly those with intersecting identities and experiencing challenges related to social determinants of health, opportunities exist for local CFPS partners to design programming and initiatives that focus on these priority populations. Several partners cited difficulty in conducting authentic outreach and engagement to disproportionately impacted groups due to funding, capacity, language, and cultural constraints.

Local partners may consider leveraging opportunities to create programming that prioritizes groups that are most at risk for disproportionate impacts. Funders, including state and federal agencies, should consider using a social determinants of health index tool such as [The Colorado Trust’s Equity Data Navigator](#) to understand which counties may have low social determinants of health scores and where they could focus their programs.<sup>6</sup> Low social determinants of health scores typically indicate areas that have experienced long histories of systemic issues and face contemporary challenges, such as poor walkability or limited access to nutrient rich cultural foods, have lower educational attainment rates, and report worse mental and physical health outcomes.<sup>7</sup>

The Centers for Disease Control and Prevention estimated that roughly 64% of adults in the United States reported experiences with at least one type of an adverse childhood experience, including but not limited to experiencing violence, abuse, neglect or witnessing extreme violence before the age of 18.<sup>8</sup> Local CFPS teams, funders, and partners are urged to continue considering adverse childhood experiences and how they can influence health, especially when thinking about data collection and the implementation of prevention activities.

Funders should consider both social determinants of health and adverse childhood experiences when funding sustainable prevention efforts.

## Supporting Changes to the Built Environment

Collectively, CFPS partners expressed concern about the dangers posed by the built environment, adding that funding and resources should be channeled toward addressing these issues. Recognizing the critical role that infrastructure plays in preventing fatalities, CFPS partners are often first to support targeted changes to reduce risks within their communities. One county has successfully implemented significant improvements by addressing dangerous road and water conditions, setting an example of what can be achieved when local teams, informed by CFPS data, work together with state and municipal support.

### **Success Story:** One County, Two Major Changes for Roads and Water

After seeing increasing trends of motor vehicle-related fatalities and deaths at a particularly dangerous highway intersection, Pueblo County's CFPS team advocated for modifications to the intersection. Changes included improvements for vehicles turning left and installation of an island with a pedestrian crossing area. The Pueblo Department of Public Health and Environment will continue to analyze pre-and post-alteration data at the intersection to assess the effectiveness of the changes.

Additionally, the Pueblo Department of Public Health and Environment provided local CFPS data to partners, advancing efforts to prevent drownings through the removal of a dangerous spillway at a river diversion site. The diversion site is located near a popular park where children and families convene, and several accidents and child fatalities have occurred due to fast-moving currents. To address these dangers, municipal partners are working on a construction project to remove the spillway entirely, making the area safer for children and families. In 2020, Pueblo County's CFPS team crafted 38 recommendations to prevent child fatalities. Since 2020, the county initiated 24 of the 38 prevention actions, including infrastructure advancements.

### **Opportunity:** Investments from Transportation and Safety Sectors to Address Unsafe Infrastructure

Several local partners described concerns about unsafe infrastructure, especially in urban counties with busy roads and complex intersections in population-dense communities. Many local partners provide outreach and education to community members about the dangerous intersections to mitigate incidents. CFPS leaders rely on outreach as their main prevention strategy when their recommendations or advocacy for infrastructure improvements go unaddressed. Resources and education for infrastructure dangers, which are often unique in every community, do not fully eliminate risk for children who spend time near them. Transportation and safety sectors at every level, including local, state, and federal, may consider working more closely with CFPS teams to better understand public health and safety risks associated with neglected, old, or dangerous infrastructure. Funders should consider providing additional dollars to cover the cost of capital projects to prevent child fatalities in local communities.

### Creating Targeted Campaigns and Distributing Resources

In response to specific community needs, CFPS partners shared their successes implementing campaigns and critical messaging to promote safety and reduce child fatalities. Recognizing the unique challenges faced by different areas—whether rural, urban, or culturally diverse communities—these efforts are tailored to address the distinct risks and concerns of each. Through collaborative initiatives, local CFPS teams have not only raised awareness about critical safety issues but have also provided tangible solutions, from safe driving alerts to water safety campaigns. These success stories demonstrate how strategic communication and resource distribution can make a meaningful difference in preventing tragedies and promoting safer environments for children and families.

