

# WAITING FOR HEALTH EQUITY



WRITTEN BY:



CENTER FOR  
HEALTH PROGRESS

ILLUSTRATED  
BY  
RUBEN CHAVEZ



## INTRODUCTION

Today, we can accurately predict a Coloradan's health outcomes and access to health care based on factors like their race, income, or ZIP code. This is unacceptable, because it means that people of color, Coloradans with less economic opportunity, those living in communities with fewer resources, and others, face increased barriers to good health simply due to their life circumstances. These factors, and more—like sexual orientation, gender identity, immigration status, English skills, disabilities, etc.—have a bigger impact on a person's health than their personal behaviors, like eating healthy and exercising. How did this happen?

Colorado—just like the rest of the US—has a long, well-documented history of oppressive policies and practices that have led to significant and persistent health inequities, or preventable differences in health outcomes across certain groups. In order to tackle these injustices, we must understand their root causes, such as institutional racism (the policies and practices within institutions that, intentionally or not, produce outcomes that negatively impact people of color) and poverty. *Waiting for Health Equity* is a graphic novel that aims to start new conversations about the complex challenges Colorado faces in working toward health equity. Together, we can correct the economic, social, and racial inequities that have limited our potential and the potential of our neighbors for far too long.

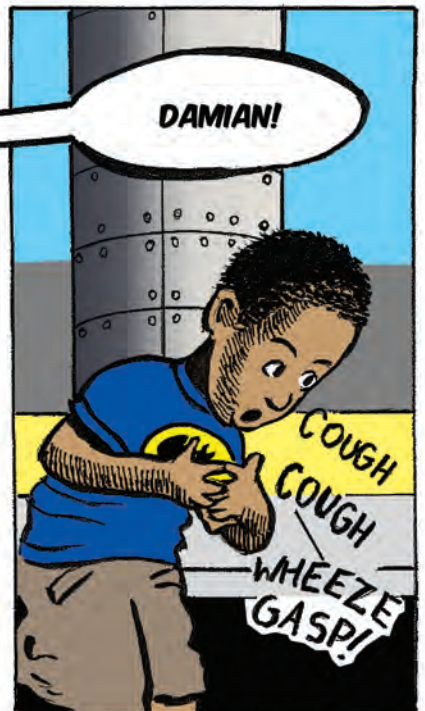
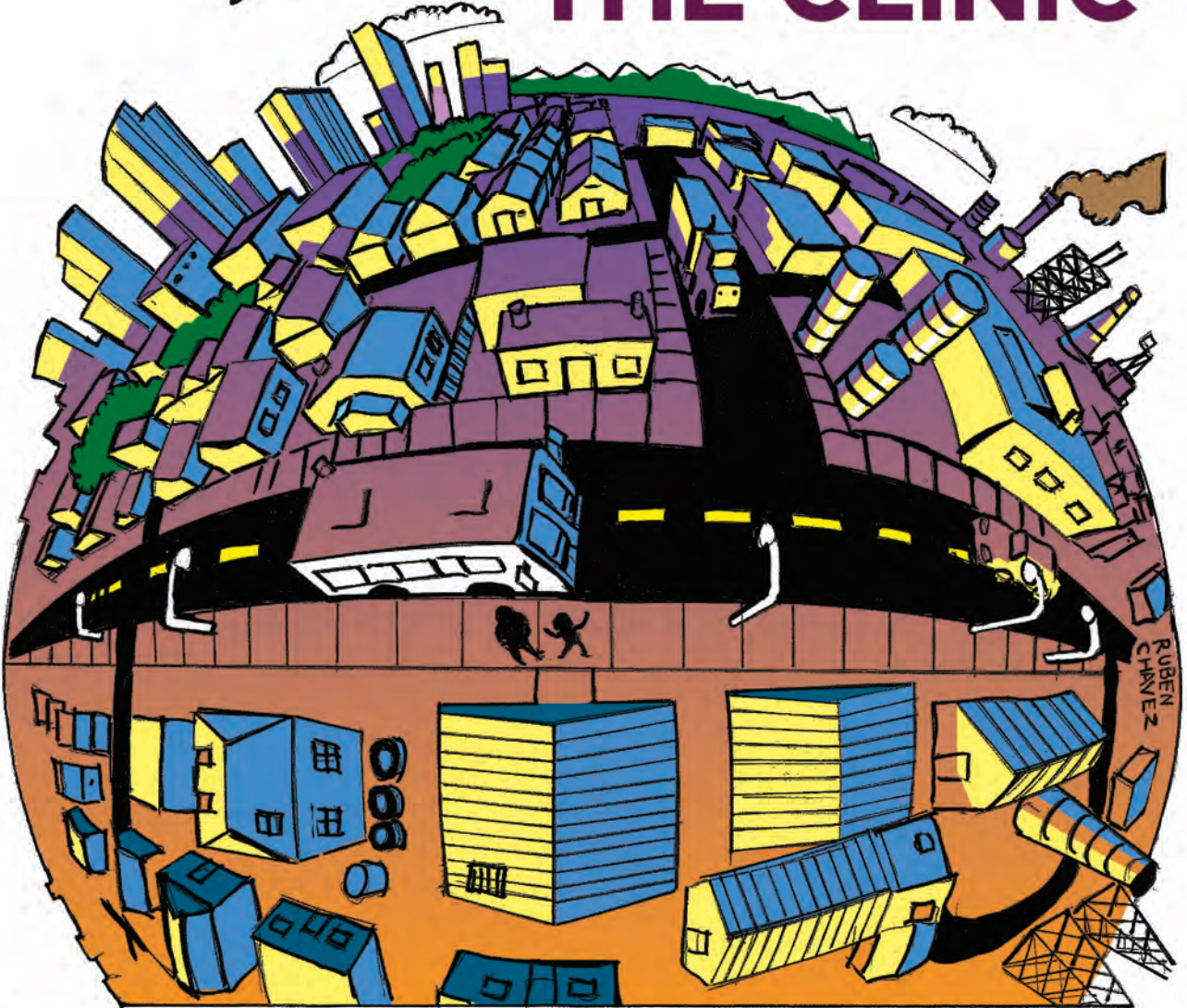
## READER'S NOTES

The characters in this story are not based on specific individuals, but were developed through exhaustive research and firsthand accounts from Coloradans. We hope you'll connect with their experiences and think about how they are similar or different to your own.

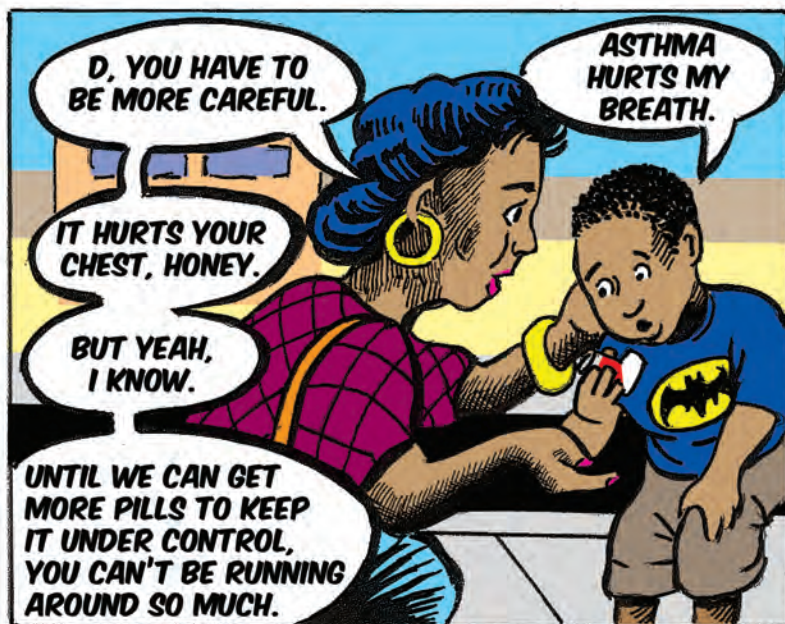
Throughout the story we have included “LEARN MORE” icons, which indicate that a character has more to say about an issue than what could fit in these pages. If you're interested in learning more about the impact transportation, working conditions, food access, and other factors have on a person's ability to live a healthy life, visit [www.centerforhealthprogress.org/learnmore](http://www.centerforhealthprogress.org/learnmore).



# THE CLINIC







## FACT

Black children are four to six times as likely to die from asthma as white children, although all asthma deaths can and should be prevented through good management. This disparity exists in part, because, over time, blacks have been systematically forced to live in polluted communities and face more barriers to accessing health care.















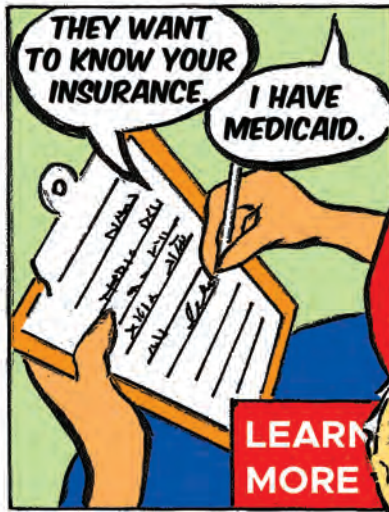
Interpreter services are not always available in health care settings, or are provided in inadequate ways, even though they are required by law to be available to all patients. When they are provided, they are rarely reimbursed by insurance.



