Dear friends of CHI,

We often hear that we are living in a “post-truth” culture, fed by fake news and a choose-your-own-reality outlook.

I don’t buy it. And neither do a lot of you. I know this because the Colorado Health Institute is in the business of proving evidence-based analysis and independent thinking to decision-makers in Colorado. And business is booming.

I’m pleased to report that CHI is a healthy and growing organization. We began in 2002 as a foundation-funded provider of health data and analysis. We have grown to be a trusted thought leader and thought partner in the health policy world. Now we’re growing even more to meet the demand for reliable research, analysis, and strategic thinking.

We continue to fulfill our mission and vision by bringing independent analysis to policy matters throughout the state. Our contributions to substance use disorder, vaping, and Medicaid transformation helped set the course for state and local policy decisions and legislation.

We’re sustaining this mission and vision by taking on more consulting work. We’re proud of the clients we serve, because we know they share our vision of improving health for all Coloradans through evidence-based policymaking. For instance, we helped the Office of Behavioral Health develop the state’s first-ever strategic plan for prevention of substance abuse, and we analyzed Colorado investment’s in children’s well-being for the Office of Early Childhood.

This is essential work, and it’s the kind of work CHI is perfectly suited to do. Colorado can count on CHI to continue to be a trusted partner and leader as we work to make sure all people who live here have the opportunity to live a healthy life.

On behalf of my CHI colleagues, I offer our thanks to you for joining us in this mission.

To your health,

Michele Lueck
President & CEO
At the Colorado Health Institute, we believe everyone should have the opportunity to lead a healthy life. We believe that better health policy can support that opportunity. And we believe that the best policy is made by applying sound evidence and solid analysis.

CHI is here to provide that evidence and analysis.

We work with people at all levels, from community groups to large health systems, who want to improve health for Coloradans. **We are committed to sustaining the vision of our founders to work in pursuit of better health policy and decision-making.**
WHAT WE DO

CHI’s team can support health decision-making in a number of ways, from turning data into plans and plans into results.

**Strategic Planning:** We help you understand the competitive market and prioritize resources.

**Facilitation:** CHI specializes in results-driven facilitation. We can provide the data and analysis your group needs to make an informed decision.

**Research and Analysis:** Our first question is “what does the evidence say?” We answer by reviewing literature and best practices and undertaking quantitative and qualitative analysis.

**Legislative Services:** We offer counsel to elected officials — free of charge and free of partisan bias.

**Modeling:** Who will your project help? What will it cost? CHI helps answer these questions with evidence-based financial modeling.

**Project Management:** CHI helps you reach your milestones without losing sight of the destination.

**Evaluation:** Our experienced evaluators know how to ask and answer the right questions to produce an evaluation that helps you learn, improve, and implement.

**Strategic Communication:** Our graphic artists and GIS experts can turn data into pictures worth a thousand spreadsheets.

WHAT WE KNOW

CHI analysts are experts in a variety of health subjects.

**Behavioral Health:** We analyze the landscape and opportunities in mental health and substance use, including suicide prevention policies, trends in substance use disorder, and the ways to promote mental health in children and youth.

**Health Equity for Coloradans:** Our work in health equity builds on more than a decade of quantifying and explaining health disparities. We focus on policies to address inequities.

**Policy Know-How:** We know the ins-and-outs of policymaking at the state and local level.

**Care in Our Communities:** While insurance coverage in Colorado has expanded, access and outcomes have not followed suit. Our researchers seek to understand why.

**Cost, Affordability, and Payment Reform:** State government is moving toward solutions that drive down health care prices. CHI supports this work and identifies the risks inherent in making changes to the complex health economy.

**Community Health:** We identify policies that address the social determinants of health.

We are proud to partner with groups across Colorado in their efforts to improve health for everyone.

In 2018, we helped the Colorado Office of Behavioral Health create the state’s first [Strategic Plan for Primary Prevention of Substance Abuse](https://colo.health/SPPPSA).

We also worked with the Office of Early Childhood to write [Risk, Reach, and Resources: An Analysis of Colorado’s Early Childhood Mental Health Investments](https://colo.health/RRR).

