



THE
COLORADO
TRUST

Health Equity Learning Series

*Creating a More Equitable Society
to Achieve Health Equity*

DEDICATED TO ACHIEVING HEALTH EQUITY FOR ALL COLORADANS



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FEBRUARY 2014

2013

Health Equity
LEARNING SERIES

CREATING
Health Equity
for all Coloradans

Prepared for The Colorado Trust by Sherry Freeland Walker

VISION OF THE COLORADO TRUST:

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

» INTRODUCTION

Every aspect of an individual's life is affected by whether or not he or she has good health. Part of being healthy is having access to health care, but good health goes far beyond being able to see a doctor. It goes to the heart of where one lives, works, plays and learns. For many people, health disparities caused by lack of political, social or economic power – not individual lifestyles and actions – are the greatest obstacles to becoming as healthy as they can be.

Health disparities vary dramatically by state, county, community and even neighborhood, and are closely linked with economic or social disadvantage. People in groups with a history of discrimination or social exclusion because of race, ethnicity, gender, sexual orientation, age, disability or geography are most likely to suffer health disparities.

A groundbreaking 2002 report from the Institute of Medicine, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, showed that racial and ethnic minorities receive lower quality health services and are less likely to get routine medical procedures than predominantly white Americans, even when factors such as insurance, income, age and condition are equal.

In Colorado, the Office of Health Equity has found similar inequities throughout the state and across racial/ethnic groups. Colorado has significant differences in health and wellness that have persisted or worsened, even as

the state continues to be recognized as one of the healthiest states in the nation. Illness, infant mortality and reduced life expectancy disproportionately affect different racial and ethnic groups, people with low incomes and other vulnerable populations.

To increase awareness and understanding of health equity, The Colorado Trust sponsored its first Health Equity Learning Series in 2013. Eight national experts at five events discussed the problems of health disparities and the obstacles to achieving health equity. More than 500 people attended the luncheon meetings in Denver. To expand the reach and audience beyond those able to physically attend the events, The Trust offered live streaming, allowing more than 1,000 individuals across the state to participate. Additionally, The Trust provided funds to 18 organizations to host "viewing parties" of the live stream broadcast in their own communities.

Throughout the events, several recurring themes became apparent.

- Everyone should have the opportunity to be healthy.
- Social, economic, and political factors and policies shape these opportunities.
- Organizations and communities must work together to create opportunities that lead to health equity.

Equity Is the Superior Growth Model for an All-In Nation

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HEALTH EQUITY LEARNING SERIES

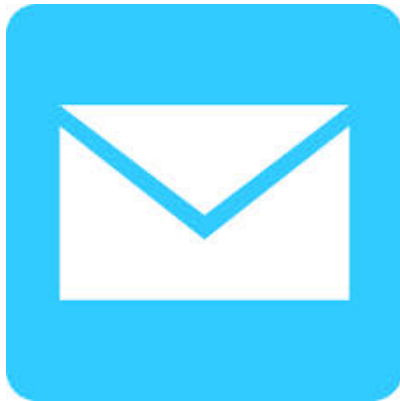
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HEALTH EQUITY LEARNING SERIES



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HEALTH EQUITY LEARNING SERIES



Mildred Thompson

Director, PolicyLink Center for Health and Place



Advancing Health Equity Through Place-Based Solutions

Colorado Health Equity Learning Series

Mildred Thompson, Director
PolicyLink Center for Health Equity and Place

February 26, 2014

Defining Health: **Overall state of physical,** **economic, social and** **spiritual well-being**

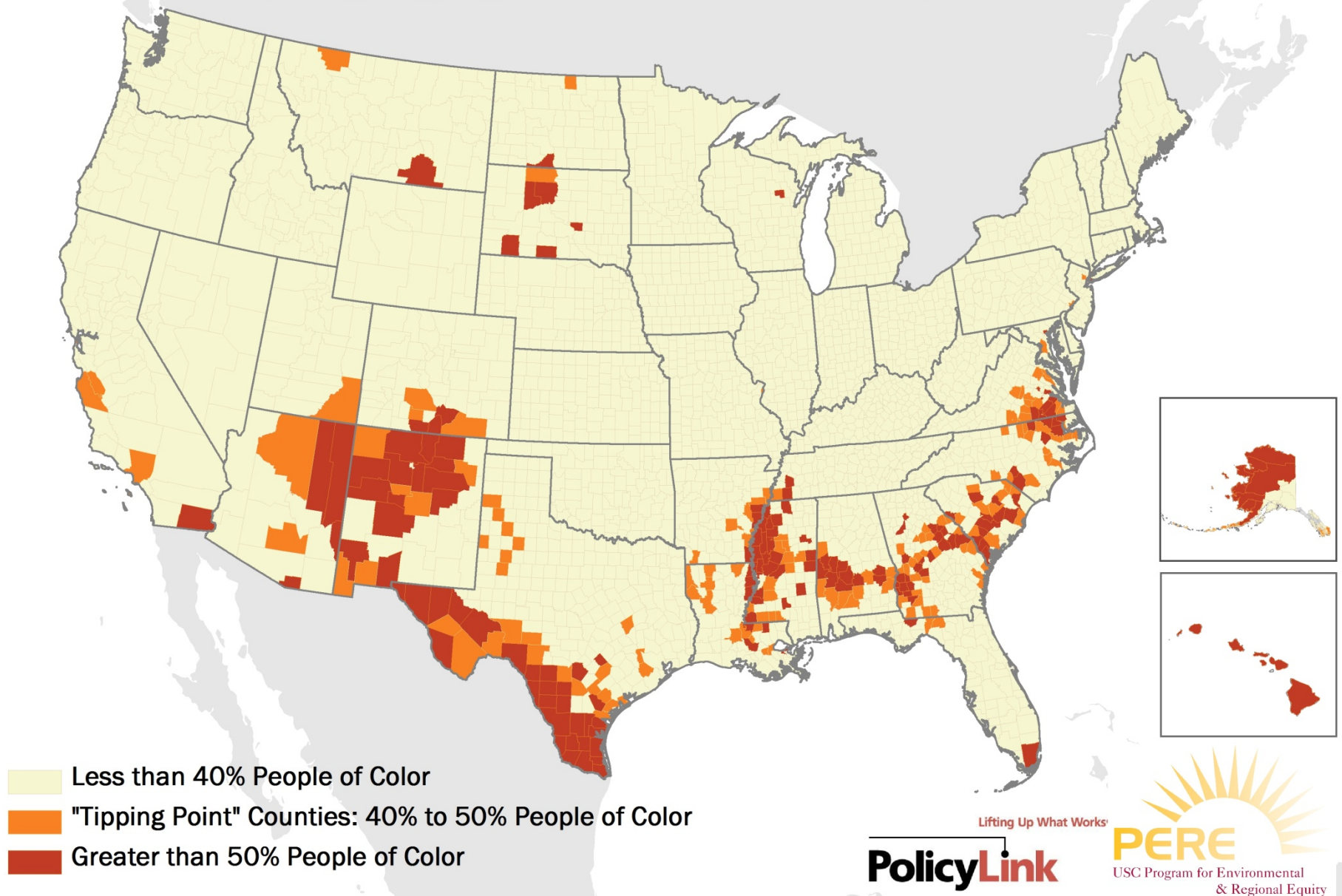


**PolicyLink is a national
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THE FACE OF AMERICA IS CHANGING

1980 Percent People of Color by County



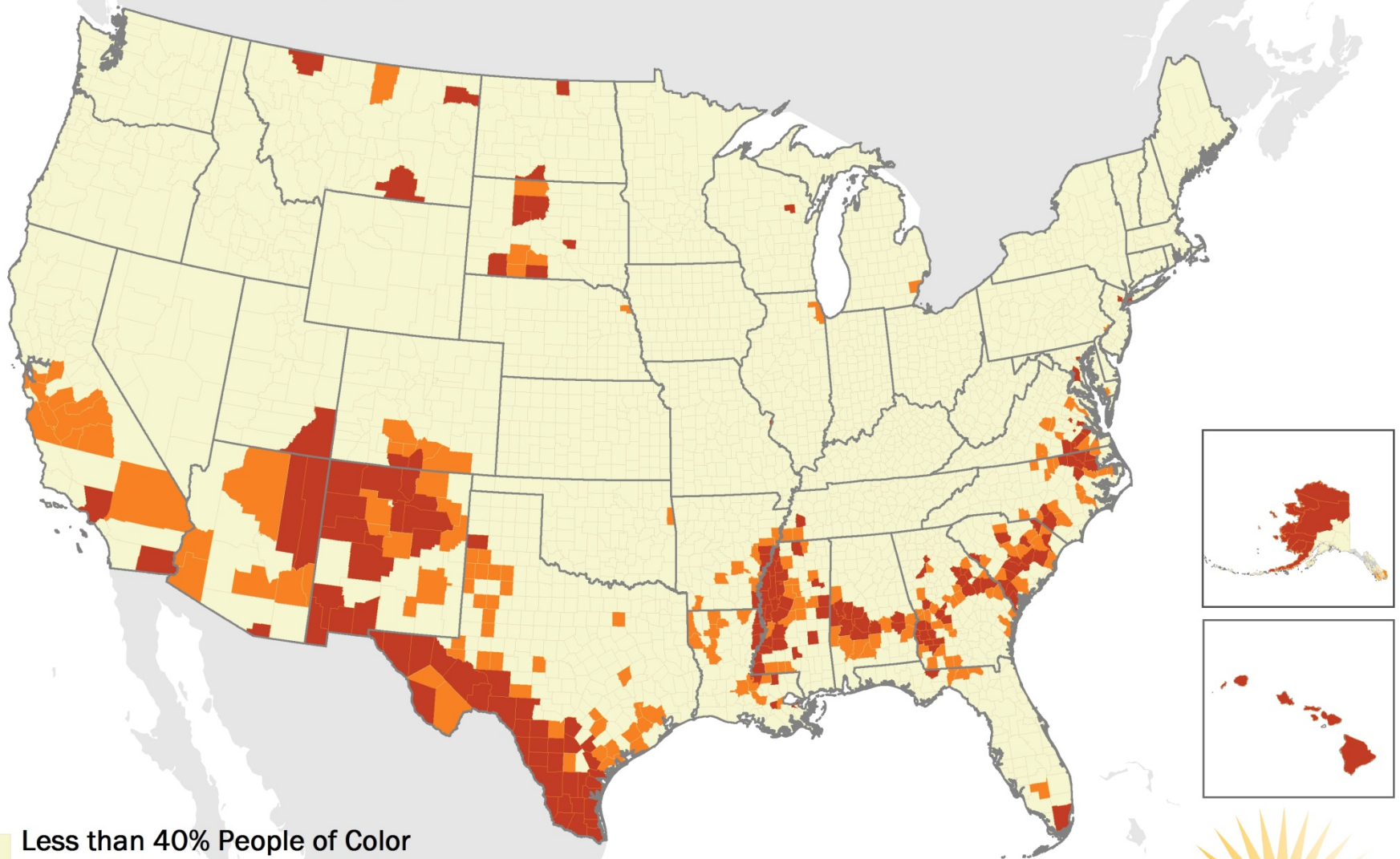
Sources: 1980 Census, Census TIGER/Line, NHGIS, and ESRI.

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1990 Percent People of Color by County



- Less than 40% People of Color
- "Tipping Point" Counties: 40% to 50% People of Color
- Greater than 50% People of Color

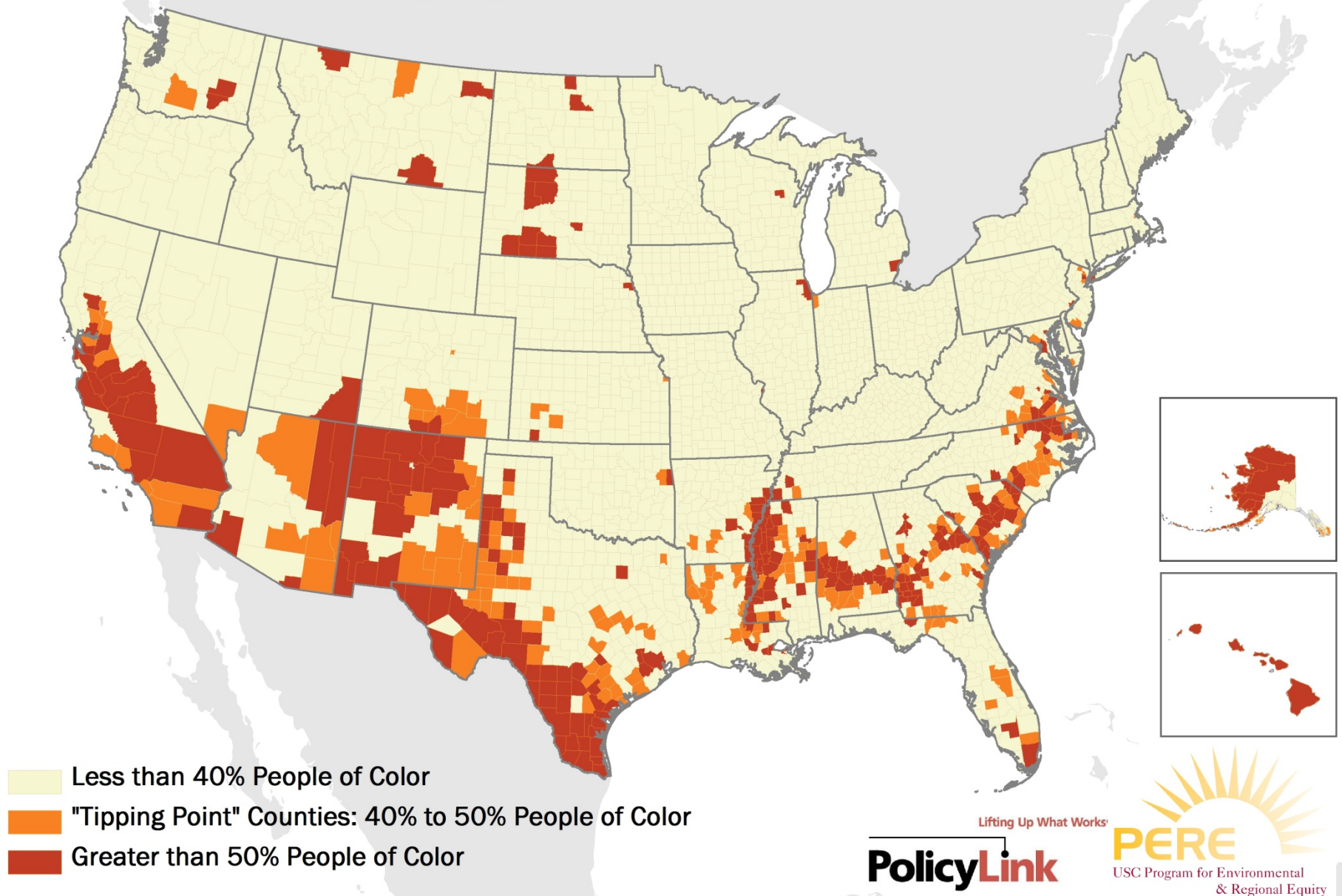
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2000 Percent People of Color by County