**LEARN  
MORE**





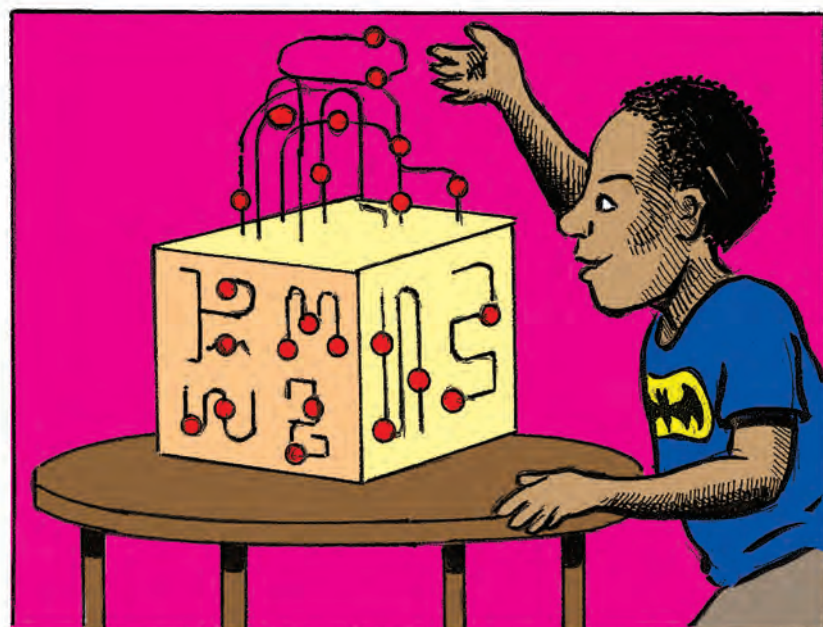
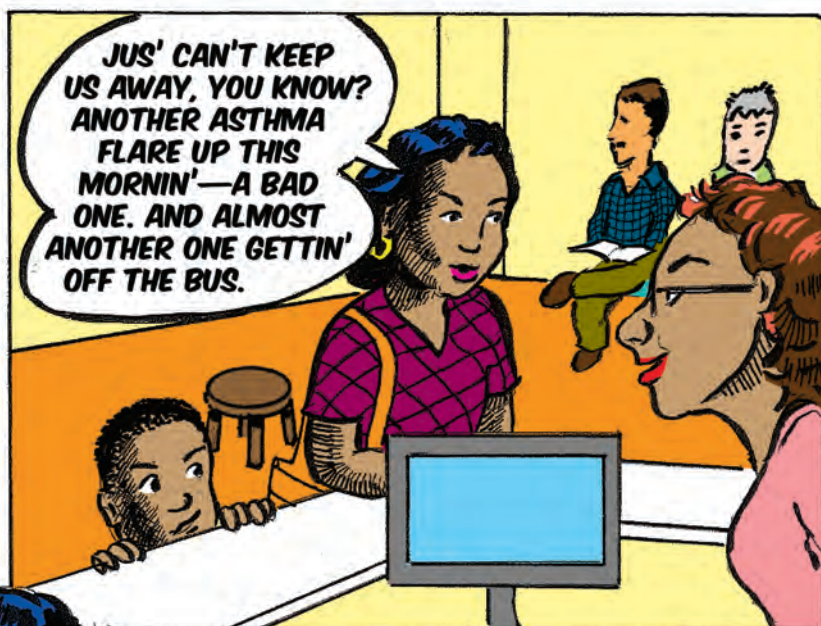


# FACT

Nearly one in four Coloradans are currently enrolled in the state's Medicaid program, Health First Colorado. It provides health coverage for low-income children, pregnant women, individuals, and families.



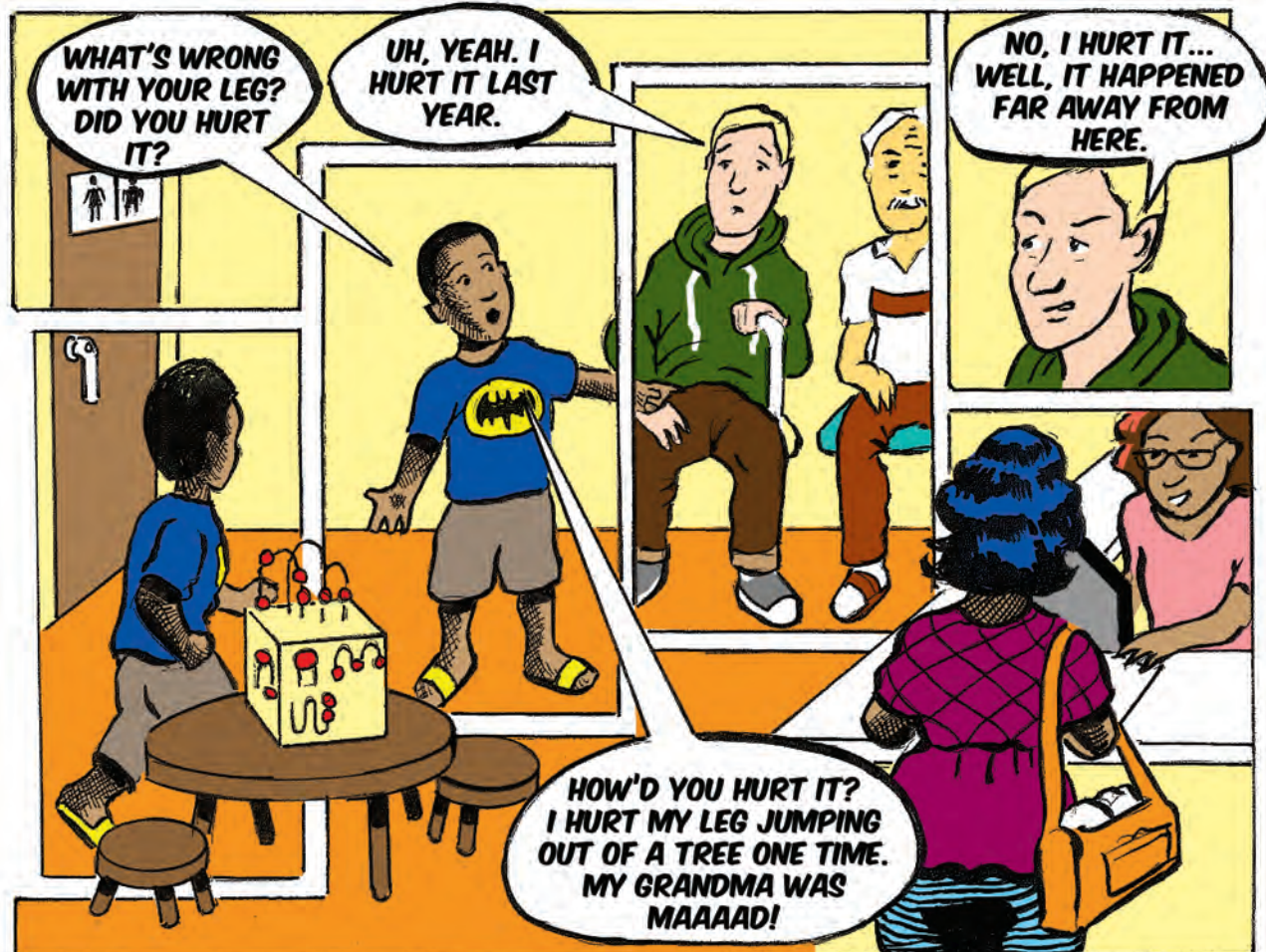




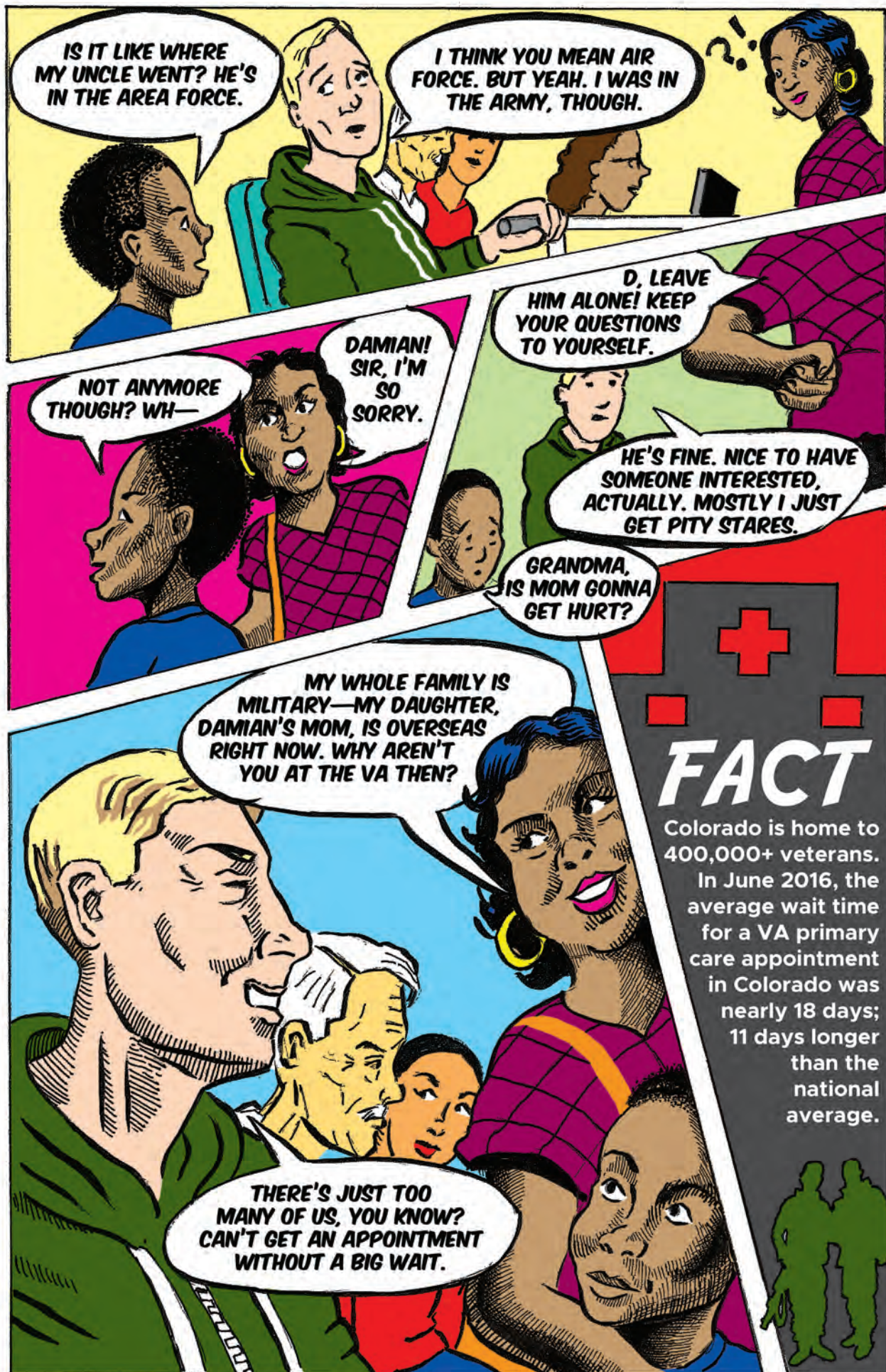


# JAKE'S STORY

MASTERS  
PROVE  
HEALTH EQUITY







IS IT LIKE WHERE  
MY UNCLE WENT? HE'S  
IN THE AREA FORCE.

