



2005 ANNUAL REPORT



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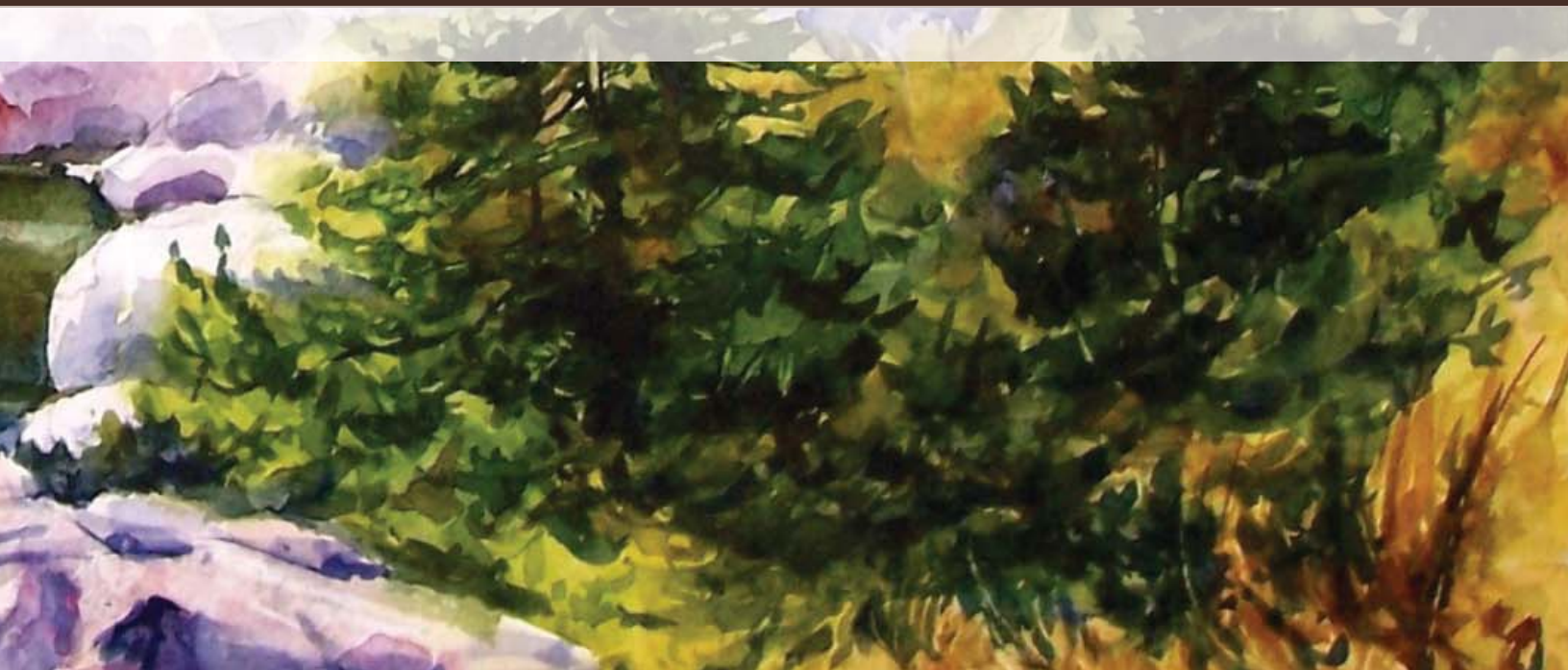
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TRUSTEES & STAFF



OUR MISSION

THE COLORADO TRUST
IS DEDICATED
TO ADVANCING
THE HEALTH AND
WELL-BEING OF
THE PEOPLE OF COLORADO.





GRANTMAKING GOALS & OBJECTIVES

The Colorado Trust develops grantmaking initiatives that:

Advance accessible and affordable health care, with a focus on:

- Promoting health and preventing disease
- Strengthening the delivery of health care services
- Supporting the medically underserved

Provide resources to strengthen families by:

- Addressing the needs of children and youth
- Advancing quality mental health care
- Serving the aging

LETTER from the Chairman of the Board and President & CEO

2005 was a year in which we had the unique opportunity to pause and reflect on the many meaningful accomplishments of The Colorado Trust over its 20-year history. In the rush of today's world, this type of reflection is becoming all too rare. That's why we have a stated commitment to learn from our efforts. Not just every decade or two, but with each long-term Trust grantmaking initiative we review, discuss and ponder lessons learned and evaluation findings. This reflection, combined with in-depth research on current and emerging needs, is incorporated into new, hopefully ever-more-effective grantmaking initiatives.

This past year saw the launch of four new Trust initiatives. The *Equality in Health Initiative* is a seven-year commitment that seeks to reduce racial and ethnic inequities in health care. The *Colorado 100k Lives Campaign* builds off of a national campaign to support the efforts of hospitals to further strengthen their commitment to patient safety and quality care. The *Partnerships for Health Initiative* is helping to strengthen community health care providers' ability to better deliver services. And, *Advancing Colorado's Mental Health Care* continues The Trust's tradition of partnering with other funders when possible to increase the reach of an effort. This special project, undertaken in conjunction with three other Colorado foundations, is helping to meet the needs of Coloradans with mental illnesses through better-coordinated services. These new initiatives, which are further highlighted in this report, account for nearly \$30 million in support from The Trust over the next 18 months to seven years, and will reach communities in virtually every Colorado county through the work of 96 grantee organizations.

Combined with the 10 ongoing, long-term Trust initiatives, these efforts to advance the health and well-being of the people of Colorado are made possible through the continued careful stewardship of the foundation's endowment. Thanks to investment returns that have consistently outperformed industry benchmarks, The Trust's portfolio reached record levels in 2005, along with near-record grantmaking.

The Trust continues to be a strong resource for the people of Colorado. Perhaps the most important reason for the successes we achieve is the hard work and dedication of Trust staff and the many grantees across Colorado in carrying out the work of these initiatives. We applaud their collective efforts in making life better here in Colorado.



Jerome M. Buckley, M.D.
2005 Chairman of the Board



John R. Moran, Jr.
President & CEO





GRANTMAKING

How The Colorado Trust Makes Grants

The Colorado Trust's grantmaking is about long-term investments – in Colorado, its communities and most of all, its people.

Nearly 15 years ago, The Trust moved away from a more traditional form of grantmaking – responding to individual requests for funding – to an initiative-based approach. This shift has given the foundation the ability to impact needs in a more strategic way by providing for a length and depth of commitment appropriate to address major social issues.

Funding is limited to a dozen or so multi-year efforts, with each initiative addressing different aspects of The Trust's two goals – advancing accessible and affordable health care, and providing resources to strengthen families.

Ideas for initiatives come from a variety of sources, including needs assessments, literature reviews, focus groups, lessons learned from current and completed initiatives, evaluation findings from Trust initiatives and input from our grantees, staff and board members. Many initiatives also have grown out of, are linked to, or build on previous successful Trust initiatives.

Each initiative is unique and has its own defining characteristics which almost always include grantee training, technical assistance and networking, evaluation and multiple-year funding. Initiatives are viewed as a catalyst for bringing people together to address critical issues. While elements may exist in communities to address health- and family-related issues, they often are operating independently and aren't focused on a common vision. A Colorado Trust initiative can provide the spark that galvanizes people at the community level, and links them to broader efforts at the regional or state level.

Grantees often comment that participating in a Trust initiative makes them feel part of a larger movement. The positive effects grantees experience from receiving tailored trainings and assistance, developing new skills and building partnerships translates into providing improved services, connecting to their community and recognizing their part in a statewide effort. And collectively, their efforts serve to advance the health and well-being of the people of Colorado.

INITIATIVE-BASED GRANTMAKING:

CREATES SYNERGY. Within a field or industry, and across communities, an initiative provides people with the opportunity to connect, learn from each other and combine their collective energies to create momentum in addressing a shared challenge.

BUILDS ON SOLID PLANNING. Research and input from experts and community members guides the foundation's development of the initiative, while grantees' plans further tailor the initiative to meet their unique needs.

MOVES AN ISSUE. By funding a group of organizations or communities working toward the same goal, an initiative provides strength in numbers over a lengthy period of time.