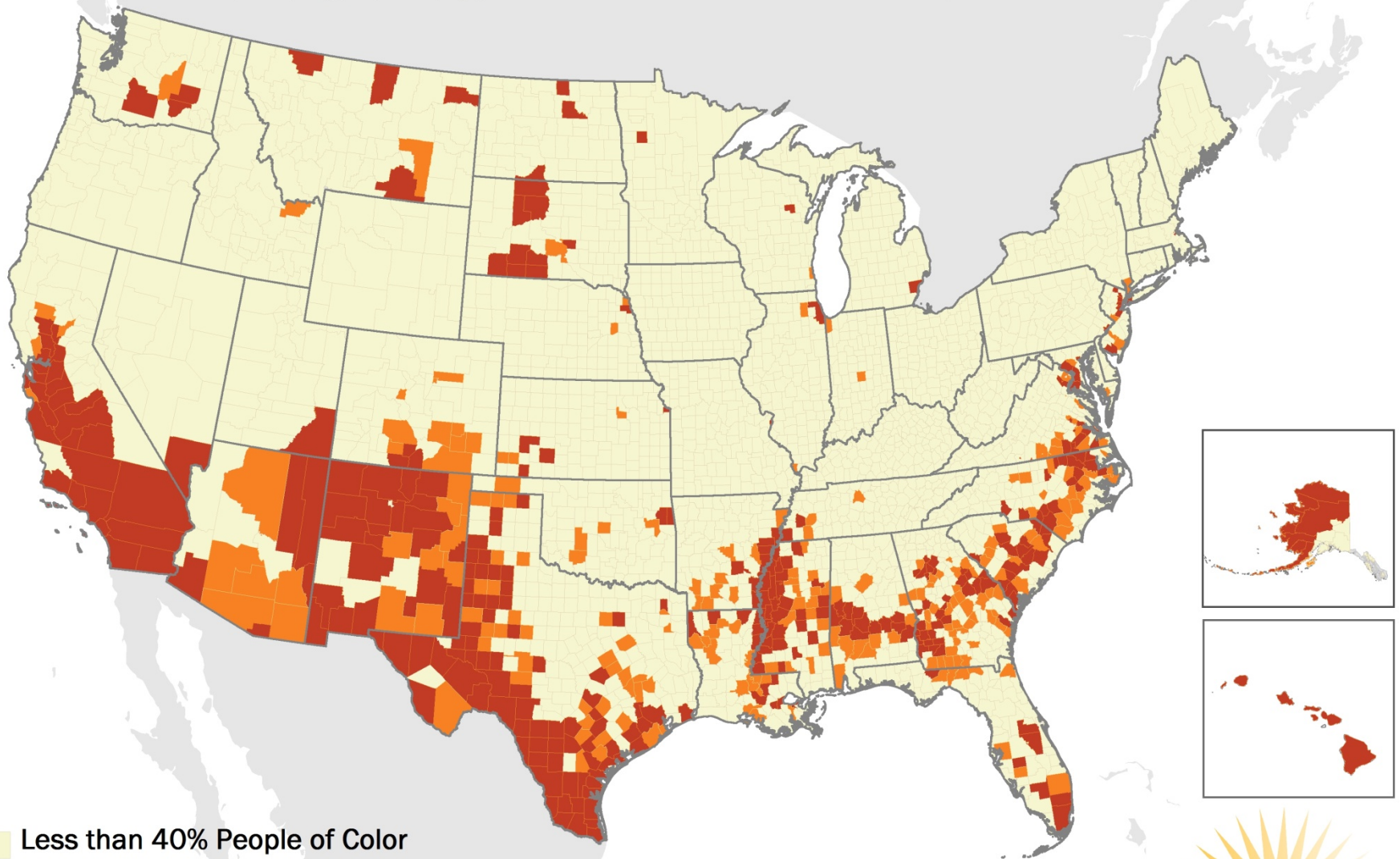
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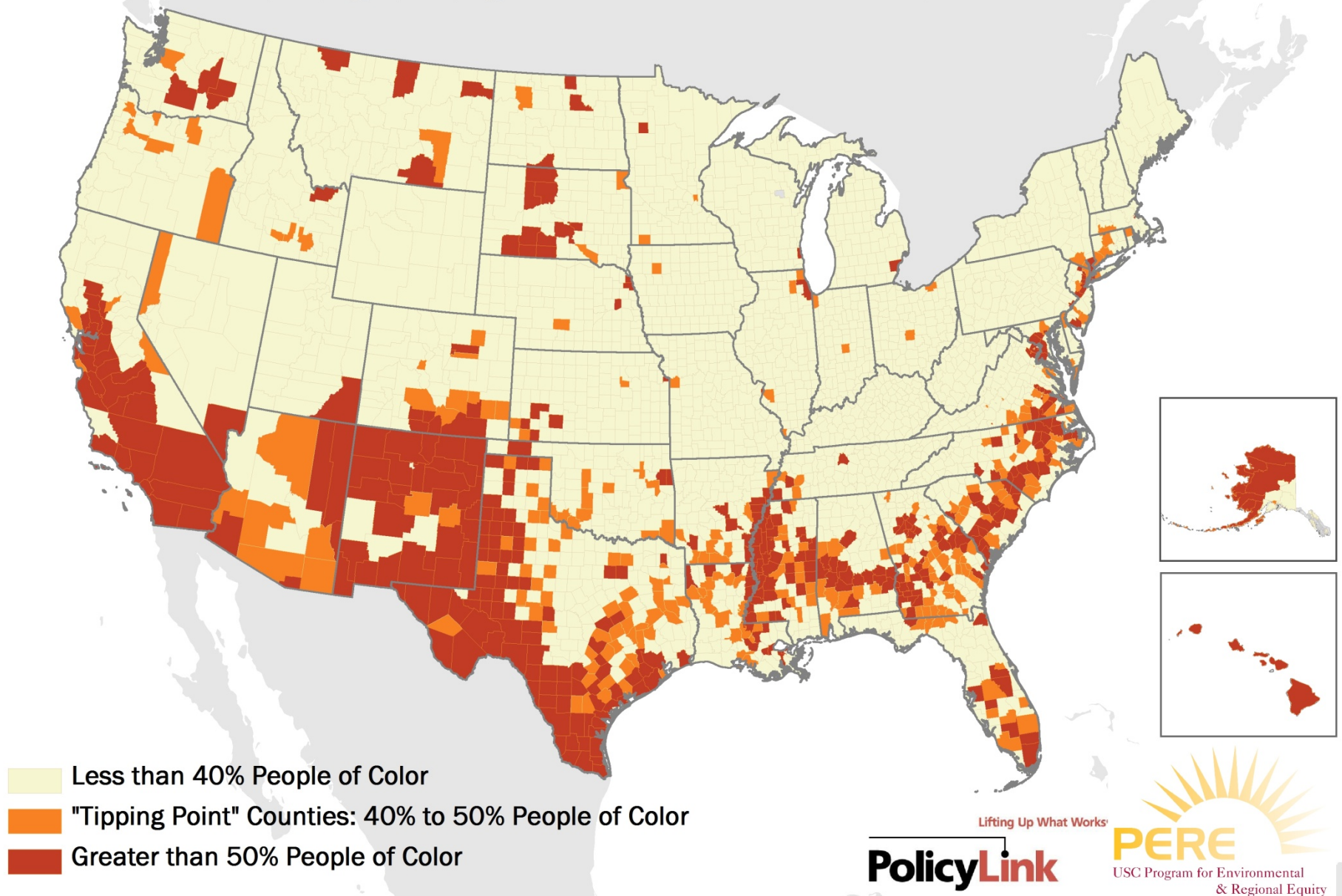
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Sources: 2010 Census, Census TIGER/Line, NHGIS, and ESRI.

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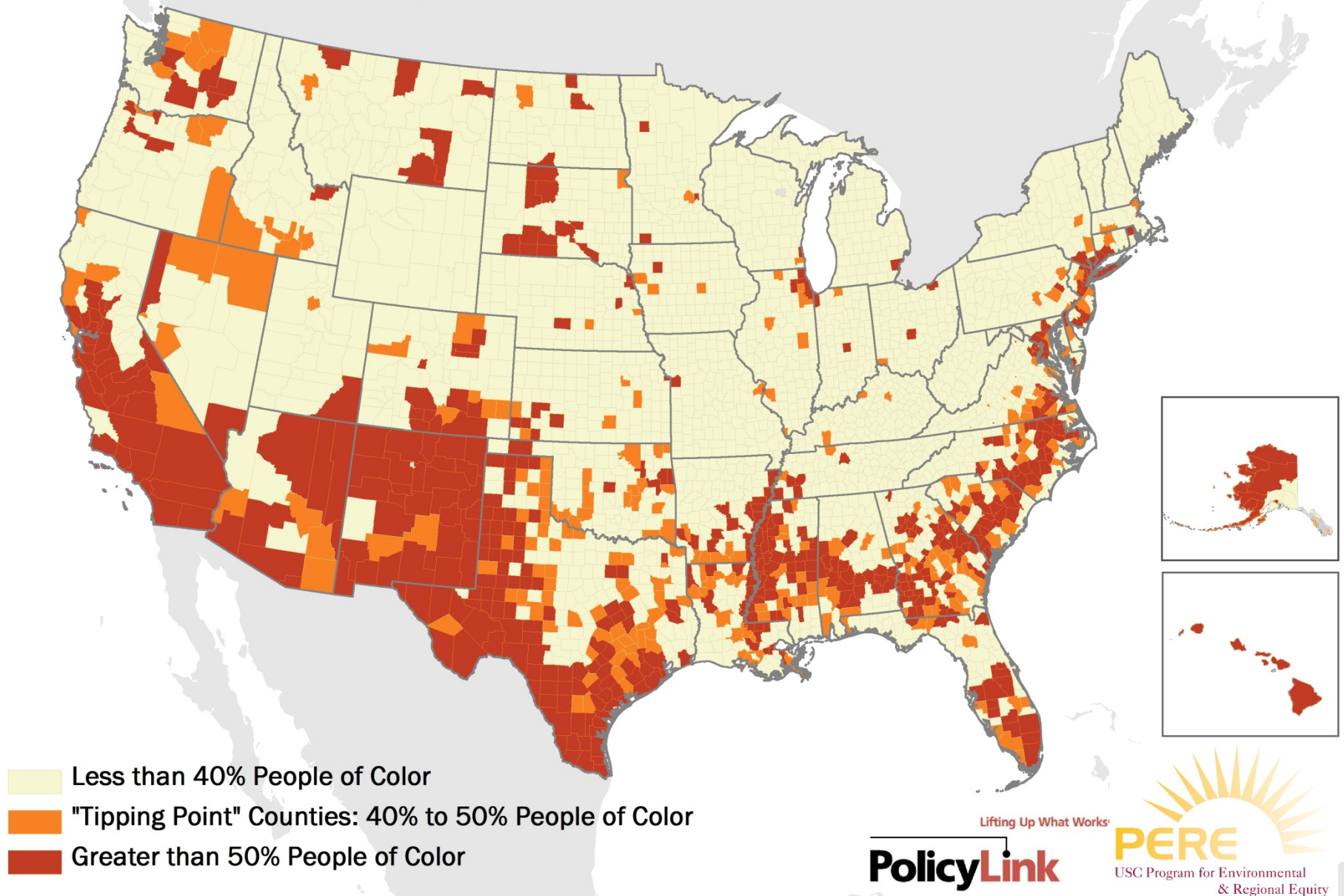
2020 Percent People of Color by County



Sources: Woods & Poole Economics projections data (adjusted using the 2010 Census), Census TIGER/Line, NHGIS, and ESRI.

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2030 Percent People of Color by County



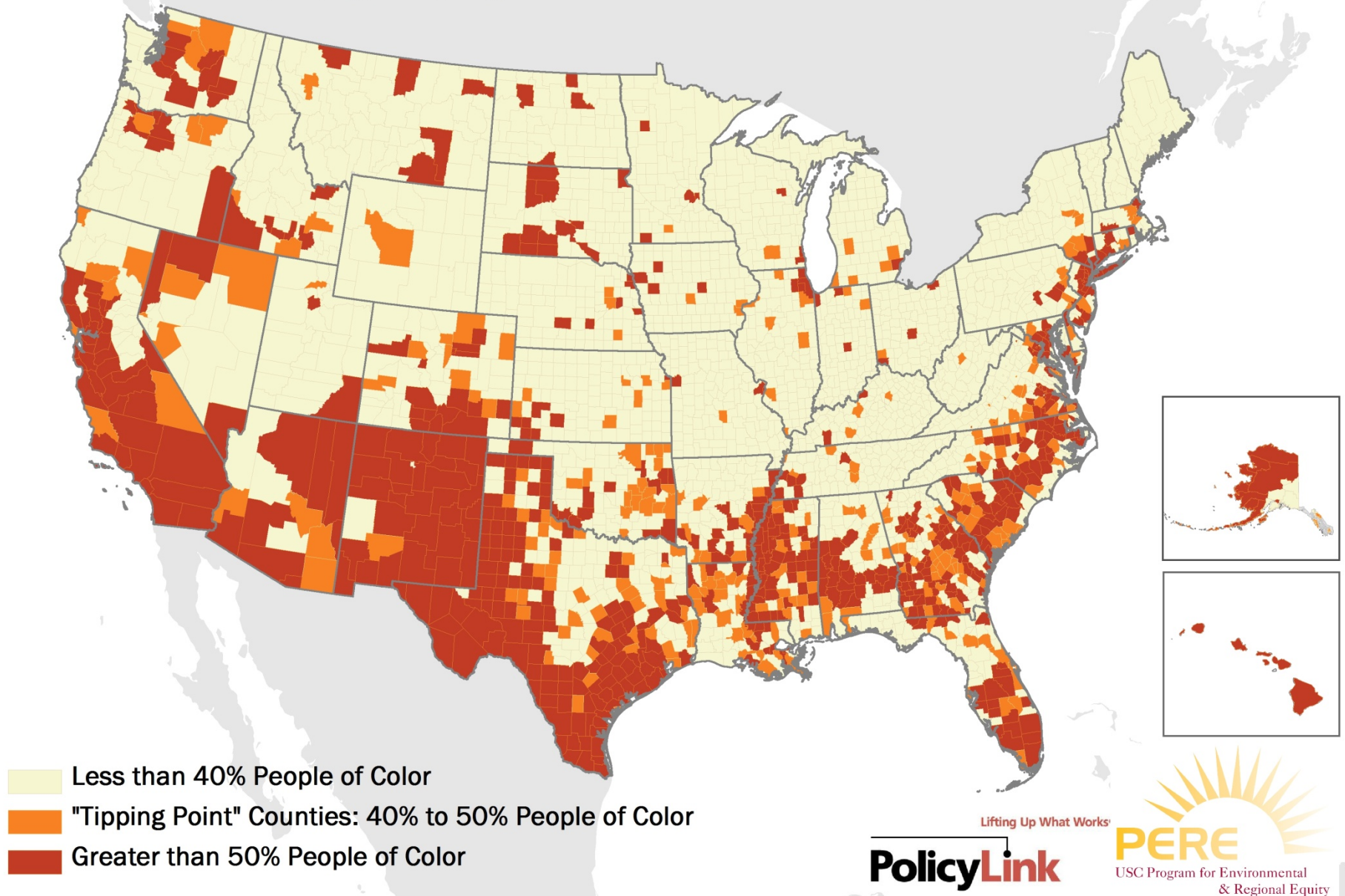
Sources: Woods & Poole Economics projections data (adjusted using the 2010 Census), Census TIGER/Line, NHGIS, and ESRI.