I THINK YOU MEAN AIR  
FORCE. BUT YEAH. I WAS IN  
THE ARMY, THOUGH.

NOT ANYMORE  
THOUGH? WH—

DAMIAN!  
SIR, I'M  
SO  
SORRY.

D, LEAVE  
HIM ALONE! KEEP  
YOUR QUESTIONS  
TO YOURSELF.

HE'S FINE. NICE TO HAVE  
SOMEONE INTERESTED,  
ACTUALLY. MOSTLY I JUST  
GET PITY STARES.

GRANDMA,  
IS MOM GONNA  
GET HURT?

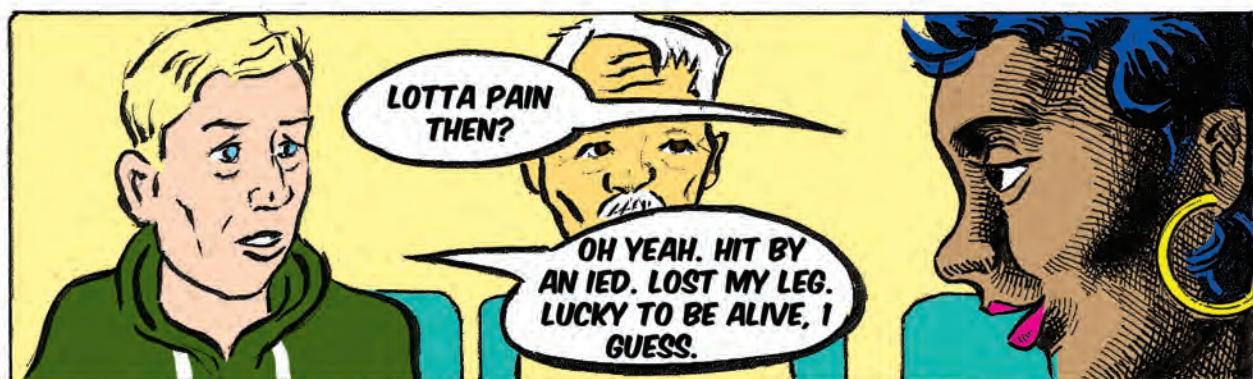
MY WHOLE FAMILY IS  
MILITARY—MY DAUGHTER,  
DAMIAN'S MOM, IS OVERSEAS  
RIGHT NOW. WHY AREN'T  
YOU AT THE VA THEN?

THERE'S JUST TOO  
MANY OF US, YOU KNOW?  
CAN'T GET AN APPOINTMENT  
WITHOUT A BIG WAIT.

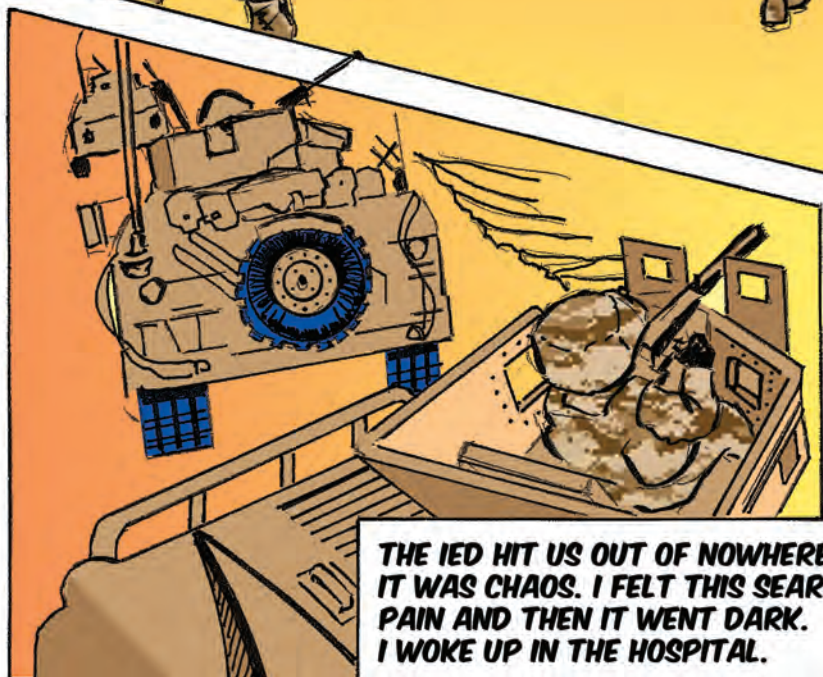
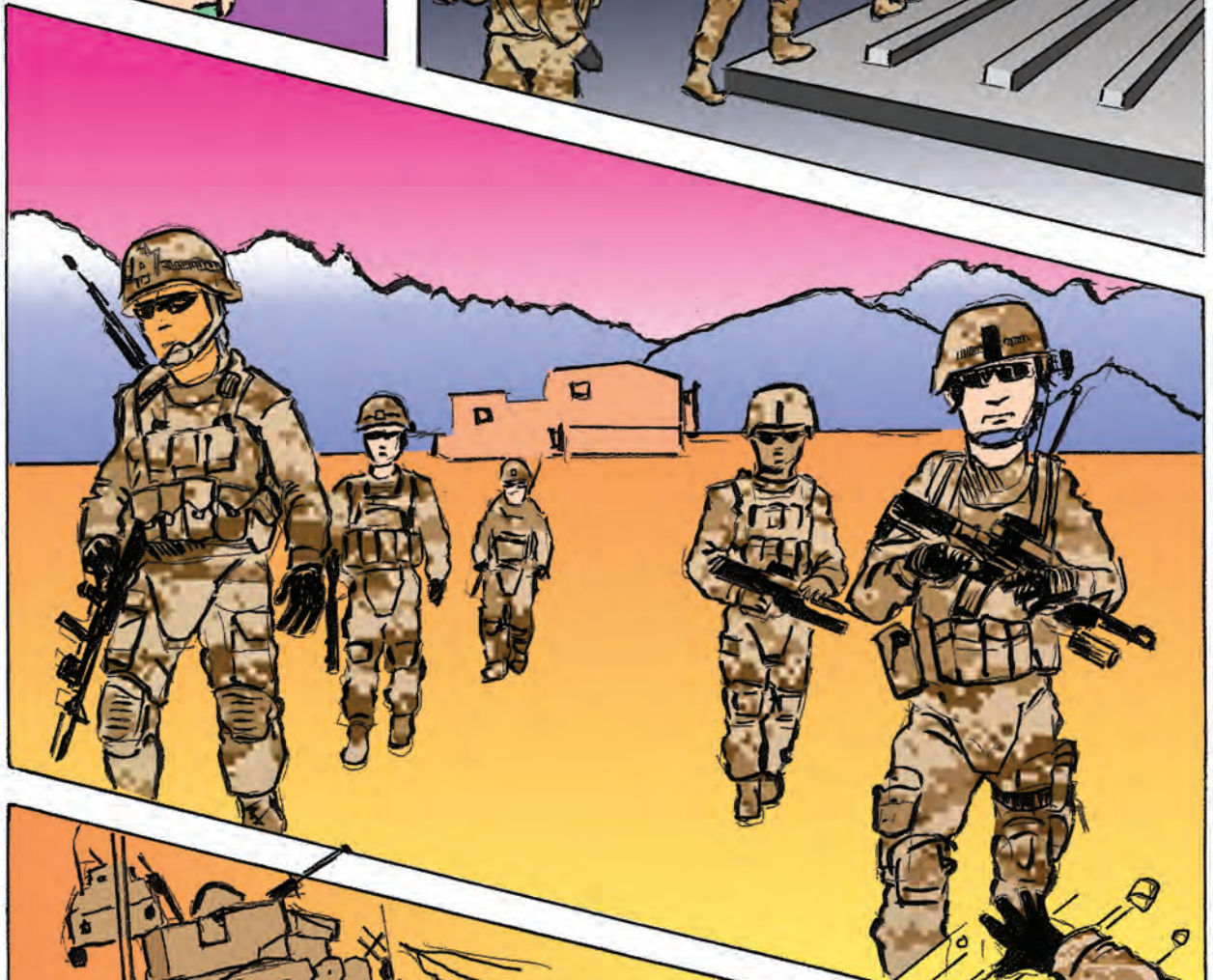
## FACT

Colorado is home to  
400,000+ veterans.  
In June 2016, the  
average wait time  
for a VA primary  
care appointment  
in Colorado was  
nearly 18 days;  
11 days longer  
than the  
national  
average.





