THE COLORADO TRUST

ACCESS TO HEALTH » HEALTH EQUITY

FINDINGS FROM *The Colorado Trust's Environmental Scan*

IN 2008, *The Colorado Trust set a vision to achieve access to health for all Coloradans. In working toward this goal, it has been underscored time and again that certain groups consistently experience greater challenges to accessing quality health coverage and care, and suffer poorer health outcomes than other groups.*

To learn more about the extent to which health inequity affects access to health in Colorado, The Trust undertook a statewide environmental scan. With a "working definition" of health equity as "ending inequalities affecting racial/ethnic, low-income and other disadvantaged populations, so all Coloradans can achieve optimal health," we asked Coloradans to describe the key issues in health equity, and what it would take to advance and sustain solutions.

Three methods were used in The Trust's scan: a statewide telephone survey of consumers; forums of community-based organizations and leaders across Colorado; and focus groups with health care leaders and organizations. Through all three methods, 1,033 individuals participated.

This report contains both the challenges identified by our scan informants, and reports many of the potential solutions they put forth to care for the most underserved in their regions.
The findings include:

- More than half of the respondents to our survey believed there to be differences in health care that people receive in our state, based solely on their race, ethnicity, income or where they live.
- Participants in our 29 community forums most often identified health inequity as a problem for low-income populations, and identified the lack of adequate insurance as a health inequity.
- Participants in our community forums and focus groups also identified other groups affected by health inequities, such as immigrants, undocumented persons, rural residents, people with complex health needs, homeless individuals and veterans.
- As well, we heard that the economic and social conditions in which people live and work are an important aspect of health equity.

After gathering, analyzing and thoroughly discussing these findings, The Colorado Trust is moving toward a re-focusing of its vision to more intently address health disparities and to advance health equity in Colorado.

The scan included a survey, community forums and focus groups of health leaders.

We offer our sincere gratitude to the many individuals who took time to thoughtfully share with us their knowledge, passion and insights through our scan process. We are heartened by their shared belief that all Coloradans should have the opportunity to make the choices that allow them to live a long, healthy life.

Access to Health and Health Equity

Across Colorado, certain groups consistently experience greater challenges to accessing quality health coverage and care, and suffer poorer health outcomes than other groups.

The Colorado Department of Public Health and Environment published a report, *Racial and Ethnic Health Disparities in Colorado 2009*, which described the disparities in health outcomes among racial and ethnic groups in Colorado. The report showed that black Coloradans have double the risk of diabetes as white Coloradans. For Hispanic Coloradans, the increased risk of diabetes is 40 percent over white Coloradans, and they have three times the risk of dying from the disease. Hispanic women in Colorado have double the risk of cervical cancer than white women. Although black Coloradans are not significantly more likely than white Coloradans to have cancer, there is a 75 percent greater risk that they will die from it. Infant mortality is another area of disparity: Hispanic babies have a 50 percent greater risk of dying during the first year of life, and for black infants, the risk is three times greater than that of white babies. An updated report will be released this year.

There are also indicators of disparities in access to care. According to the 2011 Colorado Health Access Survey (CHAS), 33.4 percent of uninsured Coloradans are Hispanic, yet the United States census data from 2011 show that Hispanics make up only 20.9 percent of the general population. The 2011 CHAS also shows that, despite the safety net of programs such as Medicaid and Child Health Plan Plus, 28.3 percent of families with incomes below the Federal Poverty Level are without insurance. This percentage drops as the income bracket rises; only four percent of families with incomes above 400 percent of the Federal Poverty Level are without insurance. The Coloradans who are least able to afford health care are those who must pay for it out of pocket, or forgo it altogether.

These are but a few of the many examples that point to systematic problems with health care access and outcomes. We will achieve access to health for all Coloradans only if we work to understand and address these problematic differences.

Environmental Scan

To learn more about the extent to which health inequity affects access to health in Colorado, The Trust undertook an environmental scan. During the scan, we asked Coloradans to describe the key issues and gaps in health care service delivery and the solutions for addressing them. We also asked them to consider what it would take to create the ability to advance and sustain these efforts in their communities. In addition to these questions about health services and systems, we asked participants to consider the data and information that would help them understand the factors that contribute to health outcomes, and the types of policies that might provide Coloradans with the best opportunities to make choices that allow them to live a long, healthy life.

