



**THE  
COLORADO  
TRUST**

*A Health Equity Foundation*

ADVANCING THE HEALTH AND WELL-BEING  
OF ALL COLORADANS

Since 1985

30  
YEARS

2015

ANNUAL  
REPORT

[WWW.COLORADOTRUST.ORG](http://WWW.COLORADOTRUST.ORG)

# TABLE OF CONTENTS

<b>ABOUT THE TRUST</b> .....	<b>2</b>
Letter from Leadership .....	3
<b>HEALTH EQUITY</b> .....	<b>4</b>
<b>Health Policy &amp; Advocacy</b>	
Health Equity Learning Series: Inviting a Sense of Belonging .....	5
Health Equity Advocacy: Building a Strong Field of Advocates for Health Equity .....	7
<b>Health Data &amp; Information</b>	
Colorado Health Access Survey: Coverage Leaps, But Disparities Stick.....	9
<b>Health &amp; Well-Being</b>	
John R. Moran, Jr. Grantee Leadership Award: Rural Resort Region Northeast Early Childhood Council .....	11
<b>Health Equity Investments</b>	
The Colorado Trust Chair in American Indian Health .....	13
<b>Community Partnerships</b>	
A New Vision for Community-Led Change .....	15
Fighting for a Place.....	17
Overlooked, But Not Powerless .....	19
Burnishing a Sense of Pride .....	21
“We Forget to Believe” .....	23
<b>2015 GRANTS</b> .....	<b>25</b>
<b>FINANCIALS</b> .....	<b>28</b>
<b>BOARD OF TRUSTEES</b> .....	<b>30</b>
<b>COLORADO TRUST STAFF</b> .....	<b>31</b>

## 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.



## LETTER FROM LEADERSHIP



**Dr. Ned Calonge, President & CEO and Dr. Gail Schoettler, Board Chair**

**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.



# Health Equity Learning Series

“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?"

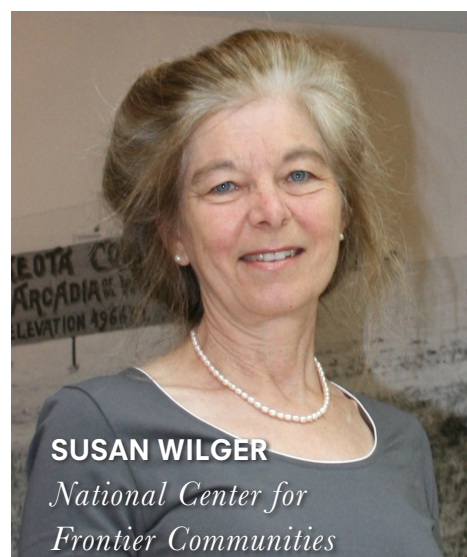
They built a collaborative that allowed them to combine funding sources, increase membership and build local support. By working directly with food pantry coordinators,

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.



**DORAN SCHRANTZ**  
*ISAIAH*



**SUSAN WILGER**  
*National Center for Frontier Communities*

Watch all of the Health Equity Learning Series presentations online at [www.coloradotruster.org](http://www.coloradotruster.org)



A portrait of Harry Budisidharta, a man with short dark hair and glasses, wearing a dark suit, a light blue checkered shirt, and a pink tie with small blue dots. He is looking slightly to the right of the camera with a neutral expression. The background is a colorful abstract painting with pink, blue, yellow, and black shapes.

# Health Equity Advocacy

**“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



### »Building a Strong Field of Advocates for Health Equity

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 re-classify 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."



The Trust's Health Equity Advocacy grantees gather on a regular basis to determine shared policy objectives, discover new areas of common interest and strengthen partnerships and working relationships.