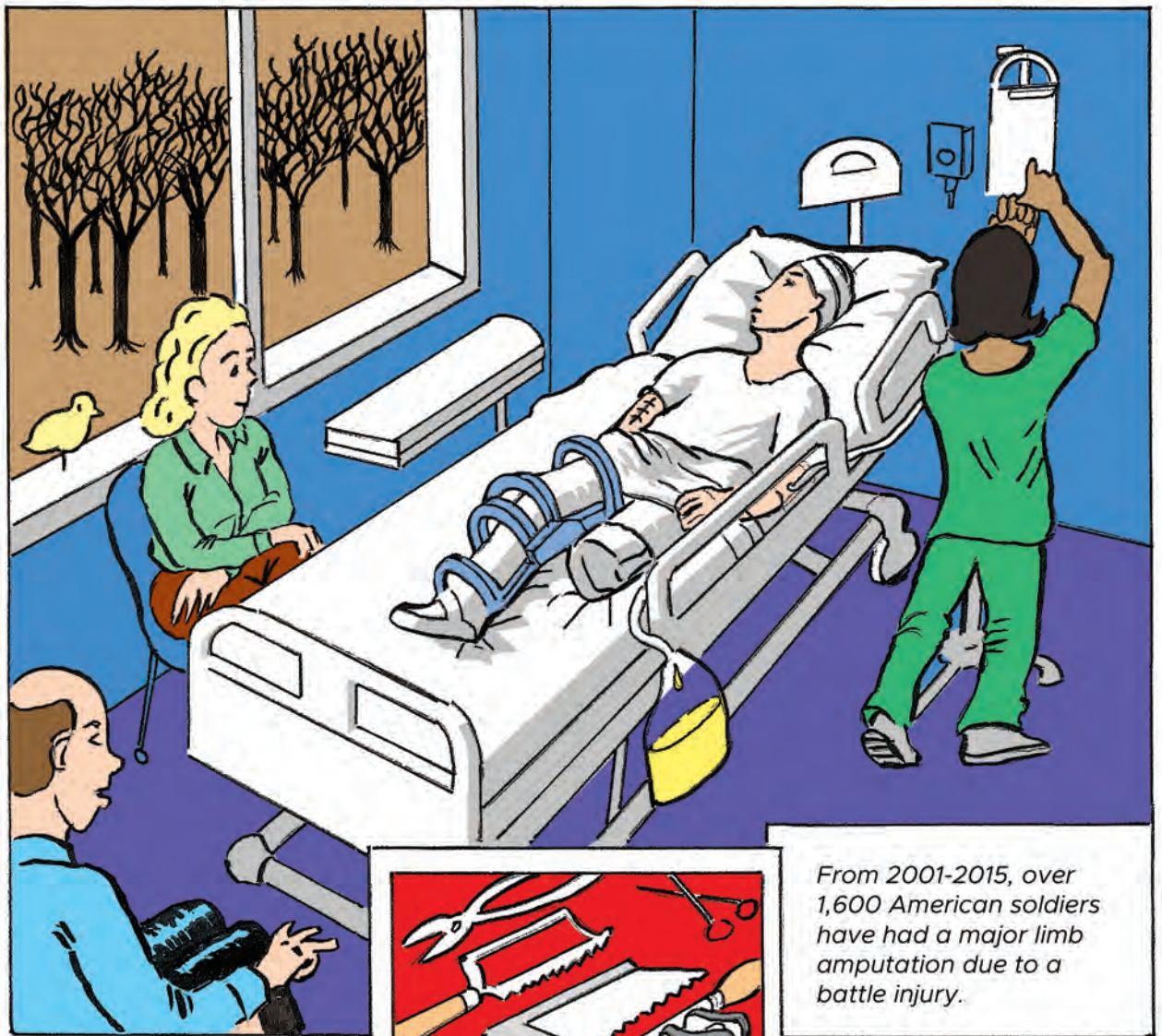




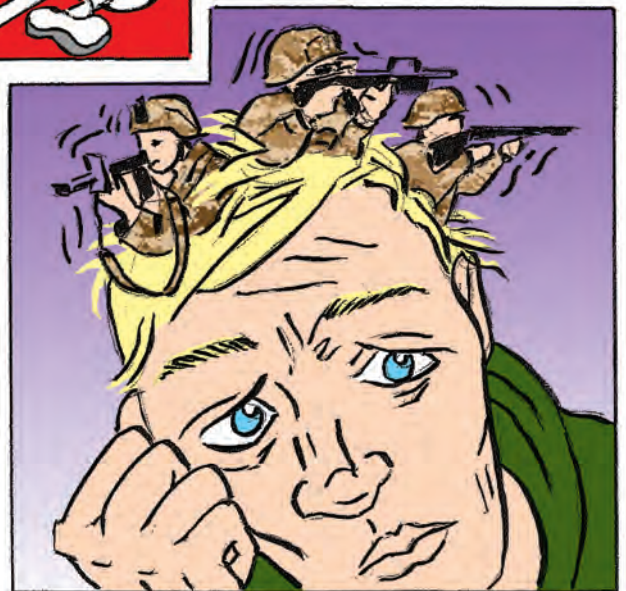
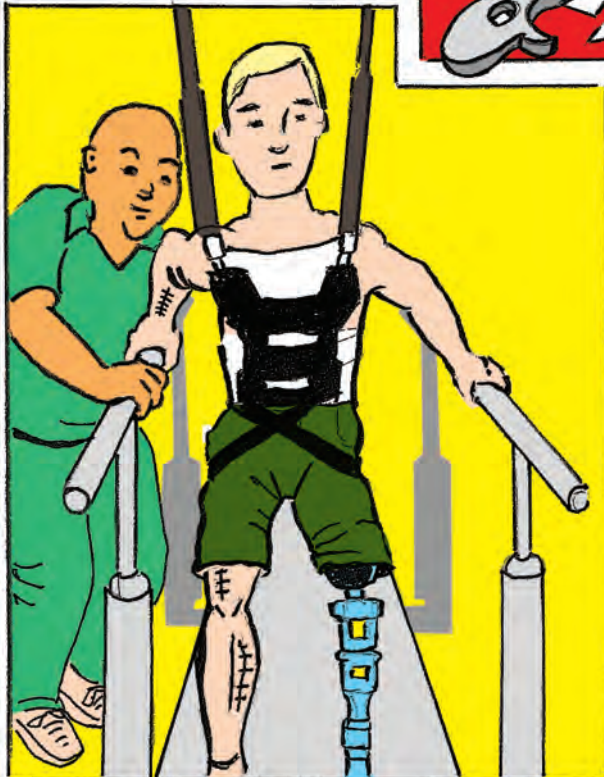
**THE IED HIT US OUT OF NOWHERE. IT WAS CHAOS. I FELT THIS SEARING PAIN AND THEN IT WENT DARK. I WOKE UP IN THE HOSPITAL.**







*From 2001-2015, over 1,600 American soldiers have had a major limb amputation due to a battle injury.*



*It is estimated that 10-20% of Iraq and Afghanistan veterans suffer from Post-Traumatic Stress Disorder, or PTSD.*





# FACT

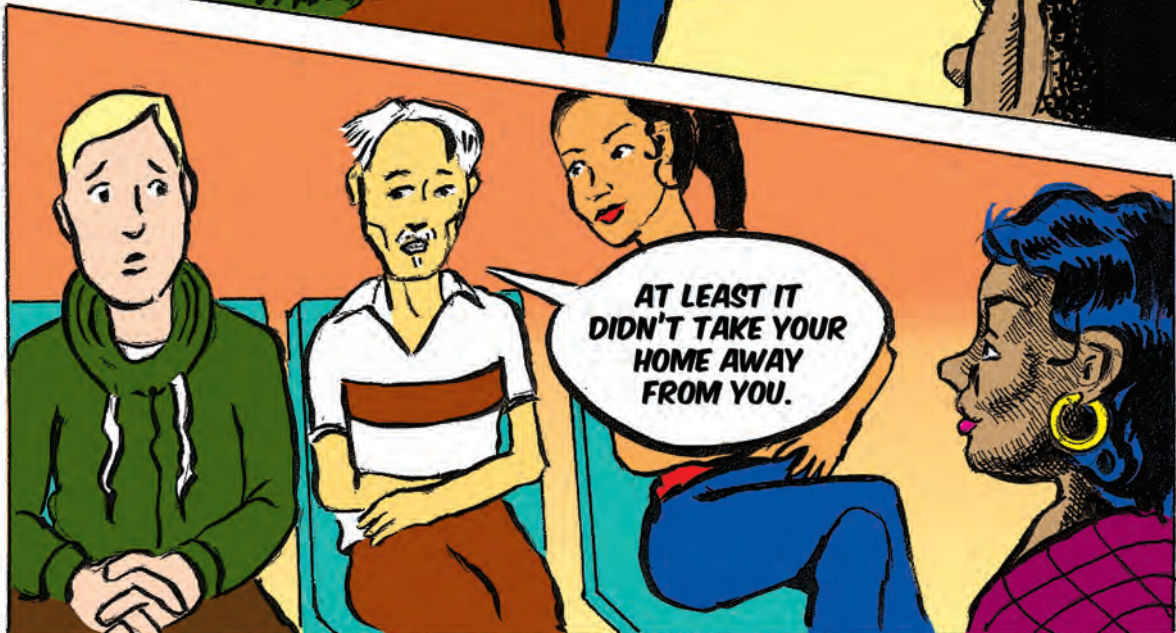
In 2014, an average of 20 veterans died from suicide each day. Six of the 20 were users of VA services.

US invasions of other countries have led to a health care service backlog for returning soldiers, which has overwhelmed the capacity of the system. The VA-enrolled veteran population has increased 78% since 2001.



I THOUGHT I'D  
COME BACK A HERO.  
GET A DEGREE. A GOOD  
JOB. A WIFE, KIDS—  
THE WORKS.

INSTEAD, I COME  
HOME LIKE THIS.



AT LEAST IT  
DIDN'T TAKE YOUR  
HOME AWAY  
FROM YOU.



# ANH'S STORY



HUE, VIETNAM - 1962







IT WAS A  
DARK TIME.  
I HAD A GOOD  
EDUCATION, A GOOD  
JOB, AND A GOOD  
LIFE, AND THEN  
IT WAS ALL GONE.

The Fall of Saigon  
in 1975 was quickly  
followed by the  
collapse of the  
Vietnamese  
government, and in  
the years after,  
a mass exodus of the  
country.





DENVER, CO - 1984



I DID NOT WANT TO COME HERE, BUT—NO CHOICE. HERE OR BACK TO VIETNAM, THEY SAID. THEY TOLD US WHERE TO LIVE, WHERE TO BUY FOOD, WHERE TO SEND OUR CHILDREN TO SCHOOL. THEY TOLD US WE HAVE TO PAY THEM BACK, BUT WE HAD NO MONEY, NO JOBS.