INCREASES AWARENESS. Not only do initiatives provide grantees in related fields, with diverse cultures and differing geographic areas with the opportunity to connect and grow, they also spotlight the issue to other key audiences, such as policymakers, other funders and the media.

EMPHASIZES SUSTAINABILITY. From the initial planning stages and throughout the initiative, the focus is on maintaining the effort well past Trust funding; technical assistance provided to grantees during the initiative helps them to increase their staying power and effectiveness.

IDENTIFYING NEEDS

- Strive to better understand needs
- Examine trends and data
- Listen to citizens, community leaders and grantees

CRAFTING SOLUTIONS

Matching needs to Trust goals, staff develop initiative concepts.

Board-approved concepts become initiatives that are:

- Long-term to address challenging issues
- Flexible and responsive to community needs
- Focused on sustainability

New funding opportunities are broadly announced.

AND Grantees are selected via a competitive proposal process.

Grantees receive ongoing Trust support throughout the initiative with an emphasis on:

- Technical assistance
- Capacity-building
- Networking

EVALUATING EFFECTIVENESS

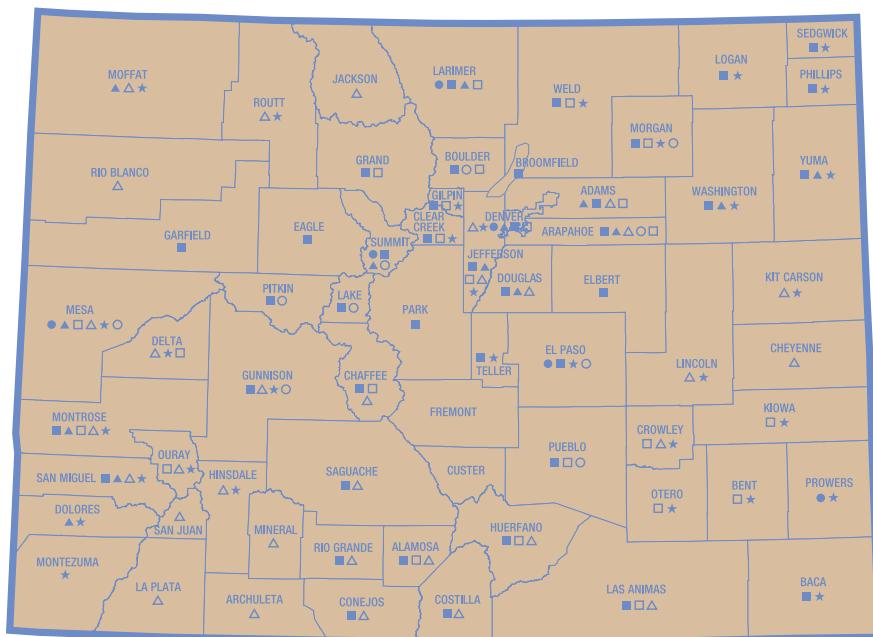
Independent evaluations are conducted for Trust initiatives. Findings help to:

- Measure expected outcomes
- Make adjustments to the initiatives
- Determine the effectiveness of the initiatives
- Improve grantee programs through regular feedback
- Contribute to the development of best practices
- Assess proven programs in different populations

Evaluation findings, along with input from grantees, staff and board members, help The Colorado Trust shape future initiatives.

INITIATIVES

Current Trust Initiatives



STATEWIDE

These initiatives benefit all of Colorado:

Colorado 100k Lives Campaign
Colorado AfterSchool Network
Colorado Health Institute
Improving the Quality of Patient Care
Invest in Kids
Qualistar Early Learning
Safe2Tell Hotline

COMMUNITIES

These initiatives provide support in the noted communities:

Advancing Colorado's Mental Health Care ●
Bullying Prevention ■
Equality in Health ▲
Health Professions □
Partnerships for Health △
Preventing Suicide in Colorado ★
Supporting Immigrant and Refugee Families ○


HEALTH CARE

HEALTH CARE SYSTEMS • Health Professions • To address the severe shortage of health care professionals in Colorado, this Trust initiative supports 22 organizations in working to increase the number of primary, mental and dental health care professionals, as well as pharmacists – with a special focus on the recruitment and retention of health care practitioners in rural Colorado communities.

HEALTH CARE SYSTEMS • Partnerships for Health • With limited federal resources, and state and local public health budgets continuing to decline, many providers in Colorado's public health system are struggling to provide essential health services. This Trust initiative supports 14 partnerships in helping to strengthen community health systems.

HEALTH POLICY • Colorado Health Institute • The Colorado Trust, Caring for Colorado Foundation and Rose Community Foundation established the independent, nonprofit Colorado Health Institute in 2002. CHI is an independent and impartial source for reliable and relevant health-related information for sound decisionmaking.

ACCESS TO HEALTH CARE • Equality in Health • Because racial and ethnic minorities are disproportionately affected by disease, disability and death, this Trust initiative supports increasing the cultural competency of the 14 grantee nonprofit organizations and health care clinics to help them better provide equality in treatment in medical services, equal access to care, and equal environmental conditions and healthy behaviors among racial and ethnic minorities.



MENTAL HEALTH CARE • Advancing Colorado's Mental Health Care • The Trust has partnered with Caring for Colorado Foundation, The Denver Foundation and HealthONE Alliance to support six Colorado communities, each representing a collaborative among numerous human services agencies and nonprofit organizations, in improving mental health care.

MENTAL HEALTH CARE • Preventing Suicide in Colorado • This initiative is helping to address the devastating problem of suicide in the state by encouraging people at risk of attempting suicide to seek care. The 10 grantee organizations are reaching out to people in 32 counties with a focus on providing more education and awareness, referring at-risk individuals for screening and ensuring that referred patients receive counseling.

IMPROVING THE QUALITY OF PATIENT CARE • Colorado 100k Lives Campaign • Based on the Institute for Healthcare Improvement's national 100k Lives Campaign, The Trust is supporting Colorado hospitals' efforts to further strengthen their ability to provide safe patient care. Sixty-two of Colorado's 71 acute care hospitals are participating in the campaign, along with more than 3,000 hospitals nationwide.

IMPROVING THE QUALITY OF PATIENT CARE • Colorado Clinical Guidelines Collaborative • With Trust support, the Colorado Clinical Guidelines Collaborative is developing comprehensive guidelines for management of chronic diseases and health concerns. The guidelines help to reduce practice variation among physicians and health care providers, potentially improving patient outcomes and cost effectiveness.

CHILDREN, YOUTH & FAMILIES

EARLY CHILDHOOD • Qualistar Early Learning • The Trust supports Qualistar's ongoing efforts to improve the quality of early childhood learning and care in Colorado. Qualistar provides both child care referrals statewide, along with a quality-of-care rating system.

CHILDREN & YOUTH • Colorado AfterSchool Network • The nonprofit Colorado AfterSchool Network is working to increase the quality and success of all after-school programming in the state.

CHILDREN & YOUTH • Bullying Prevention • Research shows that youth who bully are likely to end up with a criminal record when they reach their 20s, while victims of bullying often experience academic failure and low self-esteem. This Trust initiative provides support to 45 school districts, schools and community-based nonprofit organizations in implementing bullying prevention programs.

CHILDREN & YOUTH • Safe2Tell Hotline • Developed as a result of safe school plans created through The Colorado Trust-sponsored Safe Communities~Safe Schools, along with a recommendation from the Columbine Commission and the Colorado Attorney General, the Safe2Tell Hotline provides students in all Colorado schools with a safe way to prevent and report violence by making anonymous calls to 1-877-542-SAFE.

FAMILIES • Invest in Kids • The effective Nurse-Family Partnership – a program that helps to improve the prenatal health of new mothers, increase the mothers' employment rates and reduce their use of welfare and food stamps, and decrease unintended pregnancies – continues to be made available to communities across Colorado through the work of the nonprofit organization Invest in Kids.

FAMILIES • Supporting Immigrant and Refugee Families • This Trust initiative provides funding to 10 communities in their efforts to support established residents and immigrants in working together for strong, healthy communities.