# Colorado Health Access Survey

COLORADO HEALTH ACCESS SURVEY

## A New Day in Colorado

Health Insurance Reaches Record High

Findings from the 2015 Colorado Health Access Survey

SEPTEMBER 2015



THE  
COLORADO  
TRUST



colorado health  
INSTITUTE

## » 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

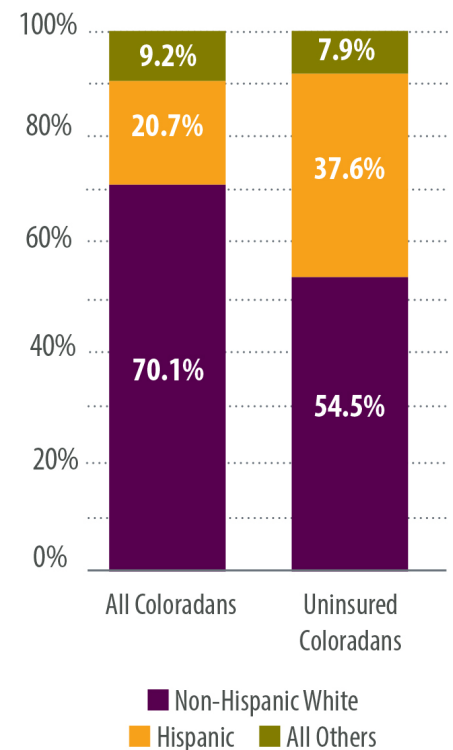
physical health problems, compared with 11 percent of whites.

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



Source: 2015 Colorado Health Access Survey

Hispanics are disproportionately uninsured in Colorado.





# John R. Moran, Jr. Grantee Leadership Award

**“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



### »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.

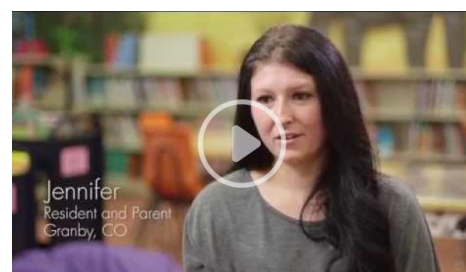
Its accomplishments have included creating an electronic app to track a child’s development, alert health care and child care providers to screening results, and suggest appropriate activities. The council has successfully pushed to integrate oral health screenings into child care and school settings, 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.**



Rural Resort Region Northeast Early Childhood Council Staff



A close-up portrait of Spero Manson, PhD, a middle-aged man with graying hair and a slight smile, wearing a brown jacket over a striped shirt. The background is a soft, out-of-focus teal color.

# The Colorado Trust Chair in American Indian Health

**“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



### »Marshalling Resources to Address Historic Ills

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?

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

**WHAT ELSE AFFECTS THE HEALTH AND HAPPINESS  
OF YOU, YOUR FAMILY AND YOUR COMMUNITY?**



### »A New Vision for Community-Led Change

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.



A woman with long brown hair, wearing a teal patterned top and dark pants, stands in a field of tall grass and yellow wildflowers. In the background, there are rolling hills and mountains under a blue sky with scattered white clouds. A wire fence is visible in the foreground.