## Success Story:

### Safe Driving Text Alerts and Community Signage

Northeast Colorado Health Department, a rural local CFPS team, addressed transportation-related incidents through strategic messaging, sharing the challenges of living in a rural area with unique roadway challenges:

*“Out here, car accidents look different than in the cities. We have had to have a lot of conversations about how kids shouldn’t be allowed on certain types of tractors or lawnmowers and how to address speeding and driving safety amongst farming communities.”*

Recently, several workgroup members connected with local school districts to address after school and summer driving safety. The workgroup wrote a letter to school district officials, urging collaboration that ultimately led to a cost-free and widespread prevention effort that leveraged an existing text and email alert system at some local schools. Daily announcements go out to parents and students, which now include quick messages regarding traffic safety. Additionally, the workgroup collaborated with school officials to place safe-driving posters in school hallways.



Signage created to urge safe driving during school breaks and areas where children play.

*Many local CFPS teams shared their successes distributing resources to the community. Several teams cited gratitude expressed by community partners and residents. Resources commonly distributed by local CFPS teams include:*

- Pack-and-plays
- Car seats
- Gun locks
- Cribs
- Educational materials (mental health awareness, maternal health, and safe sleep)

During the holiday season, one local CFPS partner distributed 660 gun trigger locks donated from a partnering nonprofit organization to their community.

Another local CFPS partner shared their perspective on providing resources in an equitable fashion:

*“We offer car seats to all families or parents in need. I never ask a lot of questions. Previously, there was a two-page form families had to fill out before receiving the car seat. At the end of the day, we just want kiddos to be safe in the car. So now, we don’t require that. I say that because I think sometimes agencies have resources, but there’s so many hoops to go through.”*



### **Opportunity: Working Alongside Specialized Partners to Advance Resources and Communications**

Local CFPS partners described common challenges associated with creating targeted communications and distributing community resources. Levels of institutional support for specific campaigns and resource distribution vary across the state, with some counties encountering challenges in navigating the local political landscape, particularly when addressing sensitive issues like gun safety. This presents an opportunity for local CFPS partners to work more closely with state and national organizations that share similar concerns or can provide technical expertise.

Local CFPS partners may consider further collaborating with focused state and national agencies, such as [Colorado's Office of Gun Violence Prevention](#). These agencies provide the necessary resources and materials to support local initiatives, including fact sheets, flyers, and promotional materials, so local agencies do not have to use existing dollars to create new ones. Additionally, these offices often provide funding for community-based prevention initiatives that may be crucial for environments where local support is lacking. Grassroots organizations may have more flexibility to advocate, educate, and share materials with the community and, in many cases, are more trusted than other groups. Collaboration with specialized agencies may enhance the effectiveness of local efforts and ensure that community members receive proper guidance.

### **Conducting Community Engagement and Empowerment**

CFPS partners have made community voice and empowerment the cornerstone of their strategies, ensuring that local perspectives and needs drive their initiatives. By prioritizing the input of community members and actively involving them in decision-making, CFPS partners have created more relevant and effective prevention programs. This approach not only amplifies the voices and lived experiences of youth and families but also fosters a sense of ownership and collaboration, ultimately leading to more effective and sustainable solutions for child fatality prevention.



### **Success Story: Water Safety Campaign**

In response to an accidental drowning fatality, Douglas County Health Department quickly initiated a communications campaign for residents focused on water safety. Using resources and guidance from the county's communications team, the health department distributed water safety messaging on its webpage, on social media, and at community gatherings including town hall meetings. A local CFPS team member described the process, and considerations used to develop the materials:

*“We worked alongside our county communications teams to really drive the messaging, asking ourselves, ‘How do we stay safe? In the winter, how do we avoid things like the ice? What are we doing to prevent slips, trips, and falls? How are we making sure that we’re preventing water incidents in the summer when pools are open?’”*

## Success Story: Observing Local Data Trends to Empower Youth Voices

An employee representing El Paso County Public Health's CFPS team highlighted growing concern for the increase in motor vehicle incidents over the past decade, especially on highways and busy intersections. Previous prevention strategies to address incidents involved educating new young drivers about speeding, impairment, and aggression on the road. Although these strategies remain valuable, further inspection of local CFPS data revealed that many of the motor vehicle fatalities did not indicate youth as drivers. For a majority of vehicle-related fatalities in the community, children who died or were seriously injured were either passengers, pedestrians, or bicyclists. Since this discovery, El Paso County Public Health staff have focused outreach and prevention messaging to empower young passengers and pedestrians to speak up if they feel unsafe. The local team is having more meaningful conversations with youth during community-based school events. Staff described how El Paso County Public Health is communicating with youth about the importance of speaking up for themselves:

*“With the community work, I want to always apply the concept of prevention to fatalities. Enforcement shouldn't be the only approach to traffic safety. If you want to know why children are dying in motor vehicle accidents, they are often not the driver, so we really need to teach them to be empowered in the passenger seat, to have the ability to say, 'I am not comfortable with the speed you are driving; I am not comfortable being in a car without a seatbelt.'”*

## Success Story: Programming for Prosocial Events and Mentorship

Pueblo Department of Public Health and Environment, in partnership with other municipal agencies and local businesses, identified a need for more prosocial youth engagement opportunities. Prosocial youth opportunities are activities where youth can exhibit behavior that benefits one or more people or an entire community.<sup>8</sup> With this in mind, the department applied for and received funding to implement sustainable practices and technology

improvements to promote positive youth development and prevent risky behaviors including substance abuse and violence. Through this initiative, Pueblo County partners created an online platform and corresponding free phone app for youth ages 13 to 18. The app includes a calendar of prosocial events for youth to attend and earn incentives for participating. Events include workshops, volunteer opportunities, and educational presentations. Rewards and incentives for attending events and using the app include admission to sports events, entrance to local pools and parks, food at events, opportunities to participate in art classes, and merchandise such as clothing.

A local CFPS leader involved in the development of the platform said it continues to gain traction among youth, families, and new partners. The program has provided a sustainable way to amplify community connectedness and provide youth with safe spaces and alternatives to risky behavior.

Pueblo County also implemented the Everyday Heroes initiative to encourage local adults to serve as mentors to youth in the community. Heroes can sign up to support in various ways, including teaching youth to garden or play a sport, volunteering to pick up children from day care, or serving as a mentor for youth in need of additional support.



### Flyer encouraging adult participation in the Everyday Heroes program.<sup>10</sup>

### ***Opportunities: Building Trust Through Partnerships and Community Engagement***

Despite successful initiatives to encourage community participation and youth empowerment, CFPS partners said some residents mistrust government programming or do not see the importance of public health prevention programs. Mistrust and lack of awareness lead to reduced engagement, often from priority populations. One CFPS local partner said they look forward to the prospect of leveraging the work of community health workers and community liaisons to conduct culturally relevant and trusted outreach to empower communities. Other local CFPS partners may consider hiring community health workers, promotoras, or community liaisons who represent their communities to share meaningful, more personalized, and culturally relevant communications. This approach may foster better communication, enhance trust, and empower populations.<sup>11</sup>

CFPS partners shared one challenge related to community engagement: Evaluation efforts are challenging to conduct. Despite a desire to gather data from people engaged in community efforts, lack of funding, mistrust, and survey fatigue often prevent local CFPS partners from initiating efforts to understand how engagement is improving health outcomes. CDPHE and other support networks such as the [Rocky Mountain Prevention Training Center](#) could be helpful by providing technical assistance to CFPS grantees on best practices for evaluating these engagement efforts.

While challenges in evaluating community engagement efforts persist, it's important to highlight existing prevention initiatives that target specific at-risk populations. For example, local agencies interested in youth motor vehicle incident prevention can look to the [Colorado Department of Transportation's Colorado Teen Driving Alliance and Graduated Drivers Licensing program](#) as successful models of targeted prevention efforts.

### **Leveraging Partnerships and Capacity Building**

Local CFPS leaders described their successes leveraging and sustaining creative and nontraditional partnerships to advance child fatality prevention work. Rural CFPS teams especially lean on partnerships to increase capacity within the county or region. Rural teams seize opportunities where tightknit relationships can create larger impact. For example, one rural CFPS staff member said:

**“We do have really close relationships with the local family resource centers that are already working on so many different projects. We are able to build on that work and build on the relationships with partners. We see each other in the grocery store! It is so much more personable in a county like this; community knows what we do and why it matters so much.”**

In recent years, several local CFPS teams have been able to expand their programs and hire additional full-time employees to initiate sustainable prevention programming, as well as assist in meeting the evolving daily needs of the program. Increased staff capacity has led to more statewide collaboration and peer-sharing opportunities, including county-to-county networking, participation in storytelling workshops, and presentations at state and national conferences. Local health departments have also fostered internal partnerships. For example, one local CFPS partner shared excitement for a growing connection with the public health nursing team. Another recounted their commitment to working alongside the health department's tobacco use prevention team to support efforts that keep infants away from tobacco smoke and vaping products.



