ABOUT THE TRUST

Letter from Leadership

HEALTH EQUITY

Health Policy & Advocacy
  Health Equity Learning Series: Inviting a Sense of Belonging
  Health Equity Advocacy: Building a Strong Field of Advocates for Health Equity

Health Data & Information
  Colorado Health Access Survey: Coverage Leaps, But Disparities Stick

Health & Well-Being
  John R. Moran, Jr. Grantee Leadership Award:
  Rural Resort Region Northeast Early Childhood Council

Health Equity Investments
  The Colorado Trust Chair in American Indian Health

Community Partnerships
  A New Vision for Community-Led Change
  Fighting for a Place
  Overlooked, But Not Powerless
  Burnishing a Sense of Pride
  “We Forget to Believe”

2015 GRANTS

FINANCIALS

BOARD OF TRUSTEES

COLORADO TRUST STAFF

ABOUT US

MISSION
  Advancing the health and well-being of the people of Colorado.

VISION
  All Coloradans have fair and equal opportunities to lead healthy, productive lives regardless of race, ethnicity, income or where we live.

ABOUT THE TRUST
  When the nonprofit PSL Healthcare Corporation was sold to a for-profit organization in 1985, the proceeds of the sale were used to create The Colorado Trust, a foundation dedicated exclusively to the health of the people of Colorado. Since that time, The Trust has worked closely with communities and nonprofit organizations in every county across the state to improve the health and well-being of Coloradans.
2015 MARKED 30 YEARS of The Colorado Trust advancing the health and well-being of Coloradans. Over the last three decades, we have served the people of Colorado and also assured The Trust will be able to improve lives in our state for many years to come. Since our founding in 1985, our charitable spending has totaled $498 million statewide. This has included 3,861 grants to 988 different grantees. We have grown from $191 million in assets upon inception to more than $440 million today.

Of course, numbers only tell part of the story—more important are the thousands of lives we have helped improve along the way. The low-income mother who was able to get vital parenting support from a public health nurse. The rural Colorado resident who can now get immunizations and other preventive health care. The junior high student who went to school feeling more confident about not being bullied. The immigrant who learned about and accessed available services and resources, assured in knowing that the move to Colorado didn’t mean being alone.

The Trust continues to support a wide range of endeavors. In 2015, the Colorado Health Access Survey, which is overseen by the Colorado Health Institute, provided the earliest and most comprehensive look anywhere in the country at state-level health coverage and access changes since Affordable Care Act implementation. Our Health Equity Advocacy grantee cohort worked tirelessly to come together as a field and begin prioritizing shared policy objectives. The third year of our Health Equity Learning Series had more grantees, attendees and remote viewing parties statewide than ever before. And we again supported small nonprofits as part of the two Rural Philanthropy Days events in Creede and Rifle. We share stories on some of these and other milestones in the pages that follow.

As we look ahead to the next 30 years, The Trust has reimagined how it will accomplish grantmaking that is effective, sustainable and even more relevant to our health equity vision. Our new Community Partnerships strategy is about empowering communities across Colorado to come up with their own solutions to improve health and well-being. Early in the year, we began hiring community partners based in regions across the state—the first-ever remote staffers in the history of The Trust.

The community partners have begun this work by asking thousands of Coloradans at hundreds of meetings a few simple questions: What makes your community great? What makes it a tough place to live? What could make it better?

The answers, and possible solutions, are up to those who live in the communities we serve. This is not about The Trust deciding what’s best for them—rather, we want to mobilize and empower local residents to decide how funding from The Trust could and should be utilized to make their cities, towns and neighborhoods healthier places to live. The Community Partnerships initiative has already garnered national attention for its innovative approach to philanthropy.

After 30 years of service across our great state, one of our most important learnings has been that Coloradans are the true experts in shaping their own future. We look forward to helping their plans become a reality in communities statewide in the years ahead.

Gail Schoettler, PhD
Chair, Board of Trustees

Ned Calonge, MD, MPH
President & CEO
THE COLORADO TRUST defines health equity as ending inequalities that affect certain racial, ethnic, low-income and other vulnerable populations, so that everyone will have fair and equal opportunities to achieve good health. The social determinants of health are important aspects that influence the health of both individuals and communities. Health inequities arise because of the circumstances in which people grow, live, work and age. The conditions in which people live are, in turn, shaped by political, social and economic forces. The social determinants of health include:

- Early childhood development, schools, education, literacy
- Economy, jobs, employment, occupation, working conditions, income, wealth
- Housing, transportation, public safety, parks and recreation, healthy food access
- Social status, culture, social network, political clout, justice
- Environment, pollution, hazards.
Belonging is the greatest gift society can give us.

~ john a. powell
Executive Director
Haas Institute for a Fair and Inclusive Society,
University of California, Berkeley
Inviting a Sense of Belonging

In a lecture series that was broadcast for gatherings in communities across the state, The Colorado Trust invited experts to shed light on the structures, policies and systems that marginalize vulnerable communities, and describe tactics that allow people to improve the health of their own neighborhoods and towns.

One of the Health Equity Learning Series speakers, Berkeley professor john a. powell, boiled down the social determinants of health to one thing: Belonging. Whether a child has access to high-quality education, how far an employee has to travel to get to work, whether somebody makes enough money to survive, and whether a culture and language are celebrated or marginalized—these are markers that separate those who belong from the others.