## FACT

Refugees must repay the government for the cost of their travel to the US.



Although refugees had to pass screenings for infectious diseases in order to enter the US, many arrived with other unaddressed health needs. A lack of resources and communication barriers kept it that way.







Refugees received cultural orientations and were eligible for medical and cash assistance. However, government support ended far sooner than most were able to achieve financial security.

**I WAS AN ENGINEER, BUT I DON'T READ OR WRITE ENGLISH VERY WELL, SO I CAN'T USE MY EDUCATION HERE. THE WORK I COULD GET WAS HARD ON MY BODY AND DIDN'T PAY ENOUGH TO PROVIDE FOR MY FAMILY.**



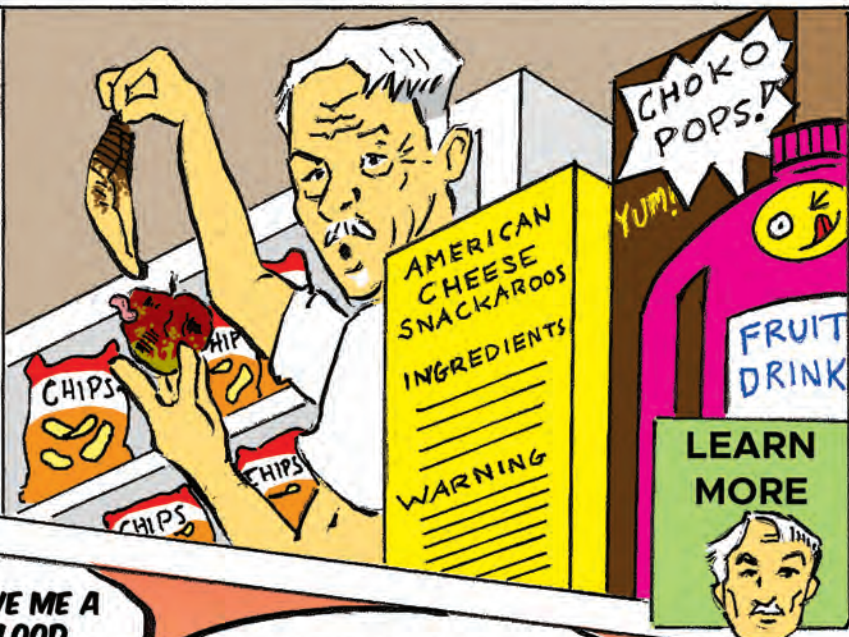
## FACT

Nearly 11,000 Vietnamese refugees have been resettled in Colorado since 1980, many of whom had achieved high levels of education in their home country. Of Vietnamese immigrants, 24% have a bachelor's degree or greater.





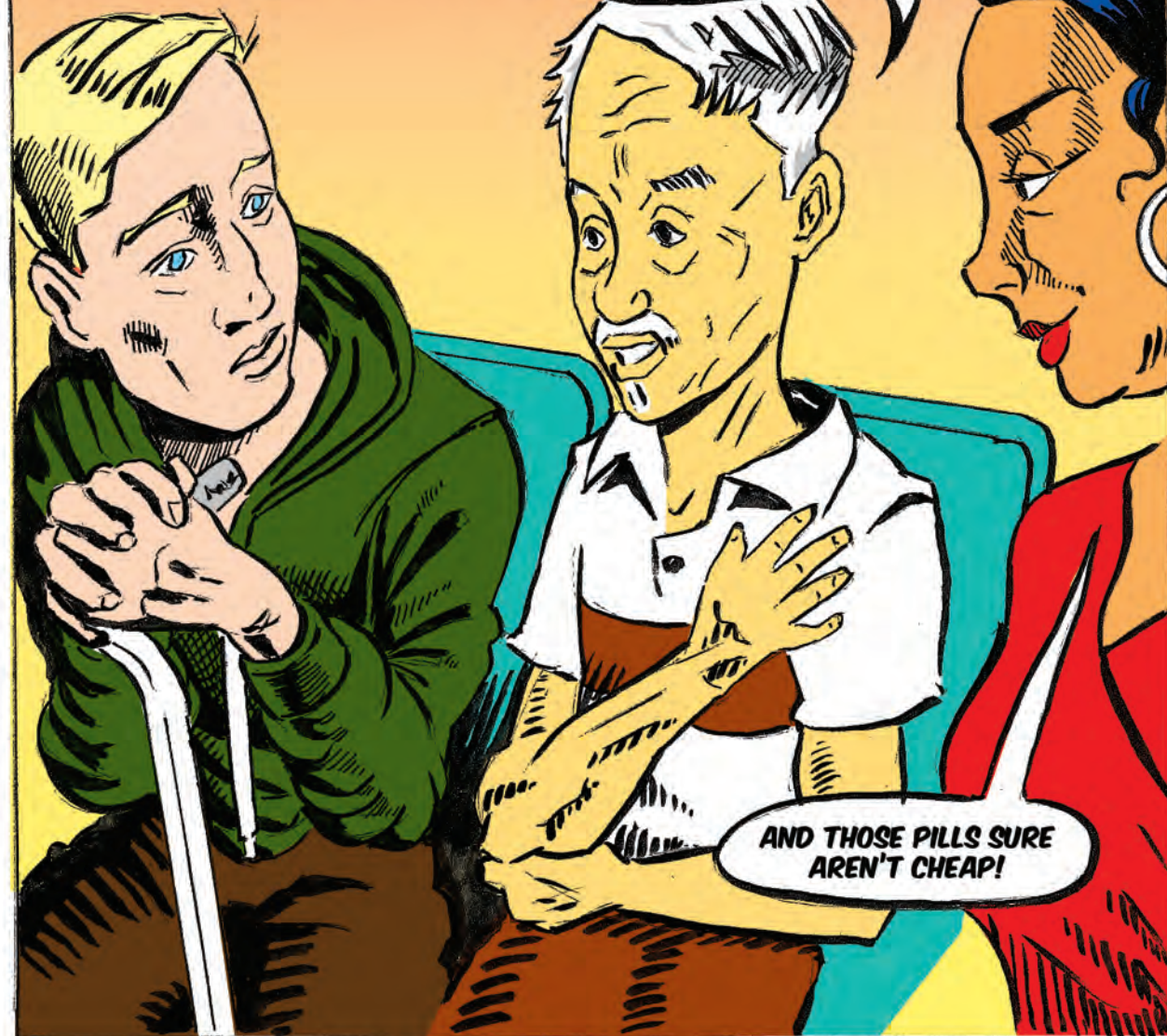
Many immigrants struggle to find places that carry the foods they are used to, and because they often live in low-income communities, they often lack access to any affordable, healthy food. These food deserts force families to endure poor diets that lead to future health problems.



**THIS LIFE—IT GAVE ME A BAD HEART. HIGH BLOOD PRESSURE. CHOLESTEROL. BUT I DIDN'T HAVE MONEY TO SEE A DOCTOR THEN.**

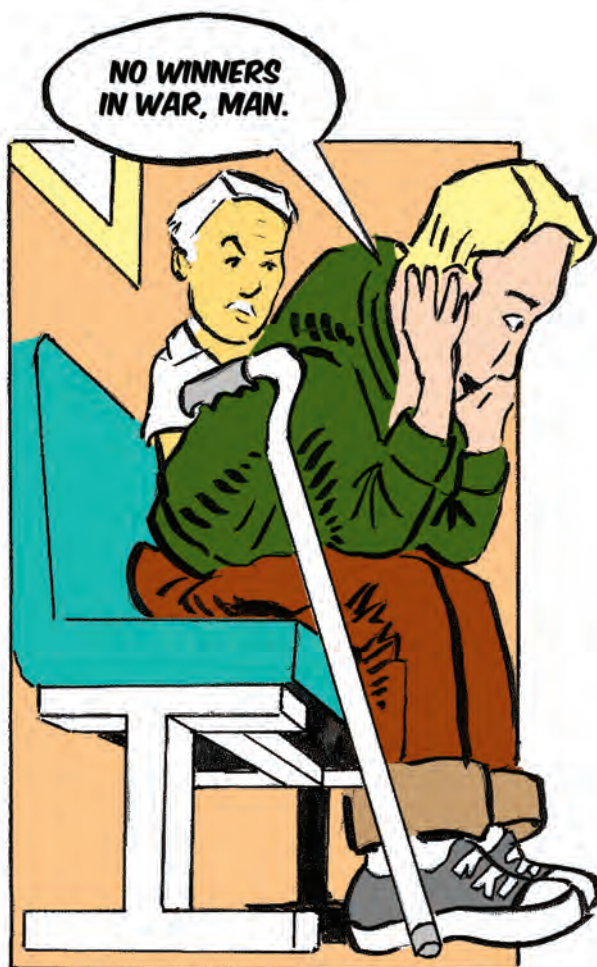
**NOW I HAVE INSURANCE, BUT IT'S TOO LATE. THEY JUST KEEP GIVING ME PRESCRIPTIONS I DON'T WANT.**

**AND THOSE PILLS SURE AREN'T CHEAP!**





# CLAUDIA'S STORY



COLORADO IS HOME TO AN ESTIMATED 164,000 IMMIGRANTS WITHOUT LEGAL STATUS.

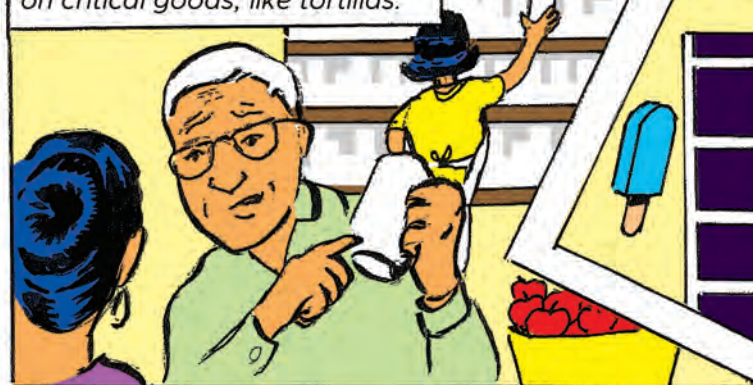
**FACT**



**ZACATECAS, MEXICO - 1996**



The North American Free Trade Agreement, or NAFTA, was signed in 1992 and was intended to expand trade. However, for Mexico, it resulted in falling profits for essential crops, like corn, and some major price increases on critical goods, like tortillas.