The Colorado Trust is using this information to help inform and guide its future grantmaking.

Too, we hope that this information can help to inform others in their efforts to achieve a healthier Colorado – other funders, state leaders and the many individuals, organizations and communities that kindly contributed to our scan.

Methodology and Findings

Three methods were used in the scan: a statewide telephone survey of consumers; forums of community-based organizations and leaders across Colorado; and focus groups and key informant interviews with health care leaders and organizations. Through all three methods, 1,033 individuals participated in the

environmental scan. For the purposes of the scan, we used this "working definition" of health equity: "Ending inequalities affecting racial/ethnic, low-income and other disadvantaged populations, so all Coloradans can achieve optimal health."

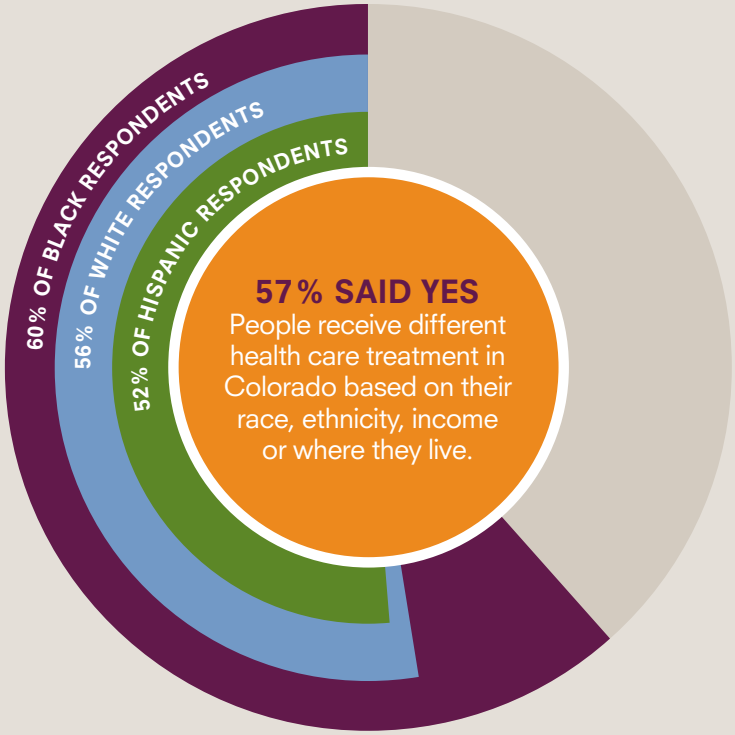
Table 1: Scan Methods

Method	Topics Addressed	Define Health Equity	Define Challenges	Offer Solutions
Survey	Health Systems and Services	Rated questions about health equity	Rated a list of pre-defined challenges	Prioritized from a list of pre-defined solutions
Community Forums	Health Systems and Services	Ideas generated by facilitated group discussion	Ideas generated by facilitated group discussion	Ideas generated by facilitated group discussion
Focus Groups and Key Informant Interviews	Health Systems and Services Policy and Advocacy Data and Information	Ideas generated by facilitated group discussion and interviews	Ideas generated by facilitated group discussion and interviews	Ideas generated by facilitated group discussion or interviews

Statewide Telephone Survey

In August 2012, surveyors completed 576 telephone interviews with randomly selected Coloradans ages 18 and older to gauge their awareness of health inequity and their perspectives on possible solutions to address it. The survey oversampled black and Hispanic Coloradans so survey results could be analyzed by race and ethnicity. Survey results included:

