



colorado health  
INSTITUTE

Informing Policy. Advancing Health.



2011 ANNUAL REPORT

*Welcome to the Colorado Health Institute's report of its progress and growth during 2011.*

*2011 was a busy and productive year for CHI.*

- *It was CEO and President Michele Lueck's first full year of leadership.*
- *CHI created a new logo.*
- *And we updated our tag line to:  
Informing Policy. Advancing Health.*

*But, as we said when announcing the changes, one thing remains unchanged: CHI's commitment to providing reliable data and sound analysis on the most important health policy issues.*

*Old logo*



*New logo and tag line*



*Informing Policy. Advancing Health.*



*CHI CEO and President Michele Lueck presents the 2011 Colorado Health Report Card findings. Brian Clark/CHI*



## A Year of Accomplishments

The Colorado Health Institute, celebrating its tenth anniversary in 2012, is uniquely positioned to build on its role as a trusted provider of data and analysis for the state's health policy leaders. CHI increasingly finds itself at the table for crucial discussions, called upon to provide sophisticated, evidence-based information that can help policy-makers reach sound decisions in tough economic times.

We are proud to highlight the work that CHI staff members successfully completed during 2011. CHI's latest portfolio encompasses a broad spectrum of publications, legislative support and education, information requests, community presentations, policy analysis and thought leadership.

CHI places a high priority on identifying the needs of its stakeholders and responding thoughtfully but quickly. In addition, building strategic partnerships with stakeholders and sister organizations is enabling CHI to contribute its expertise even more broadly, participating in the important work of creating a more efficient health system and more forward-looking health policies. CHI staffers are often tapped as trusted advisers in these efforts.

Information is being presented in new formats and across a variety of platforms in an effort to reach as many policy-makers as possible. And CHI is building on its role as the go-to source for impartial and evidence-based data for the Colorado legislature.

CHI was pleased to participate in two projects that helped shape the public health policy debate in Colorado in 2011. CHI worked with The Colorado Trust to manage the data collection and analysis of the 2011 Colorado Health Access Survey (CHAS). In addition, CHI partnered with The Colorado Health Foundation to produce the 2011 Colorado Health Report Card.

Finally, CHI completed a signature report during 2011 that projected the state's primary care workforce needs



*CHI CEO and President Michele Lueck presents the results of the 2011 Colorado Health Access Survey.* Brian Clark/CHI

in relation to the half-million Coloradans expected to become insured under federal health reform by 2016. It was titled "A Half Million Newly Insured: Is Colorado Ready?" This analytical work by CHI greatly contributed to the discussion about the need to attract and retain primary care providers, especially in Colorado's rural and underserved urban areas.

**colorado health INSTITUTE**

### A Half Million Newly Insured: Is Colorado Ready?

*An Analysis of Primary Care Workforce Needs After Health Care Reform*

**SUMMARY**

The Colorado Health Institute (CHI) estimates that **510,000 Coloradans** – health reform's Affordable Care Act Colorado and across the nation have health care system and create an

**CONTEXT**

's analysis shows that the need additional providers may be more sageable than anticipated, which be welcome news for many imunities. Still, a number of areas olorado already struggle with a torage of primary care providers, attracting even a small number of tors and nurses will be a challenge.

**Health Report Card**

The Colorado Health Foundation

colorado health

2011 Report Card Release  
March 22, 2012 8:00 – 9:30am  
King Center, Auraria Campus

its by the newly insured cent to 5 percent increase.

- About **829,000** Coloradans are uninsured.
- After health care reform, an estimated **390,000** Coloradans will remain uninsured.
- Colorado has **3,262** physicians, **995** licensed nurse practitioners and **785** licensed physician assistants in primary care.

# CHI: A Year in Two Pages

## CHI Publishes

CHI released the following issue briefs and publications in 2011

### Legislative Opportunities and Trends

A preview of health care policy issues and budget decisions expected to receive attention during the 2011 Colorado legislative session.

### Coloradans Eligible But Not Enrolled in Public Health Insurance

This suite of publications analyzed the status of both adults and children who were eligible for public health insurance. It includes fact sheets, data supplements and a methods and limitations document.

### Regional Health Profile Updates

A series of data-based profiles of the 21 Health Statistics Regions of Colorado, including demographic and health indicators.

