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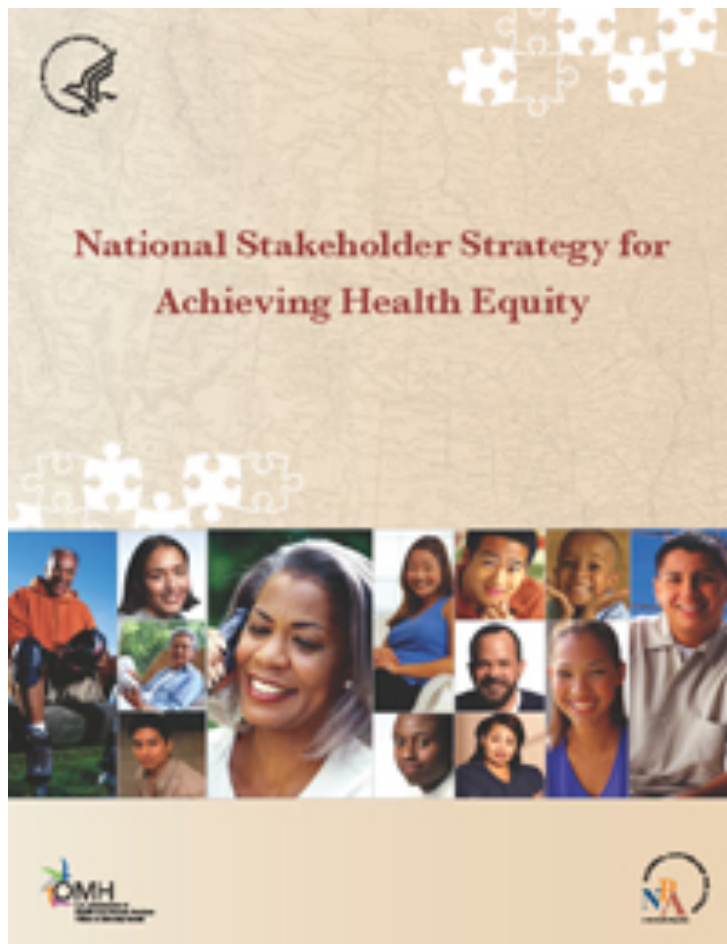
HEALTH EQUITY LEARNING SERIES

Creating Health Equity

ACHIEVING ACCESS TO HEALTH FOR ALL COLORADANS



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SEPTEMBER 2013



HIGHLIGHTS of the report on *Health Equity and Leadership*

The Importance of Leadership in Achieving Organizational Cultural Competency

Prepared for The Colorado Trust by Erica Baruch, JD; Sherry Freedland Walker, editor

» HEALTH CARE ORGANIZATIONS WITH PATIENTS FROM DIVERSE POPULATIONS NEED STAFF WHO UNDERSTAND AND INTERACT EFFECTIVELY WITH PEOPLE FROM OTHER CULTURES. Studies show that biases and prejudices can result in differences in care and in health disparities among patients. Yet, these organizations often find it challenging to provide culturally and linguistically appropriate care. Experience from a seven-year Colorado Trust initiative shows that organizational leaders can make or break an organization's ability to provide high-quality, culturally sensitive care to all its patients.

When leaders are committed to and involved in developing cultural competency across their organization, the quality of care can rise for all and the organization can reap added benefits such as improved operations. Little, however, has been written about specific strategies that allow leaders to bring about comprehensive cultural competency change throughout an organization – change that often requires modifications to services as well as established policies and practices, and staff attitudes and behaviors.

The Colorado Trust paper, *Health Equity and Leadership: The Importance of Leadership in Achieving Organizational Cultural Competency*, summarizes lessons learned from the Equality in Health initiative (EIH). This initiative involved 26 Colorado organizations in efforts to reduce health disparities by improving cultural competency. The paper examines the important role leaders play in promoting, guiding and supporting cultural competency development throughout a health care service organization.

Commitment from the top helps gain staff buy-in and the resources needed for the successful

implementation of changes.¹ When leadership, in particular the executive director (ED) or chief executive officer (CEO), makes it clear that cultural competency is a guiding organizational value, supports the changes taking place and plays an active role in making those changes happen, others are likely to follow his or her lead.²

Although more research is needed to better understand the return on investment of ED or CEO time and participation,² the EIH initiative demonstrates that leadership engagement in cultural competency work promotes progress and sustainability. Leaders of health service organizations can use the information in the full paper to guide future efforts and assure all Coloradans receive quality, equitable health care.

Comprehensive organizational cultural competency development is a concerted, systematic effort by an organization to understand, appreciate and interact with people from other cultures and/or belief systems.

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Viewing Parties

- Alamosa
- Colorado Springs
- Durango
- Eagle
- Fort Collins
- Frisco
- Grand Junction
- Gunnison
- Lamar
- Leadville
- Montrose
- Monte Vista
- Pueblo
- Rifle
- Steamboat
- Telluride
- Yuma



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#healthequityTCT



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Today's Presenters

- **Elizabeth Myung Sook Krause, ScM**
Vice President of Policy and Communications
Connecticut Health Foundation
- **Nichole June Maher, MPH**
President and CEO
Northwest Health Foundation
- **Yanique Redwood, PhD**
President and CEO
Consumer Health Foundation



Connecticut Health
FOUNDATION

Changing Systems, Improving Lives.

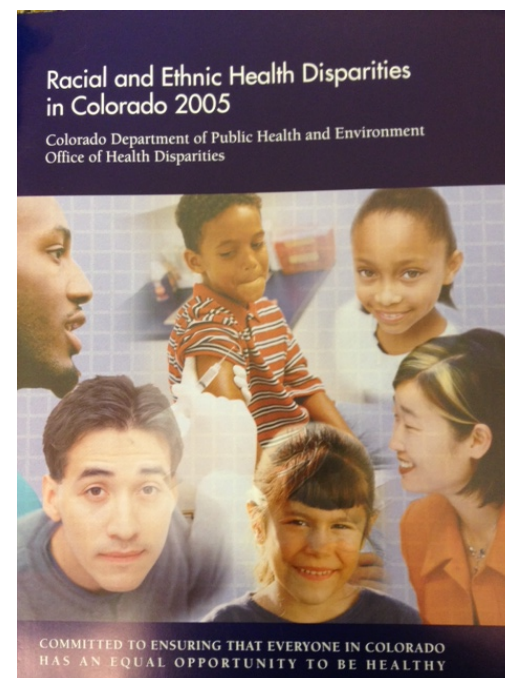
Expanding Health Equity by Helping More People Access Better Care

Elizabeth Krause, ScM

Health Equity Learning Series

The Colorado Trust

September 12, 2013



THE UNITED STATES OF AMERICA AS SEEN BY A NEW YORKER

***Map to Scale**



funny OR **DIE**

Connecticut



- 3.5 million residents
- 70 miles x 110 miles
- 169 Towns
- “Land of steady habits”
- “Two Connecticuts”