NEW Initiatives

ADVANCING COLORADO'S MENTAL HEALTH CARE

IDENTIFYING NEEDS

According to *The Status of Mental Health Care in Colorado* – a report commissioned by eight Colorado foundations to document and analyze the state's public and private mental-health system – one Coloradan in five needs mental health treatment, but only one-third of those who need treatment receive it. At the same time, costs are going up and state expenditures are going down, making access to treatment even more difficult for people who need it most. The social and economic costs for untreated mental illness include suicide, lost productivity, increased substance abuse, higher rates of incarceration and homelessness, among other costs.

CRAFTING SOLUTIONS

Following the release of this study, The Colorado Trust, Caring for Colorado Foundation, The Denver Foundation and HealthONE Alliance joined together to work on a project to better meet the needs of Coloradans with severe mental illnesses. Specifically, the Advancing Colorado's Mental Health Care project is designed to help support the coordination of services so that persons with mental health needs can receive the care they need, regardless of funding sources, organizational structures or variations in policy and practice. Six Colorado communities have been selected as grantees under this effort, with each representing a collaborative among numerous nonprofit and public agencies.



Marillac Clinic

"When a patient's needs go beyond primary care, they're often asked to see another provider in a different area, such as for mental health care," says Randall Reitz, Collaborative Care Supervisor at Grand Junction's Marillac Clinic, the lead agency in the Mesa County Consortium on Health and a grantee of the Advancing Colorado's Mental Health Care project. "That means the potential for losing track of a patient's progress, and that the patient



Randall Reitz, Collaborative Care Supervisor,
Marillac Clinic (Grand Junction)

may not follow through with treatment if access to the referred provider is inconvenient or intimidating.”

The Mesa County collaborative effort focuses on reducing such barriers to care. “It’s a matter of strengthening existing connections among health care providers to offer wraparound treatment at every location,” he said. “When primary care providers offer same-day access to onsite specialty services like psychiatric assessment,

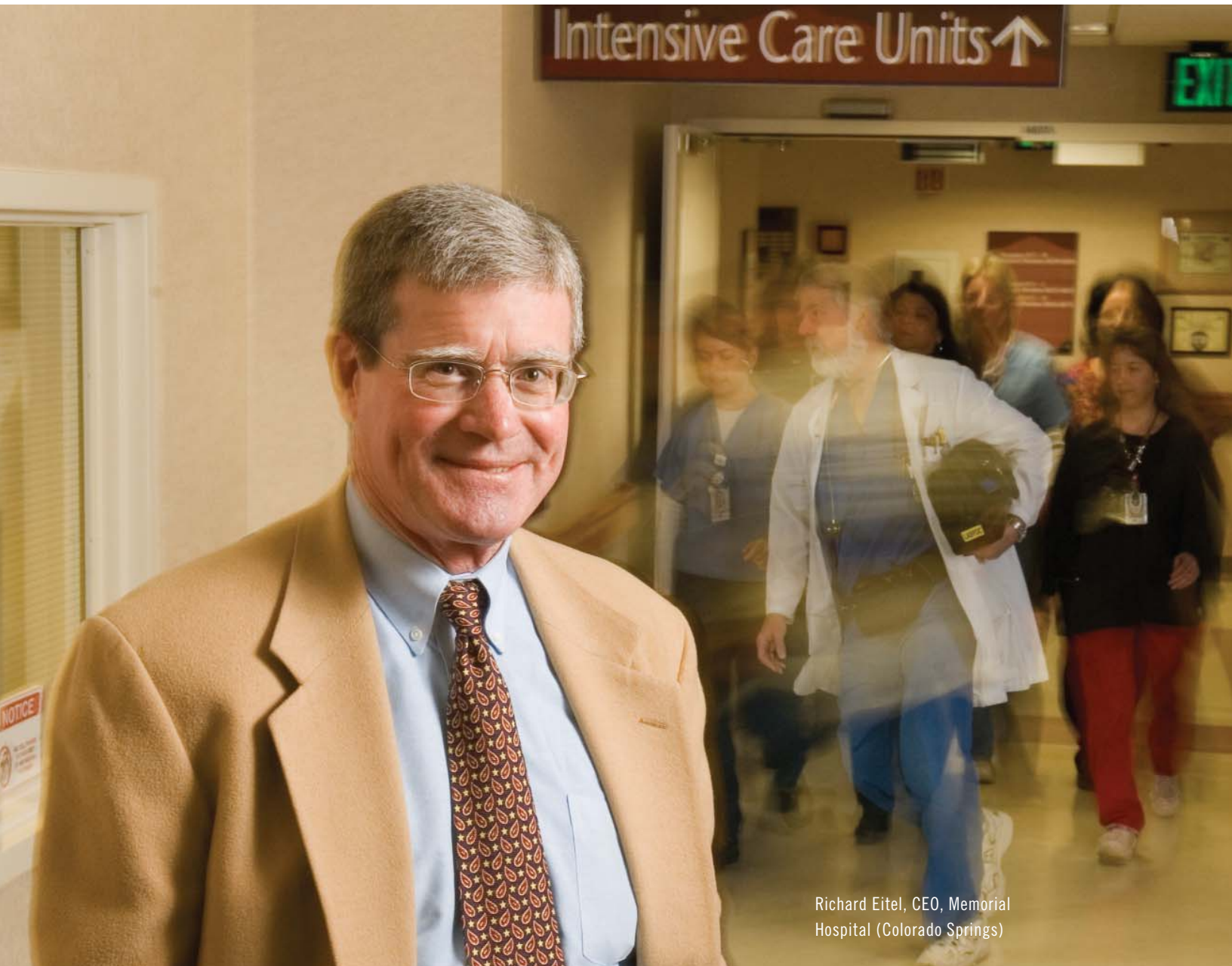
therapy and counseling, we can avoid difficult patient transitions.”

While the Marillac Clinic has long provided integrated primary and mental health care services, the clinic’s efforts under this project are focused on expanding its ability to care for patients with more severe and complex mental health conditions. As such, the consortium is also working to improve patient outreach by developing a shared registry of medical records. “By tracking

relevant information about a suicidal patient, for example, we can more effectively monitor that person with follow-up phone calls, provide support for self-management and offer necessary treatment,” said Randall. “Accessibility and proactive patient outreach are key ways to expand the circle of care in Mesa County. It’s something we’re very passionate about.”

Grantees and Fiscal Agent are listed on page 24.





Richard Eitel, CEO, Memorial Hospital (Colorado Springs)

Memorial Hospital

Saving lives in hospital settings requires efficient processes and strong communications among medical staff and hospital personnel, says Richard Eitel, CEO of Memorial Hospital in Colorado Springs. "In our work across all 100k Lives interventions, we realized that our biggest needs are to mitigate

communications breakdowns and to help staff know what their resources are. I should be able to ask any member of our nursing staff about what number to call to initiate a rapid response team.

"We also want to monitor and respond to patients' symptoms in a more proactive and timely manner," said Richard, "to allow the rapid response

team to step in prior to an emergency situation developing with a patient."

Within the first couple of months of the campaign, the 477-bed hospital had already shown a remarkable 20% decrease in its number of patient cases that required emergency resuscitation during hospitalization.

COLORADO 100K LIVES CAMPAIGN

IDENTIFYING NEEDS

The United States spends more money on health care than all advanced industrialized nations, yet performs more poorly than most on several measures of health care quality. According to the Institute of Medicine, nearly 100,000 people nationwide die each year in U.S. hospitals as a result of medical injuries. And the Centers for Disease Control estimates that two million patients contract hospital-acquired infections annually.

CRAFTING SOLUTIONS

In response, the Institute for Healthcare Improvement developed the 100k Lives Campaign, an effort to work with hospitals across the country to save 100,000 lives over an 18-month period by implementing evidence-based safeguards. These interventions include rapid response at the first sign of patient decline, making certain that patients receive the right medications at every transfer point in care, and adherence to best practices known to prevent heart attacks, infections and ventilator-associated pneumonia. The Colorado Trust is supporting this effort by providing resources to acute care hospitals across the state. Sixty-two of Colorado's 71 acute care hospitals – nearly 90% – are participating in this campaign, along with 3,000 hospitals nationwide.

“Another aspect of our patient safety efforts is investing in equipment and software to provide physicians and staff with control charts and other data that gauge our progress,” Richard said. “You can’t manage what you can’t measure, and providing hard data is a way of engaging people.”

Grantees and Coordinating Agency are listed on page 21.