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2040 Percent People of Color by County



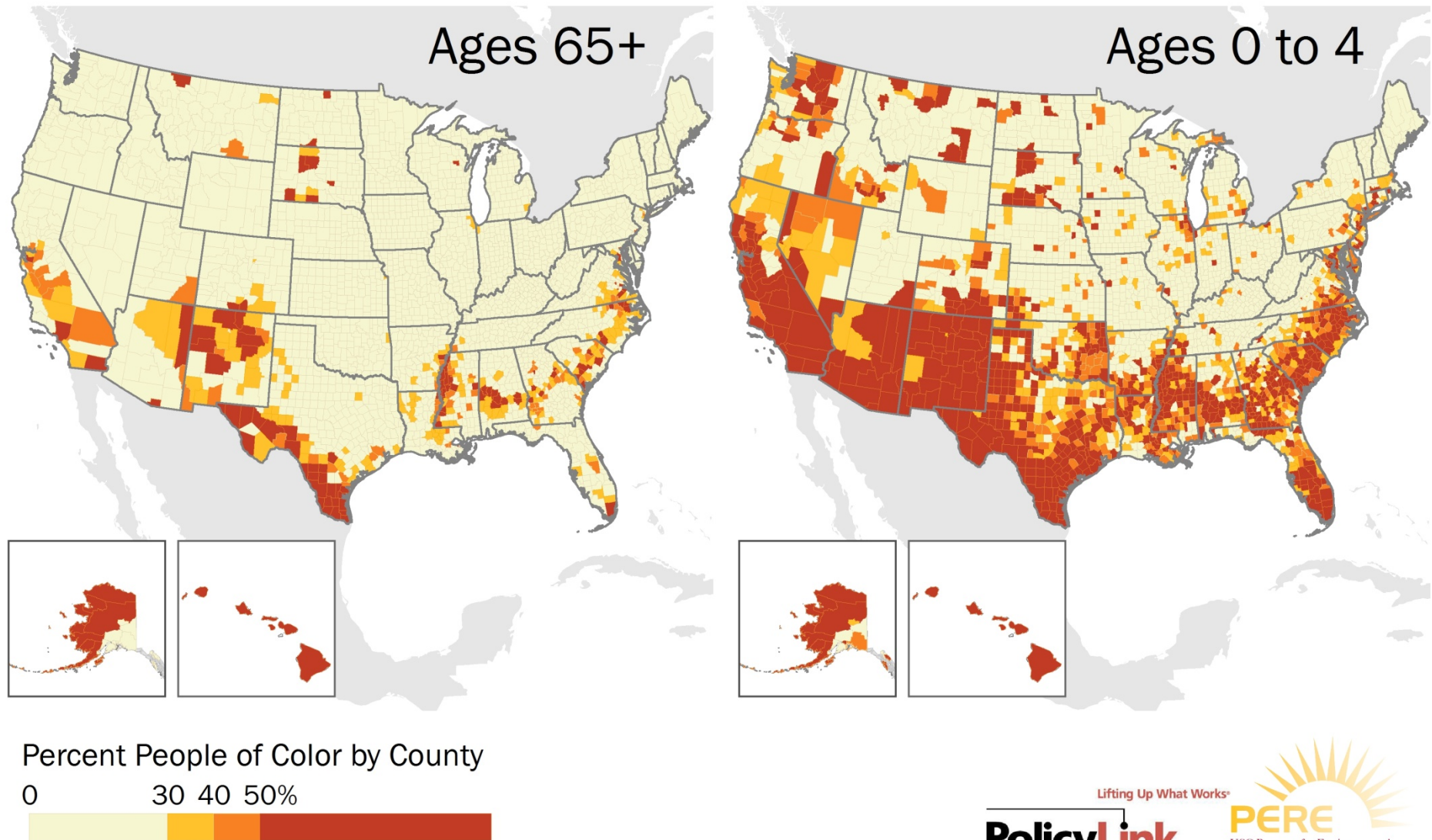
Sources: Woods & Poole Economics projections data (adjusted using the 2010 Census), Census TIGER/Line, NHGIS, and ESRI.

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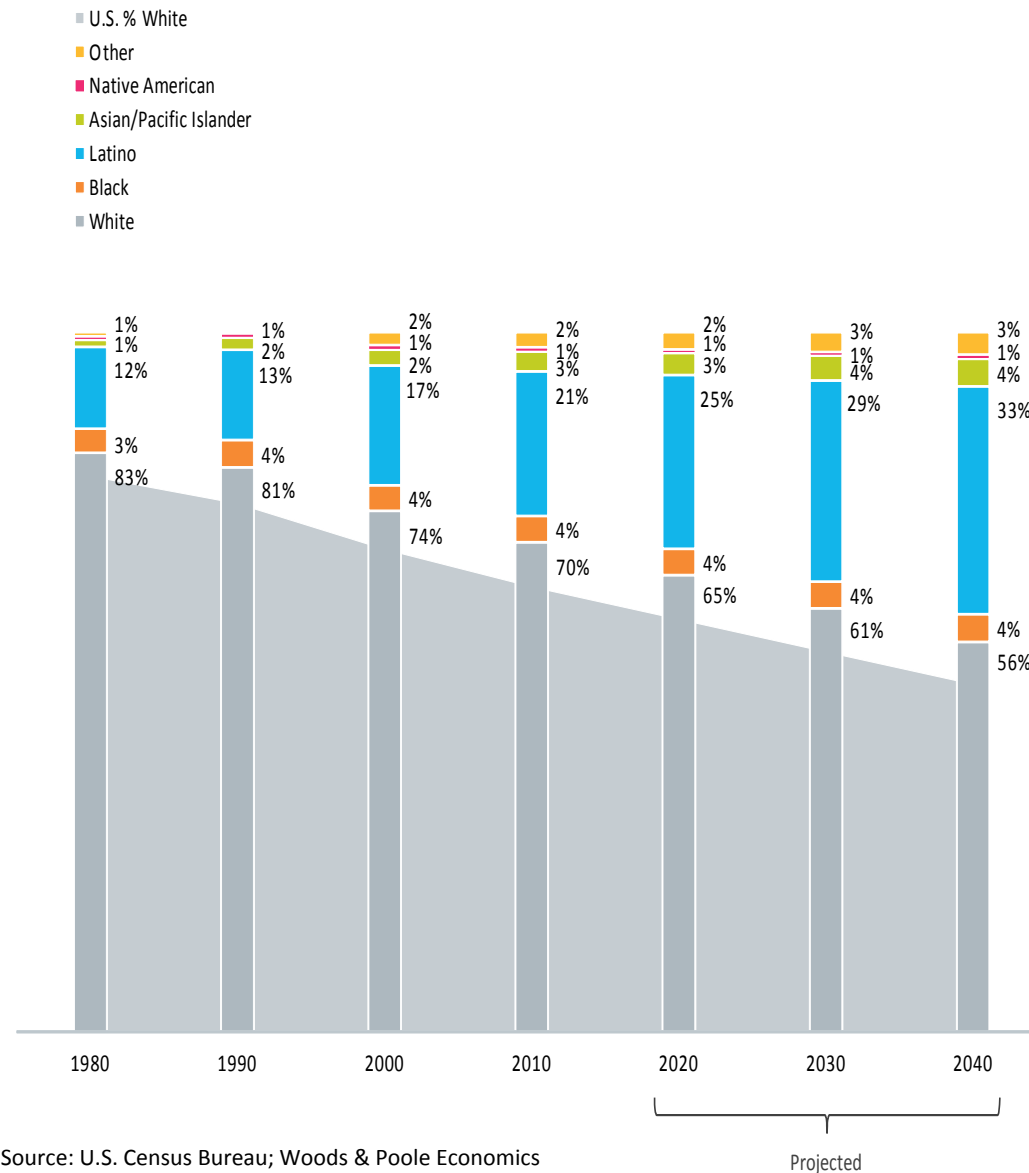
Why care?



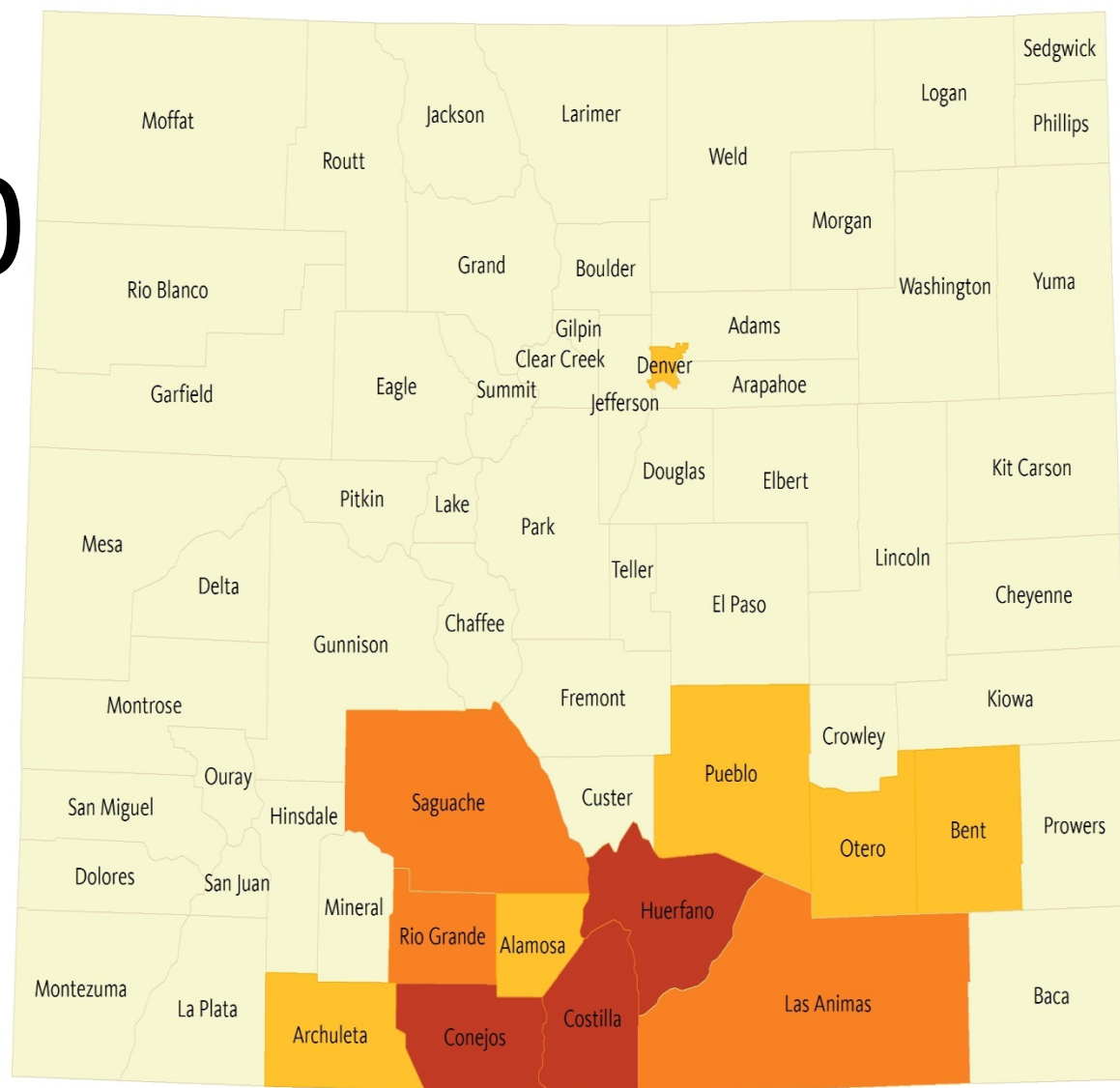
Sources: 2010 Census (Summary File 1), Census TIGER/Line, NHGIS, and ESRI.

Colorado is Quickly Becoming More Racially and Ethnically Diverse

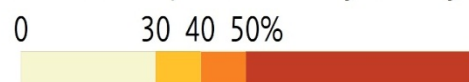
1980-2040



1980



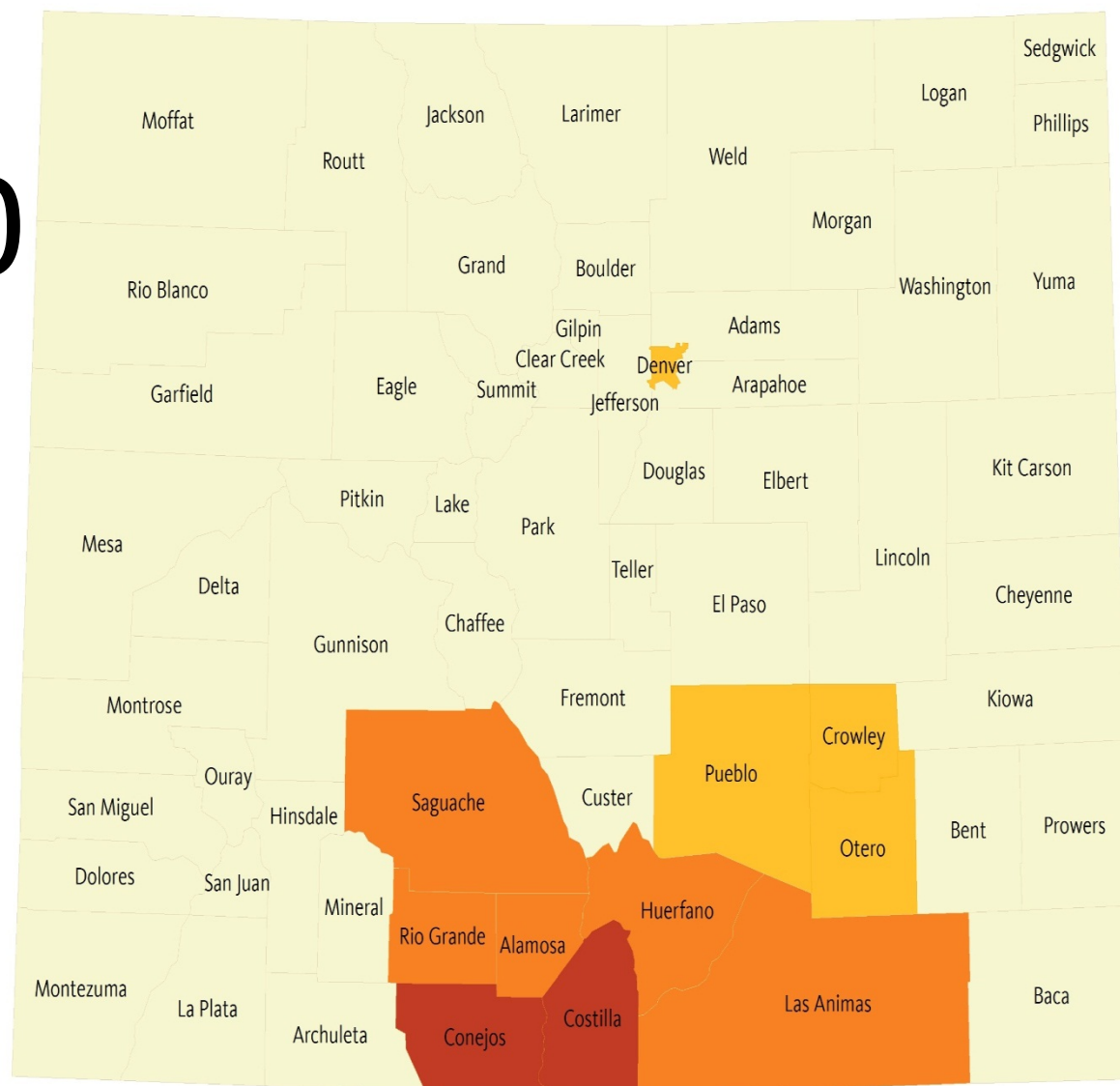
Percent People of Color by County



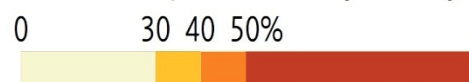
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1990