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SEARCH

EXPANDING HEALTH EQUITY

NEWS & PUBLICATIONS

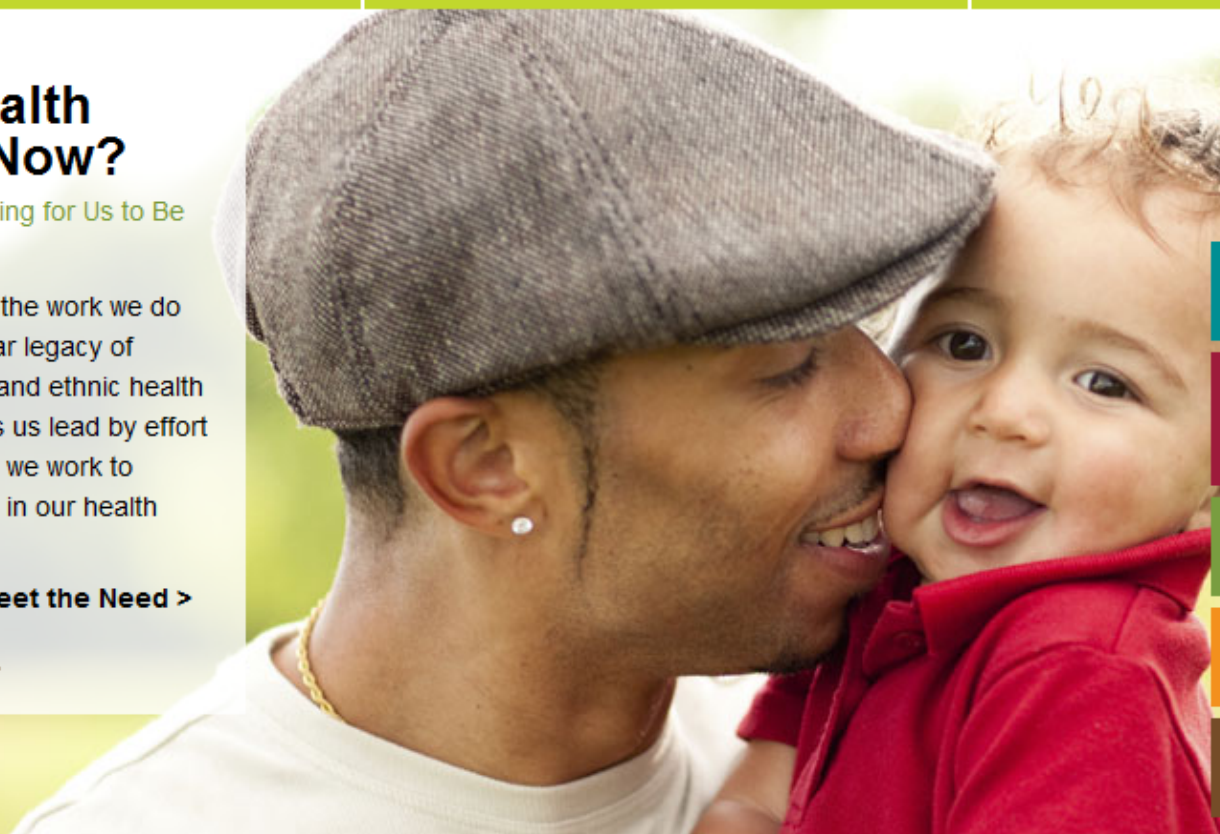
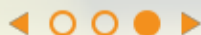
ABOUT US

Why Health Equity Now?

It's the Right Thing for Us to Be Focusing On.

Health equity is the work we do well. Our 12-year legacy of reducing racial and ethnic health disparities helps us lead by effort and example as we work to bridge the gaps in our health care system.

Evolving to Meet the Need >



APPLY
for a Grant

LEARN
about our Health Equity Strategy

SIGN UP
for our Newsletter

READ
our Latest Publications

LEARN
How We've Evolved

Our Mission

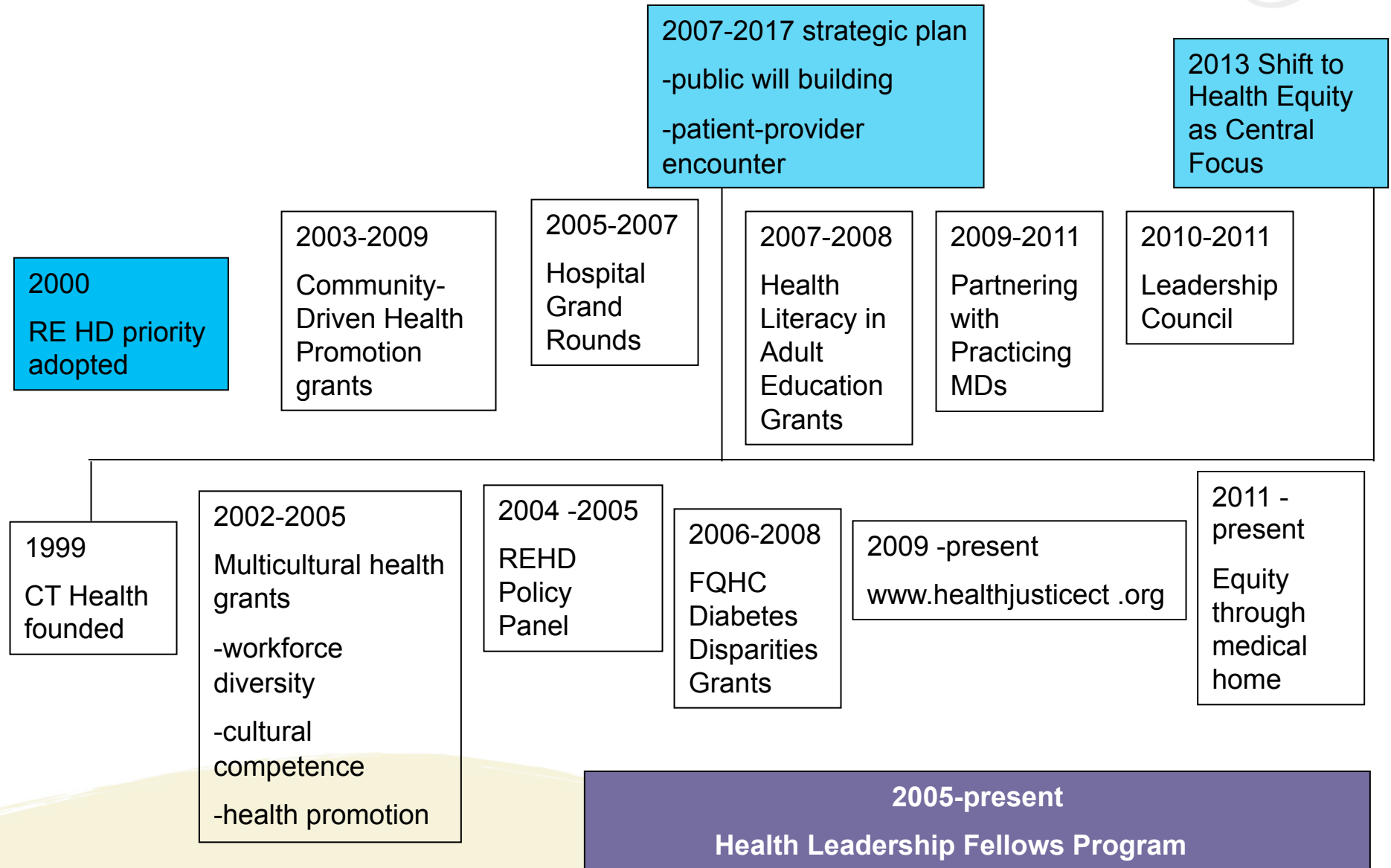
Everyone deserves the opportunity for optimal health—regardless of