MY PAPÁ LOST HIS STORE WHEN ALL THOSE AMERICAN PRODUCTS STARTED ARRIVING. EVERYONE WAS MAKING LESS MONEY AND OUR CUSTOMERS LEFT. WE LOST OUR HOME. WE HAD NO FOOD. THERE WAS VIOLENCE. WE HAD TO DO SOMETHING TO SURVIVE.



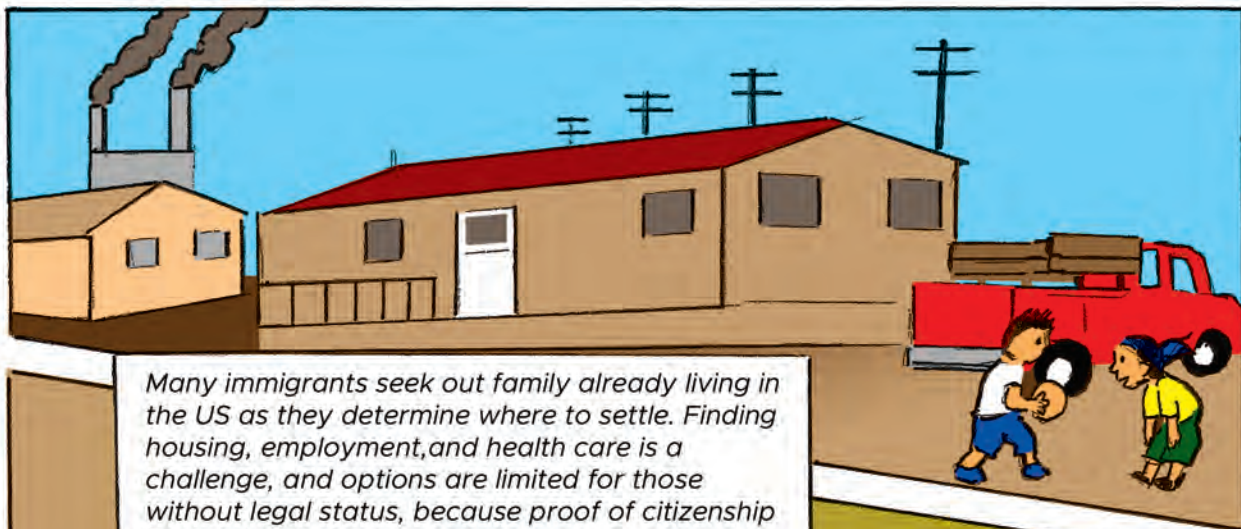
## MEXICO-UNITED STATES BORDER

High poverty, unemployment, and crime rates pushed many Mexicans and Central Americans to head north seeking increased economic opportunity, especially throughout the 1990s. Although the perception is changing, nearly half of adults in Mexico still believe that life is better in the US.



Border crossings are very dangerous due to the unforgiving environment, violent encounters with bands of thieves, and long distances. The potential for being caught and deported is one of the least dangerous aspects of the journey.





Many immigrants seek out family already living in the US as they determine where to settle. Finding housing, employment, and health care is a challenge, and options are limited for those without legal status, because proof of citizenship is usually required.



**LEARN  
MORE**



Immigrants without legal status often are limited to hazardous jobs and aren't eligible for public insurance, like Medicaid.

33,000 Coloradans are eligible for DACA, which gives young immigrants the ability to work and study in the US temporarily without being criminalized.



**I GREW UP HERE.  
I WENT TO SCHOOL  
HERE. I WANT TO STAY  
HERE. AND I AM NOT  
A CRIMINAL.**





LEARN  
MORE

I DON'T WANT A  
HANDOUT. I CAN'T GET GOOD  
WORK OR INSURANCE WITHOUT  
PAPERS, BUT AT LEAST I'M  
WORKING. IT'S THE ONLY WAY  
I CAN AFFORD COLLEGE.

## FACT

Nationally, immigrants without legal status pay over \$11.6 billion in taxes per year, and \$144 million in Colorado, but cannot access benefits like Social Security or Medicare.



EXCEPT WHEN  
THIS HAPPENS. I REALLY  
CAN'T AFFORD THIS  
RIGHT NOW.

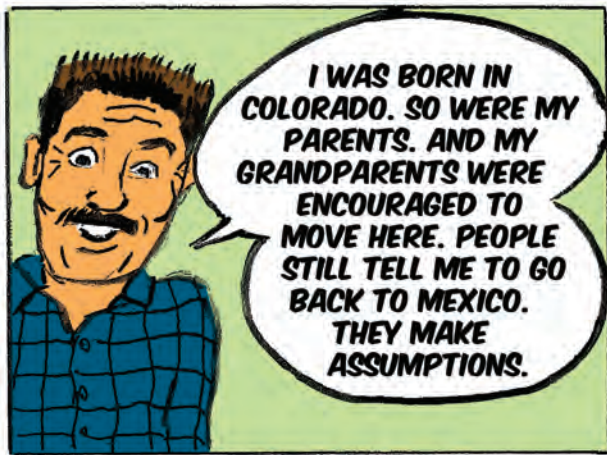
YOU SHOULD GET  
A SUPERHERO BAND-AID.  
I SEEN 'EM WHEN I WAS  
HERE LAST TIME.



DOESN'T MATTER IF  
YOU'RE LEGAL OR NOT.  
YOU'RE BROWN.

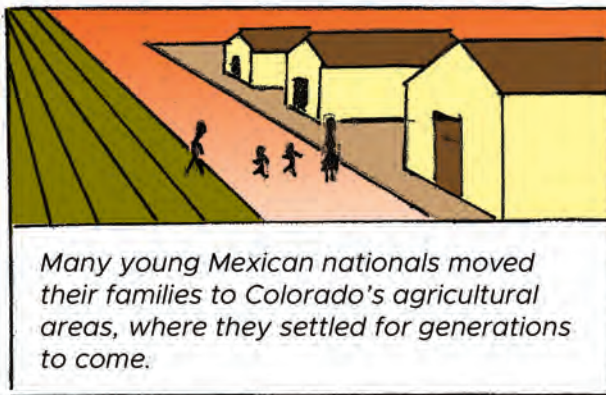
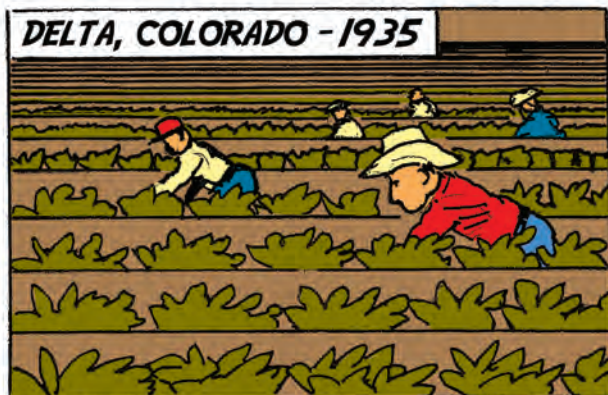






## MANUEL'S STORY

The Chinese Exclusion Act of 1882 prohibited immigration of Chinese workers into the US. As a result, American recruiters traveled to Mexico to fill vacant agricultural jobs as part of the Bracero Program, an official guest worker program.

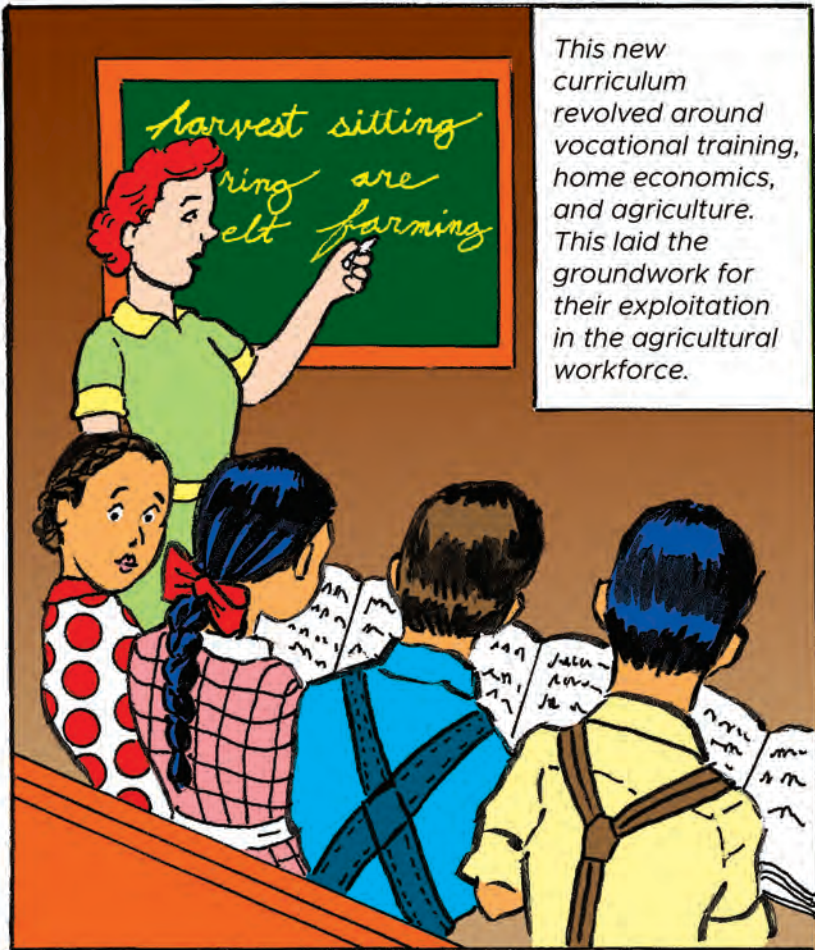






Until the 1940s, many Colorado towns didn't let Spanish-speaking children attend public schools.