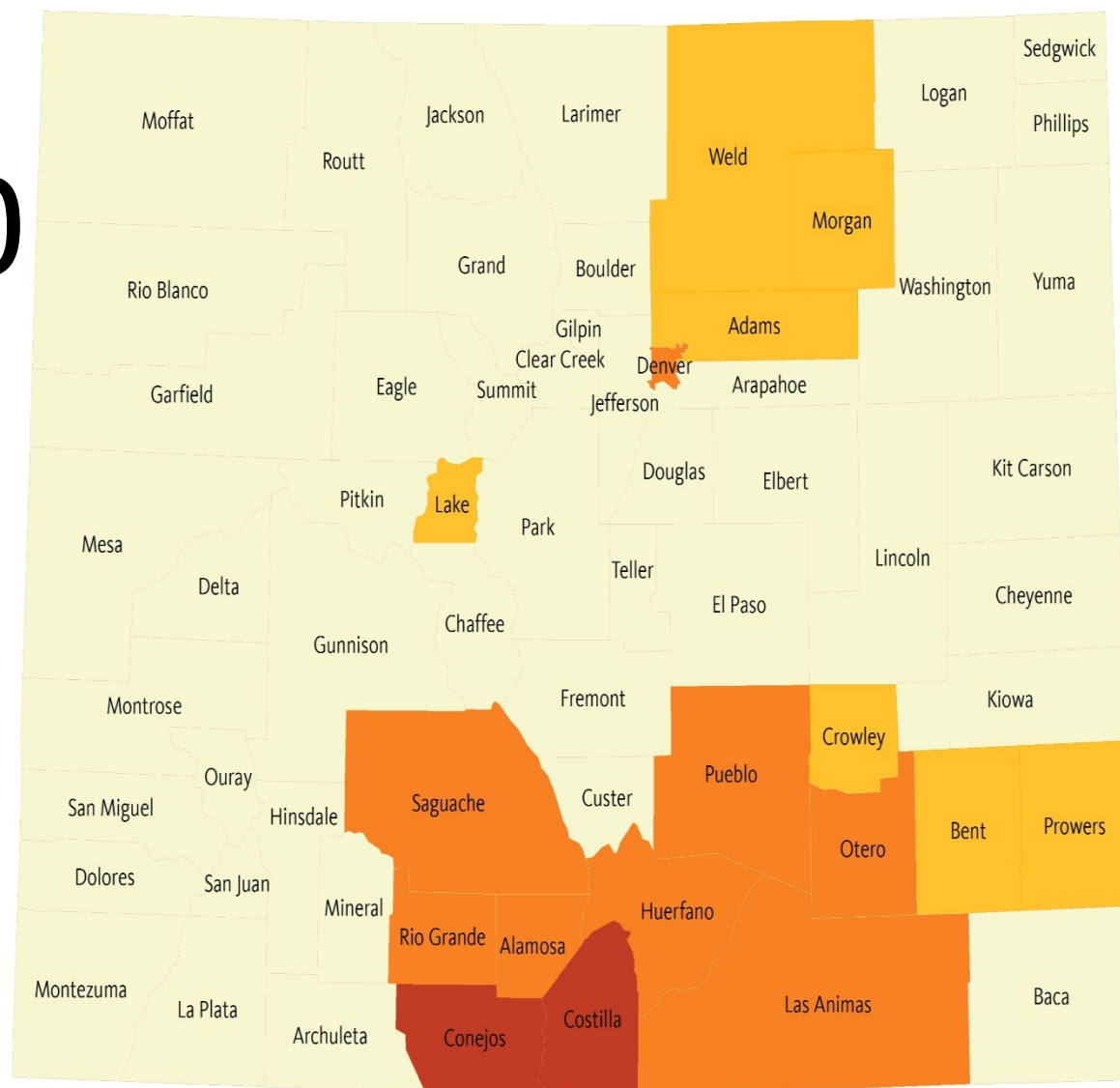
Percent People of Color by County



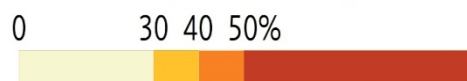
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2000



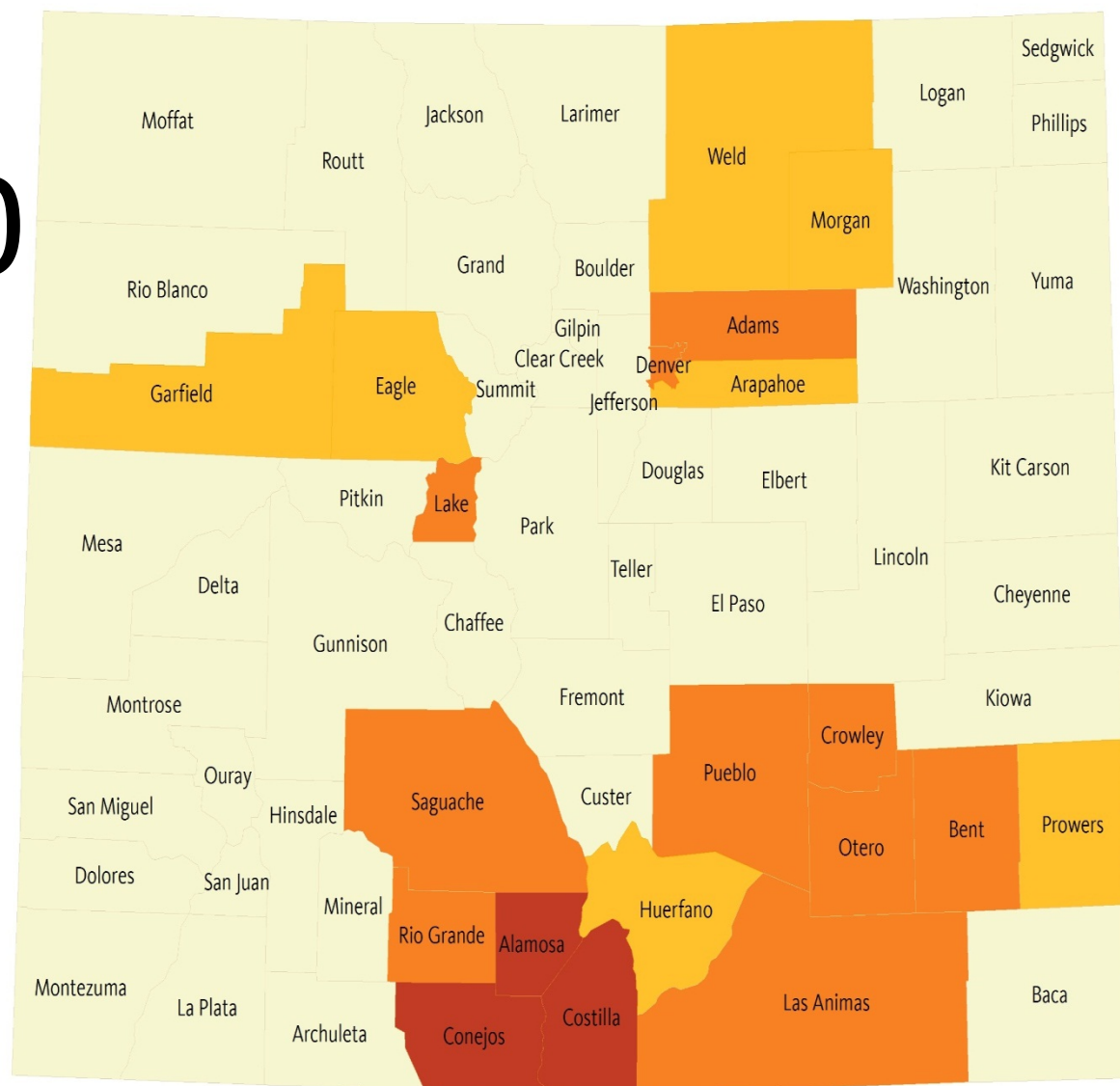
Percent People of Color by County



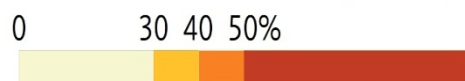
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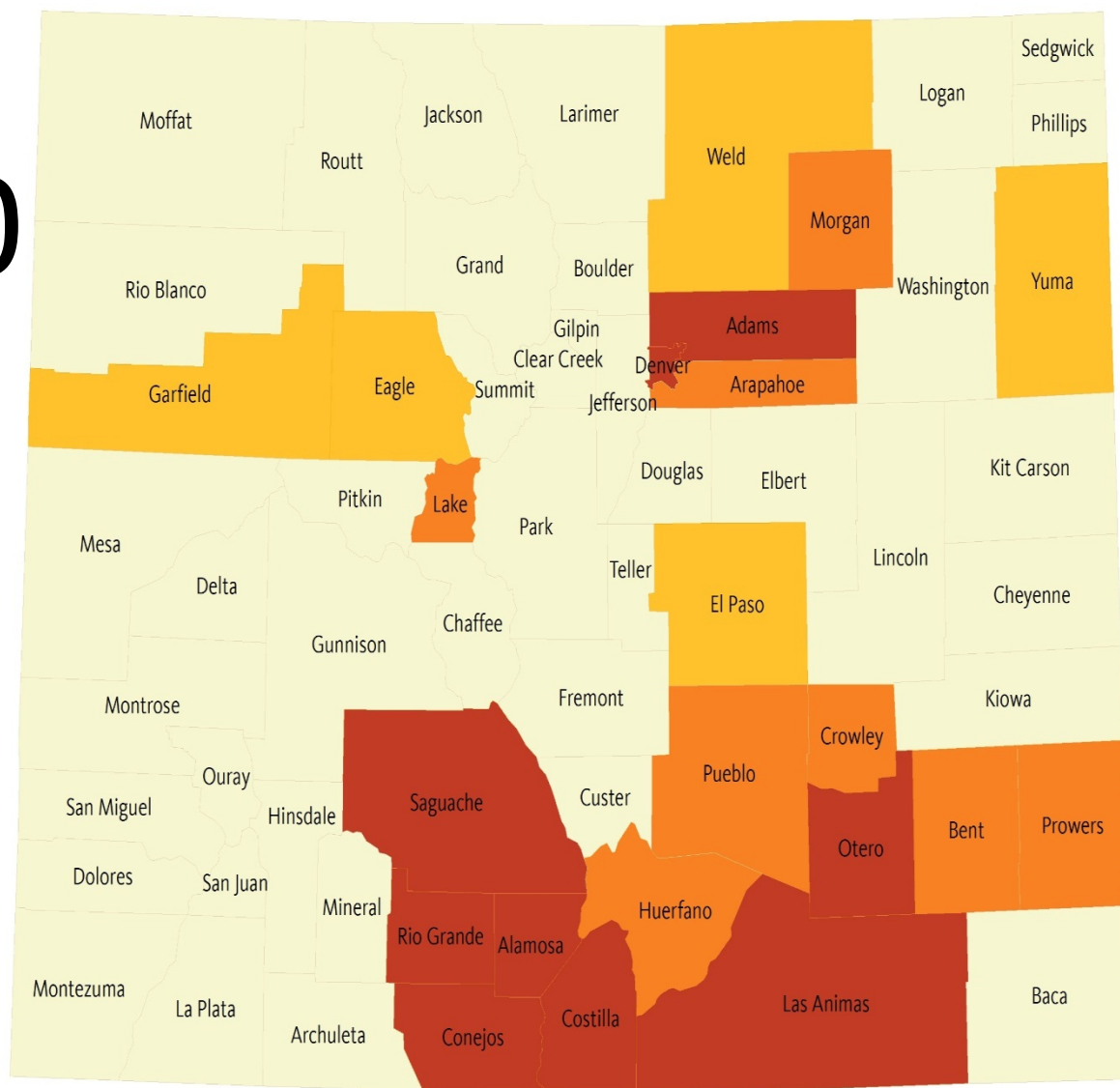
2010