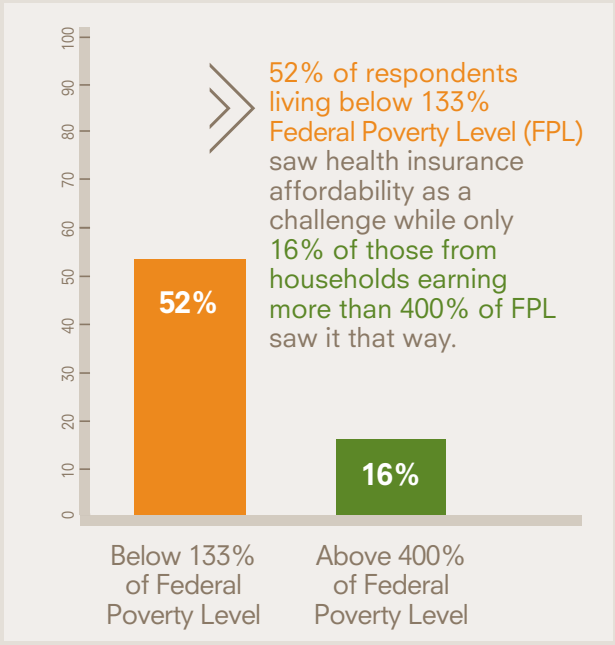
Do you personally believe there are differences in health care that people receive in Colorado, based solely on their race, ethnicity, income or where they live?



Statewide Telephone Survey (continued)

Is being able to afford the cost of health insurance a major problem, minor problem or not a problem at all?

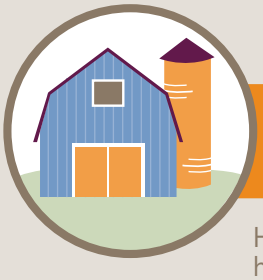
NEARLY 3 IN 10 COLORADAN RESPONDENTS believed that being able to afford the cost of health insurance is a major problem for themselves.



52% of respondents living below 133% Federal Poverty Level (FPL) saw health insurance affordability as a challenge while only 16% of those from households earning more than 400% of FPL saw it that way.

HISPANIC RESPONDENTS (42%) & BLACK RESPONDENTS (39%) were more likely than **WHITE RESPONDENTS (26%)** to believe that being able to afford health insurance was a major problem for themselves.

Is having enough doctors and other health providers near where you live a major problem, minor problem or not a problem at all?

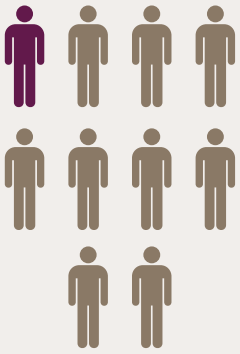


17%

Having enough doctors and other health providers nearby was more likely to be reported as a major problem for those living in rural areas (17 percent) compared to urban respondents (8 percent).

8%

About **1 in 10** respondents believed that having enough health care providers near where they live or being able to get needed medical care was a major problem for themselves.



Survey respondents were also asked to give their opinions on the effectiveness of possible solutions to health equity problems. Black and Hispanic respondents were more likely than white respondents to believe that the solutions proposed in *Table 2* would be effective ways to reduce health care inequities.

Similarly, those below 400% of the poverty level were more likely than those above it to believe that the solutions proposed in *Table 3* would be effective.

Community Forums

Twenty-nine community forums were held across the state, with participation ranging from three to 40 participants at each. Attendees included representatives from community coalitions, local and county health departments, Federally Qualified Health Centers and other safety-net providers, health care organizations, secondary education institutions, elected officials, oral and behavioral health providers, and social service organizations. Each two-hour community conversation was facilitated using a discussion guide to ensure consistency in conversation and process across conversations.

Few of the community discussions focused on health inequities based on race or ethnicity. Instead, participants most often identified health inequity as a problem for low-income populations. Because insurance mitigates the costs of care, communities described the lack of adequate insurance as a health inequity. Participants also identified other groups affected

Table 2: Perceived Effectiveness of Proposed Solutions to Advance Health Equity in Colorado: By Race/Ethnicity

Percent Very Effective/Effective	Black	Hispanic	White
Lowering the cost of health insurance premiums and co-pays	98%	88%	84%
Helping the health care workforce reflect different cultures	92%	90%	75%
Improving patients' and consumers' understanding of health care	92%	88%	87%
Provide transportation to and from health care facilities	92%	88%	79%
Providing care in the patient's native language	92%	88%	81%
Expanding Medicaid to cover more people	91%	76%	62%
Teaching the health care workforce about the cultural values and beliefs of different groups of people	90%	84%	75%
Teaching people about the health care differences that exist in Colorado	88%	81%	78%