### Legislation In Review: Advancing Health in Uncertain Times

An overview of action related to health policy taken by the Colorado General Assembly during its 2011 session, focusing on a synthesis of the session's themes around health policy.

### Safety Net Primer

Explaining the health care safety net system in Colorado, including descriptions of different types of delivery methods as well as the Coloradans who are clients of the safety net.

### Updates on Colorado's Uninsured and Colorado Adult and Children Insurance Status

Latest estimates on the numbers of uninsured adults and children in Colorado based on Census data.

### Colorado's Nurse and Nurse Aide Workforce: A Portrait

Information about the size, status and scope of work regulations affecting Colorado's nurse and nurse aide workforce.

### What Drives Health Care Costs?

The factors influencing the increase in health care costs and how they can be managed.

### Long-Term Services and Supports in Colorado

An in-depth explanation of the system delivering services to Colorado's rapidly aging population.

### Colorado Medicaid: Options for Cost Containment

With expenditures and caseload numbers increasing, an analysis of the federal-state Medicaid program in Colorado, including policy options for improving efficiency and outcomes.

### A Half Million Newly Insured: Is Colorado Ready?

An exclusive CHI analysis of the potential impact that Coloradans who become insured under federal health reform will make on the state's health care workforce.

### Medicaid in Colorado

Currently, Colorado Medicaid primarily serves low-income:

- Children
- Pregnant women
- Parents with dependent children
- Individuals with disabilities
- Elderly individuals (65+).

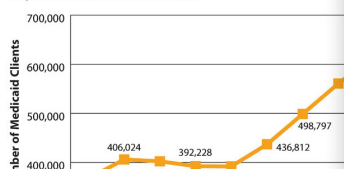
It is estimated that Medicaid will serve about one of 11 Coloradans in FY 2011-12. Specifically, Colorado Medicaid provides health insurance coverage for approximately:<sup>14</sup>

- One of three births
- One of four children
- Six of 10 nursing home residents.

To be eligible for Medicaid, individuals must be at or below the federal poverty level (FPL). In Colorado, the FPL for a family of four is \$16,000 annually. To be eligible for Medicaid, individuals must be at or below the FPL. In Colorado, the FPL for a family of four is \$16,000 annually.

**Changes**  
Colorado is to low-income individuals who are at or below the FPL. In Colorado, the FPL for a family of four is \$16,000 annually.

Graph 1. Colorado's Medicaid Caseload



A half million newly insured: Is Colorado Ready? Region Profiles  
Health Statistics Region 5  
Counties: Cheyenne, Elbert, Kit Carson, Lincoln

### Key findings

An estimated **2,952** residents of these four rural counties in the eastern area of the state will be newly insured. They will make between **1,468** and **2,482** additional visits to primary care providers. This translates to a need for between **.5** and **.8** additional primary care providers - **.4** to **.7** physicians and **.1** additional nurse practitioners and physician assistants.

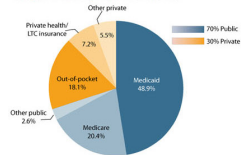
Demographics	Workforce	Safety Net
Population: 38,659	Practicing physicians: 17	Community health centers: 4
Percentage of population age 64 and under: 87.7%	Practicing physicians per 1,000 population: 0.44	Community-funded safety net clinics: 0
Population per square mile: 5	Practicing primary care physicians per 1,000 population: 0.31	Rural health clinics: 4
Median household income: \$39,262	Practicing nurse practitioners per 1,000 population: 0.65	School-based health clinics: 0
Percentage of population at or below 200% of FPL: 45.0%	Licensed nurse practitioners: 14	
Females of childbearing age: 5,965	Licensed nurse practitioners per 1,000 population: 0.36	
Number of children enrolled in Medicaid: 1,377	Licensed physician assistants: 8	

**Health insurance status**  
Uninsured: 21.7%

### Long-Term Services and Supports

Combination of public and private dollars is largely provided for long-term care in national spending. In Colorado, the majority of long-term care services are provided by private payers.

Graph 8. National Spending for Sub-acute and Long-Term Care by Payer Source, 2005



SOURCE: Komisar, H, and L. Thompson. (2006). National Spending for Long-Term Care. Washington, DC: Georgetown University Long-Term Care Financing Project. Rounding results in a total of more than 100 percent.