## Success Story:

### Cross-sector Partnership to Create Bilingual Safe Sleep Materials

Douglas County Health Department crafted communications materials to address safe sleep environments following a CDR team meeting that identified unsafe sleeping environments as a cause for recent SUID fatalities. This conversation also spotlighted the need for community resources such as sleep sacks, a more robust approach to conversations about maternal mental health, and information on childhood development. To advance this work with sustainability in mind, the CDR team helped establish the Healthy Families Partnership. The Healthy Families Partnership includes members from local community-based organizations, faith-based groups, Douglas County Public Health Department, human services, and the school districts. A CFPS leader who supported the Healthy Families Partnership shared additional context regarding its development and related resources:

**“We decided to make it more robust than providing sleep sacks. We have created safe sleep education materials for distribution. We want to make sure that all families who give birth in one of our hospitals know how to put a child in a sleep sack. We want people to know it is normal for their babies to cry.”**

In the early stages of the partnership, the team compiled flipbooks in both Spanish and English to distribute to new caregivers addressing the importance of safe sleep environments and guided information on how to use resources such as a sleep sack.

## HOW TO USE A SLEEP SACK

Infant sleep clothing, such as layers of clothing or a wearable blanket or sleep sack, is preferred over blankets and other coverings to keep a baby warm.



Source: [healthychildren.org](https://www.healthychildren.org)

- 1 Lay the sack on a flat surface with the zipper open.
- 2 Put your child on top of the sack.
- 3 Put your child's arms through the sleeves.
- 4 Tuck your child's legs into the sack.
- 5 Fasten the zipper.



A safe sleep space should stay free of any loose bedding or soft objects.



Use of wearable blankets or sleep sacks is preferred over blankets and other coverings to keep a baby warm.

### WHAT DOES A SAFE SLEEP ENVIRONMENT LOOK LIKE?

Healthy Families PARTNERSHIP  
of Douglas County

Room share: Give babies their own sleep space in your room, separate from your bed.

Use a firm, flat, and level sleep surface, covered only by a fitted sheet.

Remove everything from baby's sleep area, except a fitted sheet to cover the mattress. No objects, toys, or other items.

Place babies on their backs to sleep, for naps and at night.

Use a wearable blanket to keep baby warm without blankets in the sleep area. Make sure baby's head and face stay uncovered during sleep.

Couches and armchairs are not safe for baby to sleep on alone, with people, or with pets.

Keep baby's surroundings smoke/vape free.



**Pages from a Healthy Families Partnership flipbook to guide caregivers through using an infant sleep sack and identifying safe and unsafe sleeping environments.**<sup>12</sup>

## Success Story:

### Working with Mental Health Partners to Implement a Screening Program

Mesa County Public Health identified a pattern in local youth suicide cases through its analysis of fatality review data, noting a correlation with histories of head trauma. Observing that mental health providers were not screening for this risk factor, Mesa County Public Health collaborated with the county's primary mental health provider to implement a screening process specifically designed to identify prior head trauma during intake interviews. In addition, to reduce access to lethal means post discharge, the department worked with the mental health provider to distribute lockable cases for safely storing medications and other potentially hazardous items. This initiative helps families secure these items when a child is released into their care. This data-driven approach illustrates how information can be used to support effective interventions.



### ***Opportunities: Expanding Funds to Foster More Meaningful Partnerships***

Despite success among CFPS partners in hiring full-time staff members and leveraging new opportunities, many said that these funding mechanisms are not always sustainable. Because funding is first allocated for the death review process and staff time, few dollars remain for prevention efforts or to adequately support partners and volunteers. Lack of funding for prevention has spurred creativity and braided funding initiatives. For example, several CFPS partners mentioned opportunities to funnel dollars from other grant programs, including intoxicated driving prevention and mental health programming, to support child fatality prevention work. Given that these funding opportunities often require their own scopes and deliverables, sometimes these initiatives do not fit the identified needs of the child fatality prevention community. One CFPS partner addressed capacity challenges, especially when wanting to foster more meaningful relationships with partners and volunteers:

**“I have dedicated professionals from various agencies who graciously volunteer their time. It is always sad that I don’t have the funding to give them anything in return; I can’t even feed volunteers lunch. I just think it is so important for staff, for volunteers, for anyone who is exposed to the secondhand trauma we discuss in this work to feel appreciated. We talk about generational trauma, suicide, poverty, racism, child welfare. You want to create environments where people are included and know the work they do is meaningful. We want to feel like we have the resources to do enough!”**

Child fatality prevention work continues to be emotionally demanding and requires extended periods of emotional engagement. Local CFPS teams, funders, and partners should be considerate of staff burnout and ensure that all who are exposed to secondhand trauma are provided with resources and adequate funding to sustainability carry out the work. Additionally, supporting staff by leveraging both internal and external partnerships is a valuable way to create a supportive network. Funders may consider the sustainability of programs through partnerships and volunteering, expanding funding streams to not only cover staff time but to also support dedicated partners.

### **Future Initiatives**

CHI asked local CFPS partners about their ideas for future infant and child fatality prevention strategies. Several said they hope to continue improving internal data collection methods to create and sustain meaningful prevention programs. One said they will be using CFPS data to craft priorities for the health department’s upcoming strategic plan and health improvement plans. Additionally, partners shared a collective need to continue increasing internal and external capacity to host more events, reach more community members as lived experience experts, and distribute more resources. Several local partners plan to apply for grants to address specific issues in their communities. One shared their goal of acquiring funding alongside community-based partners to ensure more community-centered and public-facing opportunities to encourage prevention.

### ***Opportunity: Prioritize Funding to Address Upstream Causes of Fatalities***

A lack of funding outside the review process continues to be a challenge for local CFPS partners with many saying that funding is the most important factor in deciding which programs and plans can be achieved. Partners shared examples of successful prevention initiatives but said that funding remains the most prevalent challenge to sustaining necessary prevention work. Additional funding to prevent infant and child fatalities will improve upon and expand the success stories shared in this brief. Sustainable funding for prevention at the local level ultimately reduces the total number of infant and child fatalities statewide.



## Conclusion

The CFPS is a powerful statewide tool supporting local teams and various partners to set goals and priorities, make meaningful decisions, implement programming, and improve outcomes for infants, children, and caregivers. Both rural and urban CFPS partners leverage opportunities in creative and groundbreaking ways to protect those under 18 across all of Colorado's communities. Key informant interviews with local CFPS leaders across Colorado highlight a need for additional funding, resources, and cross-sector collaboration to aid prevention efforts to make for more sustainable programming and ultimately protect more Colorado infants and children.

# Appendix A

## Interview Guide

### 1. Can you please start by sharing a little about yourself, including:

- a. Your pronouns
- b. Your title
- c. The organization you work for
- d. How long you have been working in this field
- e. The community or region you are representing

### 2. How did you and your agency make meaning of statewide child death review data to understand what is occurring in your community?

- What have you/your team learned about child fatality in your community as a result of the CFPS process, e.g. trends over time, disproportionately impacted populations, etc.?

### 3. Can you share any past success stories (within the last 10 years) related to projects, programming, or partnerships that came as a result of child fatality data reviews?

- Can you further explain how the project/programming/partnership was developed, e.g., was disparity data considered, were examples of best practices evaluated?
  - a. Who was involved in this project/program/partnership? What were the team's roles?
  - b. How, if at all, was the project/program/partnership meaningfully sustained?
  - c. What funding mechanisms supported sustainability efforts?
  - d. How, if at all, were partnerships used to continue these efforts?
  - e. What did the environmental support look like? For example, was there a supportive internal or external climate for your program to continue?

### 4. Do you have any project/program/partnership-specific materials you would be willing to share with us?

- Can you share about your current or future projects, programming, or partnerships your agency has or will implement to reduce child fatalities? Of note, we will discuss how partners have leveraged child fatality data in a future question.
  - a. How do you anticipate this program might meet the needs in your community as it relates to child fatality?
  - b. How, if at all, did you use disparity data to make decisions?
  - c. What additional information might you need to make decisions?
  - d. What are your goals for what this project/program might accomplish?
  - e. How has your team approached evaluating past or current projects?
  - f. How do/will you plan to fund these projects/programming/partnerships?
- How have partnering organizations or agencies (such as home visiting programs or local CBOs) used data or findings for action, e.g., safety or awareness campaigns, policy change?
  - g. What has worked well and maybe not so well with these partnerships?
  - h. How, if at all, have community members responded to child fatality reduction programs or projects in your community?
- Is there anything else that we did not discuss today that you think I should know about?

## Endnotes

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