Table 3: Perceived Effectiveness of Proposed Solutions to Advance Health Equity in Colorado: By Income Level

Percent Very Effective/Effective	Below 133% of poverty	Between 133% and 400% of poverty	Above 400% of poverty
Helping health care facilities be open when people need them	86%	94%	90%
Provide transportation to and from health care facilities	85%	83%	78%
Teaching people about the health care differences that exist in Colorado	83%	82%	75%
Teaching the health care workforce about the cultural values and beliefs of different groups of people	76%	81%	74%

by health inequities, such as seniors, refugees, immigrants, undocumented persons, rural residents, children, people with complex health needs, homeless individuals and transient populations (including seasonal workers).

Although the community forum conversations were framed in terms of health inequities for disadvantaged populations, participants said availability of services for all Coloradans is a key concern. Below are the health equity challenges and potential solutions identified in the community forums.

Table 4-A: Challenges and Potential Solutions Identified in the Community Forums

	Challenges	Potential Solutions
Affordability and Access	» Affordability was the top challenge identified in almost all regions. » Self-employed and undocumented Coloradans have difficulty accessing insurance. » For those with public insurance it is difficult to find providers. » There are too few providers, or they are too far away, for rural Coloradans. This is especially true for behavioral, dental and specialty care. Also, health services are more expensive in resort communities. » Transportation is a challenge for rural Coloradans and urban dwellers without cars. Public transit can have limited schedules and routes. » Limited clinic/office hours can prevent access, as do long wait times or waiting lists. This is especially challenging for those who lose wages to take time from work.	» Provide primary care in locations convenient to the patient, and expand the hours available. » Create "one stop shop" services with medical and other social services. » Provide prevention and health services in schools. » Provide services through visiting physicians or telemedicine. » Allow all providers to work at the "top" of their licensure. » Use loan repayment to attract providers to low income and rural communities. » Create transportation solutions to improve the accessibility of care.
Complexity of the Health Care System	» Complexity affects providers and patients alike, especially those managing complex health needs. » A complex health care system makes health care integration and coordination of services a challenge. » Patients cannot advocate for themselves or find reliable information. » Enrollment in public insurance, and finding and using private insurance is difficult to navigate. » Insurance and payment systems are a barrier to creative community-based health care solutions.	» Use innovative care models for primary care that coordinate across service providers and support evidence-based practices. » Use innovations such as the "hot spotters" model to work with those who have many health needs » Integrate substance abuse and mental health with primary care. » Train patient navigators to support everything from facilitation of public program enrollment to assistance navigating medical services, and improving patient understanding of prevention. » Create a clearinghouse of information about available services, to be used by providers and consumers.

Table 4-A: Challenges and Potential Solutions Identified in the Community Forums (continued)

	Challenges	Potential Solutions
Cultural Competency	» The lack of services for non-English speakers was one of the top three areas of discussion in both rural and urban forums. » Differences in cultural norms related to use of services (for example, stigma around accessing mental health services) and mistrust of the system among communities of color are challenges.	» Hire and train bilingual providers. » Develop culturally appropriate services and programs. » Ensure that medical home and other care models are culturally competent. » Use community health workers to develop liaisons between specific communities and providers.
Community Context	» Social determinants of health, such as lack of education, low income and the daily life stressors related to low socioeconomic status are a challenge. » Some rural communities have limited recreational facilities, or for resort communities, they are available but not accessible to all in the community. » Existing data sources do not show nuances in community-level challenges, and do not capture data on seasonal residents.	» Address social determinants of health. » Support community prevention programs. » Explore ways for communities to collect or use data that is relevant to them.

Table 4-B, below, shows this same set of issues identified through the community forums, by community.