Powell, who directs the Haas Institute for a Fair and Inclusive Society, drew direct connections between the unequal opportunities afforded to people of color in America with health outcomes. People of color are not only far more likely than whites to live in high-poverty neighborhoods; they also experience the daily stress of racism that can and does affect physical health. Compared with whites in the U.S., African Americans have a lower life expectancy and are more likely to lose years of their life to heart disease, diabetes, cancer and homicide, among other causes.

Powell proposed that to achieve health equity in America, it isn’t enough to narrow disparities. Instead, he urged a focus on helping everyone achieve a universal outcome of good health. This goal requires us to acknowledge that people face barriers of varying size and intensity, so solutions have to be targeted differently to each group. These targeted solutions frequently come from the communities themselves.

Another speaker, Doran Schrantz, gave specific suggestions on how to achieve these goals through community organizing. Schrantz, the executive director of ISAIAH, a faith-based group that advocates for racial and economic equity in Minnesota, described a two-year campaign to bring health disparities affecting children of color to the attention of the governor’s office. Through sustained leadership development, postcard-writing, storytelling and public demonstrations, the group earned a meeting with a newly elected governor and an invitation to help shape his cabinet.

“It’s a shocking example of what can happen when you build enough power,” said Schrantz.

Strategies of building power for the most marginalized groups can be practiced even in very small communities.

Susan Wilger, director of programs for the National Center for Frontier Communities, described how four impoverished rural counties in New Mexico worked together to address food insecurity.

“We could only do so much on the county level. Our voice was just too small,” she said. “So we asked ourselves, what if we collaborated as a region?”

They built a collaborative that allowed them to combine funding sources, increase membership and build local support. By working directly with food pantry coordinators, elected officials and public health advocates, they successfully improved the nutritional standards for food donations and increased the frequency of distribution.

“Belonging is the greatest gift society can give us,” powell noted. The Trust’s work is to assure that everyone in Colorado receives that gift.
We’re too small to do effective change on our own. We can work together to move some of these policy changes.

~ Harry Budisidharta
Deputy Director
Asian Pacific Development Center
Seventeen direct-service, community organizing and policy advocacy organizations came together in 2015 to serve a common vision of health equity. The cohort of organizations are part of The Trust’s Health Equity Advocacy strategy, which aims to build a strong field of advocates.

Together, they serve the most vulnerable communities around the state, with expertise in mental and physical health issues, child care, refugee law, school discipline, criminal justice, immigration, housing and transportation, among other things. Yet few had previously worked together. Through their collaboration, they sought to build lasting ties that will help them advocate for policies to advance equity in our state.

“We are learning to work together,” says Carol Hedges, who heads the Colorado Fiscal Institute, a nonprofit that analyzes fiscal and economic data for lawmakers and advocates. “How can we complement the strengths of our organizations? How do we really make the combination of us bigger than the sum of our parts?”

With funding from The Trust, the collaborative met in various configurations throughout the year. Through a process that was driven by the grantees themselves, they built their own capacity as organizations to tackle heavy policy lifts, and also forged crucial relationships with each other.

Harry Budisidharta is deputy director of the Asian Pacific Development Center in Aurora, which serves as a kind of one-stop shop for refugees, many of them from Bhutan and Myanmar. The center provides English and citizenship classes, legal aid, physical and mental health care, and a space for ceremonial and social gatherings.

Budisidharta has contributed extensively to the collaborative, and says he has gained a lot in the process. It has been easy to find common ground with other nonprofits, Budisidharta says.

“The issues facing the refugee community for the most part are the same issues that affect low-income populations—access to transportation, Medicaid providers, access to healthy food,” he says.

At the same time, building a strong relationship with other nonprofits has given him a chance to make sure that the issues unique to the refugee community aren’t ignored—reminding his peer organizations that most refugees need interpreters to participate in gatherings, for instance.

“Those partnerships allow us to elevate the voice of the Asian American community and also the refugee community,” says Budisidharta. “We’re too small to do effective change on our own. We can work together to move some of these policy changes we’d like to see.”

By year’s end, the cohort had homed in on short-term policy goals, including an effort to reclassify the state’s hospital provider fee as an enterprise fund and free up more state revenue for investment in schools, roads and other public services.

Just as importantly, they had embarked on a process of examining how deeply racism and other inequities had affected their own organizations and communities. By doing so, they set the stage for the long-term work of sustaining a capable field of like-minded organizations. Without strength and unity, they stand little chance of undoing generations of inequality and injustice in our state and country.

Felicia Griffin, executive director of FRESC, a Denver-based organization that advocates for housing and wage policies that benefit low-income communities, said the year’s work crystalized the reason for the collaborative, as she sees it: “To reduce disparities, build a strong field, and make a statewide impact on folks that are really struggling and being left behind.”
Colorado Health Access Survey

A New Day in Colorado
Health Insurance Reaches Record High

Findings from the 2015 Colorado Health Access Survey
SEPTEMBER 2015

Dedicated to achieving health equity for all Coloradans
WWW.COLORADOTRUST.ORG
Coverage Leaps, But Disparities Stick

An astounding 93 percent of Coloradans had health insurance in 2015, according to the latest count by the Colorado Health Access Survey, up from 86 percent in 2013. The biennial tally, released in September, provided the best look yet at how well policies to expand Medicaid and private insurance are working in our state.

“Colorado is a state that has done what it set out to do, and that is to get more people insured,” said Michele Lueck, president and chief executive of the Colorado Health Institute (CHI), which administers the survey with funding from The Colorado Trust.

At the same time, the survey highlighted continuing disparities statewide across income, race and geographic lines in regards to the number of people insured, the affordability of health care and the overall health of Coloradans.