### What Medicaid Pays For

Institutional and community-based LTSS for individuals with limited incomes up to 300 percent of the Supplemental Security Income (SSI) (\$2,022 per month for an individual in 2011) and who have limited assets (\$2,000 for an individual or \$4,000 for a married couple). Case managers must also determine whether a person meets the requirements for medical and functional needs (ADLs and IADLs).

### What Medicare Pays For

The first 20 days of nursing home care and a portion of the next 80 days following a hospitalization. Plus intermittent home health care benefits if clients are homebound, have skilled care needs and are under a physician's care.

## CHI Presents

CHI staff members are in demand to present locally as well as nationally. A sampling of the groups to which CHI made presentations in 2011:

- The leadership committee of the Denver Metro Chamber of Commerce
- Grantmakers in Health national conference in Washington, D.C.
- Board of Directors of The Center for Improving Value in Health Care
- Central Colorado Area Health Education Center
- Colorado School of Public Health classes for graduate students
- Culture of Data Conference
- Culture of Health Conference
- Annual Colorado Rural Health Conference
- New England Healthcare Institute (NEHI)
- The Colorado Legislature
- The Forum 2011: Essential Perspectives for Safety Net Providers



CHI's Jeff Bontrager, above, discusses health care delivery models at the State Capitol; CHI's Allison Summerton, right, talks about legislative issues during a Central Colorado Area Health Education Center presentation.

Brian Clark/CHI



## CHI Communicates

### Blogs:

CHI launched its Analysis with Altitude blog in April, featuring biweekly – and often more frequent – postings from CHI staff on current issues and health-related news. More than 60 people have signed up to receive the posts.

### Twitter:

CHI passed the 1,000-follower threshold for its Twitter account. We know that many of our stakeholders use our Twitter updates to stay abreast of new publications and analyses posted to the website.

### Website:

The updated and redesigned [ColoradoHealthInstitute.org](http://ColoradoHealthInstitute.org) is an important venue for disseminating CHI's work. Our web site hosts an extensive array of data as well as CHI's publications, blogs and tweets and highlights the expertise of CHI's analysts.

### Webinars:

CHI hosted the Colorado Health Care Leaders Webinar Series, designed especially for Colorado health care leaders, providing them with credible, timely information to help them make informed decisions.

# CHI: 2011 in Review

## *Policy Analysis and Thought Leadership to Inform Decision-Making*

*CHI's independent status creates a unique role among the state's health policy organizations, offering unbiased, evidence-based information and analysis. CHI's policy analyses and insights are used to inform policy, to contribute to effective implementation of policies and programs, and to support efforts by the state, foundations and numerous sister organizations and other stakeholders to improve the health of all Coloradans. CHI focuses its research efforts on vulnerable populations, the safety net, the health care workforce and new models of care.*

## **Accomplishments**

- **Assessed how federal health reform**, specifically expanding health insurance access to new populations, will potentially affect Colorado's health care delivery system. The report *A Half Million Newly Insured: Is Colorado Ready?* provides an analysis of the number of additional primary care providers Colorado will need to care for residents who become insured between 2014-2016. The findings challenged conventional thinking by suggesting a smaller number of primary care physicians, nurse practitioners, and physician assistants will be needed to meet the increased demand. It pointed out, however, that areas where the state's health system is currently stretched – including underserved rural and urban areas – will most likely continue to struggle. With the full report, CHI prepared regional profiles, a community-level planning guide, maps, data tables by county and a two-page summary. This work complemented CHI's Safety Net Indicators and Monitoring System.
- **Served as a data resource** for Governor Hickenlooper's office, helping to compile information about the anticipated growth or capacity changes among safety net clinics in light of federal health care reform.
- **Provided information and data** to the Colorado Department of Health Care Policy and Financing regarding the expansion of Medicaid eligibility to adults without dependent children (AwDC), as directed by HB 09-1293. CHI gathered and analyzed county-level estimates for this population using data from the American Community Survey from 2008-2010. In addition, CHI staff attended the department's advisory committee meeting to discuss the estimates and answer questions. CHI's analysis has been used to create a system for proportionately allocating limited Medicaid eligibility opportunities by region.
- **Consulted with Engaged Public**, a public policy strategy firm, to devise the evaluation process for a new approach to health care benefits called Engaged Benefit Design. It is being launched in the San Luis Valley for employees and dependents of the San Luis Valley Regional Medical Center in Alamosa. The goal is to provide resources and incentives for patients and their providers to make decisions based on patient values and medical evidence with an emphasis on shared decision-making.