NEW Initiatives

EQUALITY IN HEALTH

IDENTIFYING NEEDS

While Colorado is a relatively healthy state, racial and ethnic minorities experience higher rates of chronic diseases and receive less health care than the rest of the population. For example, people of Hispanic origin make up 18% of Colorado's population and have the highest death rate of any group from diabetes. African-Americans comprise nearly 4% of Colorado's population and consistently have the highest rate of death from several diseases including heart disease, breast cancer and colorectal cancer. According to the Institute of Medicine's 2002 groundbreaking report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, "although myriad sources contribute to these disparities, some evidence suggests that a trend in bias, prejudice and stereotyping on the part of health care providers may contribute to differences in care."

CRAFTING SOLUTIONS

To help address these biases, The Colorado Trust developed the Equality in Health Initiative. The seven-year effort focuses on increasing the cultural competency of health care providers and systems that serve diverse populations. Fourteen nonprofit organizations and educational institutions across the state were selected as grantees, and are working to bring about improvements in one or more of the following areas: equality in treatment in medical services, equal environmental conditions, healthy behaviors (i.e., good nutrition and physical exercise), and equal access to care among racial and ethnic minorities.



Telluride Foundation

In rural Colorado, access to needed health care services is often inconsistent. "We have distinct health care agencies – from local medical centers to private practitioners and school nurses – who provide different levels of access and care, with differing cost structures," said Paul Major, President and CEO of the Telluride Foundation. "But a person may not know where to go or how to access the specific services they need



Paul Major, President and CEO,
Telluride Foundation (Telluride)

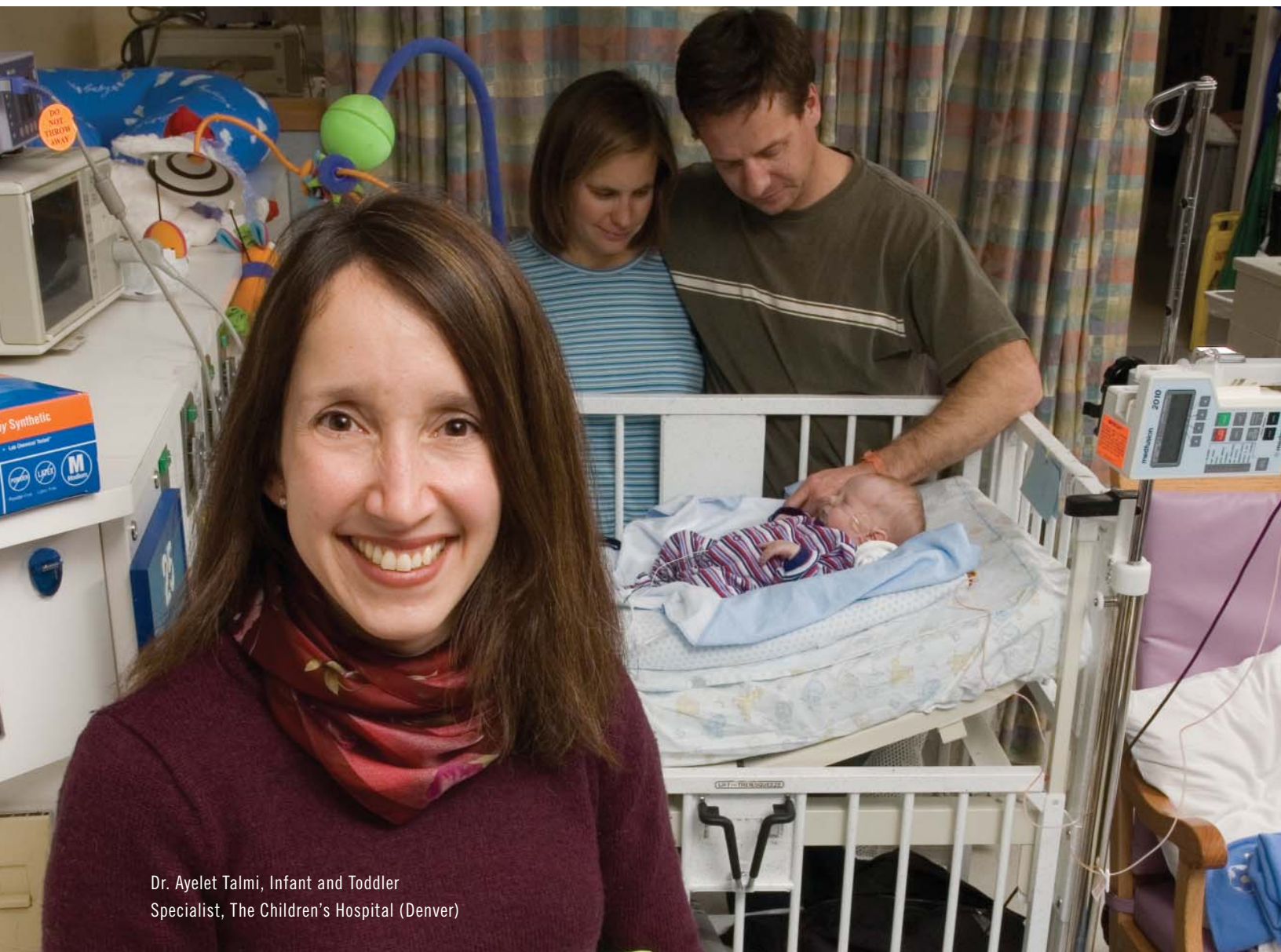
due to limited English language proficiency, cultural barriers or limited financial resources.

“The disparity is especially apparent for some segments of the Latino community whose members may not know how to navigate the health care system because of such things as language barriers or being uninsured. Too often, the result is that patients only seek health care when it’s urgent.”

As a grantee of The Trust’s Equality in Health Initiative, the Telluride Foundation is helping to reach out to the Latino community in San Miguel, west Montrose and northeastern Dolores counties by partnering with three local health care clinics – the Telluride Medical Center, Uncompahgre Clinic in Norwood and the Basin Clinic in Naturita – to provide education about preventative health care and payment options, and to subsidize patient care.

“To be culturally competent, these clinics are making lots of changes,” notes Paul. “They’ve begun by disseminating information about how and where to access health care services, as well as hiring bilingual staff, translating information and communicating diagnoses in the patient’s primary language.”

Grantees and Coordinating Agency are listed on page 20.



Dr. Ayelet Talmi, Infant and Toddler
Specialist, The Children's Hospital (Denver)

The Children's Hospital

Ayelet Talmi's passion is providing improved, seamless inpatient and outpatient care for infants and toddlers. "One of our biggest challenges is a lack of communication among the various stakeholders who provide services for babies and young children with special health care needs," said the clinical psychologist at The Children's Hospital. "How do we make things go more smoothly for the families of such babies?

"The Trust's vision of creating long-term systems change provides us with the credibility and buy-in we need to develop good relationships among all the organizations that relate to babies and their families – direct providers, community services, government agencies, school systems, foundations, federal programs and so on."

Through the Partnerships for Health Initiative, Ayelet is helping to coordinate the efforts of service providers in the

hospital and the community by facilitating strong liaisons among the different organizations involved. "We're helping to guide families through transitions, from the hospital to their homes, to community services like physical therapy, and speech and language training. We're also helping families find appropriate daycare or preschool settings, and medical homes within primary care settings, all of which can be incredibly challenging for children who need ongoing medical support."

PARTNERSHIPS FOR HEALTH

IDENTIFYING NEEDS

Colorado's public health system is widely decentralized, including governmental agencies, non-governmental health organizations, and other private and community-based organizations such as businesses, schools, faith-based organizations, nonprofits and foundations. This scattered system, combined with the continuing decline of federal, state and local public health budgets, has increased the need for the ongoing coordination and provision of essential public health services. Weaknesses in the public health infrastructure, well-documented in various assessments and reports, compromise the ability to protect Coloradans from emerging health threats; whereas a strong health system helps to identify and monitor disease outbreaks, promotes healthy behaviors and improves health services.