The survey found that Western Slope residents were much less likely to be insured than those living in the Front Range. And according to a statistical model that CHI devised to estimate uninsurance by zip code using survey data, people living in the Eastern Plains town of Limon had a nearly 20 percent probability of being uninsured, compared with Jefferson County zip codes where the probability of being uninsured was just 1.3 percent.

Latinos in the state remained the most likely to be without insurance, representing nearly 38 percent of those without insurance but only 21 percent of the overall population. They include undocumented immigrants, who are barred under the law from obtaining public insurance or subsidized private health plans.

The overall leap in the number of insured Coloradans, including 450,000 more people enrolled in Medicaid, marked huge progress.

“There are many more people receiving primary care services, and this is a wonderful positive,” says Gisela Garrison, director of Northwest Colorado Health, a Trust grantee that provides nursing, home health and other services in Moffat and Routt counties.

But the gains obscured continued problems with affordability for many. Around 10 percent of Coloradans said they didn’t see a doctor because of cost in 2015, down from 12 percent in 2013.

The number of those who are underinsured (spending more than 10 percent of one’s income on health care) has actually increased since 2013, the survey revealed. Around 16 percent of Coloradans are now underinsured, up from 14 percent in 2013. About one in four of the Coloradans who bought insurance on the individual market are underinsured.

Across the state, advances in coverage have also so far left intact the state’s deep health disparities, according to the survey.

Lower-income Coloradans were more than twice as likely to report physical health problems as those in the highest income bracket. They were three times as likely to have mental health or oral health problems.

More than one in five black Coloradans report having dental problems. That’s compared to just 13 percent of whites and 14 percent of Hispanics.

And one in five Hispanic Coloradans reported having physical health problems, compared with 11 percent of whites.

In the San Luis Valley, more than one in four residents who responded to the survey said they were in fair or poor physical health—the worst rate in the state.

“Poverty, education, child care, geography—those are all pieces of the larger puzzle,” says Brooke Powers, program and policy manager for ClinicNet, a Trust grantee that advocates for safety-net health services. “Coverage is a piece of it.”

Persistent Disparities

All Coloradans Versus Uninsured Coloradans, 2015

<table>
<thead>
<tr>
<th></th>
<th>All Coloradans</th>
<th>Uninsured Coloradans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>9.2%</td>
<td>7.9%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>20.7%</td>
<td>37.6%</td>
</tr>
<tr>
<td>All Others</td>
<td>70.1%</td>
<td>54.5%</td>
</tr>
</tbody>
</table>

Source: 2015 Colorado Health Access Survey

Latinos are disproportionately uninsured in Colorado.
“Being a small community, everyone really knows each other, and you can harness that to your advantage.”

~ Katy Lois
Health Integration Coordinator
Rural Resort Region Northeast
Early Childhood Council
In investing at the ground level

Early life experiences significantly impact brain development and predict health status later in life, studies show. Infants and toddlers need safe, stable, and stimulating environments to thrive, and yet many babies enter life facing adversities that can have cumulative and long-term consequences.

By the time children enter kindergarten, a significant achievement gap exists between low-income or minority children as compared to higher income or non-minority children. This gap tends to widen over time.

The Rural Resort Region Northeast Early Childhood Council is an organization that invests in these impressionable years. Bringing together key allies in the communities of Grand and Summit counties, the organization works effectively to increase the quality, accessibility and equity of early childhood services.

“Being a small community, everyone really knows each other, and you can harness that to your advantage,” says Katy Lois, Health Integration Coordinator, Rural Resort Region Northeast Early Childhood Council.

Its accomplishments have included creating an electronic app to track a child’s development, alert health care and child care providers to screening results, and suggest appropriate activities. The council has successfully pushed to integrate oral health screenings into child care and school settings, improved the capacity of child care providers to support the social-emotional health of small children, and broken down silos that artificially separate early learning from family support and overall health.

It is now easier for families and children in Grand and Summit counties to get the services they need at the right time and the right place because of the work of the Rural Resort Regional Northeast Early Childhood Council.

For these reasons and more, the council received the 2015 John R. Moran, Jr. Grantee Leadership Award and a $25,000 grant supporting its crucial work.

Watch this video to learn more about the Rural Resort Region Northeast Early Childhood Council.
My responsibility will be to turn to Colorado’s Native communities, to understand and capitalize on available resources.

~ Spero Manson, PhD
Centers for American Indian and Alaska Native Health
There are around 56,000 American Indians and Alaska Natives living in Colorado. Most of them live in the state’s urban areas, including Denver and Colorado Springs, where they are sometimes invisible to those who make policies, provide services or give grants.

And yet American Indians in the state face disproportionate health burdens, bearing the generational effects of genocide, racism and poverty. Among American Indians and Alaska Natives living in Colorado, according to data compiled by the state Office of Health Equity:

- Around one in five lives in poverty. That’s nearly twice the average poverty rate in the state.
- The high school graduation rate is 61 percent, lower than any other racial or ethnic group in the state. By comparison, the overall graduation rate in Colorado is around 77 percent.
- About one in three adults are obese, a higher rate than any other ethnic or racial group in the state.
- Around 22 percent reported experiencing poor mental health for more than a quarter of the past month, compared with a state average of 14 percent.
- Roughly 32 percent smoke cigarettes, compared with 18 percent in the general population.
- Diabetes, suicide and liver disease are more common causes of death.