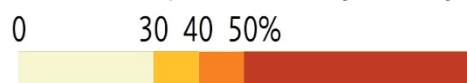
Percent People of Color by County



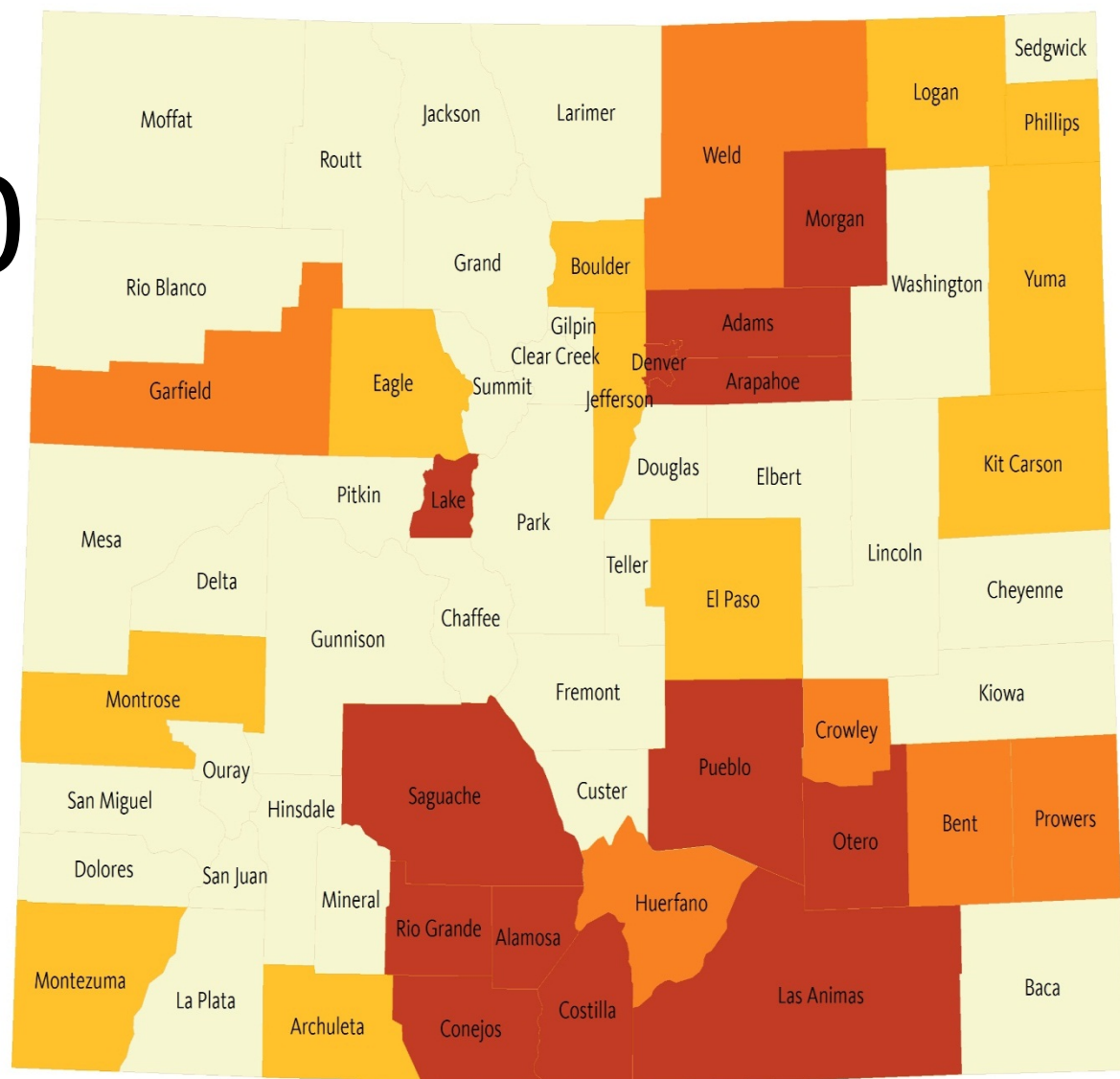
2020



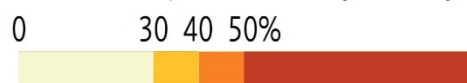
Percent People of Color by County



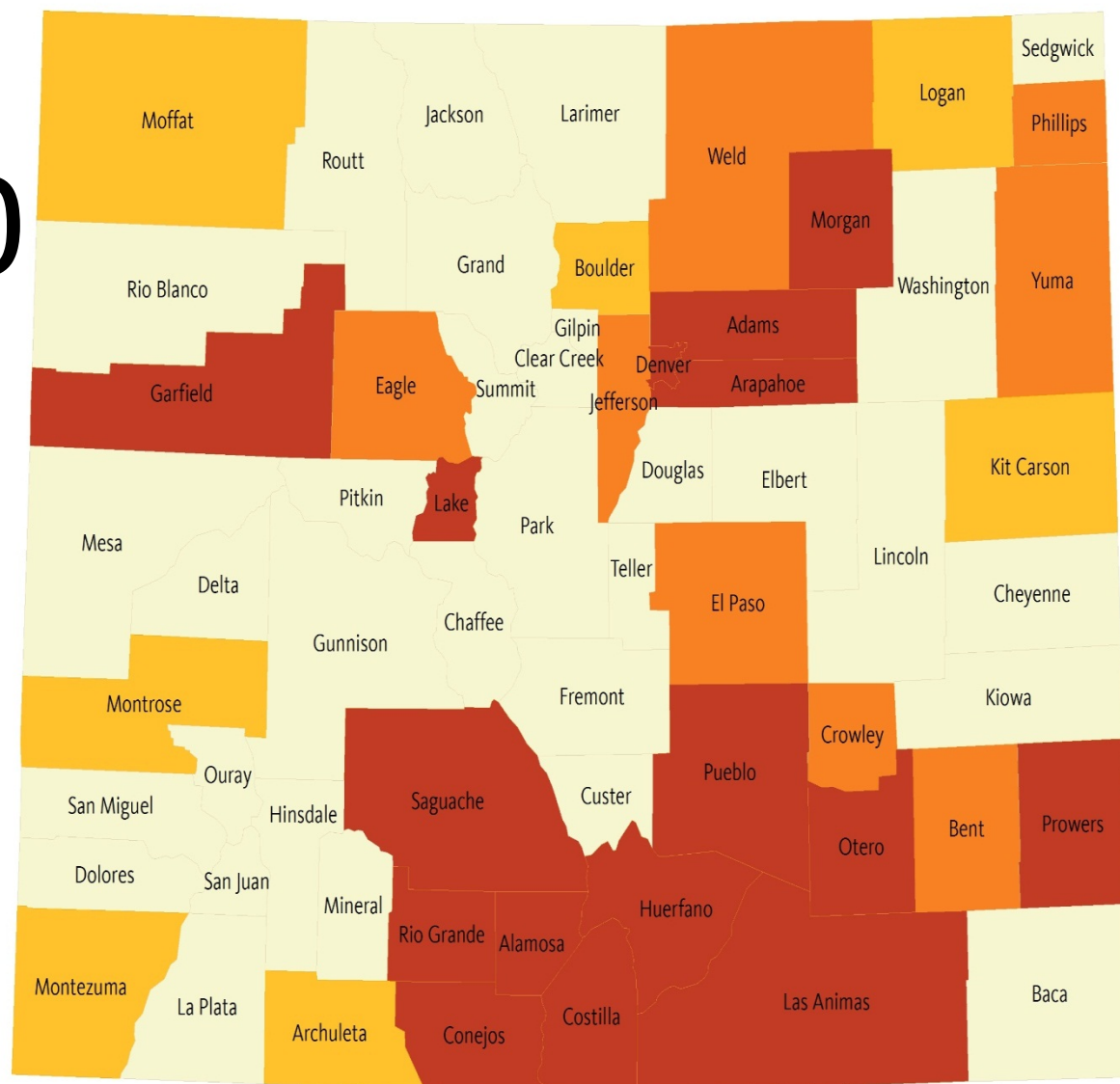
2030



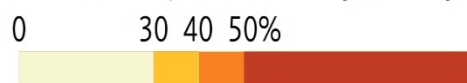
Percent People of Color by County



2040

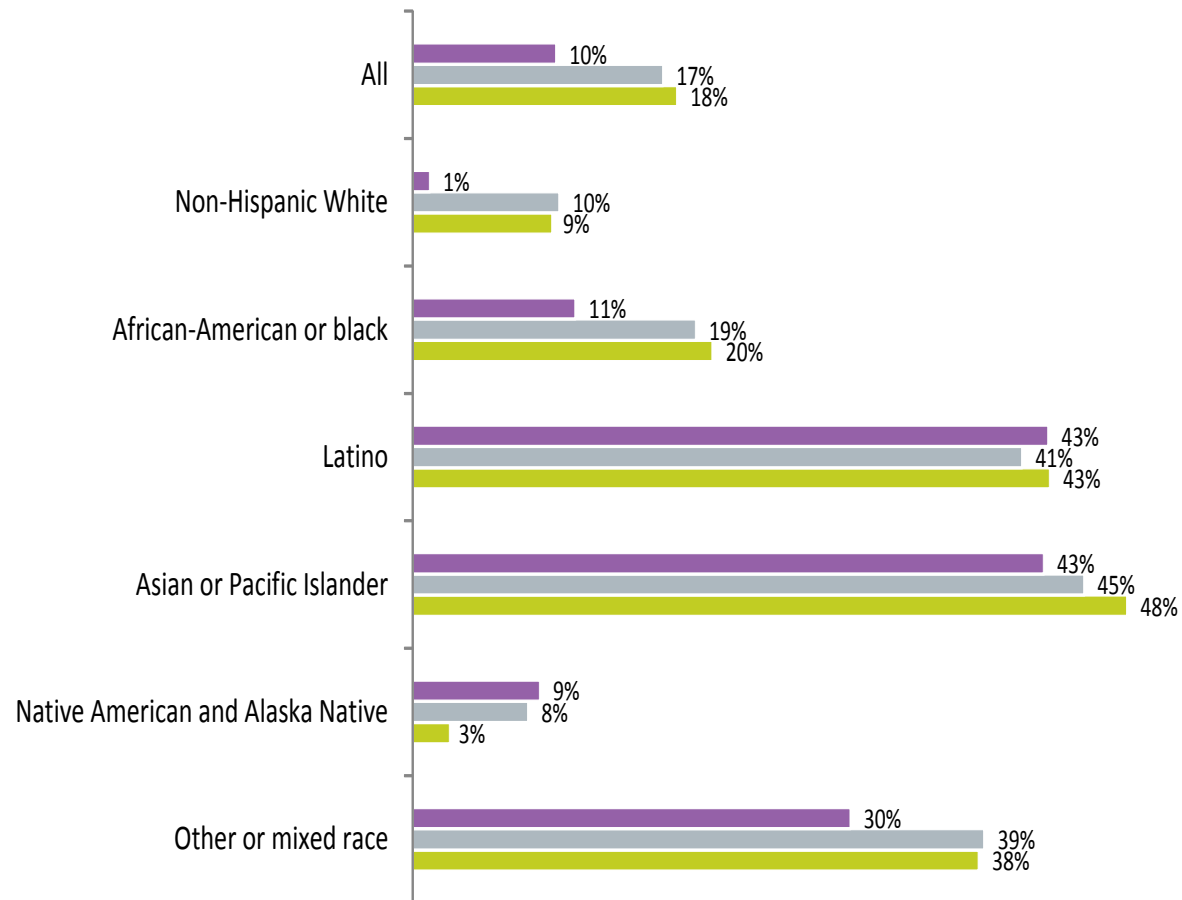


Percent People of Color by County



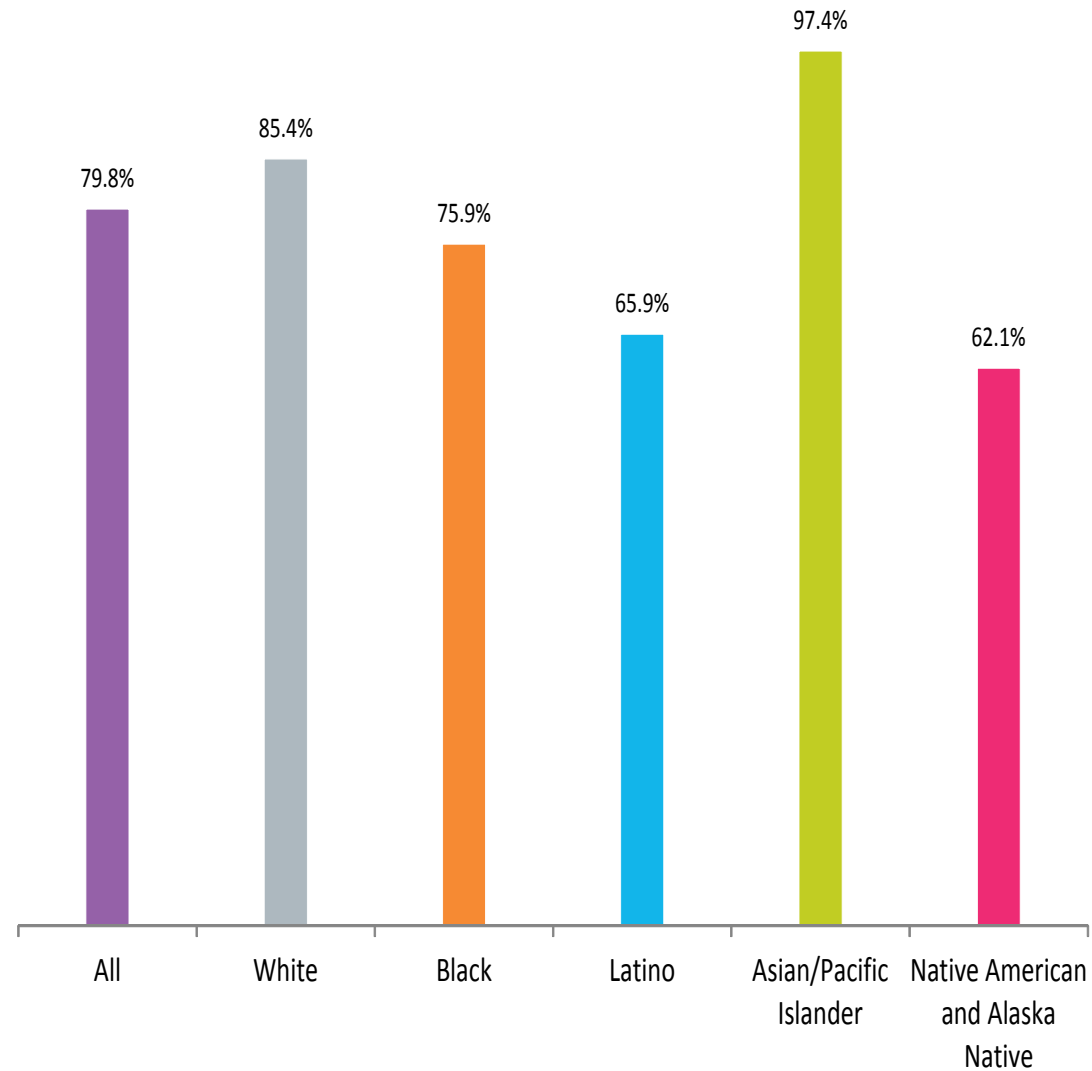
Growth Rates of Major Racial/Ethnic Groups 2000 to 2010

- U.S.
- Colorado
- Denver-Aurora Metro



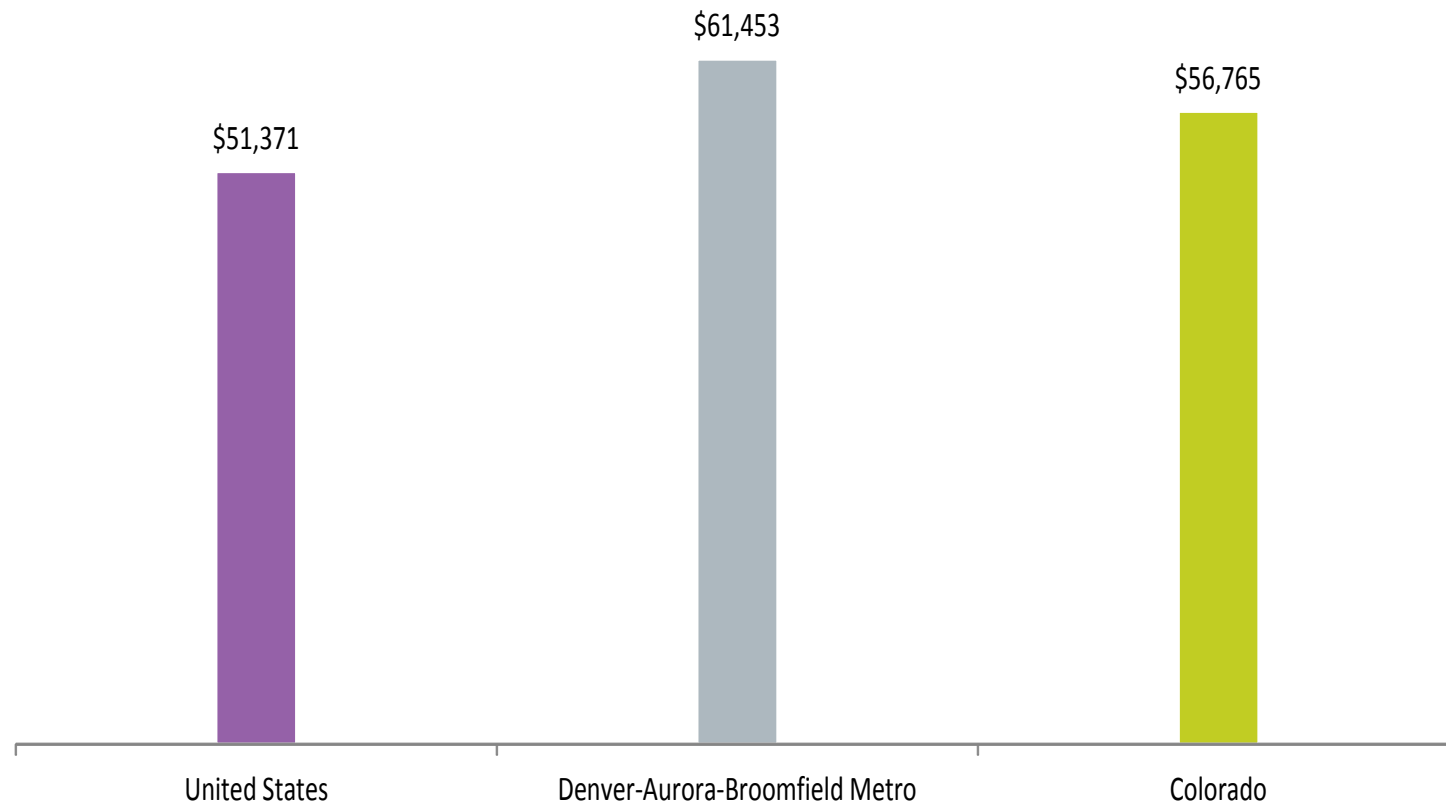
Source: PolicyLink analysis of 2000 and 2010 decennial censuses