## Legislative Support

CHI worked in 2011 to strengthen its strategic commitment to a legislative education and policy support program. CHI provides a legislative liaison who works closely with members of the Colorado General Assembly, helping to answer questions about health care policy, providing evidence-based research and writing publications designed specifically for legislators.

### Activities

- **Conducted four legislative briefings** on issues suggested by the General Assembly's health policy leadership: public insurance, private insurance, regional health profiles and health insurance exchanges.
- **Assigned a full-time CHI staff member** to establish and nurture relationships with key members of the Colorado House of Representatives and Colorado Senate as well as their staffs.
- **Initiated one-on-one discussions** with health care leaders in the General Assembly throughout the session.
- **Made presentations** at individual legislators' town hall meetings.
- **Arranged more than 20 meetings** with legislators during the recess between sessions to identify issues and topics for reports and briefings in the 2012 session, often traveling to their home districts.



*Jeff Bontrager talks to legislators and staff at the State Capitol.* Brian Clark/CHI

- **Responded to information requests** from legislators and legislative staff. A sampling of the requests:
  - Assembling health statistics and demographic information needed by a state representative to create a health profile of her district.
  - Providing additional details on the projected Medicaid and Child Health Plan Plus (CHP+) enrollment estimates in the wake of health reform implementation for a state senator.
  - Working with legislative staff to help explain another state's 1115 Medicaid waiver.

## Information Requests

CHI responded to more than 250 information requests in 2011, a 25 percent increase from 2010. This work, which accounted for 1,116 staff hours, illustrates CHI's commitment to its mission of responding quickly to requests for information on health policy issues from individuals, organizations and agencies.

Each year, CHI has received more requests for data and/or analysis than it did the year before, particularly from organizations that may lack the staff resources or funding to conduct their own original analysis.

The 2011 information requests came from legislators, Governor Hickenlooper's office, businesses, state agency staff members, health-related organizations, advocacy groups, researchers, foundations, health care providers, local health department officials, the media and others.

In addition to providing the requested information, CHI offers to provide analysis and context to assist the requesting organizations and agencies in best using the data and information. When necessary data are not available, CHI works with the requestor to develop alternate hypotheses or data requests. CHI also works to direct the requestor to additional available resources.

### Examples of Information Requests

#### **What is the cost-benefit analysis of primary care in Colorado and how much money will be spent in the future if primary care funds are cut in the present?**

CHI drafted a memo highlighting Medicaid spending in Colorado compared with the rest of the nation, cost

savings associated with having higher proportions of primary care physicians in a given community, and an analysis of expenditure data for insured and uninsured individuals.



#### **What is the anticipated growth or capacity changes among safety net clinics in light of federal health care reform?**

CHI provided multiple resources, including our work on who will be newly insured after health reform, our research and analysis on the workforce capacity of Colorado's communities (*A Half Million Newly Insured: Is Colorado Ready?*), a series of maps created in-house using GIS technology showing projected changes across Colorado, information about the effect of state reform on community health centers in Massachusetts and links to the National Academy for State Health Policy's work on opportunities for safety net clinics.

#### **What is the status of the oral health workforce in Colorado?**

CHI prepared an issue brief outlining the role and scopes of practice in the oral health workforce, compiled results from several CHI studies and identified potential policy issues resulting from these findings, including alternate models of care.





## Community Presentations

CHI provided more than 90 community presentations on health policy topics. At the same time, CHI is expanding its presentation portfolio to involve more staff members, a strategic update from CHI's previous strategy of offering only the most senior staff members for presentations. These speaking opportunities foster awareness of CHI as a community resource, serve as a didactic feedback channel from diverse audiences, further the reach of CHI's analyses and findings, and strengthen CHI's relationships with key agencies and stakeholders.

CHI made presentations outside of Colorado in 2011 as well. CEO Michele Lueck and analyst Emily King were invited to present CHI's work on the Colorado Health Report Card to the Boston Foundation. Jeff Bontrager, Director of Research on Coverage and Access, discussed CHI's safety net monitoring efforts at the Grantmakers in Health conference in Washington, D.C.

CHI also appeared in a number of media outlets in 2011, including appearances by CEO Michele Lueck on radio programs and local public interest television.