Nationwide, American Indian and Alaska Native babies are 53 percent more likely to die in their first year of life than white babies; and they live, on average, two fewer years than white Americans.

In an effort to help address these disparities, The Trust created an endowed chair at the Centers for American Indian and Alaska Native Health at the University of Colorado’s School of Public Health at Anschutz.

Spero Manson, PhD, is the inaugural chairman. Manson says the epidemic of chronic diseases like diabetes, cancer and behavioral health problems among Native communities in Colorado reflect national trends.

They’ve been exacerbated, he says, by historic difficulties in the relationship between state agencies and tribal communities.

“In the face of that, the Native communities have had relatively limited capacity and experience in navigating the landscape in terms of services that are available to them,” Manson says. “My responsibility will be to turn to Colorado’s Native communities, to understand and capitalize on available resources.”
# Community Partnerships

## WHAT WOULD MAKE THE PLACE YOU LIVE THE BEST IT CAN BE?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have <strong>PEOPLE YOU CAN COUNT ON?</strong></td>
<td></td>
</tr>
<tr>
<td>Do you have a job? Do you <strong>MAKE ENOUGH MONEY</strong> to pay your bills?</td>
<td></td>
</tr>
<tr>
<td>Do you have a <strong>SENSE OF BELONGING</strong> in the place where you live? Are your culture and heritage celebrated?</td>
<td></td>
</tr>
<tr>
<td>Can you afford to eat well? How far do you have to go to <strong>GET FRESH FRUITS AND VEGETABLES?</strong></td>
<td></td>
</tr>
<tr>
<td>Did you have a <strong>SAFE, HAPPY CHILDHOOD?</strong> Do your kids have good child care? Opportunities to learn?</td>
<td></td>
</tr>
<tr>
<td>Do you have <strong>RELIABLE TRANSPORTATION?</strong> How easy is it to get to work? To get food? To see your friends?</td>
<td></td>
</tr>
<tr>
<td>Do you have a <strong>COMFORTABLE, SAFE PLACE TO LIVE?</strong></td>
<td></td>
</tr>
</tbody>
</table>

## WHAT ELSE AFFECTS THE HEALTH AND HAPPINESS OF YOU, YOUR FAMILY AND YOUR COMMUNITY?
The means by which societal inequities degrade people’s health are complicated. But the sum of the injuries is measurable in the simplest way: years of life.

Black Coloradans are nearly three times as likely to be unemployed as white Coloradans, and their children can expect to die four years sooner.

All of the income growth in Colorado since the recession has gone to the top 1 percent of earners, while across the country, the difference in the life spans of the rich and the poor are widening.

Colorado counties including Huerfano, Otero and Rio Grande lose 10,000 years apiece to premature death (defined as dying before age 75)—a rate that’s more than twice as high as in healthier Douglas, Pitkin and Summit counties.

It was within this context that The Colorado Trust took a dramatic shift in its direction in 2015, going directly to the communities most affected by these ills to ask questions rather than provide answers.

“What we’ve been doing to try to address these inequities hasn’t been working,” says Gwyn Barley, PhD, The Trust’s director of community partnerships & grants. “We needed to imagine a different way.”

Instead of deciding the issues of importance to Coloradans and then giving out funds to nonprofits to execute its vision, The Trust is giving decision-making authority directly to residents in communities across the state. This Community Partnerships strategy launched in 2015 in nearly a dozen communities in Colorado, most of them rural.

With guidance from The Trust’s community partners—staff members who were hired to live and work in regions across the state—people in these places came together to talk with their neighbors about what they love about where they live, what’s tough about it and what they would like to change. This strategy sees all people as the experts of their own lives and communities.

It was a year of building relationships, working to understand the complexity of the challenges that communities face, convening a broad table of residents and asking them to determine their own priorities, says Barley.

In 2016, many of these communities will be actively working to build their visions for a better place—each in their own way.

The Colorado Trust Community Partners (l. to r.): Theresa Trujillo, Krista Martinez, Tera Wick and Arden Trewartha.
“We are empowering grassroots individuals to create change in this community.”

~ Shirley Romero Otero
Community Organizer
San Luis, Colorado
Fighting for a Place

Colorado’s San Luis Valley is a place of rich agricultural landscapes between ragged peaks. It is a place with a cultural history all its own. It is also a place of intense poverty, where measures like income and life expectancy consistently lag behind other parts of the state.

Small towns like Saguache, San Luis and Antonito have this in common, but each also has its own profile of strengths and challenges.

Shirley Romero Otero grew up in San Luis, and traces her ancestry to Mexican settlers who helped develop the land in the mid-1800s. She has spent her life fighting for the place—taking on ranchers who had blocked public access to a mountain range called La Sierra—through a drawn-out court case that culminated with a Colorado Supreme Court decision in 2002. The court ultimately restored hunting, fishing and gathering rights to the original land-grant families, a victory for Romero Otero and others in the valley.

She was also among the first to start attending community meetings in San Luis in the spring, summer and fall of 2015, joining with her neighbors to talk about what’s great and challenging about the town. Great things include: The mountains, the fresh air, the people. Challenging things: Lack of jobs, an aging population, expensive gas and food, a growing drug problem.

Romero Otero took on the job of a local organizer in San Luis in the fall.

“As a long-time organizer and educator, mother and grandmother and member of this community, I saw this as an opportunity that I had never had,” she said.

Under Romero Otero’s leadership, a diverse coalition of her San Luis neighbors have since come together to forge a plan for their community—people, she says, who were unlikely to have convened otherwise: “We are empowering grassroots individuals to create change in this community.”
“[Living in Avondale] is awesome. God is good.”