Learn more about our New Strategic Direction

Featured Grantee



Health Disparities >>> Health Equity





A NEW FOCUS ON EXPANDING HEALTH EQUITY

HOW WE DEFINE IT

When some think of Health Equity, they see an end – in other words, that we should all enjoy the same level of health. When we think of health equity, we see the beginning – that first we must all have a fair shot to take ownership of our health. So while we continue to believe in the importance of eliminating disparities, our immediate focus will be to expand health equity by helping more people gain access to better care – especially those who disproportionately lack it now, people of color.



HOW WE ACHIEVE IT

We will leverage our resources and relationships so more people can:



1 Get Enrolled

It starts by helping people get enrolled and stay enrolled in an affordable health insurance plan.



2 Navigate The System

Once enrolled, show them how to navigate the health care system to get the kind of care they need, when they need it. This includes bringing care to where they are – including community health centers, hospital clinics and school-based health centers.



3 Access Better Care

Finally, make sure that their providers are offering the kind of care we all want to receive – care that is affordable, comprehensive (including mental, oral and physical health), and accountable to the goal of improving our health.

Health Insurance + Medical Home = Reduced Inequities



MAY 2012

Issue Brief

Achieving Better Quality of Care for Low-Income Populations: The Roles of Health Insurance and the Medical Home in Reducing Health Inequities

JULIA BERENSON, MICHELLE M. DOTY, MELINDA K. ABRAMS,
AND ANTHONY SHIH

The mission of The Commonwealth Fund is to promote a high performance health care system. The Fund carries out this mandate by supporting independent research on health care issues and making grants to improve health care practice and policy. Support for this research was provided by The Commonwealth Fund. The views presented here are those of the authors and not necessarily those of The Commonwealth Fund or its directors, officers, or staff.

For more information about this study, please contact:

Julia Berenson, M.Sc.
Research Associate
The Commonwealth Fund
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To learn more about new publications when they become available, visit the Fund's Web site and register to receive email alerts.

Commonwealth Fund pub. 1600
Vol. 11

ABSTRACT: In the United States, uninsured and low-income adults experience substantial health and health care inequities when compared with insured and higher-income individuals. A new analysis of the Commonwealth Fund 2010 Biennial Health Insurance Survey demonstrates that when low-income adults have both health insurance and a medical home, they are less likely to report cost-related access problems, more likely to be up-to-date with preventive screenings, and report greater satisfaction with the quality of their care. Moreover, the gaps in health care between them and higher-income populations are significantly reduced. The Affordable Care Act includes numerous provisions that will significantly expand health insurance coverage, especially to low-income patients, as well as provisions to promote medical homes. Along with supporting the full implementation of coverage expansions, it will be important for public and private stakeholders to create opportunities that enhance access to medical homes for vulnerable populations.

★ ★ ★ ★ ★

OVERVIEW

In the United States, low-income individuals and families experience substantial disparities in health care and health outcomes when compared with their more well-off counterparts. The recession, poor employment levels, and income trends of the past decade have undermined the ability of low-income individuals and families to maintain health insurance coverage, gain access to high-quality health care, and achieve health and well-being. It is imperative to find strategies and models of care that will eliminate health care inequities and close the health care divide.

Extending health insurance coverage is a necessary step in improving access to quality health care.¹ Insurance coverage reduces financial barriers and facilitates access to a regular provider or usual source of care. Research by The Commonwealth Fund demonstrates that compared with people who are insured all year, people who lack health insurance are less likely to have a regular source

“Changing Systems, Improving Lives”



ACA: Strengthening CT Navigators and Assisters



- First local grant to Navigator program
 - Convener of philanthropic community
 - Supplemental funds for Assisters
 - Dental benefits training module
 - Navigator and Assister Program steering team
 - Access Health CT Brokers and Navigators Advisory Committee
-
- What's next? Exploring how CT Health can add value to leveraging the ACA to scale and sustain community health workers



Equipping Policy Advocates with Strong Analysis

MARCH 2013

Consequences of Proposed Eligibility Reduction of HUSKY A Parents

FINDINGS

- Under a new budget proposal, 37,300 low-income working parents currently insured under Medicaid will lose eligibility in 2014; many of these current enrollees will be eligible for transitional Medicaid assistance for up to one year.
- Tighter HUSKY eligibility requirements effective in 2014 will immediately restrict eligibility for low-income parents who are not currently enrolled.
- While current HUSKY parents will be eligible to purchase commercial insurance through the Connecticut Health Insurance Exchange in 2014, their out-of-pocket health care costs will increase by an average of \$1,800 per year.
- Of the 37,300 parents affected, an estimated 7,300 to 10,000 may not purchase health insurance offered through the exchange – even with federal subsidies – because of increased out-of-pocket costs.
- Parents who purchase insurance through the exchange may find it more difficult to use needed health care due to higher cost sharing obligations.
- Low-income children are less likely to have health insurance coverage if their parent or parents are uninsured.

OVERVIEW

Connecticut Gov. Dannel Malloy's 2014-2015 biennial budget proposal to reduce HUSKY A parent eligibility may adversely affect an estimated 37,300 low-income working adults with children and could lead to thousands of newly uninsured residents. Currently, parents who are enrolled in HUSKY A, the state's Medicaid program, are individuals with:

- 1) an annual family income between 133 percent and 185 percent of the Federal Poverty Level (FPL) [\$23,995 - \$36,131 annually for a family of three in 2013]; and
- 2) have children under age 19 who are enrolled in the HUSKY A program.

Under this proposal, a reduction in HUSKY A eligibility will take effect in 2014 for low-income parents who are not currently enrolled. Some current HUSKY A parent enrollees will receive up to one year of Medicaid transitional assistance and lose Medicaid coverage in 2015. However, low-income parents will qualify to purchase subsidized private health insurance through the Connecticut Health Insurance Exchange (also known as Access HealthCT) beginning in 2014. While the federal government, under provisions of the Affordable Care Act (ACA), will provide premium assistance and cost sharing (copayment and deductible) subsidies, individuals' annual out-of-pocket health insurance costs will increase from \$0 to an average of \$1,800 per year.