Michele Lueck discusses the results of the 2011 Colorado Health Access Survey. Brian Clark/CHI

## A Presentations Sampling

- **Nine monthly seminars** on health care policy in conjunction with the Colorado Area Health Education Centers for staff, faculty, students and community leaders at the University of Colorado Denver's Anschutz Medical Campus.
- **Findings related to Colorado's children** who are eligible for public insurance but not enrolled (EBNE) to the advocacy group All Kids Covered.
- **Four webinars on unique issues** facing rural communities concerning public insurance, private

insurance, community health profiles and health insurance exchanges. These webinars targeted Coloradans living and working in rural areas.

- **A preview of the 2012 legislative session** for the Denver Metro Chamber of Commerce.
- **Implications of workforce studies** related to advanced practice nurses and physician assistants at the 2011 Colorado Rural Health Conference.
- **An overview of CHI's resources and expertise** to support local health policy planning and activities for a Bighorn Leadership Development Program training seminar.



## Stakeholder Partnerships, Collaboration and Facilitation

CHI made sustained strategic efforts to develop and reinforce strong collaborating partnerships with leading health care and health policy organizations. CHI also served as a technical advisor for a number of organizations and policy-making bodies, including gubernatorial- and legislatively-appointed advisory councils. Meanwhile, CHI helped to organize and facilitate strategic gatherings of groups and organizations, helping to “connect the dots” on various health policy efforts.

### Examples

- **Convened the Safety Net Advisory Committee (SNAC)** to identify research and information needs and to solicit feedback and guidance on the best methods to support the state’s safety net system in 2012. SNAC partners include the Colorado Community Health Network, ClinicNET and the Colorado Rural Health Center.
- **Served as the third-party administrator** for Colorado’s health insurance exchange planning grant. CHI staff contributed to and chaired exchange work groups.
- **Facilitated a workshop** on health care cooperatives (co-ops) and the availability of federal monies. Approximately 60 people, representing advocacy groups, the private market, government and other nonprofits attended. CHI has continued to support the



A SNAC meeting at the CHI office. Brian Clark/CHI

Rocky Mountain Farmers Union and other stakeholders in their work around the feasibility of a co-op.

- **Participated as a member** of these additional partnerships: Center for Improving Value in Health Care (CIVHC), the Health Professions Workforce Policy Collaborative, the Colorado Hospital Association and Engaged Public.



# Successes and Challenges

## *Informing Policy. Advancing Health.*

Local communities throughout Colorado, as well as state leaders, are placing an increased emphasis on improving the health of residents, lowering health care costs, preparing for an aging population, maximizing the health care workforce and aligning payment incentives. This work means there is a growing need for CHI's research, analysis and expertise. CHI is committed to contributing to the dialogue around these important issues and supporting our partners in reaching their important goals.

CHI continues to devote significant resources toward modeling, analyzing and monitoring the impacts of federal and state health reforms at the state and community levels. Staff responded to nearly 30 requests for information in 2011 on health reform from a broad range of partners, including legislators, state agencies, the media and advocacy groups.

In 2011, CHI took strong steps to transition from an organization that collected data and responded to requests to an organization that uses data and evidence-based research to identify emerging issues, provide analysis around those issues and helping Colorado's policy-makers to understand and prepare for a future in which health care is delivered more efficiently, provides a better experience for patients and offers better health outcomes for all.



CHI is excited to head into its second decade, intent on growing and providing even more valuable data and analysis, but mindful of its original charter: helping to improve the health of all Coloradans. As Colorado's public and private sectors work to improve the state's health and well-being, CHI's objective, evidence-based research, insight and analysis will serve as the foundation for smart decisions and forward-looking health policy.

# 2011 Financials

## *Statement of Activities*

Year Ended December 31, 2011

### REVENUE AND SUPPORT

Grant revenue	\$	859,500
Contract revenue	\$	303,894
Interest income	\$	965
Miscellaneous income	\$	10,100
Net assets released from restrictions (note 1)	\$	1,363,988
Total revenue	\$	<u>2,538,447</u>

### EXPENSES

Program services		
Health information	\$	1,974,990
<b>TOTAL PROGRAM SERVICES</b>	<b>\$</b>	<b><u>1,974,990</u></b>

Supporting services		
Management and general	\$	301,359
Fundraising	\$	109,067
Total supporting services	\$	<u>410,426</u>
Total expenses	\$	<u><u>2,385,416</u></u>