Separate schools were created for these children, often with sub-par resources and utilities, and a separate curriculum for Hispanic students.



This new curriculum revolved around vocational training, home economics, and agriculture. This laid the groundwork for their exploitation in the agricultural workforce.



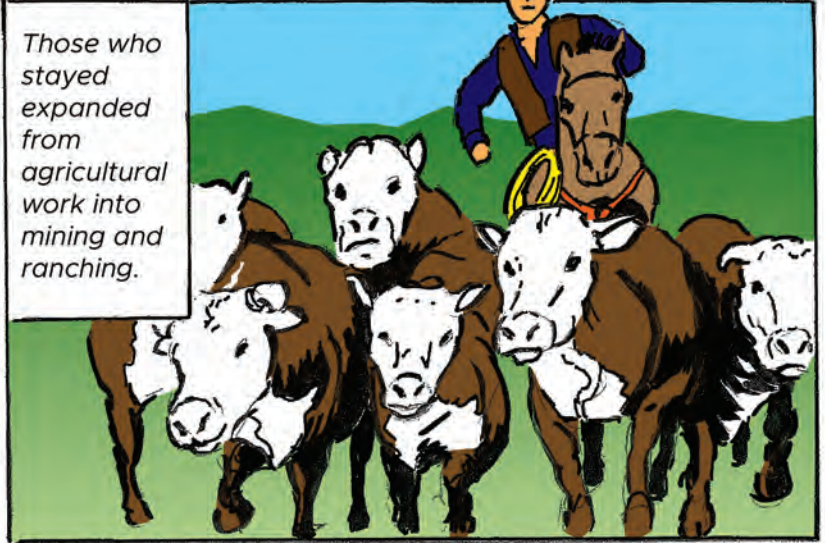
It was common in rural America for children to miss school during harvest, and immigrants were three times as likely to miss more than four weeks of school because of it.

Powerful agricultural companies that profited from underpaid labor successfully convinced officials to not enforce the compulsory school attendance rules for these students.



The Great Depression hit Mexican immigrants especially hard. Job and food shortages aside, there was also a new threat of deportation. Some repatriated to Mexico voluntarily, while others were coerced or tricked by the US government into leaving.

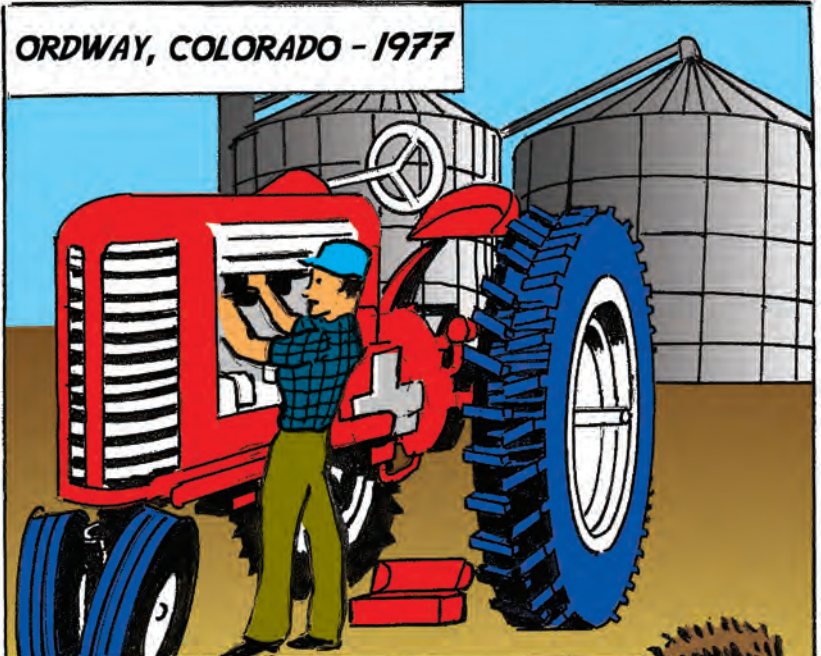
Those who stayed expanded from agricultural work into mining and ranching.



## FACT

The US Border Patrol wasn't established on the US-Mexico border until 1924. Immigration policies were reversed several times over the coming decades as political winds and workforce needs shifted.

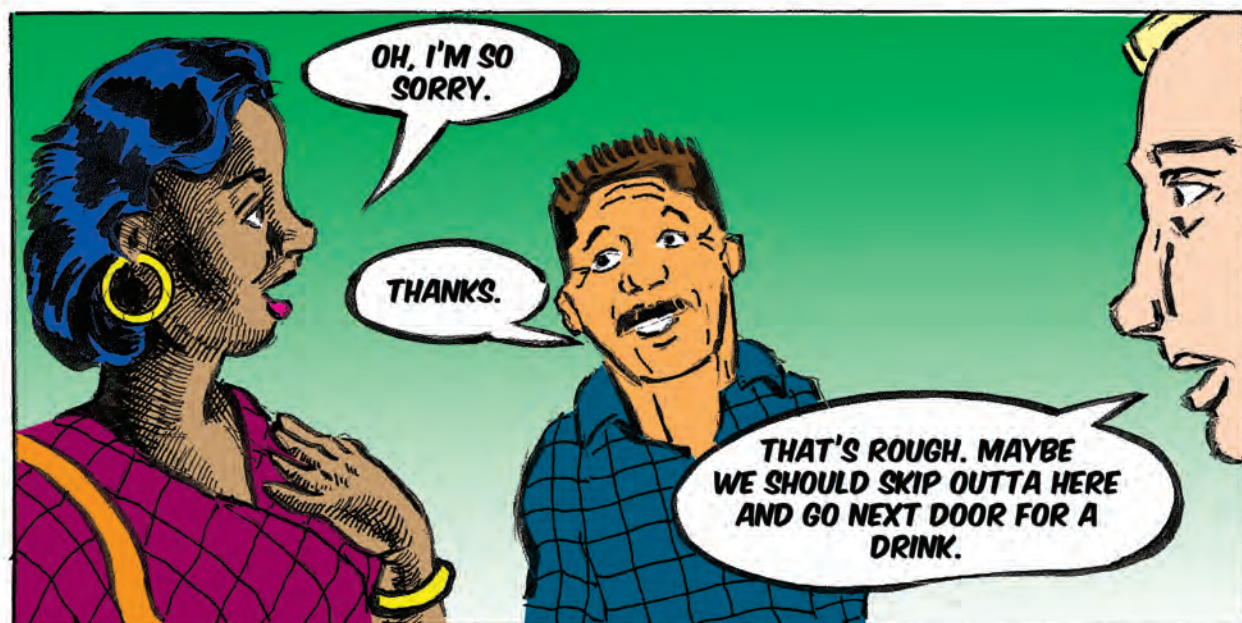
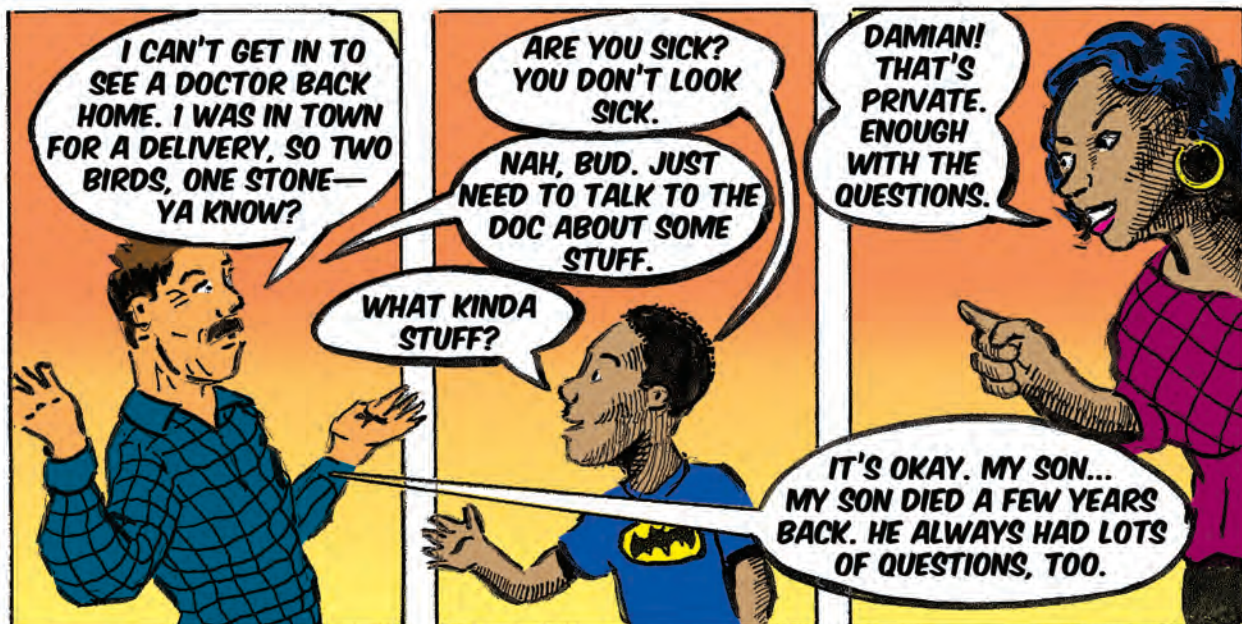
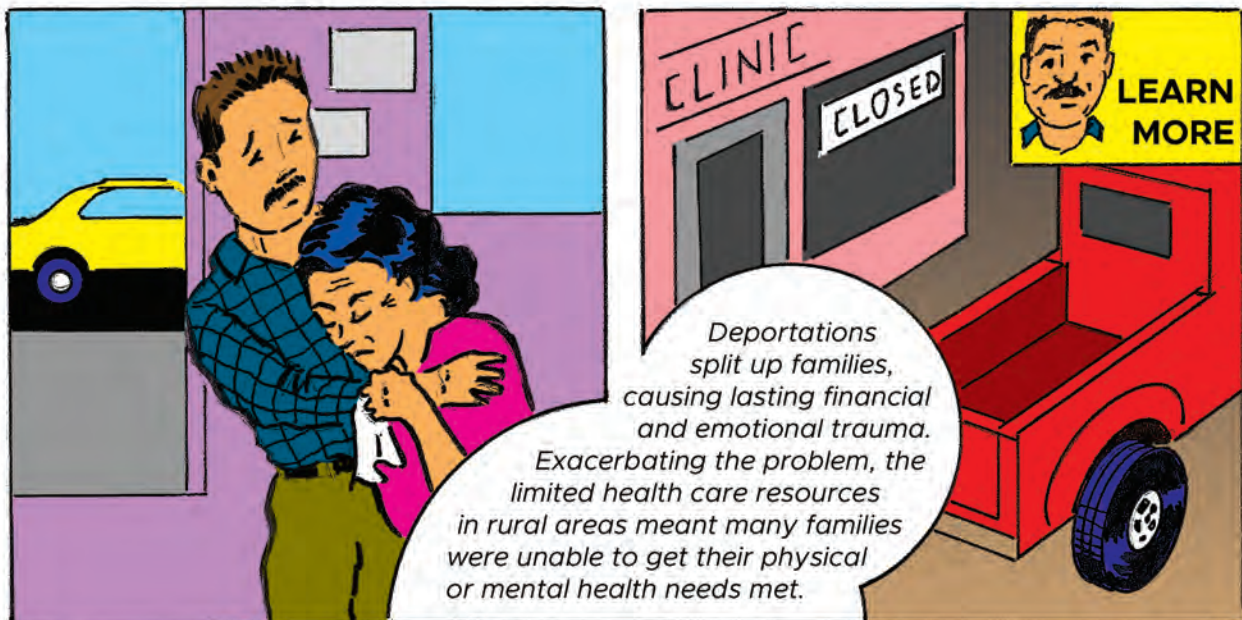
### ORDWAY, COLORADO - 1977