**Public High School Averaged Freshman Graduation Rate (AFGR) by Race/Ethnicity
Colorado
2009-10 School Year**



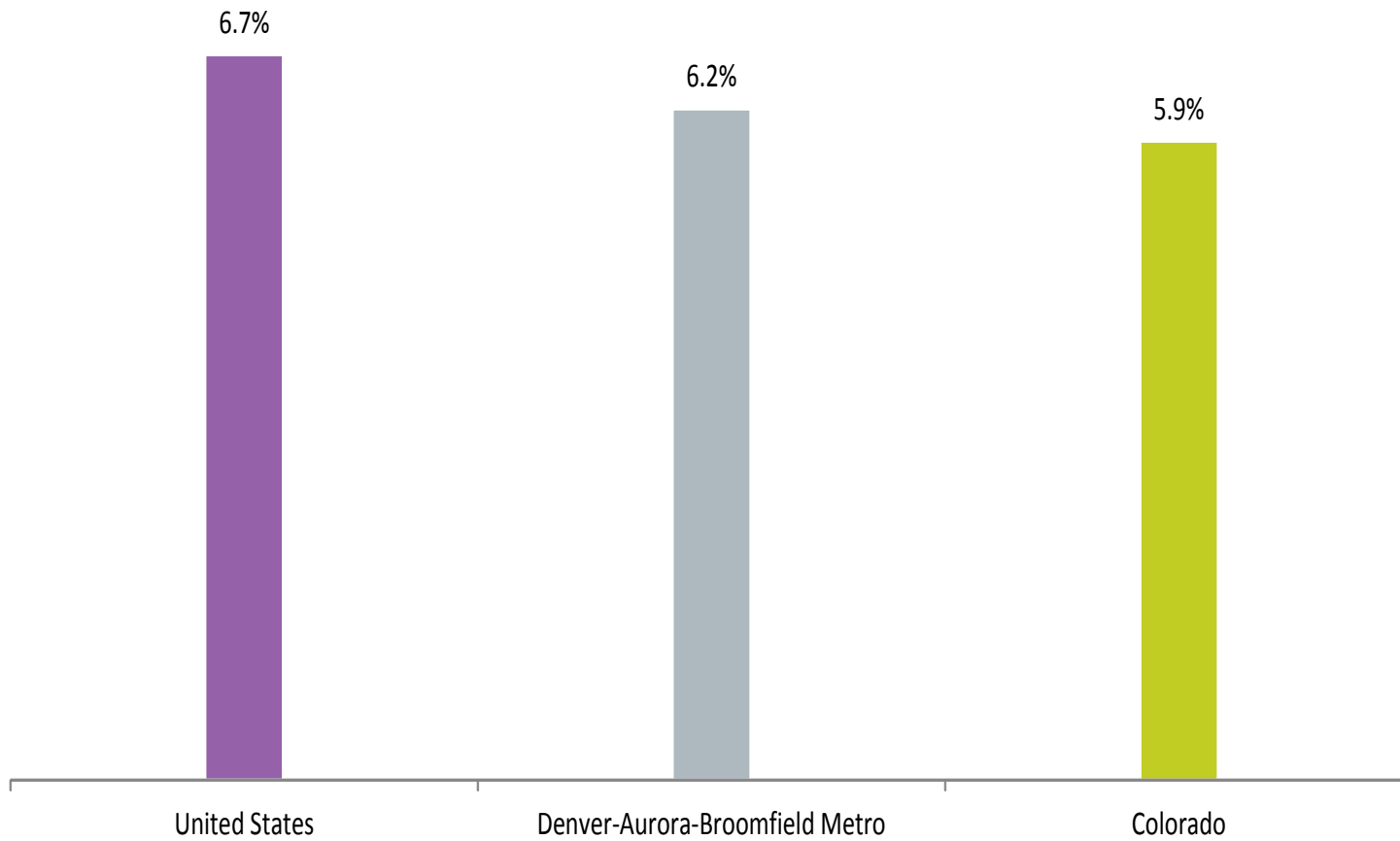
Source: NCES, Common Core of Data

Median Household Income 2012



Source: 2012 American Community Survey

Unemployment Rate December 2013



Source: Bureau of Labor Statistics

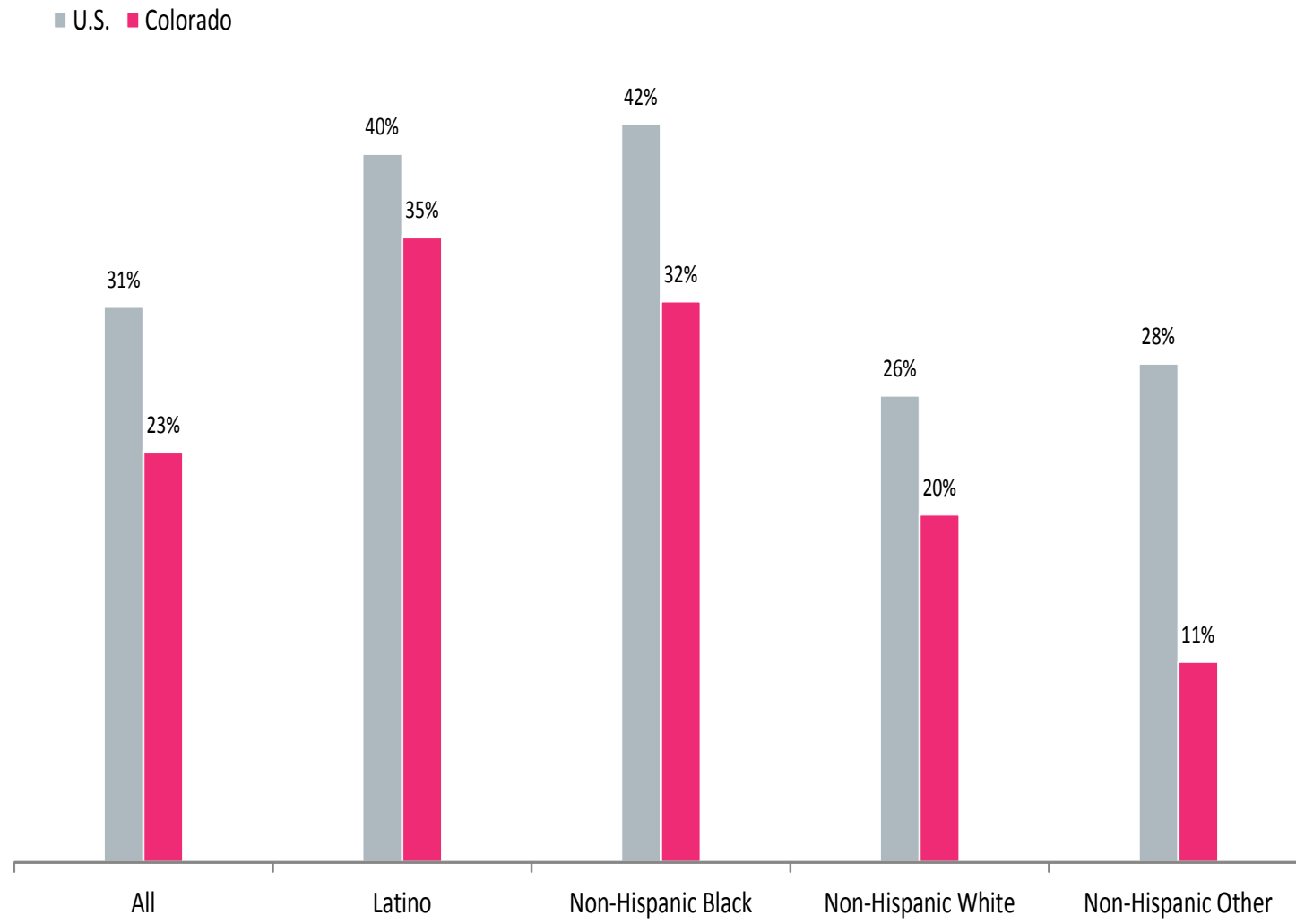
Unemployment Rate by Race/Ethnicity 2006-2010

■ Denver-Aurora Metro
■ Colorado



Source: PolicyLink analysis of 2006-2010 American Community Survey

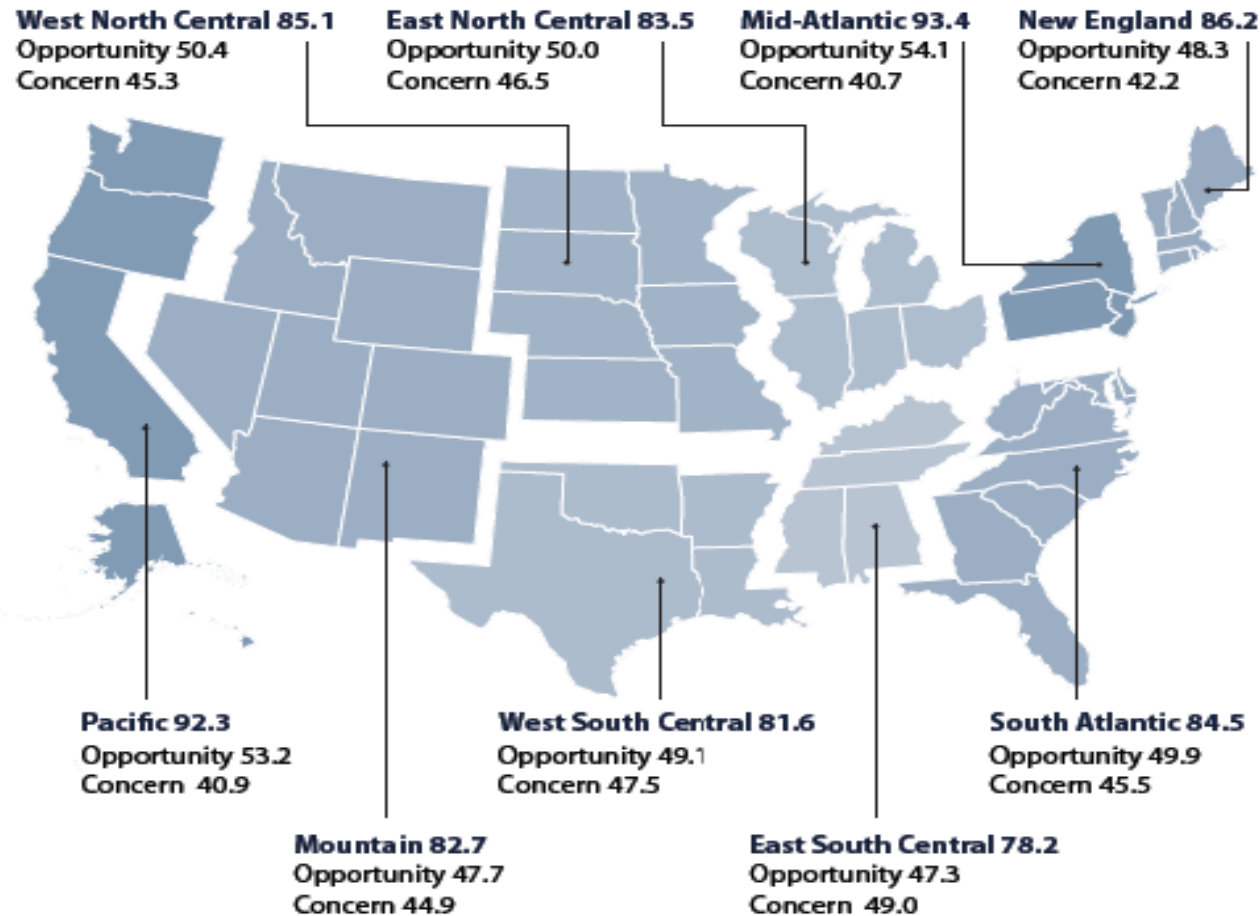
**Percent children age 10-17 years are currently overweight or obese
2011/2012**



Source: 2011/12 National Survey of Children's Health

Regional Diversity Interest

FIGURE 2
Openness to diversity by region



Note: Opportunity and concern scores do not add up to openness scores. Openness score = opportunity score + (80 - concern score).

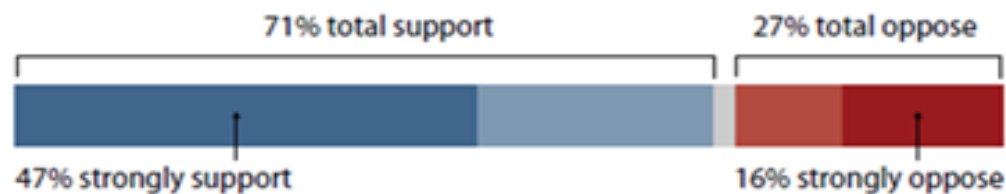
Building an All-In Nation

A View from the American Public

Support/opposition for new equity agenda

"Based on what you know, would you support or oppose new steps to reduce racial and ethnic inequality in America through investments in areas like education, job training, and infrastructure improvement?"