An estimated 7,300 to 10,000 HUSKY parents may forgo health insurance – even with federal subsidies – because of increased out-of-pocket costs. Others may curtail use of needed health care services. Research indicates that parents' lack of insurance also may negatively affect their children's coverage.

CONNECTICUT HEALTH FOUNDATION POLICY BRIEF: EQUIPPING POLICY ADVOCATES WITH STRONG ANALYSIS | PAGE 1

No Wrong Door

Improving Health Equity & the Health Coverage Consumer's Experience in Connecticut

Under the current system, individuals and families may knock on different "doors" for health insurance coverage, many of which may not open, preventing them from getting covered. But what if, during the implementation of the Affordable Care Act (ACA), every door was the right door to get enrolled in health coverage?

The **No Wrong Door (NWD)** approach to getting people covered ensures that no matter how consumers apply for health insurance affordability programs, they will be seamlessly routed to the program that meets their eligibility needs. Connecticut leaders have committed to full implementation of NWD by the end of 2015.

A consumer can apply for all ACA insurance affordability programs using one simplified form. No matter how the form is filed, all agencies offering those programs work together to ensure that each consumer is routed to the correct program. Eligibility will only need to be determined once, saving public resources.

No Wrong Door Will Increase the Number of Insured

Implementing the Affordable Care Act with NWD would create a **13% increase** in the number of Connecticut residents enrolled in health insurance, compared to implementing ACA alone, with people of color disproportionately gaining coverage.

The Affordable Care Act affords a tremendous opportunity to get people covered. ACA enrollment efforts will be even more effective with NWD in place, especially for people of color.

NWD would prevent **36,000** Connecticut residents from going without health insurance coverage for at least part of the year.

People of color stand to benefit the most from NWD. With NWD in place, the uninsured rates for Blacks, Hispanics, and Asian Americans will drop.

Group	Uninsured under current system	Uninsured with ACA + NWD
BLACK	15.9%	7.7%
LATINO	21.0%	10.3%
ASIAN	12.6%	6.4%

Under the current system, people of color are more likely to be uninsured, with NWD implemented, the uninsured rate will drop across the board.

At any point in time, about 6,000 additional children would have insurance coverage, primarily through Medicaid and CHIP.

2015

NWD will not be fully implemented until the end of 2015. Until full implementation, consumers are likely to encounter wrong doors or partially-open doors.

Careful monitoring of many operational details will be needed over the next two years to see how effectively policymakers can put this inspiring vision into place.

Experience shows that most consumers eligible for insurance affordability programs under the ACA will participate, particularly if NWD is fully implemented. Linguistically and culturally competent community education and hands-on assistance will increase enrollment. Full implementation of NWD is critical in order for the ACA to accomplish its goals.

The full policy brief, commissioned by the Connecticut Health Foundation from the Urban Institute, can be found here: <http://bit.ly/nowrongdoor>

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Seeding CT Health Equity Advocacy Infrastructure



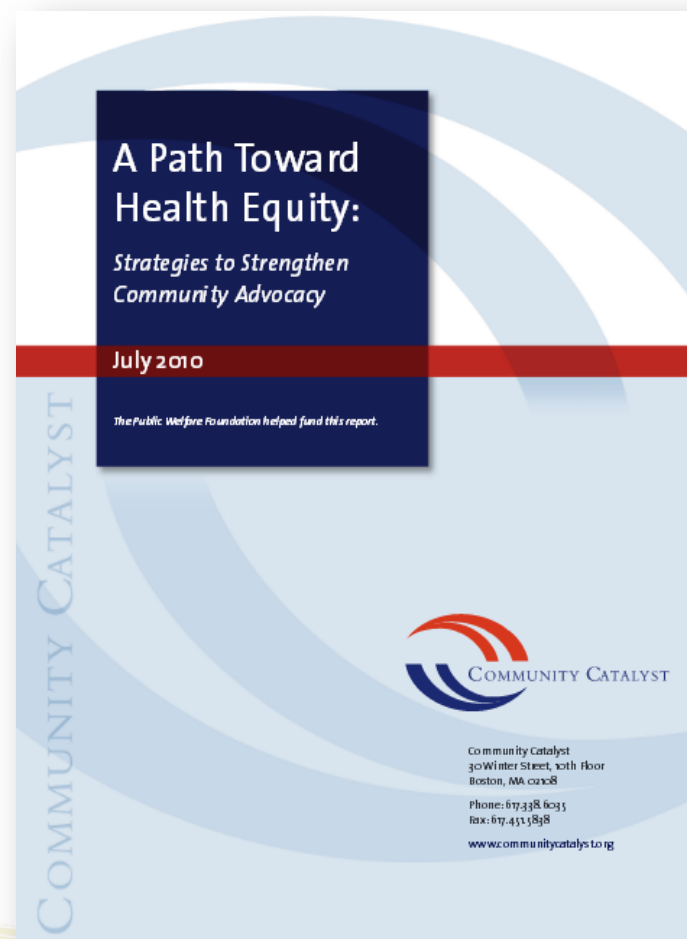
CPEHN

California Pan-Ethnic Health Network



CriticalMASS

for eliminating health disparities



Elevating a Cadre of Health Equity Champions



Health Leadership Fellows Program

Health Equity Focus

9 Classes

180 Fellows

Over 75% Leaders of Color

Increasing Health Equity Media Coverage: Program for Journalists



Larry Tye
NYT Best Selling
Author; Manager of
Blue Cross Blue
Shield Foundation of
MA Health Coverage
Fellowship for
Journalists



Suzanne Bohan
Reporter:
“Shortened Lives:
Where You Live
Matters”



Jocelyn Elders, MD
Former Surgeon
General,
Professor Emerita of
Pediatrics

Evaluation Dashboard



Backgrounder: State-of-the-State Indicators			
Where are we in relation to Worst and Best Realistic Estimates			
CT Health Priority Areas and Indicators		Composite Scores	
		Worst	Best
Incidence Disparities, e.g., asthma, diabetes Data available from BRFSS (LINA)			
Access to Care Disparities, e.g., insurance, medical home Data available from BRFSS (LINA)			
Health Care Quality Disparities, e.g., avoidable hospitalization Data available from Qualidigm (LINA)			
Outcome Disparities, e.g., mortality Data available from CDPH (LINA)			
Policy and Regulation with focus on Systems Integration (ELIZABETH)			
Color and Symbol Key for Current State and Trends			
Current State	Trend (blank if no trend available)		
Red	0-3.9 towards realistic expectation	↓	Worsening
Yellow	4.0-5.9 towards realistic expectation	↔	No change
Green	6.0-10 towards realistic expectation	↑	Improvement