Increase (decrease) in unrestricted net assets	\$	153,031
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### CHANGES IN TEMPORARILY RESTRICTED NET ASSETS:

Contributions	\$	2,924,129
Amortization of discount on contributions receivable		—
Net assets released from restrictions (note 1)	\$	(1,363,988)
Increase in temporarily restricted net assets	\$	<u>1,560,141</u>
Change in net assets	\$	1,713,172
Net assets at beginning of year	\$	1,337,587
Net assets at end of year	\$	<u><u>3,050,759</u></u>

Note 1: In 2011 net assets were released from donor restrictions based upon satisfaction of the following purposes:

Receipt of core funding payments from Foundations	\$	535,436
Expenditures of funds for specific projects	\$	828,552
	<b>\$</b>	<b><u><u>1,363,988</u></u></b>



# Statement of Financial Position

Year Ended December 31, 2011

## ASSETS

Cash and cash equivalents	\$	329,100
Accounts receivable	\$	59,052
Contributions receivable	\$	2,530,843
Prepaid expenses	\$	45,427
Short-term investments	\$	100,026

## PROPERTY AND EQUIPMENT

Furniture and fixtures	\$	100,079
Office equipment and computer software	\$	372,117
Website	\$	279,084
Less accumulated depreciation and amortization	\$	(564,274)
Net property and equipment	\$	187,006

Deposits	\$	13,946
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<b>TOTAL ASSETS</b>	<b>\$</b>	<b>3,265,400</b>
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## LIABILITIES AND NET ASSETS

Accounts payable	\$	16,812
Accrued payroll	\$	70,439
Deferred rent	\$	126,540
Deferred income	\$	850

<b>TOTAL LIABILITIES</b>	<b>\$</b>	<b>214,641</b>
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## NET ASSETS

Unrestricted	\$	556,313
Temporarily restricted	\$	2,494,446
	\$	3,050,759

<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$</b>	<b>3,265,400</b>
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# CHI Staff and Board of Directors

## CHI Staff

**Jeff Bontrager**

Director of Research  
on Coverage and Access

**Brian Clark**

Manager of Creative Services

**Rebecca Crepin**

Senior Data Analyst

**Athena Dodd**

Research Analyst

**Amy Downs**

Senior Director for Policy  
and Analysis

**Tim Dunbar**

Director of Finance  
and Operations

**Deborah Goeken**

Director of Strategic Services

**Kathy Helm**

Senior Administrative Assistant

**Emily King**

Research Analyst

**Michele Lueck**

President/CEO

**Westley Mori**

Colorado College  
Public Interest Fellow

**Sara Schmitt**

Senior Analyst

**Tasia Sinn**

Research Analyst

**Allison Summerton**

Research Analyst

**Sherry Freeland Walker**

Communications

## CHI Board of Directors

**Ruth N. Benton, MBA**

Chief Executive Officer, New West  
Management Services  
Organization, Inc.; New West  
Physicians, P.C.

**Bruce Cooper, MD, MSPH**

Medical Director, Health District of  
Northern Larimer County

**Ned Calonge, MD**

President and CEO,  
The Colorado Trust

**Art Davidson, MD**

Chairman  
Director of Public Health  
Informatics, Denver Health

**Stephanie Foote**

President and CEO,  
LAVAL Strategic Resources, LLC

**James R. Hertzell**

Principal and Board Chairman,  
Alumni Consulting Group  
International, Inc.

**Jean Jones**

Treasurer  
President and CEO (retired),  
Girl Scouts Mile Hi Council

**Linda Reiner, MPH**

Director of Planning and  
Evaluation, Caring for Colorado  
Foundation

**Marla Williams, JD**

President and CEO, Community  
First Foundation

## Special Thanks

CHI would like to thank **Chris Wiant**, President and CEO of the Caring for Colorado Foundation, for a decade of service on CHI's board of directors. Chris helped to create the vision for CHI and was a board member from day one. He stepped down from the board in December (on a day marked by such a severe winter storm that he attended his last board meeting by phone). Chris always set the bar high, provided generously of his wisdom and helped to make that early vision a reality.





Informing Policy. Advancing Health.

The Colorado Health Institute (CHI) is a trusted source of independent and objective health information, data and analysis for the state's health care leaders. CHI, celebrating its tenth anniversary in 2012, is funded today by Caring for Colorado Foundation, Rose Community Foundation, The Colorado Trust and The Colorado Health Foundation.



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