~ John Garduno
Resident
Avondale, Colorado
The community of Avondale, Colo., 20 minutes east of Pueblo, has a post office, an elementary school, a community center and roughly 670 people, a mixture of long-time residents and seasonal farmers who work the fields nearby. It doesn’t have a mayor or police department.

Ask Avondale residents for a wish list for their community, and you may hear things that sound a lot like basic political representation and public services: a sheriff; enforcement of existing laws, including those having to do with rental housing quality and wage theft; a local representative to push for the interests of Avondale; a governing board.

At the edge of Avondale sits El Centro de Los Pobres, which offers food, medical services and other help to immigrants and low-income families. Over plates of Mexican food in November, a long table of volunteers at Los Pobres came up with this list when staff and organizers from The Colorado Trust, including community partner Theresa Trujillo, asked them to talk about what Avondale needs.

Trujillo says this sense of disenfranchisement is common in this part of the state.

“You hear people say that there are two Colorados,” says Trujillo. “One stops south of the El Paso County line.”

In Avondale, as in the farming community of Manzanola, 30 miles east of here, the community leapt at an invitation to envision and realize positive changes for their town after years of feeling overlooked.

For John Garduno, Avondale is the place that welcomed him and his son when he got a job at the nearby Pueblo Chemical Depot in the 1970s. For him, the town holds treasures, like the veterans’ memorial where he likes to sit, drink coffee and reflect.

“[Living in Avondale] is awesome,” says Garduno. “God is good.”

Lately, in a room at the church, Garduno and his neighbors have been working on plans to make the town even better.
“The sense of pride is still there.”

~ Heather Nielson
Resident
Dove Creek, Colorado
» Burnishing a Sense of Pride

Dove Creek is the last Colorado town you hit on U.S. Highway 491 before you reach Utah in the Four Corners region. Vacationers heading to and from the area’s state and national parks drive through with top-of-the-line campers hauling toys and gear—set-ups worth more than most of the houses in this town.

The contrast isn’t lost on Heather Nielson. She moved to town in 2009 to be near her husband’s family. He’s a truck driver and he’s gone a lot. She works taking care of their three-year-old son, and lately, has thrown herself into the job of remaking Dove Creek.

“I want them to drive through our town and say, ‘Wow, for a small, rural community, they got it going on,’” Nielson says. “I would like to see Dove Creek become the place that they want to go.”

So Nielson has attended every meeting convened by a group of residents working on a plan to revitalize the town. Along with the Western Slope farming community of Olathe, Dove Creek has been a focus of The Trust’s Community Partnerships work in this region.

“I have shown up [to some meetings] sick,” admits Nielson, “because this is something that could make such a difference that I physically could not live with myself if I walked away.”

Dove Creek has hopes of getting funding from The Trust for its plans. But even without the money, Nielson says she already perceives differences.

One eye-opening moment came when the group took on a root-cause analysis of some of the challenges of living in the town. Nielson, who didn’t grow up in Dove Creek, found it difficult at first to find a sense of belonging within the community. But learning about the town’s history as a western frontier—where homesteaders had to be self-reliant—gave her insight into the local heritage.

“We’ve come up with some great ideas on how to benefit the community, how to do stuff ourselves without relying on The Trust,” says Nielson. She’s among a group of people who have begun volunteering more, and she stays up late researching ideas—how do towns build tourism without losing their cultural heritage? What’s the best way to make sure all of the kids in town have enough to eat? Why don’t we make a walking path, a produce stand, solar lighting?

“This town used to be a prosperous town during the oil boom,” says Nielson. “The sense of pride is still there. It’s like a silver platter. It’s just tarnished. It just needs a little bit of buffing to get it going and shined up.”
“It’s been humbling how many great people you get to meet, so many incredible individuals that make their community so great.”

~ Jessely Chaparro
Intercultural Relations Advocate & Administrative Assistant
Northeast Colorado
“We Forget to Believe”

When she was a child, Jessely Chaparro shared a single-wide trailer with four other families near the town of Hudson in northeast Colorado, where her father worked on a dairy farm milking cows. After her family had moved to nearby Lochbuie, she remembers being segregated from other students in her class when teachers assumed she needed separate treatment because she spoke Spanish at home.

Navigating the inconveniences and biases of life in an immigrant family in Colorado turned out to be good training for the current phase of Chaparro’s life. The 22-year-old was hired as an intern for The Trust’s Community Partnerships effort early in the year, and was acting as a contract organizer for the northeast Colorado region by year’s end. Her job is to help guide people living in communities in the area through a process of collectively deciding priorities for making their community a better place to live, and acting on them.

“It’s been humbling how many great people you get to meet, so many incredible individuals that make their community so great,” she says.

The three communities where she works are different from each other: Fort Morgan, a company town that has seen an influx of refugees working at the Cargill meatpacking plant, and has at times struggled to integrate its diverse residents; Lago Vista Mobile Home Park, a community outside of Loveland; and Yuma, an agricultural hub on the Eastern Plains.

One of the biggest challenges she’s encountered has been in encouraging people in these communities to be ambitious in their vision for their home and their lives.