Table 4-B: Issues Identified by Community Forums

Access to Care

	Primary and Preventive Care	Specialty Care	Mental Health and Substance Abuse Treatment	Dental Care	Expanded Hours and Alternative Locations	Telemedicine, Mobile Clinics and Visiting Providers	Transportation
Alamosa						X	X
Arvada	X		X		X	X	
Aspen*	X (who accept Mcare and Mcaid)	X (who accept Mcaid)	X	X			X
Aurora					X		
Canon City*	X		X	X			X
Cortez*	X		X	X	X		X
Colorado Springs					X		X
Craig*		X			X		

*Informal meeting that did not include facilitation.

Table 4-B: Issues Identified by Community Forums

Access to Care (continued)

	Primary and Preventive Care	Specialty Care	Mental Health and Substance Abuse Treatment	Dental Care	Expanded Hours and Alternative Locations	Telemedicine, Mobile Clinics and Visiting Providers	Transportation
Denver				X	X		
Durango							X
Eagle*	X (who accept Mcaid)		X	X	X	X	X
Fort Collins	X (who accept Mcare and Mcaid)	X (who accept Mcare and Mcaid)			X	X	X
Fort Morgan*		X	X	X	X	X	X
Frisco*	X	X	X				X
Glenwood Springs				X			X
Grand Junction		X			X	X	X
Greeley							
Gunnison*	X	X	X				X
La Junta		X			X	X	X
Lamar*		X		X			X
Leadville*	X			X			X
Montrose*	X (who accept Medicaid)		X				X
Pueblo	X		X		X	X	X
Salida			X				X
Steamboat Springs						X	
Sterling		X	X			X	X
Telluride*		X	X	X		X	X
Trinidad*			X	X (who accept Mcaid)	X	X	
Yuma*		X	X	X		X	X

*Informal meeting that did not include facilitation.

Table 4-B: Issues Identified by Community Forums (continued)

Delivery and Payment Reform

	Medical Home and Coordinated Providers/ Systems	Health Care Payment and Market Reforms	Universal Health Care	Gov't Funding for Public Programs	Insurance Reforms	Electronic Health Records and Technology
Alamosa	X			X	X	X
Arvada	X	X	X		X	
Aspen*	X			X		
Aurora	X	X	X			X
Canon City*					X	
Cortez*	X					X
Colorado Springs	X	X	X			
Craig*				X		
Denver	X	X	X	X		
Durango	X			X		X
Eagle*	X			X		
Fort Collins		X		X		
Fort Morgan*				X		X
Frisco*	X		X	X	X	
Glenwood Springs	X				X	
Grand Junction	X	X				
Greeley	X					X
Gunnison*					X	
La Junta	X	X		X		X
Lamar*	X					
Leadville*		X	X	X		
Montrose*	X	X			X	
Pueblo	X	X	X			X
Salida	X		X			
Steamboat Springs	X	X		X	X	
Sterling						
Telluride*	X				X	
Trinidad*				X	X	
Yuma*	X				X	

*Informal meeting that did not include facilitation.

Table 4-B: Issues Identified by Community Forums (continued)

Health Care Workforce Support

	Develop Local Provider Network	Loan Forgiveness and Other Incentives	Cultural Competence and Communication Skills	Bilingual Providers and Services	Using Non-physician Providers	"Grow Your Own" and Workforce Diversity
Alamosa			X	X		
Arvada			X	X	X	
Aspen*				X		
Aurora			X			X
Canon City*	X	X			X	
Cortez*	X					
Colorado Springs		X	X		X	
Craig*	X			X	X	
Denver	X	X			X	
Durango			X			
Eagle*	X			X		X
Fort Collins			X		X	
Fort Morgan*	X	X			X	X
Frisco*	X		X			
Glenwood Springs			X	X		
Grand Junction		X			X	
Greeley					X	X
Gunnison*	X				X	
La Junta		X				
Lamar*			X	X		
Leadville*	X		X	X	X	
Montrose*						
Pueblo	X				X	
Salida		X				
Steamboat Springs	X	X	X	X		
Sterling	X					
Telluride*			X	X		
Trinidad*	X		X			
Yuma*	X	X		X	X	

*Informal meeting that did not include facilitation.