CRAFTING SOLUTIONS

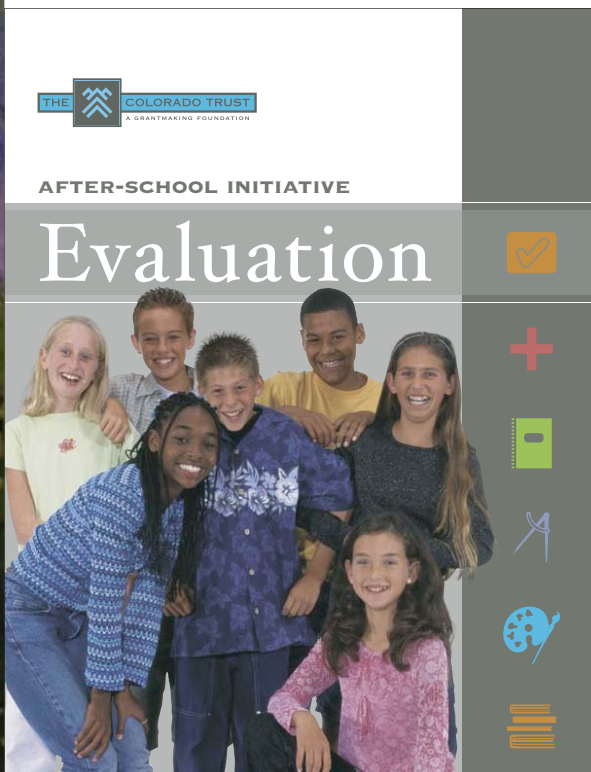
Building on its recently-completed Colorado Healthy People 2010 Initiative, The Trust's new Partnerships for Health Initiative seeks to significantly strengthen community health providers' ability to coordinate the delivery of health services. Through this effort, each of the 14 partnerships is working to develop a coordinated strategic plan around a Healthy People 2010 focus area that has been identified as a priority for its community, tracking and working together on issues such as improving access to health care and dental care, or reducing methamphetamine usage.

Another important aspect of this effort, says Ayelet, is to make such transitions smoother for non-English speaking families by partnering with multicultural advocacy groups. "Overall, the goal of these partnerships is to establish an effective referral and service network," she said.

Grantees and Coordinating Agency are listed on page 21.

EVALUATION Findings

AFTER-SCHOOL INITIATIVE



IDENTIFYING NEEDS

The Colorado Trust has a long-standing commitment to supporting positive youth development and preventing youth violence. Through such Trust initiatives as Safe Communities~Safe Schools, Preventing Youth Handgun Violence and Assets for Colorado Youth, it became evident that the area of after-school care was important. Data show that unsupervised out-of-school hours are a strong risk factor for involvement in problem behaviors such as delinquency, violence and substance use; whereas, good after-school programming is associated with better grades, school attendance, emotional adjustment and social skills.

CRAFTING SOLUTIONS

In 2000, The Trust began its five-year, \$11 million After-School Initiative. The goal was to develop and support after-school programming strategies that capitalize on the strengths of young people, families and communities. The initiative provided funding, training and tailored technical assistance services to 32 grantee after-school programs across the state. In each program, emphasis was placed on three main goals: positive youth development strategies, cultural competency development (for both staff and program activities) and partnerships designed to foster stronger adult and youth engagement, as well as support for the program. The initiative, in part, also led to the development of the Colorado AfterSchool Network, a statewide network that provides ongoing support for after-school programs.

EVALUATING EFFECTIVENESS

The independent evaluation, which was conducted by the National Research Center, shows that the After-School Initiative served more than 12,000 diverse youth across the state. Through the evaluation, youth reported improvements in their positive life choices, sense of self, core values, cultural competency, life skills, community involvement and academic success as a result of participating in the after-school programs. The programs that reported the greatest improvements in these areas were those that did the best job of using positive youth development strategies (focusing on the positive skills, relationships and self-perceptions of young people, rather than a “deficit focus” — behaviors that need to be changed in youth).

The evaluation clearly demonstrated that youth participants believed that the time they spent in these after-school programs was not just fun, but transforming. Youth reported that the staff and activities were responsible for their improved core values, including honesty, empathy, and concern for equality and justice. Youth stated that the after-school programs they attended helped their self-confidence and sense of purpose.

Additionally, *The After-School Initiative Toolkit for Evaluating Positive Youth Development*, which was developed through this evaluation, provided grantees and other after-school providers with a collection of instruments that continues to allow them to tailor evaluations to measure the effectiveness of their programs.

Perhaps of greatest importance to school districts, government entities and law enforcement, these youth, in anonymous surveys, reported being better able to avoid trouble that might lead to violence or other forms of delinquency. Again, all of these positive findings, even the reported reduction in delinquent behaviors, occurred in the highest proportions among programs that provided the strongest emphasis on positive youth development strategies.

The After-School Initiative Evaluation report and Toolkit are available at www.coloradotrust.org.

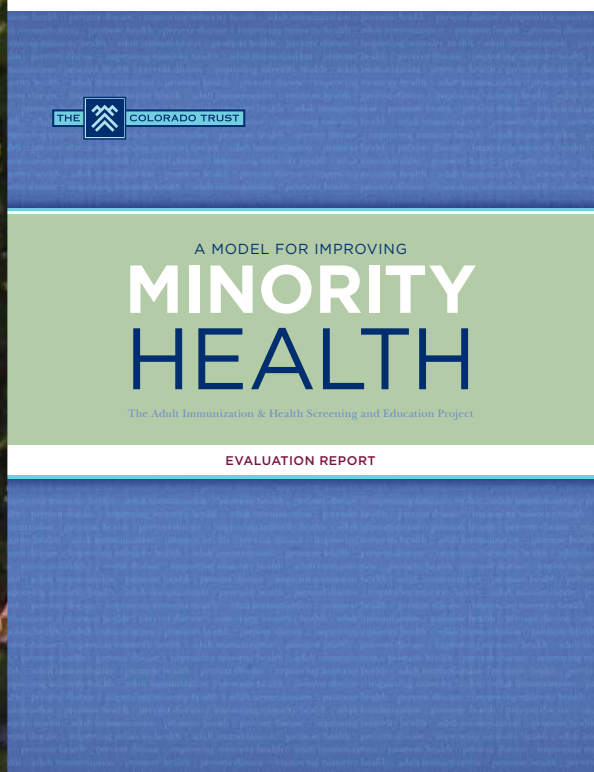


EVALUATION Findings

MINORITY HEALTH INITIATIVE

IDENTIFYING NEEDS

In 1996, The Colorado Trust convened and funded a group of leaders from across the state to identify ways in which children's immunization rates might be improved. This led to the formation of the Colorado Children's Immunization Coalition. At the same time, the Visiting Nurse Corporation of Colorado, commonly known as the VNA, was raising concerns about another under-immunized group – ethnic minority adults. A study found that fewer minorities get annual immunizations to protect against influenza and pneumonia. Ethnic minority groups also have limited access to health screenings and education programs to improve their health status.



CRAFTING SOLUTIONS

In 2001, The Colorado Trust began funding the Adult Immunization & Health Screening and Education Project: A Model for Improving Minority Health (referred to as the Minority Health Initiative), implemented by the VNA. While the VNA had traditionally provided immunization services to the populations served under this initiative, the need to add health screenings and education was apparent. This initiative was designed to meet two goals: to improve immunization rates for minority adults in Denver, Adams, Arapahoe and Jefferson counties, and to improve access to health prevention and education services for minority clients residing in those counties.

EVALUATING EFFECTIVENESS

The evaluation of the Minority Health Initiative, which was conducted by Carla King & Associates, Inc., sought to determine:

- The most effective strategies for improving healthy behaviors among African-American, Hispanic and Korean communities
- The importance of the setting (e.g., church, community center, etc.) where screenings and education classes were provided
- Whether health outcomes were improved by using culturally-relevant interventions including language, materials and providers
- The kinds of reinforcements necessary to sustain changes in health behaviors.

The combination of all the components — having classes in a familiar, easily accessible location; the use of culturally

appropriate materials, content and staff; as well as the support provided by the program staff — made this project successful.

Evaluation findings noted that the significance of the VNA's commitment and flexibility in working around issues and concerns cannot be overstated. While the VNA is a well-established organization, time was needed to establish rapport and assist communities in accepting the program. One reason given for existing feelings of distrust was lack of cultural competence on the part of health providers. Many community members had previous bad experiences that left them wary of programs with stated good intentions. Only the program coordinator's openness to learning more about cultural sensitivity and differences eventually allowed the necessary trust to be secured.