“I came to realize I’m the same way,” she says. “It’s hard for me to dream big because at some point or another you’re taught not to dream at all. We forget to believe. We forget to imagine and think big.”
■ CALVERT FOUNDATION
This subordinate loan to the Calvert Foundation helped underwrite a $10 million credit facility for the Urban Land Conservancy (ULC) in Denver. The ULC is using the facility to acquire and develop urban properties in underserved Denver communities.
TIMEFRAME: 2015-22
AMOUNT: $800,000

■ CENTER FOR IMPROVING VALUE IN HEALTH CARE (CIVHC)
In partnership with the Colorado Health Foundation, supported CIVHC in developing a Colorado All Payer Claims Database (APCD) to better understand the cost and utilization of health care services, and develop payment solutions to lower health care costs.
TIMEFRAME: 2012-15
AMOUNT: $2,000,000

■ CENTER FOR IMPROVING VALUE IN HEALTH CARE (CIVHC)
Supported CIVHC with enhancements to the Colorado APCD. CIVHC is using the funding to expand the number of covered lives represented in the APCD and build tools to support organizations seeking to make a positive impact on health care quality and costs.
TIMEFRAME: 2015-18
AMOUNT: $900,000

■ CIVIL WAR TRUST
The Civil War Trust was approached by the National Park Service and the State of Colorado to preserve a critical 640-acre tract at the Sand Creek Massacre National Historic Site. The Colorado Trust is one of several Colorado organizations that supported the preservation of the Sand Creek Massacre site.
TIMEFRAME: 2015
AMOUNT: $10,000

■ COLORADO BLACK HEALTH COOPERATIVE, INC.
Assisted the Colorado Black Health Collaborative with sustainability planning.
TIMEFRAME: 2015
AMOUNT: $25,000

■ COLORADO CENTER ON LAW & POLICY (CCLP)
Supported CCLP’s work in conjunction with the Colorado Consumer Health Initiative to represent public interest in the conversion of InnovAge’s PACE program to a for-profit entity.
TIMEFRAME: 2015-16
AMOUNT: $15,000

■ COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
Provided emergency bridge funding for the Colorado Family Planning Initiative, specifically to support long-acting reversible contraception, pending future funding decisions by the state legislature.
TIMEFRAME: 2015
AMOUNT: $800,000

■ COLORADO HEALTH ACCESS SURVEY
Provided support for the extensive survey in Colorado of health care coverage, access and utilization, with data collection and analysis managed by the Colorado Health Institute.
TIMEFRAME: 2011-18
AMOUNT: $4,523,159

■ COLORADO HEALTH INSTITUTE
Provided support for the institute to serve as a reliable and impartial clearinghouse for data and information resources related to Colorado health care issues and systems.
TIMEFRAME: 2015-19
AMOUNT: $3,997,779

■ COLORADO ALLIANCE FOR HEALTH EQUITY AND PRACTICE
Supported meetings at community-based locations in order to inform, educate and enroll families as needed regarding health insurance coverage and enrollment. Immigrant populations were among the primary target audiences for the meetings.
TIMEFRAME: 2015
AMOUNT: $5,000

■ COLORADO STATE UNIVERSITY (CSU) DENVER EXTENSION
In conjunction with CSU Denver Extension, LiveWell Colorado and Community Initiatives, support for the Colorado Food Policy Network to establish a formal peer-to-peer mentor network and host two, regional “action institutes” to advance the capacity of local food policy councils to improve healthy food access in their communities.
TIMEFRAME: 2015
AMOUNT: $25,000
DENVER HEALTH FOUNDATION  
Funded a report focused on the impact of Medicaid expansion in Denver.  
**TIMEFRAME:** 2015  
**AMOUNT:** $19,000

EL CENTRO DE LOS POBRES  
General operating support for Los Pobres, which serves immigrant and indigent populations of southern Colorado, providing essentials for survival, medical care, assistance with education and more.  
**TIMEFRAME:** 2015  
**AMOUNT:** $2,500

FAITH EVANGELICAL CHURCH  
Funds were used for transporting and renovating a modular building from the Thompson R2J School District to the Lago Vista Mobile Home Park in Loveland. The modular will be used for programs that benefit Lago Vista community members.  
**TIMEFRAME:** 2015  
**AMOUNT:** $15,000

HEALTH EQUITY ADVOCACY  
Funded a cohort of 17 organizations, advancing health equity solutions through a field-building approach to advocacy and public policy.  
**TIMEFRAME:** 2013-16  
**AMOUNT:** $7,200,000

HEALTH EQUITY LEARNING SERIES  
Increased knowledge and awareness of health equity through presentations from experts discussing factors that affect disparities, and solutions that advance health equity.  
**TIMEFRAME:** 2013-15  
**AMOUNT:** $554,352

HISPANIC AFFAIRS PROJECT  
Provided general operating support to an organization serving the Hispanic immigrant population in six communities in western Colorado.  
**TIMEFRAME:** 2015-16  
**AMOUNT:** $40,000

JOHN R. MORAN, JR. GRANTEE LEADERSHIP AWARD  
Awarded $25,000 to Rural Resort Region Northeast Early Childhood Council to recognize the organization’s outstanding leadership to advance the health and well-being of Coloradans.  
**TIMEFRAME:** 2007-16  
**AMOUNT:** $250,000

KEYSTONE POLICY CENTER  
Support for the Colorado Commission on Affordable Health Care—which the Keystone Policy Center staffs to provide programmatic and administrative support—to engage statewide input related to recommendations and its impact on underserved populations. Additionally, this funding allowed the Commission to analyze the role social determinants play in the cost and delivery of health care, and identify potential recommendations for action.  
**TIMEFRAME:** 2015-16  
**AMOUNT:** $25,000