Table 4-B: Issues Identified by Community Forums (continued)

Patients and the Public

	Affordability	Patient Navigation	Paid Sick Leave	Health and Literacy Knowledge about the System	Patient's Role in Health (Prevention, Lifestyle, Self-Care)	K-12 Education and Literacy	Community Engagement and Dialogue	Social Determinants (Housing, Education, Food, etc.)
Alamosa	X	X		X				
Arvada				X			X	
Aspen*				X	X	X		X
Aurora		X			X		X	X
Canon City*	X						X	
Cortez*		X	X					
Colorado Springs		X		X	X		X	
Craig*	X			X	X		X	
Denver			X	X	X	X		
Durango	X	X		X		X		X
Eagle*	X	X		X				X
Fort Collins	X	X	X	X		X	X	
Fort Morgan*				X	X			X
Frisco*	X	X			X		X	X
Glenwood Springs		X		X	X	X		
Grand Junction		X		X	X			
Greeley					X			
Gunnison*	X					X		X
La Junta		X		X	X			
Lamar*		X			X			X
Leadville*	X	X			X			
Montrose*	X	X			X			X
Pueblo		X		X	X	X	X	
Salida	X	X		X	X	X		X
Steamboat Springs	X	X		X				
Sterling		X		X	X			X
Telluride*	X			X		X		X
Trinidad*	X	X		X	X			X
Yuma*	X			X	X	X		X

*Informal meeting that did not include facilitation.

Focus Groups and Key Informant Interviews

Participants in the focus groups consisted of representatives from health care organizations, including hospitals, physician groups, nurses, school-based health centers, insurance companies/payers and brokers, public health, businesses and minority health organizations. The Trust conducted one-on-one phone interviews with two groups (business and public health sectors) instead of focus groups. A discussion guide was used to ensure consistency in conversation and process across groups. There were nine focus groups and four key informant interviews. Each focus group lasted between 90 to 120 minutes.

Focus group participants said that health equity conveys fairness, equal status, equal treatment and opportunity for equal health outcomes. Participants generally agreed that health equity means "ending inequalities affecting racial/ethnic, low-income and other disadvantaged populations, so all Coloradans can achieve optimal health" but expanded this to include populations such as veterans, homeless, undocumented people, uninsured Coloradans and pregnant women. Social determinants of health – the conditions in which people live and work – were identified in two-thirds of the focus groups as an important aspect of health equity. Some examples of social determinants of health are income, safety in one's neighborhood, social support and educational opportunities.

> According to focus group participants, the most significant and persistent health equity challenges in Colorado are related to insurance coverage and access to care for all Coloradans.

The focus groups identified the challenges and solutions shown in *Table 5*.

Table 5: Challenges and Solutions Identified in the Focus Groups and Key Informant Interviews

	Challenges	Potential Solutions
Affordability and Access	» The most significant and persistent health equity challenges in Colorado are related to insurance coverage and access to care for all Coloradans. » Affordability is directly related to economic barriers because of the relationship between health insurance, employment and adequate financial resources. » Current payment systems are not effective at controlling costs. » There is a lack of service and system integration, particularly with mental health, physical health and oral health, but also with public health services. » Workforce shortages for certain services in rural and frontier areas compromise the quality of care received in those areas.	» Provide care in the community where people work and go to school. » Advocate for payment reform focusing on health outcomes and the integration of behavioral health into medical care. » Integrate community-based services into the health system, because many organizations are serving the same people. » Use the community health center model as an example; it does an exemplary job of working with public health, hospitals and community resources. » Recruit providers to serve in rural and frontier areas through loan forgiveness programs or the University of Colorado's School of Medicine Rural Health Initiative. » Make better use of advanced practice nurses to fill in the provider gaps in the state.