CT Health Effort and Results Indicators			
Where are We Relative to Worst and Best Realistic Estimates			
CT Health Areas of Quantity and Quality of Effort and Results Indicators: Hypothetical Program (Lina)			
	Worst	Composite	Best
Health Equity: Leverage opportunities to advance health equity in reforming health care; Strengthen leadership and network capacity to promote health equity in health care access and delivery.			↔
Oral Health: Strengthen the advocacy infrastructure to sustain improvements in oral; Support system changes that promote oral health care for low-income pregnant women.			↑
Mental Health: Maximize CT Health's existing investment in children's mental health early identification and intervention efforts			
Policy and Communications (Elizabeth)			
Health Equity: Leverage opportunities to advance health equity in reforming health care; Strengthen leadership and network capacity to promote health equity in health care access and delivery.			
Oral Health: Strengthen the advocacy infrastructure to sustain improvements in oral; Support system changes that promote oral health care for low-income pregnant women.			
Mental Health: Maximize CT Health's existing investment in children's mental health early identification and intervention efforts			
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Green	6.0-10 towards realistic expectation	↑	Improvement

*Note: dashboard still in development, dummy data used for illustration



Elizabeth M. S. Krause

VP, Policy and Communications

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Nichole June Maher, MPH
President and CEO
Northwest Health Foundation



Colorado Trust Health Equity Series:
Foundation Solutions to Advance Health Equity

September 12, 2013

Yanique Redwood, PhD, MPH
President & CEO
Consumer Health Foundation



Consumer Health Foundation
Dedicated to making a difference in the health of the community

Values and Beliefs

- There is enough for all of us
- We can create better systems
- Opportunity is the starting place for individual effort
- We share a common humanity





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Dedicated to making a difference in the health of the community

Vision

We envision a region and nation in which everyone has an equal opportunity to live a healthy and dignified life. By everyone, we mean all people regardless of race, ethnicity, immigration status, gender identity, sexual orientation, disability, age or income.



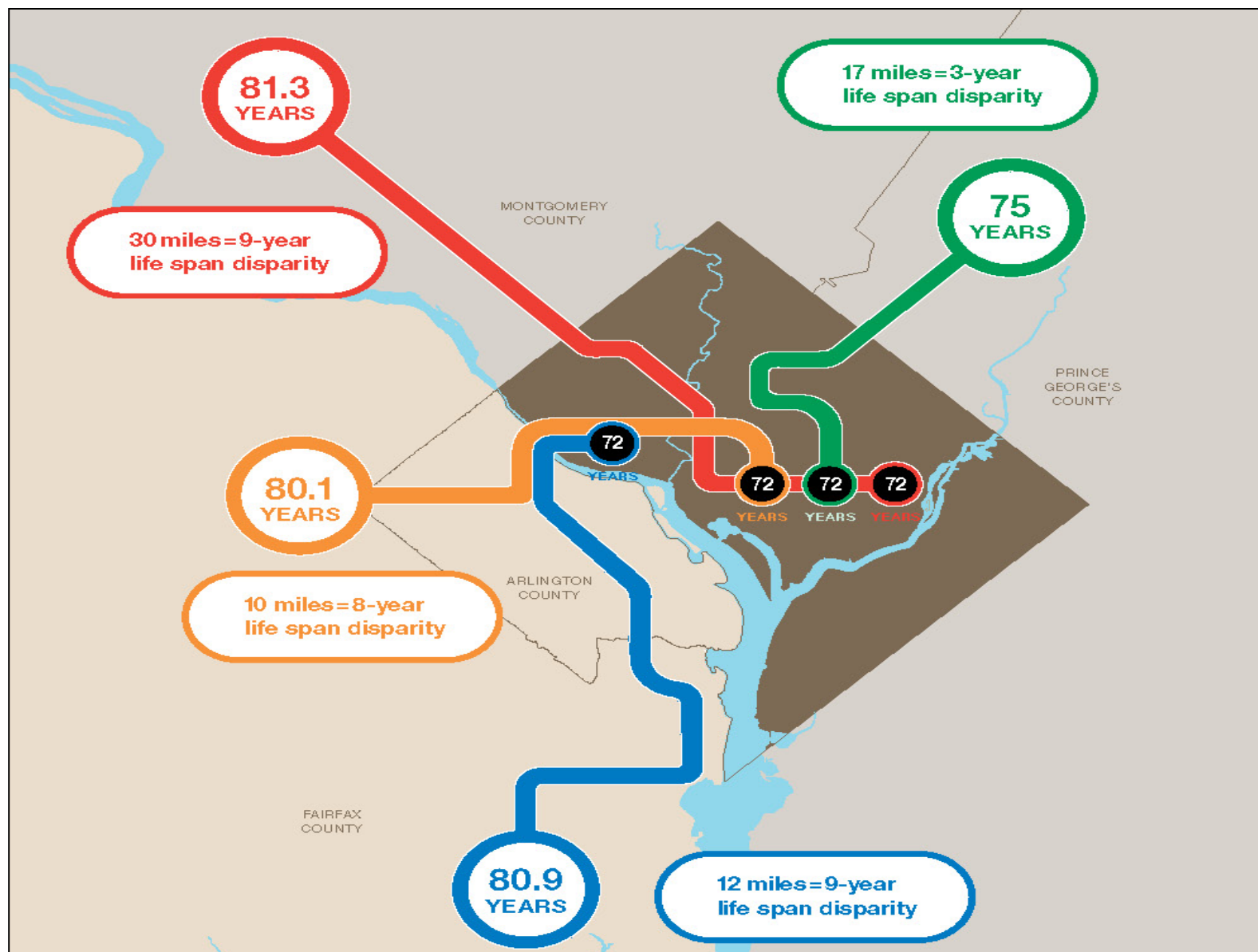
Consumer Health Foundation
Dedicated to making a difference in the health of the community

About Us

- Small private foundation
- Washington D.C. region
 - D.C.
 - Northern Virginia
 - Suburban Maryland
- Access to health care
- Social determinants of health