The extensive relationship-building the VNA undertook to lay the groundwork for these tailored health education classes paid off handsomely. All class participants made dietary and lifestyle changes that will enable them to take better control of their health.

Although this evaluation involved only a small number of participants, the information gained and lessons learned have proven invaluable in learning new ways to provide health care services in Colorado's minority communities.

The evaluation report, A Model for Improving Minority Health: The Adult Immunization & Health Screening and Education Project, is available at www.coloradotrust.org.



GRANTS & GRANTEEES

TOTAL GRANTS PAID IN 2005: \$18.8 MILLION

GOAL ONE: ADVANCE ACCESSIBLE & AFFORDABLE HEALTH CARE

Promote Health and Prevent Disease Initiatives

COLORADO HEALTHY PEOPLE 2010

Total commitment (2002-2007): \$8.7 million

Distributed in 2005: \$1,466,093

Metropolitan Denver

Coordinating Agency: Tri-County Health Department
GRANTEES:

- Broomfield Health and Human Services
- Commerce City Community Health Services
- Consortium for Older Adult Wellness
- Curtis Park Community Center
- Denver Museum of Nature and Science
- Denver Osteopathic Foundation
- Rocky Mountain Poison and Drug Center
- St. Anthony Central Hospital

Southeastern Colorado

*Coordinating Agency: Southeast Colorado
Area Health Education Center*
GRANTEES:

- Bent County Nursing
- Cheyenne County Public Health
- CSU Cooperative Extension: Lamar
Office – Healthy, Wealthy & Wise Campaign
- Parkview School Based Wellness Center
- Penrose-St. Francis Health
Foundation – Health Learning Center
- St. Mary Corwin Hospital
- Teller County Public Health
- University of Southern Colorado

Southwestern Colorado

*Coordinating Agency: Colorado Foundation
for Families and Children*
COMMUNITY GRANTEEES:

- Columbine NP Clinic
- Hilltop Community Resources (Be4 Babies)
- Hinsdale County Public Health
- Marillac Clinic

- Planned Parenthood of the Rocky
Mountains – Cortez Health Center
- San Juan Basin Health Department
- Spanish Peaks Regional Health Center

Northeastern Colorado

Coordinating Agency: Rural Solutions
GRANTEES:

- Baby Bear Hugs
- Centennial Board of Cooperative
Educational Services
- Centennial Mental Health Center
- Island Grove Regional Treatment Center
- North Colorado Psychiatry
- North Range Behavioral Health
- Northeast Colorado Health Department
- Rural Communities Resource Center
- Wray School District

Northwestern Colorado

*Coordinating Agency: United Way
of Larimer County*
GRANTEES:

- Colorado State University – Happy Feet
Healthy Eats
- CSU Cooperative Extension – Rx Health
- Consortium for Older Adult Wellness
- Estes Park Salud Foundation
- Full Circle of Lake County
- Girl Scouts – Mountain Prairie Council
- Memorial Hospital – Craig
- Partners of Larimer County
- Health District of Northern Larimer County
- Rocky Mountain Youth Corps

EQUALITY IN HEALTH

Total commitment (2005-2012): \$13.1 million

Distributed in 2005: \$599,806

*Coordinating Agency: Colorado Foundation
for Families and Children*
GRANTEES:

- Asian Pacific Development Center
- Boys & Girls Club of Craig
- The Children's Hospital

- Clayton Family Futures
- Colorado Community Health Network
- CU School of Medicine
- Full Circle Inter-Generational Project, Inc.
- Marillac Clinic
- Metro Community Provider Network
- Metro Denver Black Church Initiative
- Rural Communities Resource Center
- Summit Community Care Clinic
- Telluride Foundation
- Women's Resource Center

PARTNERSHIPS FOR HEALTH

Total commitment (2005-2013): \$8.6 million
Distributed in 2005: \$214,459

Coordinating Agency: University of Colorado at Denver Health Sciences Center: The Center for Public-Private Sector Cooperation and the Center for the Improvement of Public Management

GRANTEES:

- Centennial Area Health Education Center
- Chaffee County Department of Health and Human Services
- Crowley County
- Gunnison County Public Health
- Lutheran Hospital Association/San Luis Valley Regional Medical Center
- Mesa County Health Department
- Metro Community Provider Network
- Northwest Colorado Visiting Nurse Association
- San Juan Basin Health Department
- Southern Ute Community Action Programs
- Spanish Peaks Regional Health Center/Southeast AHEC
- Tri-County Health Department
- University of Colorado Health Sciences Department of Psychiatry/Denver Children's Oral Health Partnership
- University of Colorado Health Sciences Center/WONDER Babies

Strengthen Delivery of Health Care Services Initiatives

COLORADO HEALTH INSTITUTE

Total commitment (2002-2007): \$2 million
Distributed in 2005: \$370,000

GRANTEE: Colorado Health Institute

HEALTH PROFESSIONS

Total commitment (2005-2009): \$10.2 million
Distributed in 2005: \$2,801,301

GRANTEES:

- Adams State College
- Aims Community College Foundation
- Arapahoe Community College Foundation, Inc.
- Colorado Commission on Family Medicine
- Colorado Community Health Network
- Colorado Rural Health Center
- Delta County Memorial Hospital Foundation
- Denver Health Foundation
- Front Range Community College Foundation
- Heart of the Rockies Regional Medical Center Foundation
- Kiowa County Hospital District
- Kremmling Memorial Hospital District
- Mesa State College
- Morgan Community College
- North Range Behavioral Health
- Otero Junior College
- Pueblo Community College
- Red Rocks Community College
- Shalom Park
- Southeastern Colorado Area Health Education Center
- University of Colorado, School of Dentistry
- University of Colorado at Denver and the Health Sciences Center, School of Medicine
- University of Colorado, School of Pharmacy

IMPROVING THE QUALITY OF PATIENT CARE

Total commitment (2004-2009): \$5.1 million
Distributed in 2005: \$3,020,008

Comprehensive Clinical Guidelines

GRANTEE: Colorado Clinical Guidelines Collaborative

Colorado 100k Lives Campaign

Coordinating Agency: Colorado Foundation for Medical Care

GRANTEES:

- Arkansas Valley Regional Medical Center
- Aspen Valley Hospital
- Avista Adventist Hospital
- Boulder Community Hospital

- The Children's Hospital
- Community Hospital
- Conejos County Hospital
- Delta County Memorial Hospital
- Denver Health
- East Morgan County Hospital
- Estes Park Medical Center
- Exempla Good Samaritan Medical Center
- Exempla Lutheran Medical Center
- Exempla Saint Joseph Hospital
- Family Health West
- Gunnison Valley Hospital
- Heart of the Rockies Regional Medical Center
- Keefe Memorial Hospital
- Kremmling Memorial Hospital District
- Lincoln Community Hospital
- Littleton Adventist Hospital
- McKee Medical Center
- The Medical Center of Aurora
- Melissa Memorial Hospital
- Memorial Hospital
- The Memorial Hospital
- Mercy Medical Center
- Montrose Memorial Hospital
- Mount San Rafael Hospital
- North Colorado Medical Center
- North Suburban Medical Center
- Parker Adventist Hospital
- Parkview Medical Center
- Penrose-St. Francis Health Hospital
- Pioneers Medical Center
- Platte Valley Medical Center
- Porter Adventist Hospital
- Poudre Valley Hospital
- Presbyterian/St. Luke's Medical Center
- Rio Grande Hospital
- Rose Medical Center
- San Luis Valley Regional Medical Center
- Sedgwick County Health Center
- Sky Ridge Medical Center
- Southeast Colorado Hospital District
- Southwest Memorial Hospital
- Spanish Peaks Regional Health Center
- St. Anthony Central Hospital
- St. Anthony North Hospital
- St. Anthony Summit Medical Center
- St. Mary Corwin Medical Center
- St. Mary's Hospital & Regional Medical Center
- St. Thomas More Hospital

- Sterling Regional MedCenter
- Swedish Medical Center
- University of Colorado Hospital
- Vail Valley Medical Center
- Valley View Hospital
- Weisbrod Memorial Hospital
- Wray Community District Hospital
- Yampa Valley Medical Center
- Yuma District Hospital