We also helped foundations chart investment strategies on behavioral health. And we’re working with [SCL Health](https://sclhealth.org) to examine the financial stress associated with cancer treatment.
OUR WORK IN 2018

Coloradans are rising to address the need for better behavioral health. CHI dug into data from the Colorado Health Access Survey to provide a comprehensive look at behavioral health issues in Colorado, including reported mental health challenges and the barriers that prevent people from accessing care.

https://colo.health/UnmetChallenge

More Colorado teens use e-cigarettes than in any other state. This report looks at the science and risks of vaping and policies to address it.

https://colo.health/ecigs

Health care is changing for more than one million Coloradans who use Medicaid. CHI provided a deep yet lucid look at the new system, which integrates physical and behavioral health care under Regional Accountable Entities.

https://colo.health/2A1gRvO

CHI provided a first-ever look at health access for African Americans in Colorado before and after the Affordable Care Act. It found that African Americans achieved parity in coverage with all other Coloradans after lagging for years.

https://colo.health/2NiX7Lx

End-of-life care is often expensive and unsatisfying for patients and their families. This brief examines new data from the Colorado Health Access Survey to identify priority populations for expanding the use of advance care directives.

https://colo.health/2ylqJBs

CHI mapped the boom in freestanding emergency rooms and found they cluster in some of the Denver area’s wealthiest neighborhoods.

https://colo.health/FSED

CHI found that if providers who can prescribe medication-assisted treatment for opioids expanded their current services, they could nearly fill the unmet demand for this evidence-based treatment.

https://colo.health/MAT
69,062
WEBSITE USERS IN 2018

OUR 2018 WORK PRODUCT

37 Research Reports
47 Public Presentations
67 Blogs

MOST VIEWED REPORTS OF 2018

Death by Drugs
5,709 Page Views
1,151 LIKES

An Unmet Challenge
1,617 Page Views
5,472 FOLLOWERS

Direct Primary Care
1,615 Page Views
1,172 FOLLOWERS

TOP LINKING SITES
Excluding social media and search engines
COLORADO PUBLIC RADIO
DENVER POST
REDDIT
MENTAL HEALTH COLORADO
COMPLETE COLORADO
COLORADO TRUST
COUNTY HEALTH RANKINGS
WESTWORD

Top Cities By Website Users
DENVER
16,369
NEW YORK CITY
1,343
ASHBURN, VA
1,189
WASHINGTON, D.C.
971
DALLAS
640
Hot Issues in Health is Colorado’s essential health policy gathering, and the 2018 event was the best attended and best reviewed ever.

Outgoing Gov. John Hickenlooper passed the baton to incoming Lt. Gov. Dianne Primavera as both talked about continuing efforts to make Colorado the healthiest state.

Colorado Public Radio’s Vic Vela told a rapt audience his story of drug addiction and recovery.

“Everyone in health care in Colorado is there. CHI distills complex topics down into easy-to-understand pieces, and there is a nice sense of humor and fun injected into the whole conference.”

2018 HOT ISSUES IN HEALTH ATTENDEE

U.S. Sen. Michael Bennet engaged the audience Friday morning with his view of how education, living standards, and health connect — and the urgent need to improve them all.

ATTENDEES REPRESENTED A WHO’S-WHO OF COLORADO’S HEALTH DECISION-MAKERS.

27 Clinics and Providers
26 Consulting and Law
30 Elected Officials
80 Foundations and Nonprofits
41 Government
26 Hospitals
27 Insurers and Regional Accountable Entities
22 Public Health
OUR TEAM

CHI BOARD OF TRUSTEES
• Ruth Benton (Past Chair)
• Romana Hasnain-Wynia (Chair)
• James Beaudry
• Beth Perez
• Kay Ramachandran
• Nathan Schacht
• Dr. Shale Wong