**“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.

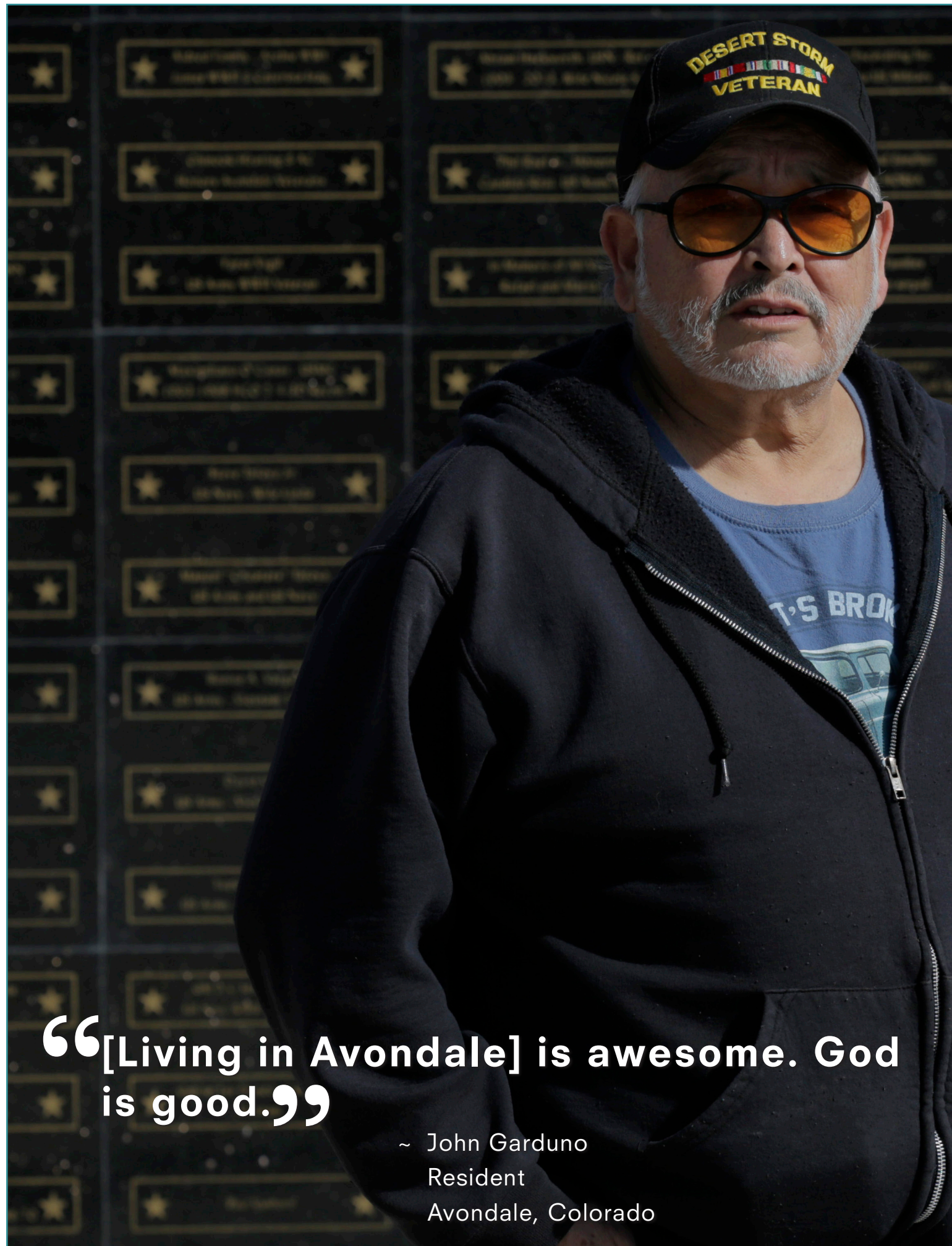
"As a long-time organizer and educator, mother and grandmother and member of this community, I saw this as an opportunity that I had never had," she said.

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."



San Luis Valley, Colorado





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

~ John Garduno  
Resident  
Avondale, Colorado



## COMMUNITY PARTNERSHIPS

### »Overlooked, But Not Powerless

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.



Avondale, Colorado





“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."



Dove Creek, Colorado





**“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



## COMMUNITY PARTNERSHIPS

### » “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.”



Lago Vista Mobile Home Park, Colorado

## 2015 GRANTEES

### ■ 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 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 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 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