MARILLAC CLINIC  
Support to assist the clinic’s transition to a Federally Qualified Health Center.  
**TIMEFRAME:** 2015  
**AMOUNT:** $25,000

ONEMORGAN COUNTY  
Support for OneMorgan County in their bridge-building and community education efforts in Morgan County, and to develop a more sustainable organization through technical assistance, training and other capacity-building measures.  
**TIMEFRAME:** 2015-16  
**AMOUNT:** $92,000

ONEMORGAN COUNTY  
Support for the organization’s interpreter development program.  
**TIMEFRAME:** 2015  
**AMOUNT:** $5,000

RESTORE HEALTH AND COUNSELING  
Supported relocation of an outpatient substance abuse facility that provides alcohol and drug abuse education and treatment to adolescents and adults.  
**TIMEFRAME:** 2014-15  
**AMOUNT:** $30,000

ROSE COMMUNITY FOUNDATION  
In collaboration with Rose Community Foundation, provided funding to immigrant rights organizations to educate, provide outreach and legal assistance to immigrants; and provide organizational capacity-building and leadership development.  
**TIMEFRAME:** 2015  
**AMOUNT:** $15,000
2015 GRANTEES

- **OREGON HEALTH & SCIENCE UNIVERSITY**
  Provided assistance coordinating multi-payer activities under the Colorado State Innovation Model initiative, including meeting strategy, facilitation and coordination, and implementation assistance and ongoing consultation.
  **TIMEFRAME:** 2015-16  
  **AMOUNT:** $25,000

- **RURAL PHILANTHROPY DAYS (RPD)**
  Funded nonprofits in rural communities across Colorado ($5,000 per organization); and the Community Resource Center to support RPD operations ($15,500).
  **TIMEFRAME:** 2015  
  **AMOUNT:** $65,500

- **SERVICIOS DE LA RAZA**
  Supported an alliance of minority-led, minority-serving organizations that help raise awareness for health equity issues.
  **TIMEFRAME:** 2014-15  
  **AMOUNT:** $15,000

- **UNIVERSITY OF COLORADO DENVER**
  Supported the creation of a data warehouse for tracking University of Colorado School of Medicine students through their undergraduate and graduate medical education training and into practice.
  **TIMEFRAME:** 2014-15  
  **AMOUNT:** $140,000

- **UNIVERSITY OF COLORADO FOUNDATION**
  Established The Colorado Trust Chair in American Indian Health at the Centers for American Indian and Alaska Native Health (CAIANH) in the School of Public Health at the University of Colorado Anschutz Medical Campus. The funding accelerated the work of CAIANH scholars and researchers to address the health disparities of Colorado’s rural and urban American Indian communities.
  **TIMEFRAME:** 2015  
  **AMOUNT:** $3,000,000

- **UNIVERSITY OF COLORADO LAW SCHOOL**
  Supported the school’s Colorado Health Equity Project to improve socioeconomic, racial and ethnic health disparities by removing legal barriers to health care for low-income Colorado families.
  **TIMEFRAME:** 2014-15  
  **AMOUNT:** $50,000

- **UNIVERSITY OF COLORADO SCHOOL OF PUBLIC HEALTH**
  Bridge funding for the University of Colorado School of Public Health to improve its financial sustainability while meeting Colorado’s critical population health needs.
  **TIMEFRAME:** 2014-16  
  **AMOUNT:** $300,000

- **UNIVERSITY OF DENVER, LATINO LEADERSHIP INSTITUTE**
  Supported the institute in training and developing Latino professionals to become leaders in the business, government, philanthropy and nonprofit sectors of Colorado, through coursework, mentoring, social impact projects and community-wide policy summits.
  **TIMEFRAME:** 2014-15  
  **AMOUNT:** $50,000

- **UTE SPRINGS EXPERIENTIAL LEARNING CENTER**
  Provided general operating support for the organization’s efforts to increase self-awareness, social awareness, self-management, responsible decision-making and leadership skills while connecting to place through an adventure-based curriculum.
  **TIMEFRAME:** 2015  
  **AMOUNT:** $2,500

- **WALSENBURG DOWNTOWN REVITALIZATION**
  Provided funding to purchase new athletics uniforms for Walsenburg-area school sports teams.
  **TIMEFRAME:** 2015  
  **AMOUNT:** $9,456
A COMMITTEE OF THE BOARD OF TRUSTEES oversees The Colorado Trust’s investments with the goal of maintaining or increasing the real value to serve the needs of the people of Colorado in perpetuity.

The Trust’s net assets and liabilities were more than $440 million as of Dec. 31, 2015. Net loss was $1.6 million from investments and other transactions in 2015. The Trust provided over $16 million for charitable expenditures in 2015. Program service expenditures accounted for 89 percent of total expenses in 2015, up from 86.8 percent the year prior. Since its inception in 1985, through 2015, The Colorado Trust has provided over $498 million in charitable support to grantees across Colorado.
# 2015 Condensed Financial Statements

## Financial Position

### Assets:

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and investments</td>
<td>$438,415,036</td>
<td>$458,028,152</td>
</tr>
<tr>
<td>Receivables</td>
<td>$87,840</td>
<td>$237,084</td>
</tr>
<tr>
<td>Program-related investments</td>
<td>$800,000</td>
<td>—</td>
</tr>
<tr>
<td>Property and equipment, net</td>
<td>$333,412</td>
<td>$229,441</td>
</tr>
<tr>
<td>Other assets</td>
<td>$432,713</td>
<td>$381,674</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$440,069,001</strong></td>
<td><strong>$458,876,351</strong></td>
</tr>
</tbody>
</table>