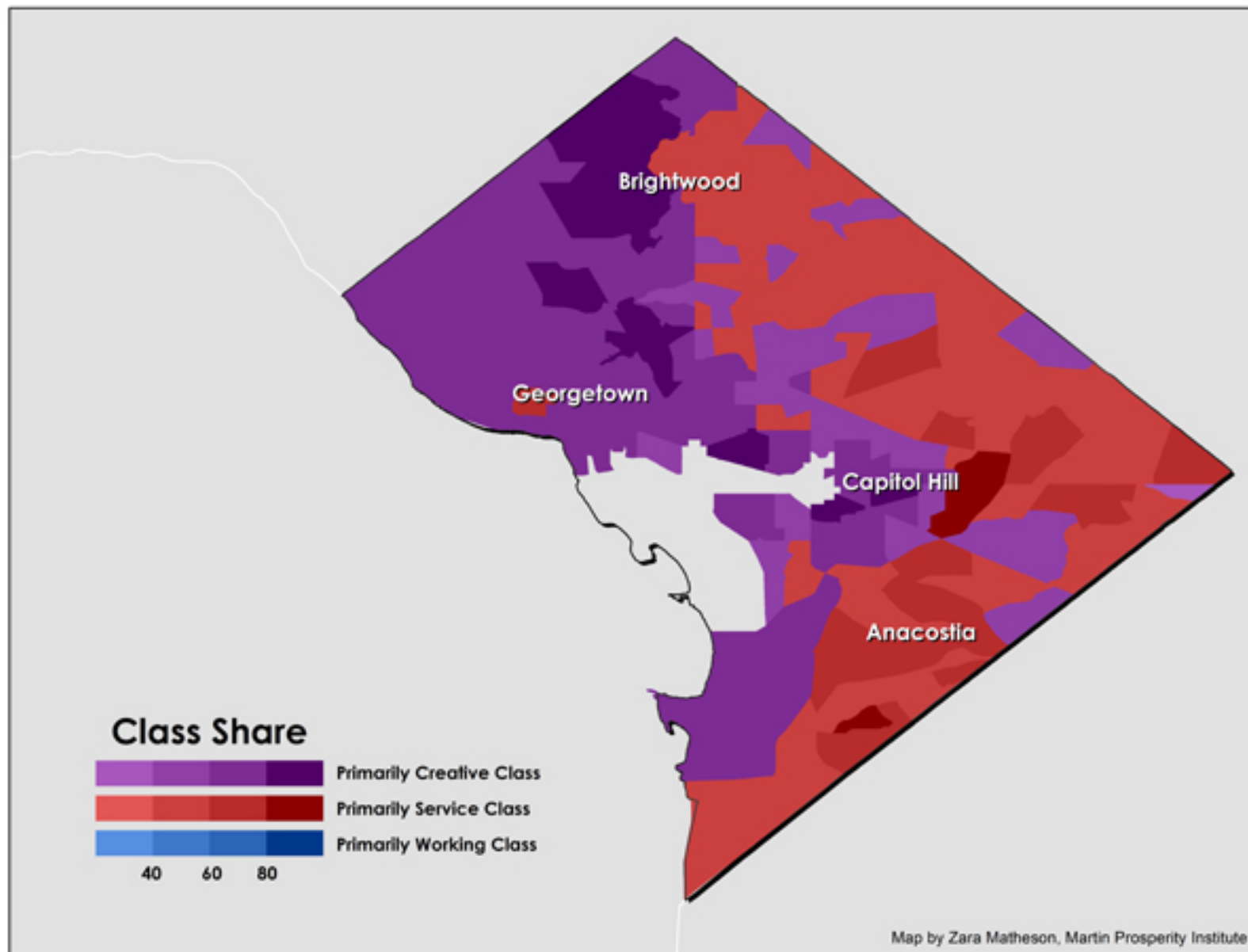


Washington D.C.: Short Distances to Large Disparities in Health



Source: Prepared by Woolf et al., Center on Human Needs, Virginia Commonwealth University using Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database, released January 2013. Data are compiled from Compressed Mortality File 1999-2010 Series 20 No. 2P, 2013. Accessed at <http://wonder.cdc.gov/cmfi-cd10.html>.

Class-Divided Cities: Washington, D.C. Edition



Solutions to Advance Health Equity

- Going Beyond Healthcare
- Advocacy for Systems Change
- Racial Equity





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Going Beyond Healthcare

- Education
- Living Wages
- Safe and Affordable Housing
- Workforce Development
- Food Equity

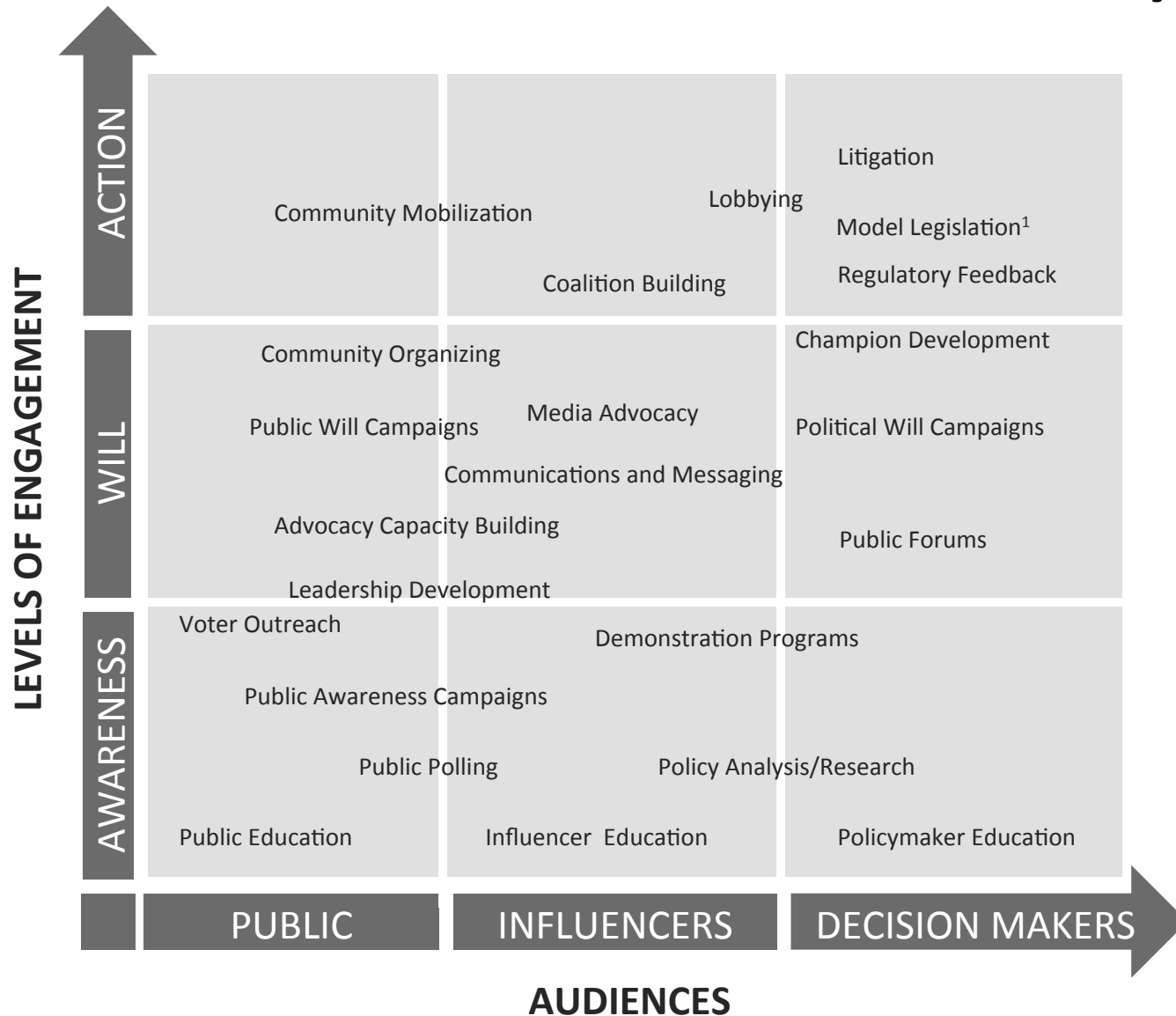


Advocacy for Systems Change

- Research
- Community Education
- Public Will Campaigns
- Policy Analysis
- Community Mobilization
- Coalition Building



Collective Field of Advocacy





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Racial Equity

A goal and a process whereby people of color have an equal opportunity to live a healthy and dignified life.