Table 5: Challenges and Solutions Identified in the Focus Groups and Key Informant Interviews (continued)

	Challenges	Potential Solutions
Complexity of the Health Care System	» Educational barriers result in patients who are unable to navigate the system or understand the benefit of preventive care.	» Educate communities about the Affordable Care Act benefits and health system navigation in general. » Use patient navigators in both clinical and non-clinical settings where people need help with public programs and health insurance (for example, county social services). » Engage communities and ask what their concerns are, what their experiences in the health care system have been and how they would like to receive health information.
Cultural Competency	» Culturally insensitive care has a negative effect on quality. » Access to providers who are skilled and knowledgeable in providing services for disadvantaged populations may be limited. » Customary practices in clinical settings are culturally biased (for example, appointment cutoff limits, no walk-in appointments offered, photo identification requirements).	» Train providers to improve their cultural competency. » Advocate for policies to reimburse providers for culturally and linguistically appropriate services like translation. » Teach about the social determinants of health in health workforce education. » Educate and mentor minorities so they will enter health care professions.
Data and Information	» Health equity data and measures are inadequate and not standardized. » There is often no race/ethnicity information available, or it is not shared because of misconceptions about patient protections. » There is a need for more qualitative data to supplement quantitative data.	» Set up a workgroup to better understand the gaps in data. » Integrating public health data with clinical outcome data. » Establish an information exchange that gives ready access to data at the state, regional, community and neighborhood levels.

How This Informs Our Work

In December 2007, The Colorado Trust's board of trustees formally adopted a vision for the foundation to *achieve access to health for all Coloradans.* The Trust believed that providing uninsured low-income working families with access to health was essential for a prosperous Colorado. Beyond fiscal considerations, we agreed it was a moral imperative that every child in our state has the opportunity to grow up healthy. Our vision was one of equitable access, in which health systems and institutions are culturally appropriate and responsive to the community they serve, and in which quality behavioral, physical and oral health care are accessible and affordable for all, without exception for race or ethnicity, socioeconomic status or geographic location.

Since that time, changes in our state have brought us closer to meeting this goal – though, obviously, there remains much work to be done. In 2008,

a bipartisan commission completed a blueprint for improving health care in Colorado with near unanimity. In 2009, Colorado lawmakers enacted a hospital-provider fee law that has helped increase health coverage for an estimated 100,000 Coloradans and reduced hospitals' costs for uncompensated care. In 2010, the Affordable Care Act was passed, providing a level of support to our "access to health" vision that we could not have imagined at the outset. In 2011, Colorado lawmakers enacted legislation that established a health insurance exchange to expand access to health insurance. And in 2012, the U.S. Supreme Court upheld the Affordable Care Act while leaving the decision about Medicaid expansion up to the states.

During this time, The Trust has been working to expand health coverage to more Coloradans and strengthen the care they receive. We supported research on important policy issues such as the Colorado Healthcare Affordability Act, and increased the depth and breadth of Colorado's health advocacy groups. Our support of health data initiatives has given the state the ability to assess and track data points such as health insurance coverage and the cost of health care services. Projects designed to connect Coloradans with quality health care expanded the availability of services to Coloradans who are most in need.

While these changes are helping to bring about health coverage and care improvements for some Coloradans, significant barriers remain for most traditionally disadvantaged populations.

After gathering, analyzing and thoroughly discussing the scan findings, The Colorado Trust is moving toward a re-focusing of its vision to more intently address health disparities and to advance health equity in Colorado. Within this work, we envision a continued commitment to advance access to health – again, with an intentional focus on efforts that seek to address health disparities affecting racial/ethnic, low-income and disadvantaged populations, and working closely with communities to identify and address the underlying social determinants of health inequities.

We offer our sincere gratitude to the many individuals who took time to thoughtfully share with us their knowledge, passion and insights through our scan process. We are heartened by their shared belief that all Coloradans should have the opportunity to make the choices that allow them to live a long, healthy life.

Acknowledgements

The Colorado Trust expresses its gratitude to the many individuals and organizations across the state who participated in this scan. As well, we acknowledge and appreciate the efforts of all Colorado Trust staff members – each of whom contributed to this scan – and for the leadership and support of our Board of Trustees. Additional thanks go to:

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1600 SHERMAN STREET
DENVER, COLORADO 80203
WWW.COLORADOTRUST.ORG

PHONE: 303-837-1200
TOLL FREE: 888-847-9140
FAX: 303-839-9034

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