### Liabilities & Net Assets:

#### Liabilities:

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable and other liabilities</td>
<td>$1,257,671</td>
<td>$1,702,995</td>
</tr>
<tr>
<td>Deferred gain on sale-leaseback</td>
<td>$3,016,019</td>
<td>$3,265,619</td>
</tr>
<tr>
<td>Grants payable</td>
<td>$9,340,719</td>
<td>$7,784,320</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>$13,614,409</strong></td>
<td><strong>$12,752,934</strong></td>
</tr>
</tbody>
</table>

#### Net Assets:

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted</td>
<td>$426,454,592</td>
<td>$446,123,417</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td><strong>$426,454,592</strong></td>
<td><strong>$446,123,417</strong></td>
</tr>
</tbody>
</table>

### Total Liabilities & Net Assets:

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Liabilities &amp; Net Assets</strong></td>
<td><strong>$440,069,001</strong></td>
<td><strong>$458,876,351</strong></td>
</tr>
</tbody>
</table>

## Activities and Changes in Net Assets

### Unrestricted Revenues:

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income (loss) from investments (net of fees)</td>
<td>($1,602,984)</td>
<td>$18,500,197</td>
</tr>
<tr>
<td>Other income (loss)</td>
<td>($1,965)</td>
<td>$13,794</td>
</tr>
<tr>
<td><strong>Total Unrestricted Revenues (losses)</strong></td>
<td><strong>($1,664,949)</strong></td>
<td><strong>$18,513,991</strong></td>
</tr>
</tbody>
</table>

### Expenses:

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program services</td>
<td>$16,018,092</td>
<td>$16,472,690</td>
</tr>
<tr>
<td>Management and general</td>
<td>$1,879,730</td>
<td>$1,962,358</td>
</tr>
<tr>
<td>Excise tax expense</td>
<td>$106,054</td>
<td>$546,294</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>$18,033,876</strong></td>
<td><strong>$18,981,342</strong></td>
</tr>
</tbody>
</table>

### Increase (Decrease) in Unrestricted Net Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase (decrease) in unrestricted net assets</td>
<td>($19,668,825)</td>
<td>($467,351)</td>
</tr>
<tr>
<td><strong>Net Assets at End of Year</strong></td>
<td><strong>$426,454,592</strong></td>
<td><strong>$446,123,417</strong></td>
</tr>
</tbody>
</table>

## Additional Financial Information:

- [2015 Audited Financial Statements](https://www.coloradotrust.org) (PDF)
- The Colorado Trust’s 2015 form 990-PF, Return of Private Foundation (Available Fall 2016)

Please visit [www.coloradotrust.org](http://www.coloradotrust.org) to view The Colorado Trust’s complete financial information through 2015.
BOARD OF TRUSTEES

GAIL SCHOETTLER, PHD
Businesswoman
Chair

JENNIFER PAQUETTE
Chief Investment Officer
Public Employees’ Retirement Association of Colorado
Chair-elect

WILLIAM WRIGHT, MD
Executive Medical Director & President
Colorado Permanente Medical Group
Secretary

COLLEEN SCHWARZ
Vice President - Sales
Community Reinvestment Fund, USA
Treasurer

JOHN HOPKINS
President & CEO (retired)
Rocky Mountain Health Plans

WARREN JOHNSON, MD
Owl Creek Medical

DONALD MARES, ESQ.
Executive Director
Denver Human Services
City of Denver

REV. R.J. ROSS
President & CEO (retired)
Samaritan Institute

ALAN SYNN, MD
President
Vascular Institute of the Rockies

General Counsel
CARA LAWRENCE, ESQ.
COLORADO TRUST STAFF

(Listed alphabetically by last name)

GWYN BARLEY, PhD
Director of Community Partnerships & Grants

NANCY BAUGHMAN CSUTI, DrPH, MPH
Director of Research, Evaluation & Strategic Learning

NED CALONGE, MD, MPH
President & CEO

MICHELE CHADER
Grants Management Specialist

DEB DeMUTH
Vice President & CFO

BARBARA GALLEGOS
Receptionist (inset)

ZENOBIA GARCIA
Staff Accountant

JESS HANKINS
Community Partner

CANDACE JOHNSON
Community Partner

KRISTIN JONES
Assistant Director of Communications

JULIAN KESNER
Director of Communications

LORENA MALDONADO
Executive Administrative Assistant to the CEO

KRISTA MARTINEZ
Community Partner

PATRICIA MARTINEZ
Senior Operations Assistant & Human Resources Professional

DEBBIE McCUISTON
Controller

NOELLE MELCHIZEDEK
Advocacy & Policy Partner

RACHEL MONDRAGON
Website Manager & Graphic Designer

MIA RAMIREZ
Community Partner

COURTNEY RICCI, PhD
Head of Evaluation & Learning for Community Change

NATALIE ROOKS
Grants Management Specialist (inset)

TARA SPAHR
IT Manager

ARDEN TREWARTHA
Community Partner

THERESA TRUJILLO
Community Partner

TERA WICK
Community Partner

With gratitude to staff members who formerly served The Colorado Trust: Jenny Lehman, Heather O’Malley, Stephanie Titus and Marilyn Williams
The Colorado Trust is classified as a private foundation for federal income tax purposes and is an exempt organization under the provisions of 501(c)(3) of the Internal Revenue Code.