## 2015 GRANTEES

### ■ 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



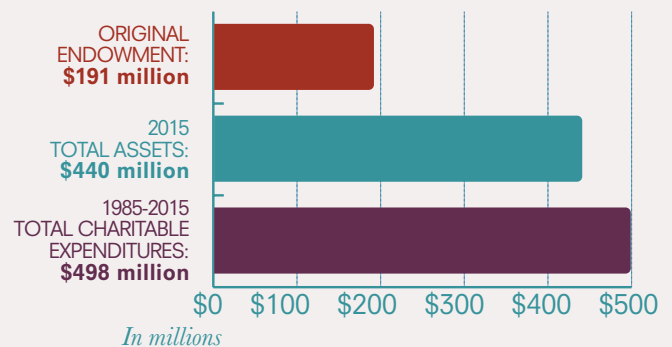
# FINANCIALS



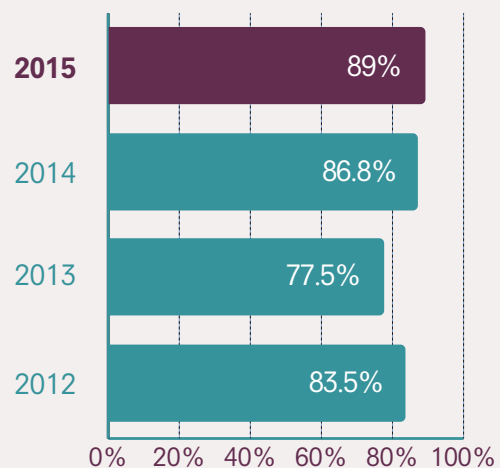
## A COMMITTEE OF THE BOARD OF TRUSTEES

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.



## Program Services to Total Expenses



# 2015 CONDENSED FINANCIAL STATEMENTS

## FINANCIAL POSITION

<b>ASSETS:</b>	<b>2015</b>	<b>2014</b>
Cash and investments	\$438,415,036	\$458,028,152
Receivables	\$87,840	\$237,084
Program-related investments	\$800,000	—
Property and equipment, net	\$333,412	\$229,441
Other assets	<u>\$432,713</u>	<u>\$381,674</u>
<b>TOTAL ASSETS</b>	<b>\$440,069,001</b>	<b>\$458,876,351</b>
<b>LIABILITIES &amp; NET ASSETS:</b>		
<b>LIABILITIES:</b>		
Accounts payable and other liabilities	\$1,257,671	\$1,702,995
Deferred gain on sale-leaseback	\$3,016,019	\$3,265,619
Grants payable	<u>\$9,340,719</u>	<u>\$7,784,320</u>
<b>TOTAL LIABILITIES</b>	<b>\$13,614,409</b>	<b>\$12,752,934</b>
<b>NET ASSETS:</b>		
Unrestricted	\$426,454,592	\$446,123,417
<b>TOTAL NET ASSETS</b>	<b>\$426,454,592</b>	<b>\$446,123,417</b>
<b>TOTAL LIABILITIES &amp; NET ASSETS</b>	<b>\$440,069,001</b>	<b>\$458,876,351</b>

## ACTIVITIES AND CHANGES IN NET ASSETS

<b>UNRESTRICTED REVENUES:</b>	<b>2015</b>	<b>2014</b>
Income (loss) from investments (net of fees)	(\$1,602,984)	\$18,500,197
Other income (loss)	<u>(\$1,965)</u>	<u>\$13,794</u>
<b>TOTAL UNRESTRICTED REVENUES (losses)</b>	<b>(\$1,664,949)</b>	<b>\$18,513,991</b>
<b>EXPENSES:</b>		
Program services	\$16,018,092	\$16,472,690
Management and general	\$1,879,730	\$1,962,358
Excise tax expense	<u>\$106,054</u>	<u>\$546,294</u>
<b>TOTAL EXPENSES</b>	<b>\$18,003,876</b>	<b>\$18,981,342</b>
<b>Increase (decrease) in unrestricted net assets</b>	<b>(\$19,668,825)</b>	<b>(\$467,351)</b>
Net assets at beginning of year	<u>\$446,123,417</u>	<u>\$446,590,768</u>
<b>NET ASSETS AT END OF YEAR</b>	<b>\$426,454,592</b>	<b>\$446,123,417</b>

## ADDITIONAL FINANCIAL INFORMATION:

- 2015 Audited Financial Statements ([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*



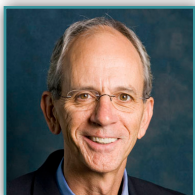
**WARREN JOHNSON, MD**  
Owl Creek Medical



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



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



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



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



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



**ALAN SYN, MD**  
President  
Vascular Institute of the Rockies



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

**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





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

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