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Racial Equity

- Racial Equity Training
- Capacity Building
- Demographic Data Collection
- Communications
- Media Training





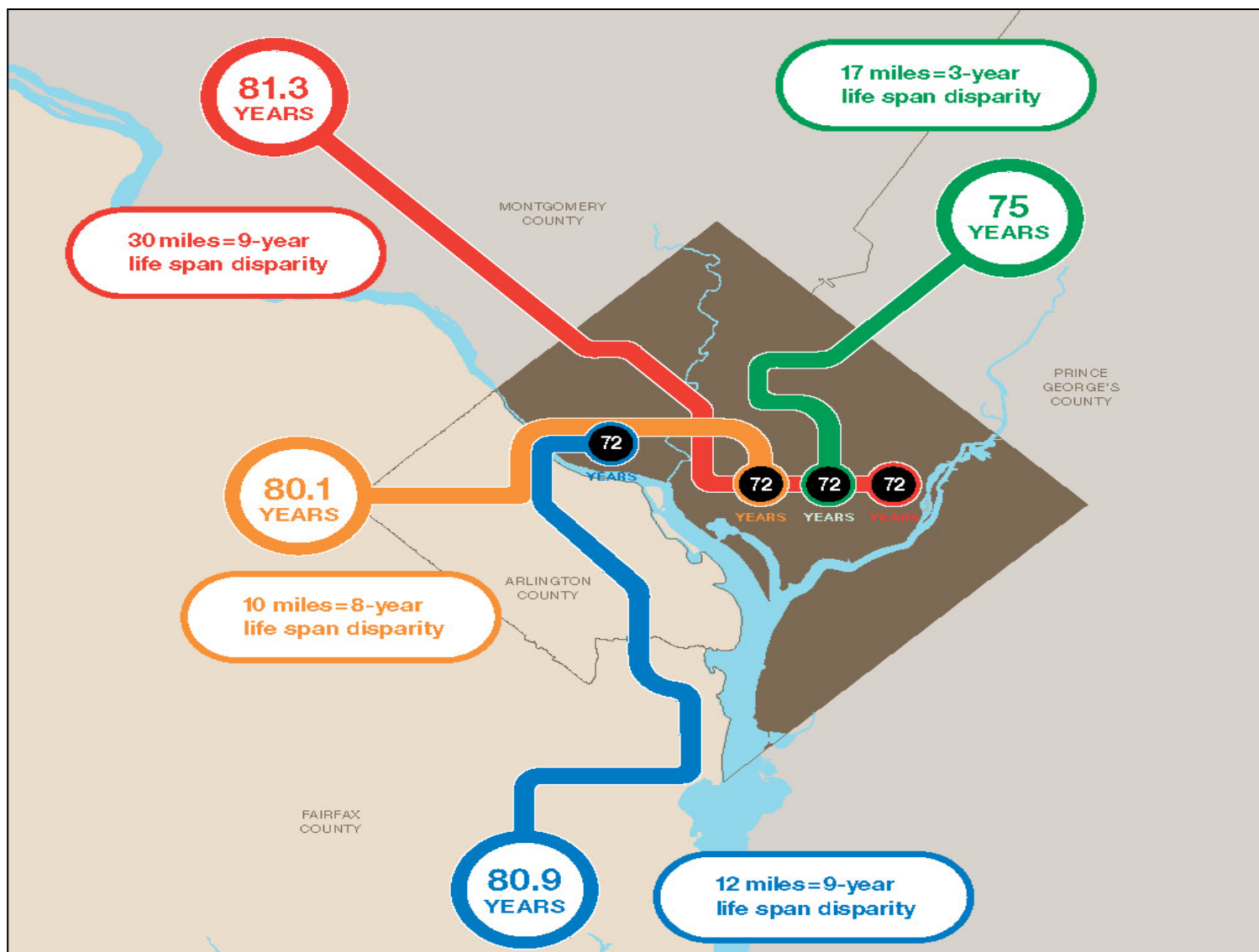
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Wealth Building Initiative

- There is enough for all of us
- Worker-owner cooperative businesses
- Anchor institutions
 - Hospitals
 - Universities
 - Local governments
- Ownership stake
- Living wage