GOAL TWO: PROVIDE RESOURCES TO STRENGTHEN FAMILIES

*Address the Needs of Children
and Youth Initiatives*

AFTER-SCHOOL

Total commitment (2000-2006): \$10.3 million

Distributed in 2005: \$1,204,972

Coordinating Agencies:

- Colorado Foundation for Families and Children
- Colorado Springs Parks, Recreation and Cultural Services

GRANTEES:

- Adams 12 Five-Star Schools
- Archuleta County Education Center
- Asian Pacific Development Center
- Aspen Ballet Company and School
- Black Canyon Boys and Girls Club
- Boys and Girls Club of Pueblo County and Lower Arkansas Valley
- Cañon City Area Recreation & Park District
- City of Cripple Creek Park & Recreation
- City of Longmont – Division of Youth Services
- Community Health Education Services – Jammin' in Northeast Denver
- Cross Community Coalition
- CSU Cooperative Extension
- Dolores County Broadcast Network
- Durango Latino Education Coalition
- Escuela Tlatelolco
- Estes Valley Recreation and Parks District
- Grand Futures Prevention Coalition
- Jewish Community Center of Denver
- La Plata Family Centers Coalition
- Lake County School District
- Mercy Housing Southwest

- Mesa County Department of Human Services After-School Programs
- Metro Denver Black Church Initiative
- Mi Amigo – Valle de Sol
- Mile High United Way
- Park County RE-2 School District
- Pikes Peak YMCA
- Plateau School District RE-5
- Salvation Army
- St. Andrew Avelino Youth Guild
- University of Denver Bridge Project
- Ute Mountain Ute Tribe

BULLYING PREVENTION

Total commitment (2005-2008): \$9 million

Distributed in 2005: \$2,791,848

Coordinating Agencies:

- Colorado Foundation for Families and Children
- Colorado Springs Assets for Youth

GRANTEES:

- African Community Center
- Boulder Valley School District
- Boys & Girls Club/Girls Inc. of Pueblo County & Lower Arkansas Valley
- Boys & Girls Clubs of Metro Denver
- Brush Public Schools RE-2 (J)
- Buffalo RE-4 School District
- Calhan School District RJ-1
- Centennial Middle School
- Children's Health Foundation
- Colorado Council for Community and Justice
- Community Challenge School
- The Conflict Center
- The Council
- Crested Butte Community School
- Cripple Creek –Victor School District RE-1
- Del Norte School District C-7
- Denver Public School District – Office of Safe and Drug Free Schools and Communities
- Ellicott School District #22
- Englewood Schools
- Envision Creative Support for People with Developmental Disabilities
- Falcon School District #49
- Front Range Center for Assault Prevention
- Girl Scouts – Mile Hi Council
- Girl Scouts – Mountain Prairie Council
- Jewish Family Service of Colorado

- KIDPOWER of Colorado Springs
- Lake County School District R-1
- Lowry Family Center at the Community College of Aurora
- Mercy Housing
- Mountain Resource Center
- Mountain Valley School District RE-1
- Park County School District RE-2
- Partners of Huerfano County/H.I.P. Project
- Peak to Peak Charter Schools, Inc.
- Poudre School District
- Project PAVE
- Pueblo School Dist 60 – Project Respect
- San Luis Valley Victim Offender Reconciliation Program
- San Miguel Resource Center
- Smart-Girl, Inc.
- Stevens Elementary School
- Summit School District
- University of Denver Bridge Project
- Walsh School District RE-1
- Youth Unlimited, d/b/a Boys & Girls Club of Chaffee County

COLORADO AFTERSCHOOL NETWORK

Total commitment (2004-2007): \$300,000

Distributed in 2005: \$86,746

Coordinating Agency: Colorado Foundation for Families and Children

INVEST IN KIDS

Total commitment (1999-2007): \$3.6 million

Distributed in 2005: \$165,357

GRANTEE: Invest in Kids

SAFE COMMUNITIES~SAFE SCHOOLS

Total commitment (1999-2005): \$2.9 million

Distributed in 2005: \$81,599

Coordinating Agency: Center for the Study and Prevention of Violence

GRANTEES:

- Central High School
- Del Norte School District C-7
- Gunnison School District RE-1J
- Hayden School District RE-1
- Huron Middle School
- Lake County School District RE-1
- Lincoln Junior High School

- Mesa County District #51
- Montrose County District RE-1J – Columbine Middle School
- Mountain Valley School District RE-1
- Ranum High School
- Rose Hill Elementary School
- Sheridan School District
- Summit School District RE-1
- Vivian Elementary School
- West Valley Alternative High School
- William Smith High School

SAFE2TELL HOTLINE

Total commitment (2003-2006): \$375,000

Distributed in 2005: \$163,750

GRANTEE: Safe2Tell and Crime Stoppers

QUALISTAR EARLY LEARNING

Total commitment (1998-2007): \$10.4 million

Distributed in 2005: \$360,348

GRANTEE: Qualistar Early Learning

Advance Quality Mental Health Care Initiatives

ADVANCING COLORADO'S MENTAL HEALTH CARE

Total commitment (2005-2010): \$2 million

(A joint effort of the Caring for Colorado Foundation, The Colorado Trust, The Denver Foundation and HealthONE Alliance—the total combined grant is \$4.1 million)

Distributed in 2005: \$1,000,000

Fiscal Agent: The Denver Foundation

GRANTEES:

- Denver Public Schools Integration of School and Mental Health Systems Project
- Prowers County Behavioral Health Integration Project
- El Paso County Co-occurring Disorders Community Collaborative
- Mesa County Consortium on Health
- Health District of Northern Larimer County
- Summit County Collaborative

PREVENTING SUICIDE IN COLORADO

Total commitment (2002-2006): \$3.1 million

Distributed in 2005: \$761,655

Coordinating Agency: The University of Colorado at Denver, in partnership with the Mental Health Association of Colorado

GRANTEES:

- Colorado West Regional Mental Health
- Jefferson Center for Mental Health
- Mental Health Center of Denver
- Mesa County Suicide Prevention Coalition
- Midwestern Colorado Mental Health Center
- The Piñon Project
- Rural Solutions
- Southeast Mental Health Services
- Suicide Education and Support Services of Weld County
- Suicide Prevention Partnership of Pikes Peak Region

Challenge Grants:

- *Suicide Prevention Coalition of Colorado*
- *Pueblo Suicide Prevention Center*

SUPPORTING IMMIGRANT AND REFUGEE FAMILIES

Total commitment (2000-2010): \$16.7 million

Distributed in 2005: \$1,286,231

Coordinating Agency: Spring Institute for Intercultural Learning

GRANTEES:

- Aspen to Parachute region; Family Visitor Program, fiscal agent
- Boulder County; City of Longmont, fiscal agent
- El Paso County; Colorado College, fiscal agent
- Gunnison County; Gunnison County Public Health, fiscal agent
- Lake County; Full Circle of Lake County, Inc., fiscal agent
- City of Littleton; City of Littleton, fiscal agent
- Mesa County; Hilltop Community Resources, fiscal agent
- Morgan County; Morgan Community College Downtown Center, fiscal agent
- Pueblo County; Catholic Charities of the Diocese of Pueblo, Inc., fiscal agent
- Summit County; The Family & Intercultural Resource Center, fiscal agent

Serve the Aging Initiative

PALLIATIVE CARE

Total commitment (2000-2005): \$3.7 million

Distributed in 2005: \$25,000

*General scanning, research
and development of initiatives*

Total Commitment (2004-2007): \$200,000

Distributed in 2005: \$81,244

SPECIAL PROJECTS

THE COLORADO TRUST FELLOWS PROGRAM

Total commitment (1995-2005): \$2.5 million

Distributed in 2005: \$165,000

Coordinating Agency: Regis University

COLORADO CHILDREN'S CAMPAIGN

Distributed in 2005: \$50,000

PREVENTING HOMELESSNESS IN COLORADO

Homeless Prevention Activities

Tax Check-off Program: \$8,064

*Denver's Ten Year Plan to
End Homelessness*

Total commitment (2006-2009): \$450,000

Distributed in 2005: \$0

Fiscal Agent: Mile High United Way

MEMORIAL CONTRIBUTIONS: \$1,500

FUNDING OF AFFINITY ORGANIZATIONS

- Colorado Association of Funders: \$1,600
- Conference of Southwest Foundations: \$4,000
- Council on Foundations (general): \$34,600
- Council on Foundations (Building Strong and Ethical Foundations: Doing it Right; special project): \$25,000
- Grantmakers Concerned with Immigrants and Refugees: \$7,000

- Grantmakers for Education: \$2,000
- Grantmakers for Effective Organizations: \$5,000
- Grantmakers in Aging: \$3,000
- Grantmakers in Health: \$12,600

OTHER DISTRIBUTIONS IN 2005

In addition to its grantmaking, The Colorado Trust makes other distributions to support charitable purposes. As a result of its historical relationship with both the Colorado Episcopal Foundation and the Presbytery of Denver, The Trust makes annual distributions to these organizations for charitable activities of their choice. The foundation also matches contributions to charitable organizations made by members of the Board of Trustees and staff, and makes directed contributions to charitable organizations designated by Trustees and Officers of The Trust. In 2005, such contributions were made to 209 nonprofit organizations.