CHI STAFF
KARAM AHMAD
POLICY ANALYST
JASMINE BAINS
RESEARCH ANALYST
NINA BASTIAN
PROGRAM MANAGER
JEFF BONTRAGER
DIRECTOR OF RESEARCH AND EVALUATION
ELI BOONE
RESEARCH ANALYST
ASHLIE BROWN
DIRECTOR OF SIM EXTENSION SERVICE
SPENCER BUDD
RESEARCH ANALYST
MIA BULLIFA
SENIOR ADMINISTRATIVE ASSISTANT
ALEX CALDWELL
DIRECTOR
EMILY CERVANTES
RESEARCH ANALYST
BRIAN CLARK
CREATIVE DIRECTOR
TIM DUNBAR
DIRECTOR OF FINANCE AND ADMINISTRATION
CHRISSEY ESPOSITO
DATA VISUALIZATION AND POLICY ANALYST
BECK FURNISS
PROGRAM MANAGER
ADRIANA GOMEZ
RESEARCH ANALYST
JOE HANEL
DIRECTOR OF COMMUNICATIONS
JALYN INGALLS
POLICY ANALYST
EMILY JOHNSON
DIRECTOR
MICHIE LUECK
PRESIDENT AND CEO
ALLIE MORGAN
DIRECTOR OF LEGISLATIVE SERVICES
HIEU PHAM
RESEARCH ANALYST
PAUL PRESKEN
SENIOR CONSULTANT
ANASTASIA RATCLIFF
RESEARCH ANALYST
SARA SCHMITT
MANAGING DIRECTOR, RESEARCH, EVALUATION AND CONSULTING
REBECCA SILVERNALE
DIRECTOR OF OPERATIONS
ALEC WILLIAMS
COMMUNICATIONS SPECIALIST
CHRIS WOOLSEY
SENIOR STRATEGIC ADVISOR
JACLYN ZUBRYCKI
COMMUNICATIONS SPECIALIST
### Statements of Activities: Years Ended December 31, 2018 and 2017

#### Changes in unrestricted net assets:

<table>
<thead>
<tr>
<th>Revenue and Support:</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract revenue</td>
<td>$ 3,875,485</td>
<td>$ 2,899,317</td>
</tr>
<tr>
<td>Grant revenue</td>
<td>$ 353,000</td>
<td>$ 377,000</td>
</tr>
<tr>
<td>Investment return</td>
<td>$ 12,438</td>
<td>$ 52,082</td>
</tr>
<tr>
<td>Conference income</td>
<td>$ 153,698</td>
<td>$ 119,568</td>
</tr>
<tr>
<td>Miscellaneous income</td>
<td>$ 3,421</td>
<td>$ 8,975</td>
</tr>
<tr>
<td>Net assets released from restrictions</td>
<td>$ 2,499,313</td>
<td>$ 3,841,396</td>
</tr>
<tr>
<td>Total revenue</td>
<td>$ 6,897,355</td>
<td>$ 7,298,338</td>
</tr>
</tbody>
</table>

#### Expenses:

<table>
<thead>
<tr>
<th>Program services:</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health information</td>
<td>$ 6,674,755</td>
<td>$ 6,119,086</td>
</tr>
<tr>
<td>Total program services</td>
<td>$ 6,674,755</td>
<td>$ 6,119,086</td>
</tr>
<tr>
<td>Supporting services:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management and general</td>
<td>$ 545,626</td>
<td>$ 359,576</td>
</tr>
<tr>
<td>Fundraising</td>
<td>$ 190,235</td>
<td>$ 181,635</td>
</tr>
<tr>
<td>Total supporting services</td>
<td>$ 735,861</td>
<td>$ 541,211</td>
</tr>
<tr>
<td>Total expenses</td>
<td>$ 7,410,616</td>
<td>$ 6,660,297</td>
</tr>
</tbody>
</table>

Increase (decrease) in unrestricted net assets

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>($ 513,261)</td>
<td>$ 638,041</td>
</tr>
</tbody>
</table>