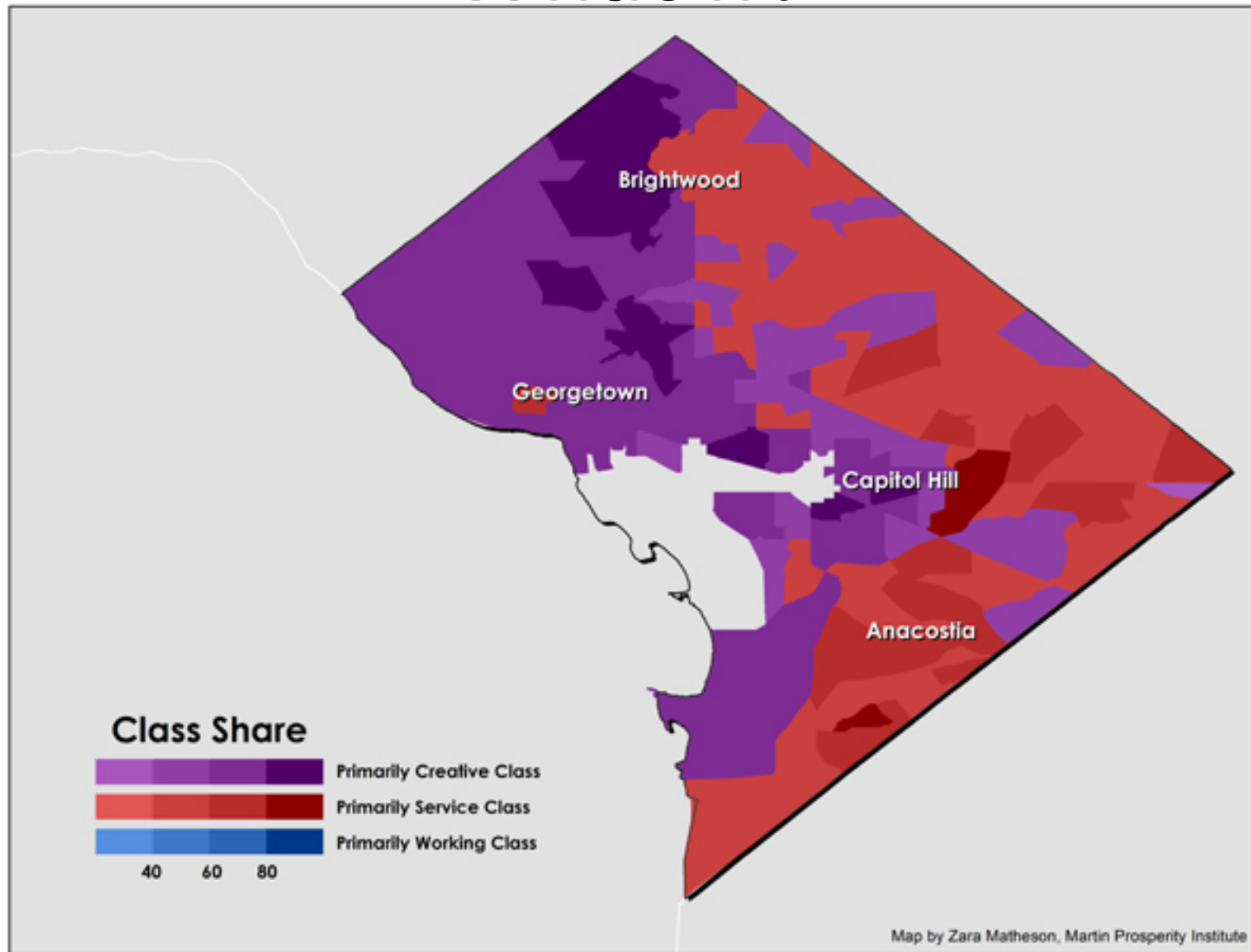


What If?



Source: Prepared by Woolf et al., Center on Human Needs, Virginia Commonwealth University using Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database, released January 2013. Data are compiled from Compressed Mortality File 1999-2010 Series 20 No. 2P, 2013. Accessed at <http://wonder.cdc.gov/cmfi-icd10.html>.

What If?





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Dedicated to making a difference in the health of the community

Health Equity

- Going beyond healthcare
- Advocacy for systems change
- Racial equity
- Seeding innovation
- Knowing our values





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Join the discussion...

- Q & A from the audience
- Submit questions via Twitter:
#healthequityTCT



SIGN UP > Google Custom Search

GO > f in t w s +

Achieving access to health for all Coloradans

ABOUT US

PROGRAM AREAS

GRANTS

HEALTH POLICY

EVALUATION

PUBLICATIONS

NEWS & MEDIA

Health Equity Learning Series

An educational program of The Colorado Trust, the Health Equity Learning Series aims to increase knowledge and awareness of health equity through presentations from experts discussing factors that increase disparities and solutions that advance health equity.

SIGN UP FOR MORE INFORMATION >

UPCOMING EVENTS

Through our Health Equity Learning Series, we are pleased to host four events in 2013 featuring national experts:

- **SEPT. 12: Elizabeth Myung Sook Krause**, Vice President of Policy and Communications, Connecticut Health Foundation, and **Nichole June Maher**, MPH, President, Northwest Health Foundation, **Yanique Redwood**, PhD, President and CEO, Consumer Health Foundation, will speak about foundation solutions to advance health equity
- **NOV. 15: Anthony Iton**, MD, Senior Vice President, The California Endowment and **Winston Wong**, MD, Medical Director, Kaiser Permanente, will speak about solutions for tackling social determinants of health

In addition to The Trust hosting these distinguished speakers over luncheon events at our office in Denver, we will be partnering with others across the state to host simultaneous events in their communities with live-stream viewing of the events, also over lunch, followed by discussion and networking.

INFORMATION FROM PREVIOUS EVENTS

- **June 6, 2013 - Brian Smedley, PhD**, Vice President and Director of the Health Policy Institute of the Joint Center for Political and Economic Studies
- **January 31, 2013 - Paula Braveman, MD**, Director of the Center on Social Disparities in Health within the School of Medicine at the University of California, San Francisco

NEWS

- **02/21/13 Making Sense of Health Differences, Disparities and Equity**

PUBLICATIONS

- *Addressing Health Disparities Through Organizational Change - Evaluation Report (2012)*
- *Adult Immunization & Health Screening and Education Project: A Model for Improving Minority Health - Evaluation (2005)*
- *Equality in Health - An Annotated Bibliography with Resources on Health Disparities and Cultural and Linguistic Competency (2007)*
- *Health Equity and the Affordable Care Act - Summary (2013)*
- *How the Affordable Care Act Can Help to Advance Racial and Ethnic Equity in Colorado (2013)*
- *Policy Brief on Mental Health Disparities in Colorado - Full Report (2006)*
- *Policy Brief on Mental Health Disparities in Colorado - Summary (2006)*

RELATED LINKS

- *A Profile of Health Insurance Exchange Enrollees*
- *A Roadmap for Health Equity*



Feedback Survey September 12, 2013 Learning Lunch

Please take a moment to give us your feedback on the event today. Your responses will help us to plan future events like this one. You may leave your completed survey on the table before you leave.

- 1) What type of organization are you from?
 - ☐ Community organization
 - ☐ Policy/Advocacy organization
 - ☐ Direct service provider- Health
 - ☐ Research/Evaluation
 - ☐ Academic Institution/University
 - ☐ Government
 - ☐ Media
 - ☐ Business
 - ☐ Community member
 - ☐ Foundation
 - ☐ Other: _____
- 2) What is the primary reason you chose to attend this event today?
 - ☐ The topic was of interest to me
 - ☐ The speaker was of interest to me
 - ☐ Networking with community members
 - ☐ My relationship with The Colorado Trust
 - ☐ I'm here for the free lunch
 - ☐ Other: _____
- 3) How relevant did you find the topic discussed today to your work?
 - ☐ Highly relevant
 - ☐ Somewhat relevant
 - ☐ Neither relevant or irrelevant
 - ☐ Not very relevant
 - ☐ Not at all relevant
- 4) Please rate your level of satisfaction with the following:
 - ☐ The speaker
 - ☐ The topic
 - ☐ The format
 - ☐ The location
 - ☐ The time
 - ☐ The cost
 - ☐ The overall experience
- 5) Are you interested in attending future events like this?
 - ☐ Yes ☐ No *Why not?* _____
 - If yes, I would prefer to attend:*
 - ☐ In person ☐ Stream online ☐ I would like to have both options
- 6) After attending this event today, do you feel more inclined to take action to promote health equity?
 - ☐ Yes ☐ No
 - If not, why not?*
 - ☐ I already take action to promote health equity in my work; this has not changed
 - ☐ It is not a high priority for me/my work, but I hope that others address it
 - ☐ I do not feel that it is an important issue to address
 - ☐ Other: _____
- 7) Will you take any action based on this event?
 - ☐ I will take the discussion materials provided by The Trust back to my organization
 - ☐ I will share the recording of this event with others in my organization (*available shortly on The Trust's website*)
 - ☐ I will encourage others to attend future events like this one
 - ☐ Other: _____
 - ☐ It is unlikely that I will take any action
- 8) Prior to this event, were you aware of the option to stream this event online?
 - ☐ Yes ☐ No
- 9) Please rate your level of satisfaction with the following:
 - ☐ The speaker
 - ☐ The topic
 - ☐ The format
 - ☐ The location
 - ☐ The time
 - ☐ The cost
 - ☐ The overall experience



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Thank you for joining us!