Total population



Why Equity, Why Now: Making the Case

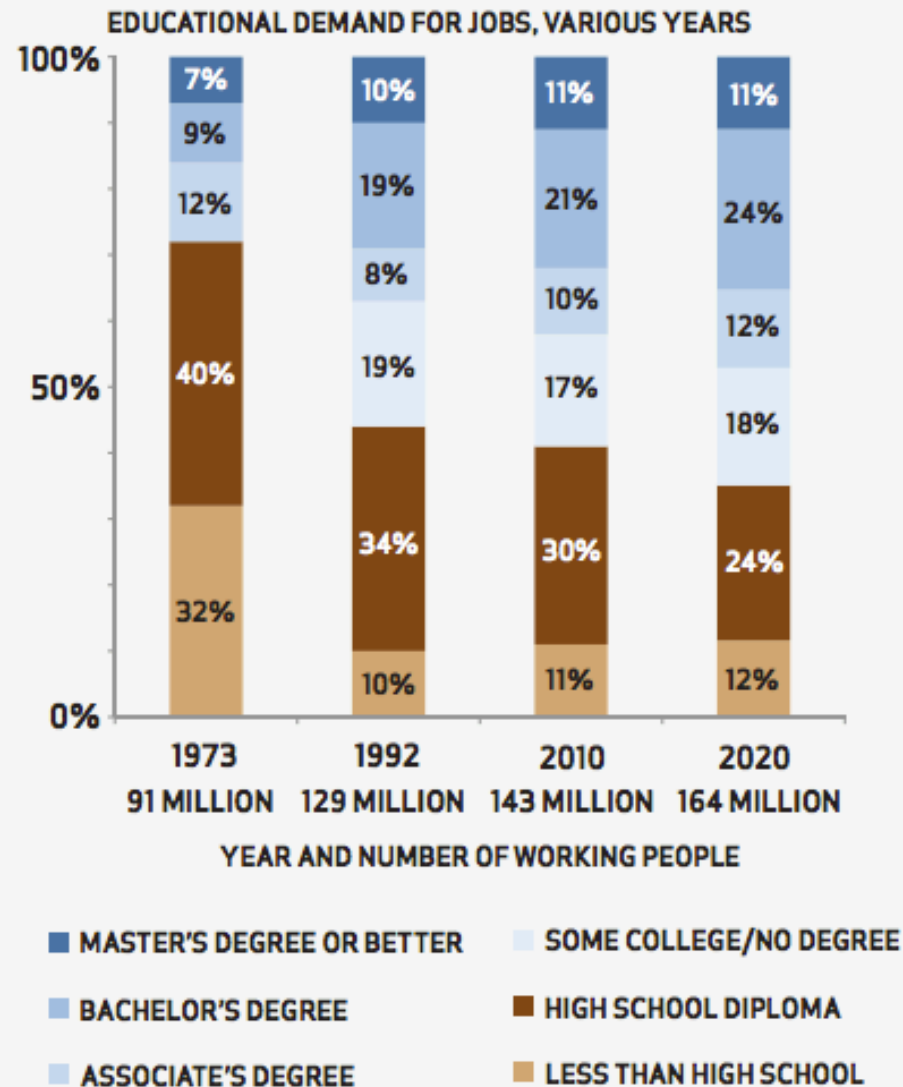
The United States, Falling Behind

- One in six Americans scored near the bottom in literacy.
- Nearly one in three Americans scored near the bottom in numeracy.
- Young Americans rank the lowest among their peers in the countries surveyed.



***Data from Organisation for Economic Co-operation and Development report**

Educational demand for employment has grown; we expect that trend to continue.



Who Will Be Hiring?



- STEM (Science, Technology, Engineering and Math)
- Healthcare Professions
- Healthcare Support
- Community Services



Why Act Now? America is Unhealthy*

Despite spending far more on health care than any other nation—more than \$2.7 trillion in 2011—Americans live shorter, sicker lives than people in many other countries.

*** This slide is from the RWJF Commission for a Healthier America.**

Why Act Now? America is Unhealthy*

- Within the U.S., nearly a fifth of all Americans live in unhealthy neighborhoods:
 - Limited job opportunities
 - Low-quality housing
 - Limited access to healthy food
 - Few opportunities for physical activity

*** This slide is from the RWJF Commission for a Healthier America.**

- 1 in 4 children under 5 years old live in poverty
- 2 in 5 Black and Latino children live in poverty.
- 85% of those surveyed believe that this is a serious/very serious concern.

U.S. Income Inequality*

- Between 1979 and 2007, the top 1% took home over half (53%) of total U.S. income.
- UC Berkeley economist estimates the top 1% captured 95% of total income growth.
- Rising top 1% in states are associated with declines in earnings among middle-income families.

“More than in most other advanced countries, in America the children of affluent parents grow up to be affluent, and children of the poor remain poor.”

***Data from “The Increasingly Unequal States of America” (2014)**

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Losing Ground in Health: Life Expectancy

In 1980, the U.S. ranked 15th among affluent countries in life expectancy (LE) at birth.
By 2009, we had slipped to 27th place.

1980	Rank	2009
LE = 76.7 Iceland	1	Japan LE = 83.0
Japan	2	Switzerland
Netherlands	3	Italy
Norway	4	Spain
Sweden	5	Australia
Switzerland	6	Iceland
Spain	7	Israel
Canada	8	Sweden
Greece	9	France*
Australia	10	Norway
Denmark	11	Canada**
France	12	New Zealand
Italy	13	Luxembourg
Israel	14	Netherlands
LE = 73.7 United States	15	Austria
Finland	16	Korea
Belgium	17	United Kingdom
New Zealand	18	Germany
United Kingdom	19	Greece
Germany	20	Belgium
Ireland	21	Finland
Luxembourg	22	Ireland
Austria	23	Portugal
Portugal	24	Denmark
Slovenia	25	Slovenia
Slovak Republic	26	Chile
Czech Republic	27	United States LE = 78.5
Poland	28	Czech Republic
Chile	29	Poland
Estonia	30	Mexico
Hungary	31	Estonia
Mexico	32	Slovak Republic
Korea	33	Hungary
Turkey	34	Turkey

Sources: 1980 data for Chile and Slovenia are from UNDESA. *2010 Revision of World Population Prospects*. United Nations Development Programme; 2011.
<http://hdrstats.undp.org/en/indicators/69206.html>. Accessed May 21, 2013.
All other data are from OECD. OECD Stat, (database); 2012. http://stats.oecd.org/index.aspx?DataSetCode=HEALTH_STAT. Accessed May 21, 2013.

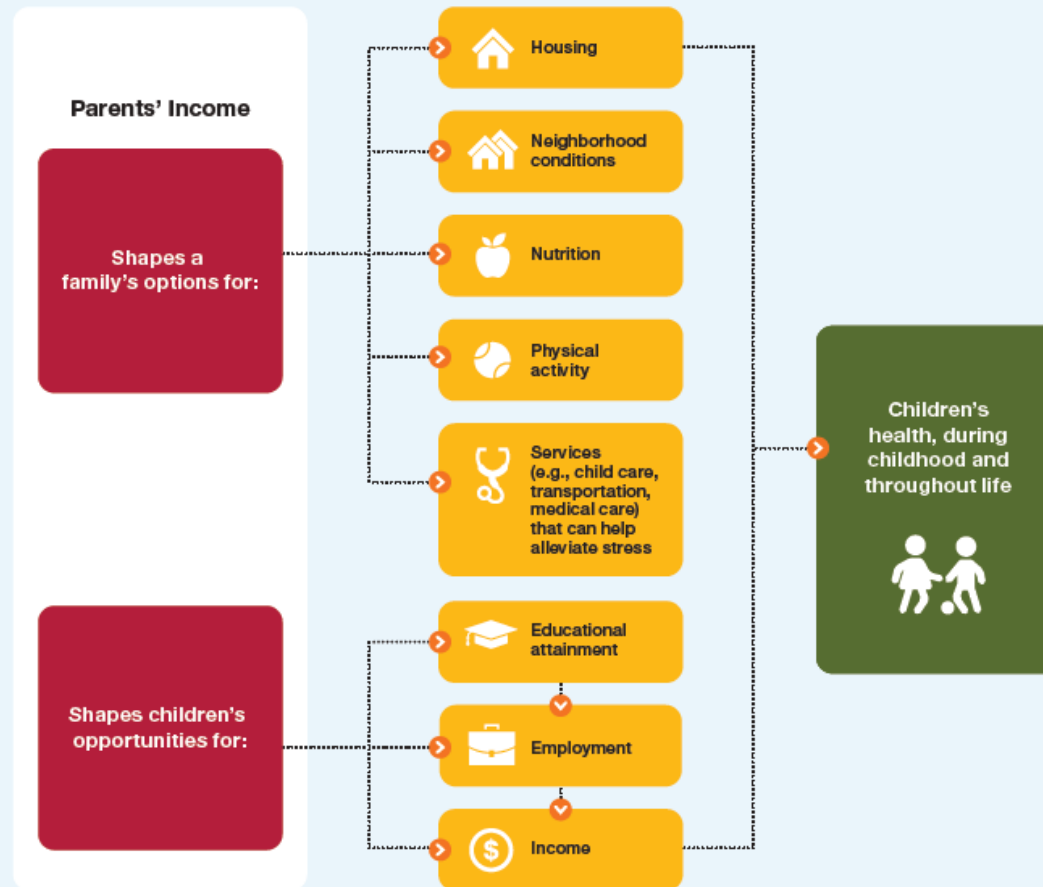
*Estimate

**Latest year available for Canada is 2008

Note: Small differences in rank order may not be meaningful because a number of countries are tied at the same value; tied countries are ranked alphabetically.

Parents' Income Can Affect a Child's Chances for Health Throughout Life

figure 11 Parents' income can affect children's chances for health by shaping options for living conditions and educational chances, which in turn shape their income and living conditions as adults.



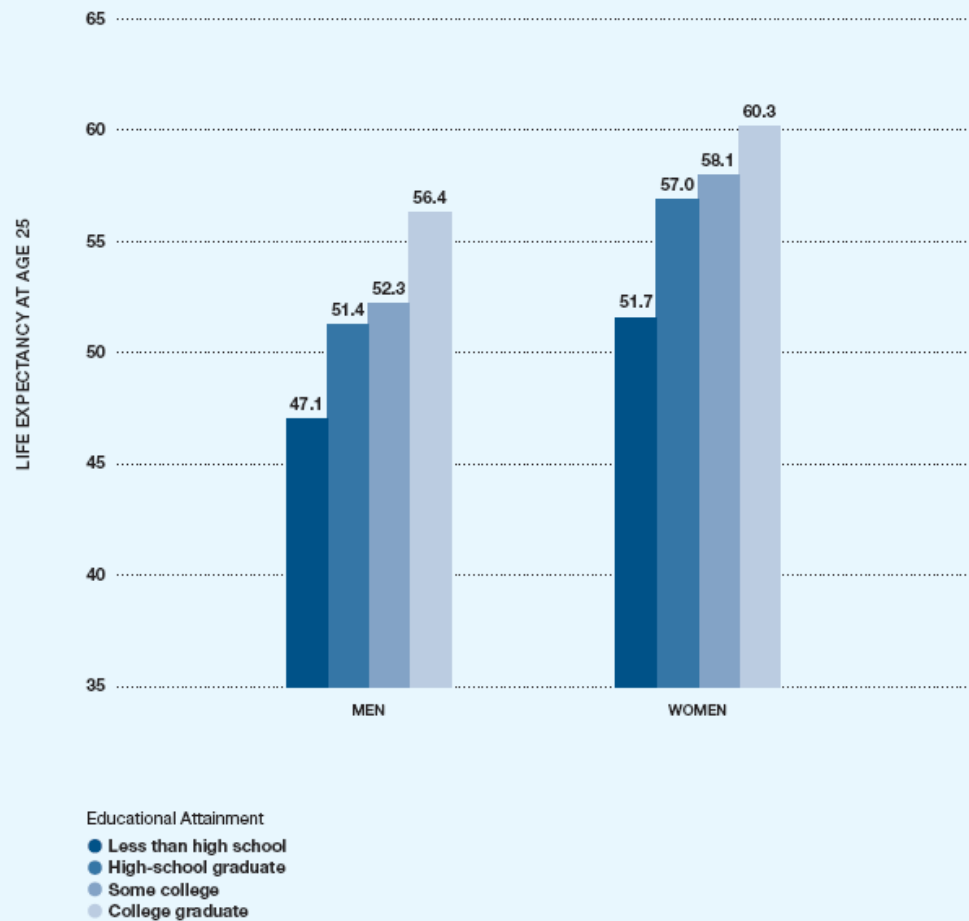
Education, Income and Health: Intrinsically Linked*

- **More education** → Longer life
- **More education** → Healthier life
- **Higher income** → More opportunities to live in a healthy community
- **Higher income** → Healthier children

* This slide is from the RWJF Commission for a Healthier America.

More Education, Longer Life

For both men and women, more education often means longer life.* On average, 25-year-old college graduates can expect to live eight to nine years longer than their counterparts who have not completed high school and two to four years longer than those who have attended but not graduated from college.

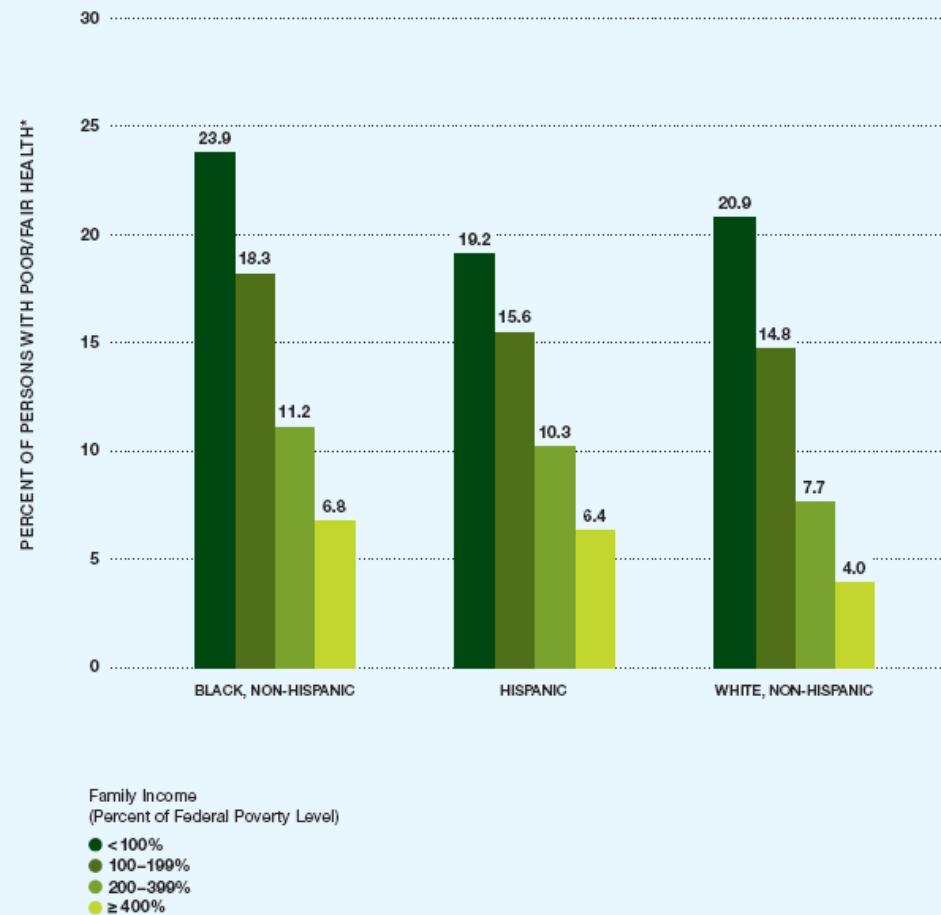


Sources: CDC/NCHS, *National Health Interview Survey Linked Mortality File*, 2006. Published in National Center for Health Statistics. *Health, United States 2011: With Special Feature on Socioeconomic Status and Health*. Hyattsville, MD: 2012. <http://www.cdc.gov/nchs/data/atus/2011/fig32.pdf>. Accessed November 29, 2012.

* This chart describes the number of years that adults in different education groups can expect to live beyond age 25. For example, a 25-year-old man with a high school diploma can expect to live 51.4 additional years and reach an age of 76.4 years.

Income Is Linked With Health Across Racial or Ethnic Groups

Differences in health status by income do not simply reflect differences by race or ethnicity; differences in health by income can be seen within each racial or ethnic group. Both income and racial or ethnic group matter for health.