#### Changes in temporarily restricted net assets:

<table>
<thead>
<tr>
<th>Revenue and Support:</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants and contributions</td>
<td>$ 3,027,605</td>
<td>$ 464,823</td>
</tr>
<tr>
<td>Net assets released from restrictions</td>
<td>($ 2,499,313)</td>
<td>($ 3,841,396)</td>
</tr>
<tr>
<td>Increase (decrease) in temporarily restricted net assets</td>
<td>$ 528,292</td>
<td>($ 3,376,573)</td>
</tr>
<tr>
<td>Change in net assets</td>
<td>$ 15,031</td>
<td>($ 2,738,532)</td>
</tr>
<tr>
<td>Net assets at beginning of year</td>
<td>$ 4,537,125</td>
<td>$ 7,275,657</td>
</tr>
<tr>
<td>Net assets at end of year</td>
<td>$ 4,552,156</td>
<td>$ 4,537,125</td>
</tr>
<tr>
<td>Statements of Financial Position December 31, 2018 and 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Assets:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$124,325</td>
<td>$1,282,309</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>$421,576</td>
<td>$603,220</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>$49,785</td>
<td>$27,743</td>
</tr>
<tr>
<td>Contributions receivable</td>
<td>$1,646,101</td>
<td>$1,180,680</td>
</tr>
<tr>
<td>Investments</td>
<td>$1,755,725</td>
<td>$1,755,725</td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td>$2,622,480</td>
<td>$212,478</td>
</tr>
<tr>
<td><strong>Property and equipment:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td>$212,478</td>
<td>$212,478</td>
</tr>
<tr>
<td>Furniture and fixtures</td>
<td>$310,243</td>
<td>$303,210</td>
</tr>
<tr>
<td>Office equipment and computer software</td>
<td>$659,851</td>
<td>$651,678</td>
</tr>
<tr>
<td>Website</td>
<td>$51,075</td>
<td>$41,950</td>
</tr>
<tr>
<td>Total property and equipment</td>
<td>$1,233,647</td>
<td>$1,209,316</td>
</tr>
<tr>
<td>Less accumulated depreciation and amortization</td>
<td>$1,005,104</td>
<td>$859,027</td>
</tr>
<tr>
<td>Net property and equipment</td>
<td>$228,543</td>
<td>$350,289</td>
</tr>
<tr>
<td>Deposits</td>
<td>$13,946</td>
<td>$13,946</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td><strong>$5,106,756</strong></td>
<td><strong>$5,213,912</strong></td>
</tr>
<tr>
<td><strong>Liabilities and Net Assets:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable</td>
<td>$305,267</td>
<td>$79,598</td>
</tr>
<tr>
<td>Accrued payroll liabilities</td>
<td>$137,542</td>
<td>$94,420</td>
</tr>
<tr>
<td>Deferred rent</td>
<td>$84,172</td>
<td>$143,962</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>$27,619</td>
<td>$358,807</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td><strong>$554,600</strong></td>
<td><strong>$676,787</strong></td>
</tr>
<tr>
<td><strong>Net assets:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Without donor restrictions</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board designated</td>
<td>$1,000,000</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Undesignated</td>
<td>$1,186,088</td>
<td>$1,699,349</td>
</tr>
<tr>
<td>Total net assets without donor restrictions</td>
<td>$2,186,088</td>
<td>$2,699,349</td>
</tr>
<tr>
<td>With donor restrictions</td>
<td>$2,366,068</td>
<td>$1,187,776</td>
</tr>
<tr>
<td>Total net assets</td>
<td>$4,552,156</td>
<td>$4,537,125</td>
</tr>
<tr>
<td><strong>Commitments:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total liabilities and net assets</strong></td>
<td><strong>$5,106,756</strong></td>
<td><strong>$5,213,912</strong></td>
</tr>
</tbody>
</table>
The Colorado Health Institute is a trusted source of independent and objective health information, data, and analysis for the state’s health care leaders. CHI’s work is made possible by generous supporters who see the value of independent, evidence-based analysis. Those supporters can be found on our website coloradohealthinstitute.org/about-us.

303 E. 17th Ave., Suite 930, Denver, CO 80203 • 303.831.4200

coloradohealthinstitute.org