COLORADO EPISCOPAL FOUNDATION

Distributed in 2005: \$615,344

PRESBYTERY OF DENVER

Distributed in 2005: \$615,344

**TRUSTEE/EMPLOYEE MATCHING
CONTRIBUTIONS**

Distributed in 2005: \$112,298

DIRECTED CONTRIBUTIONS

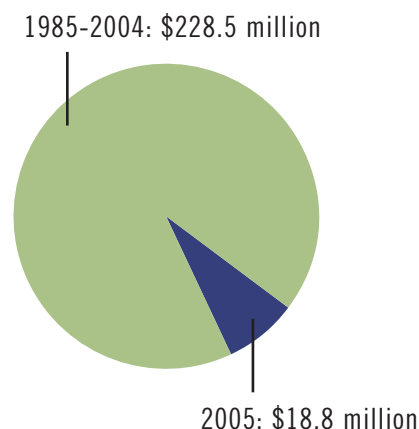
Distributed in 2005: \$696,900

OTHER CONTRIBUTIONS: \$2,300

Additionally, The Colorado Trust provides office space to Colorado's nonprofit community at its Sherman Street property at a reduced rental rate.

FINANCIALS

TOTAL GRANTMAKING
since The Colorado Trust was founded in 1985
\$247.3 million



THE COLORADO TRUST STATEMENTS OF FINANCIAL POSITION DECEMBER 31, 2005 AND 2004

FINANCIAL GOAL: The Colorado Trust strives to conduct its financial affairs according to the highest ethical standards, and to maintain or increase the real value of Trust investments in perpetuity to serve the needs of the people of Colorado today and into the future.

ASSETS:

	2005	2004
Cash and cash equivalents	\$331,976	\$339,308
Interest and dividends receivable	663,780	568,161
Prepaid and other expenses	15,606	5,962
Investments	445,863,116	434,288,240
Other assets	476,132	234,378
Cash held in custody for others	105,577	103,443
Property and equipment:		
Building improvements	1,459,738	1,459,083
Machinery and equipment	346,189	345,089
Furniture and fixtures	326,966	323,402
	<u>2,132,893</u>	<u>2,127,574</u>
Accumulated depreciation	(1,009,771)	(919,112)
Property and equipment, net	1,123,122	1,208,462
Investments held in trust	704,543	570,715
TOTAL ASSETS	<u>\$449,283,852</u>	<u>\$437,318,669</u>

LIABILITIES & NET ASSETS:

Accounts payable and accrued expenses	\$36,142	\$52,246
Other accrued liabilities	300,156	271,871
Cash held in custody for others	105,577	103,443
Grants payable	27,949,655	14,222,511
Deferred compensation	704,543	570,715
Accrued excise tax payable	95,965	161,100
Deferred excise tax liability	1,040,457	1,150,101
TOTAL LIABILITIES	<u>30,232,495</u>	<u>16,531,987</u>
Net assets - Unrestricted	419,051,357	420,786,682
TOTAL LIABILITIES & NET ASSETS	<u>\$449,283,852</u>	<u>\$437,318,669</u>

THE COLORADO TRUST
STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS
FOR THE YEARS ENDED DECEMBER 31, 2005 AND 2004

REVENUES, GAINS & SUPPORT:

	2005	2004
Interest and dividend income, net of direct investment management fees of \$1,073,532 and \$860,080, respectively	\$8,330,515	\$6,004,181
Net realized and unrealized gain on investments	24,055,656	42,731,173
Income from real estate activities	1,554,050	1,318,414
Other investment income – Sherman Street Properties, Inc.	716,754	436,746
Other income	44,238	370,359
TOTAL REVENUES, GAINS & SUPPORT	\$34,701,213	\$50,860,873

EXPENSES:

Program services:		
Strengthening Families Initiatives	\$9,484,745	\$6,609,417
Accessible and Affordable Health Care Initiatives	18,553,667	3,453,565
Other grant expense	4,530,697	2,904,992
Grant administration	1,980,618	1,621,393
TOTAL PROGRAM SERVICES	\$34,549,727*	\$14,589,367**

Management and general	1,524,127	1,499,662
Excise tax expense	362,684	1,037,962
TOTAL EXPENSES	\$36,436,538	\$17,126,991

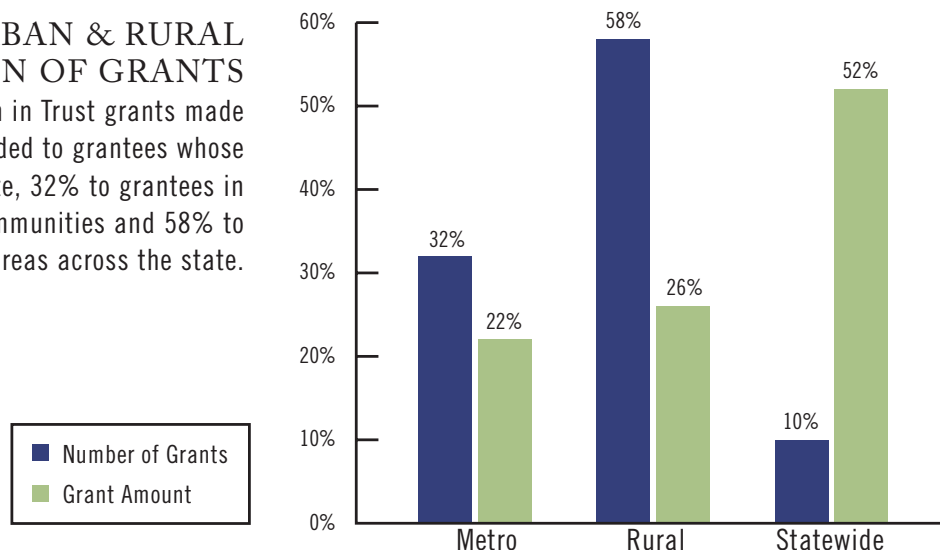
Change in Net Assets	(1,735,325)	33,733,882
Net Assets at Beginning of Year	420,786,682	387,052,800
NET ASSETS AT END OF YEAR	\$419,051,357	\$420,786,682

*Accrual method; actual cash payments for 2005 grants totaled \$18,841,966.

**Accrual method; actual cash payments for 2004 grants totaled \$13,845,682.

URBAN & RURAL
DISTRIBUTION OF GRANTS

Of the \$18.8 million in Trust grants made in 2005, 10% were awarded to grantees whose efforts serve the entire state, 32% to grantees in Denver metro-area communities and 58% to grantees in rural and other areas across the state.



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Editor: Christie McElhinney

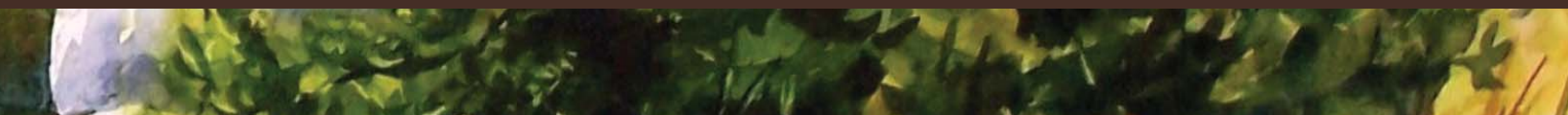
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