Source: CDC/NCHS. *National Health Interview Survey 2010, Family Core And Sample Adult Questionnaire*. Published in National Center for Health Statistics. *Health, United States 2011: With Special Feature on Socioeconomic Status and Health*. Hyattsville, MD: 2012. www.cdc.gov/nchs/data/atus/2011/056.pdf. Accessed November 29, 2012.

*Age-adjusted. Based on self-report and measured as poor, fair, good, very good, or excellent.

Communities of Opportunity

- Parks
- Grocery Stores
- Financial Institutions
- Better Performing Schools
- Good Public Transit

Good Health Status

Poor Health Status

Contributes to health disparities:

- Obesity
- Diabetes
- Asthma
- Increased injury

Low-Income Communities

- Fast Food Restaurants
- Liquor Stores
- Unsafe/Limited Parks
- Poor Performing Schools
- Toxic Waste Sites
- Limited Public Transportation
- Increased crime

Solutions

Building Healthy Communities for a Healthy Nation

- Fully implement ACA
- Promote prevention
- Advance health equity through all policies
- Improve access to healthy food
- Incentivize healthy community design
- Reposition schools as incubators of health



AN ALL-IN NATION?



- Is one which is **forward looking** about its demography, its technology and its economy



- Is one in which proponents of **equity** propose feasible, **growth-enhancing** approaches



- Is one in which we recognize that we are only an **“all-in”** nation when we are an **“all-together”** people

New Recommendations from the RWJF Commission to Build a Healthier America



- Recommendation 1: Make investing in America's youngest children a high priority. This will require a significant shift in spending priorities and major new initiatives to ensure that families and communities build a strong foundation in the early years for a lifetime of good health.
- Recommendation 2: Fundamentally change how we revitalize neighborhoods, fully integrating health into community development.
- Recommendation 3: The nation must take a much more health-focused approach to health care financing and delivery. Broaden the mindset, mission, and incentives for health professionals and health care institutions from treating illness to helping people lead healthy lives.

Principles of Community Engagement

- **Build trusting and accountable relationships with community.**
- **Value and integrate diversity and culture.**
- **Develop a shared vision for community change.**
- **Build partnerships with diverse sectors.**
- **Develop and sustain community capacity**
- **Translate community vision into policy and environmental change.**

Principles of Community Engagement

- **Empower residents** through meaningful inclusion and partnerships
- **Build capacity** for high level engagement
- Prioritize **community knowledge and concerns**
- **Target resources** to support ongoing engagement
- Facilitate mechanisms that encourage **mutual learning and feedback mechanisms**

Institutional Structures for Community Engagement

Ascending Impact



Descending Impact 54

Assess the degree to which an action, policy, activity will have health effects on communities and residents.

Goal:

- **Making democracy work for broad segments of community.**
- **Know what is going on in their community and have an active voice.**
- **Distribution of impact across population and not burdened the segment of population already vulnerable.**

Examples - Transit-Oriented Development (TOD)

- **BART or light rail service coming into community.**
- **How will it impact residents – displacement of homes and businesses.**
- **Ways to fully engage those most affected before development.**
- **Voice to influence policy.**

FACT

- **Urban renewal, including new freeways destroyed communities and shut down thriving community businesses.**

Promoting Equity through local action: Food Access

- **Improve neighborhood corner stores.**
- **Increase farmer markets.**
- **Link farmers to consumers.**
 - **Urban agriculture**
 - **Community supported agriculture**
 - **Community gardens**
- **Stronger nutrition standards in schools.**
- **Increase number of grocery stores.**



California Opportunities

- **CA Healthy Food Financing Initiative**
- **California FreshWorks Fund**



Foto por: The Associated Press

California FreshWorks Fund

FreshWorks Fund - \$264 Million

\$200 million entirely private; seed funding provided by the California Endowment, leveraged additional investors:

- **Bank of America**
- **Chase Bank**
- **CA Grocer's Association**
- **Calvert Foundation**
- **Catholic Healthcare West**
- **Community Health Councils**
- **Kaiser Permanente**

Individuals can also invest in the fund for as little as \$20.

Colorado HFFI: Launches Fresh Food Financing Fund

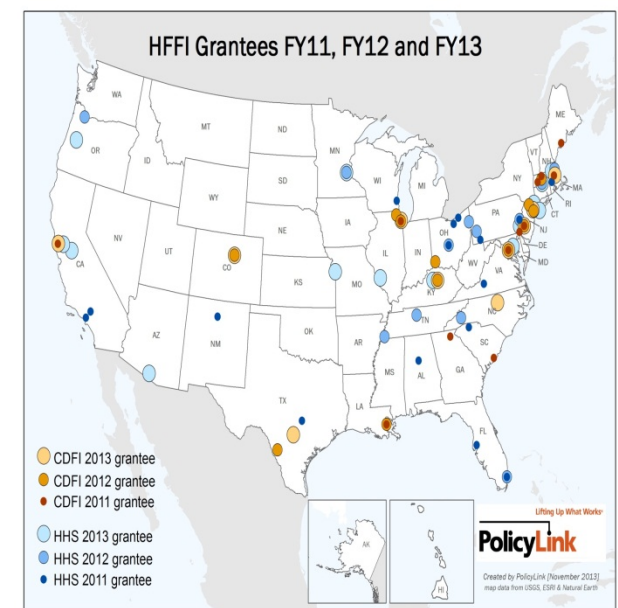
HFFI was recently passed in the Farm Bill and is authorized for up to **\$125 million dollars** and will be housed in the USDA.

Colorado is a leader in the healthy food access arena.

The Colorado Fresh Food Financing Fund (**CO4F**) will make financing available for grocers that offer affordable and nutritious foods in areas where such goods are scarce.

CO4F is designed to:

- Improve retail access to fresh and healthy foods in Colorado
- Encourage economic development in low- to moderate-income neighborhoods
- Provide attainable financing to food retail outlets that will promote better food access
- Partner with local governments when possible to enhance the benefits and success



Equitable Development in Action

Market Creek Plaza [San Diego]

The Community Faces Portraits honor local residents whose contributions of time and effort have significantly impacted the community.



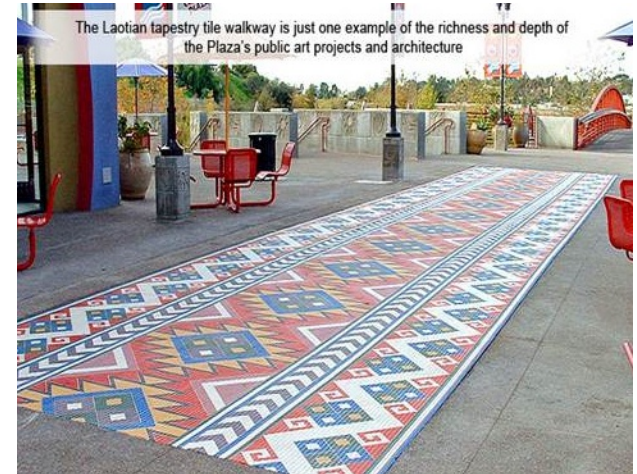
Food 4 Less is the first major grocery store to locate in the community in 30 years



The Children's Art Wall features 1,300 tiles hand-painted by local children.



The Laotian tapestry tile walkway is just one example of the richness and depth of the Plaza's public art projects and architecture



- **Medical Legal Partnerships:** lawyers placed in clinics to assist with non-health issues
- **Renovations of School Playgrounds:** Monument Park in Trenton NJ, Camden NJ
- **Low-income Investment Fund:** all strategies are community centered
- **Minnesota Central Corridor Light Rail:** partnership with faith based groups and others to include stop in low-income community

The Latest Good News On The Minimum Wage*

1. Gap, Inc. Will Raise Its Minimum Wage To \$10.
2. Nonpartisan Study Finds Raising Federal Minimum Wage To \$10.10 Would Raise Earnings For 16.5 Million Workers.
3. Wal-Mart Announced It Would No Longer Oppose Certain Increases In The Minimum Wage.
4. Iowa State Senate Committee Approves Minimum Wage Increase To \$10.10 By 2016.

*Data is from the CAP Progress Report: Mind The Gap.

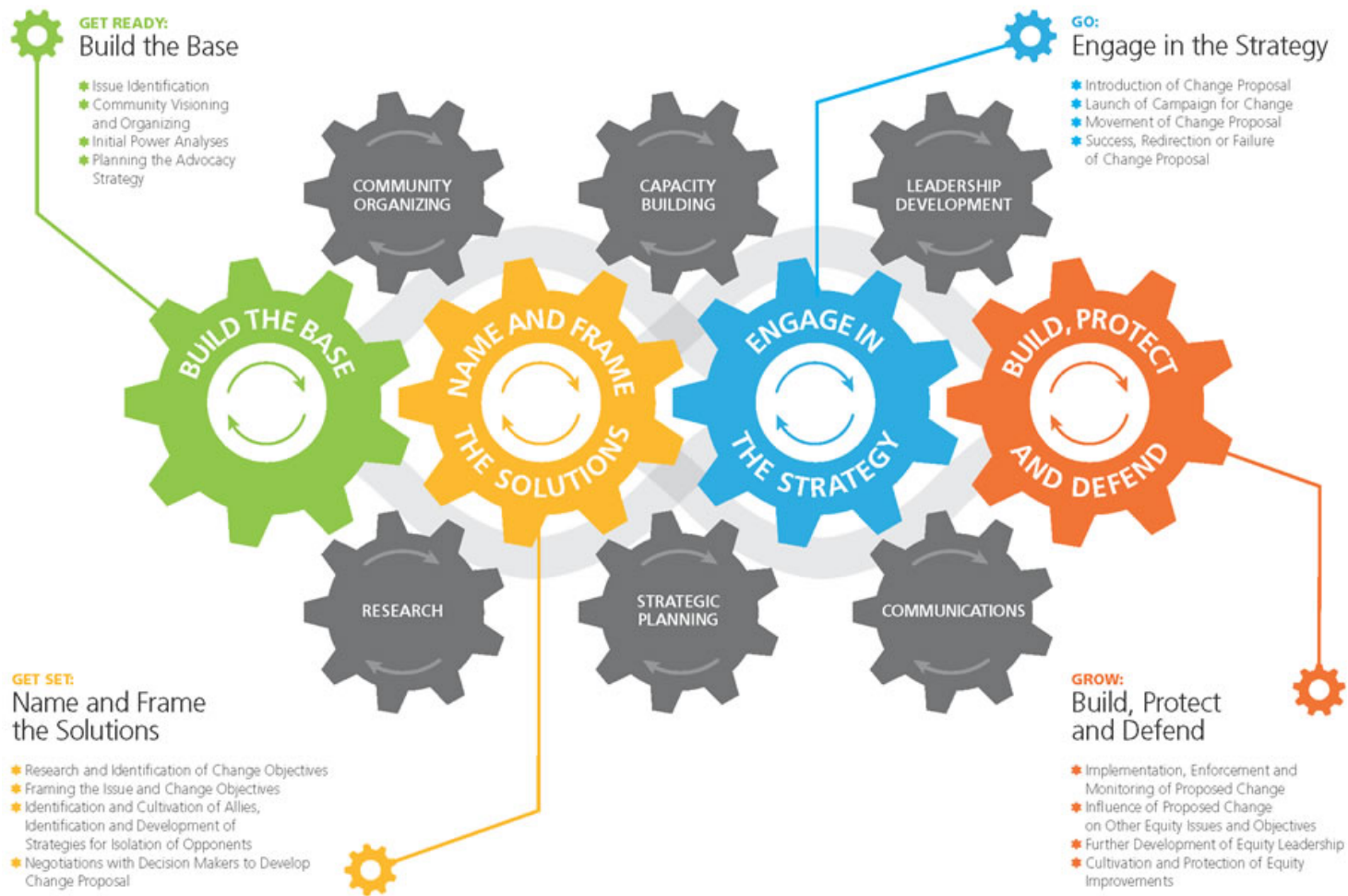
Assessing Impact

- **Strong, sustained leadership**
- **Commitment across sectors**
- **Bold risk takers/thinking outside the box**
- **Equity-focused strategies**
- **Creative, compelling use of data**

- **Government-community partnerships**
- **Adequate resources**
- **Long term involvement**
- **Continuous assessment of impact and modifications, as needed**

Getting Equity Advocacy Results (GEARS)

GETTING EQUITY ADVOCACY RESULTS



- 1) Measurement of community conditions relevant to health**
- 2) Measurement of the implementation of strategies, campaigns, policies and plans**
- 3) Measurement of health behaviors and health outcomes**

An Equity-Focused Policy Agenda

Building an economy in which everyone can manifest their full potential—including the communities of color that are quickly becoming the nation's majority



“To become healthier and reduce the growth of public and private spending on medical care, we must create a seismic shift in how we approach health and the actions we take. As a country, we need to expand our focus to address how to stay healthy in the first place.”

- RWJF Commission for a Healthier America**



Thank you!



For More Information

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HEALTH EQUITY LEARNING SERIES

Join the discussion...

- In-person
- Twitter using #healthequityTCT
- Email healthequity@coloradotrust.org

Program Areas

HEALTH EQUITY

- ▶ HEALTH EQUITY LEARNING SERIES
- ▶ POLICY & ADVOCACY
- ▶ DATA & INFORMATION
- ▶ COMMUNITY-BASED GRANTMAKING

ACCESS TO HEALTH

ADDITIONAL PROGRAMS

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 ▶

2014 EVENTS

- ***EVENT UPDATE!* February 26, 2014** – Angela Glover Blackwell will be unable to present at the Health Equity Learning Series lunch event on February 26. **Mildred Thompson**, Director, PolicyLink Center for Health and Place, will present on her behalf. Register [here](#) to join the live stream.
- **May 8, 2014** – **Manuel Pastor, PhD**, Professor of American Studies and Ethnicity, University of Southern California
Registration will open closer to the event.
- **August 21, 2014** – **Llewellyn Smith**, Project Director, BlueSpark Collaborative and **Laura Frank**, Executive Director, I-News at Rocky Mountain PBS
Registration will open closer to the event.
- **November 13, 2014** – **Dolores Roybal**, Executive Director, Con Alma Health Foundation
Registration will open closer to the event.

All events will be 11:30 a.m. - 1 p.m. at **History Colorado Center**. If you are interested in attending these events, please RSVP using the links above.

NEWS

- ▶ **09/05/13** *Collecting and Reporting of Race and Ethnicity Data is Key to Achieving Health Equity*
- ▶ **09/25/13** *Diversification Can Open Door to Success*
- ▶ **10/02/12** *Health Equity Coming to a Sitcom Near You: What Mindy Kaling's New Show Teaches Us About Inequalities in Health Care*
- ▶ **04/26/13** *Health Equity Learning Series Funding Opportunity*
- ▶ **05/02/13** *Health Equity and The Colorado Trust's Environmental Scan*
- ▶ **10/17/13** *Helping Tell Colorado's Health Story*
- ▶ **07/23/13** *Key Piece to Achieving Health Equity*
- ▶ **09/10/13** *Leaders Key to Creating Health Equity*



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Feedback Survey February 26, 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?
- 6) 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
- 7) 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: _____
- 8) 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



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DEDICATED TO ACHIEVING HEALTH EQUITY FOR ALL COLORADANS

HEALTH EQUITY LEARNING SERIES

Thank you for joining us!