**ALL THE MEN IN MY FAMILY WORKED THE FIELDS AND THE FARMS. IT'S OUR HERITAGE. BUT WHEN THEY DEPORTED MY GRANDFATHER IN 1974, WE LOST OUR STABLE WORK AND HAD TO MOVE FROM PLACE TO PLACE. WE ALL SUFFERED.**











## FACT

Latinos are less likely to receive treatment for mental health and substance abuse issues. Among Latinos with mental illnesses, only 10% contact mental health specialists.



LEARN MORE



YEAH, WELL, I CAN'T SAY MOST MY FAMILY AGREES. WHEN I WAS GROWING UP, "MENTAL HEALTH" WASN'T SOMETHING WE TALKED ABOUT.

## FACT

There are 29 Latino mental health professionals for every 100,000 Latinos in the US, compared to 173 white mental health professionals per 100,000 whites.





# LAURA'S STORY

I UNDERSTAND, IN MY OWN WAY. MANY DOCTORS DON'T UNDERSTAND ME EITHER.

WHAT DO YOU MEAN?

I'M...A LESBIAN. I'M TRYING TO BE BETTER AT TALKING ABOUT IT. THE WORLD HAS CHANGED SO MUCH SINCE I WAS YOUNG.

WHAT DOES THAT HAVE TO DO WITH SEEING A DOCTOR?

I GREW UP IN A DIFFERENT TIME. NOBODY WAS "OUT" BACK THEN. WE KEPT QUIET BECAUSE IT WAS CONSIDERED IMMORAL.

LIKE MANY OF YOU, IT SOUNDS LIKE, I FEEL LIKE AN OUTCAST SOMETIMES.



# CAMBRIDGE, MASSACHUSETTS - 1963



The 1960s were a time of debate around civil rights and homosexuality on college campuses.

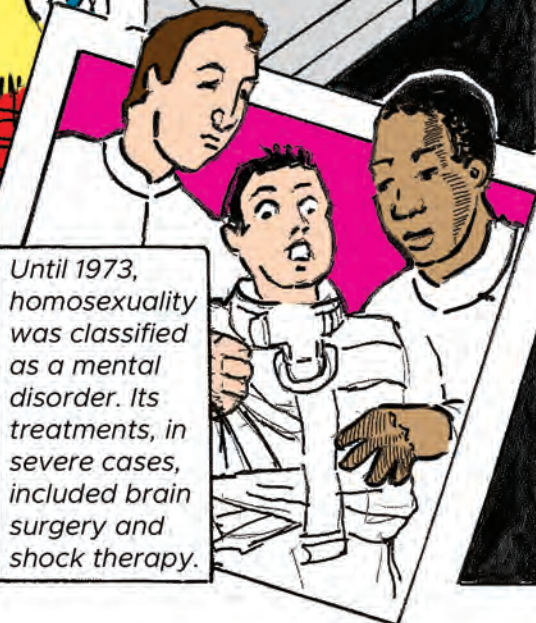
Being gay was considered a "sickness." Those discovered or rumored as gay could be fired. As of 2017, there are 28 states in which that remains true.

IVORY TOWERS  
143



I KNEW THERE'D BE SERIOUS REPERCUSSIONS IF ANYONE FOUND OUT ABOUT MY GIRLFRIEND. I COULDN'T TELL MY PARENTS—IT HAD TO BE A TOTAL SECRET.

Until 1973, homosexuality was classified as a mental disorder. Its treatments, in severe cases, included brain surgery and shock therapy.





The mental and emotional strain of being a homosexual during these times was intense. It caused many LGBT people to suffer in silence.



The health care system was an unwelcoming space for LGBT individuals. It labeled them as defective and focused on "fixing" their queerness instead of addressing health issues. Many did not access needed medical and mental health care because of it.

DENVER, CO - 2003



# FACT

In 2011, 28% of LGBT Coloradans reported that their sexual orientation kept them from seeking physical or mental health care services.



WE WERE TOGETHER FOR 40 YEARS, BUT NOBODY KNEW. WE CAUGHT HER CANCER TOO LATE SINCE WE HAD AVOIDED DOCTORS FOR SO LONG, AND SINCE WE COULDN'T BE MARRIED, I COULDN'T MAKE ANY CARE DECISIONS—I WASN'T EVEN ALLOWED IN THE ROOM MOST OF THE TIME. SHE DIED ALONE.





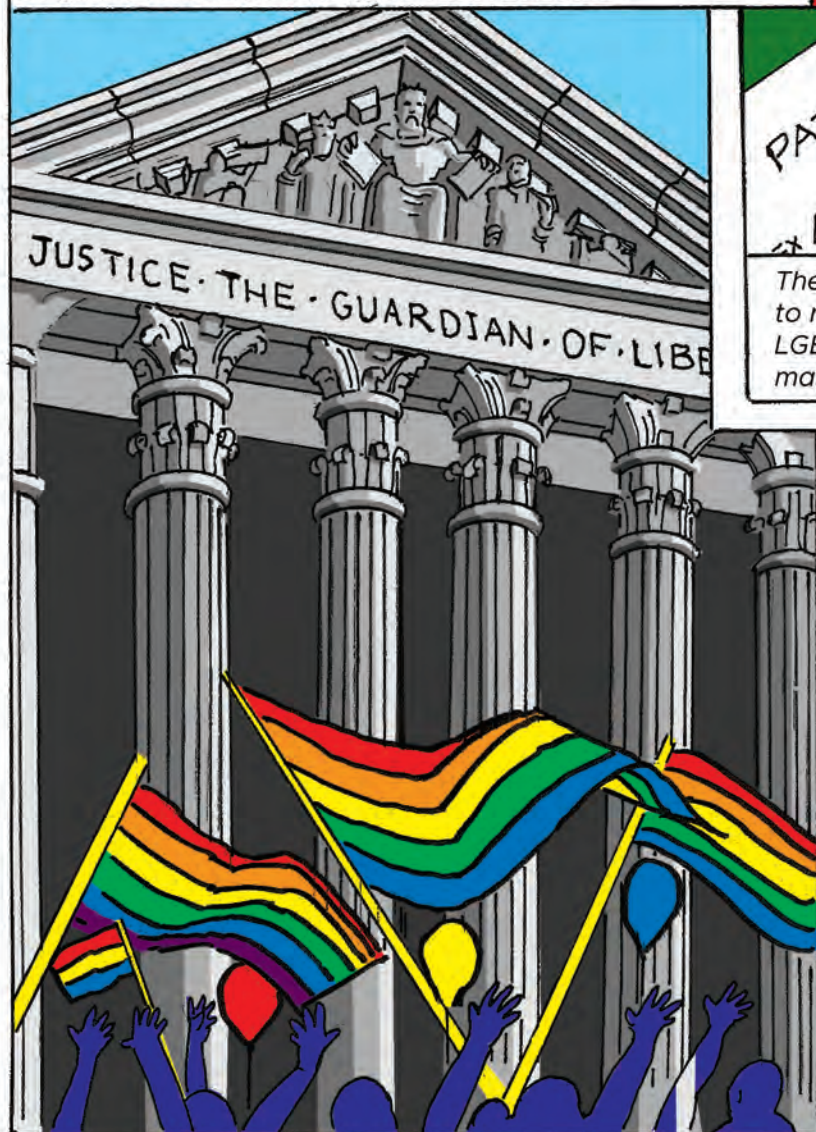


In 1996, President Clinton signed the Defense of Marriage Act, which allowed states to ban same-sex marriage and kept the government from recognizing same-sex marriages. In 2006, Colorado voters approved a constitutional amendment banning same-sex marriage.



LEARN  
MORE

The June 2015 Supreme Court decision legalizing same-sex marriage in every state was the culmination of a significant shift in public opinion on LGBT issues in the US, and set the stage for additional civil rights battles to come.

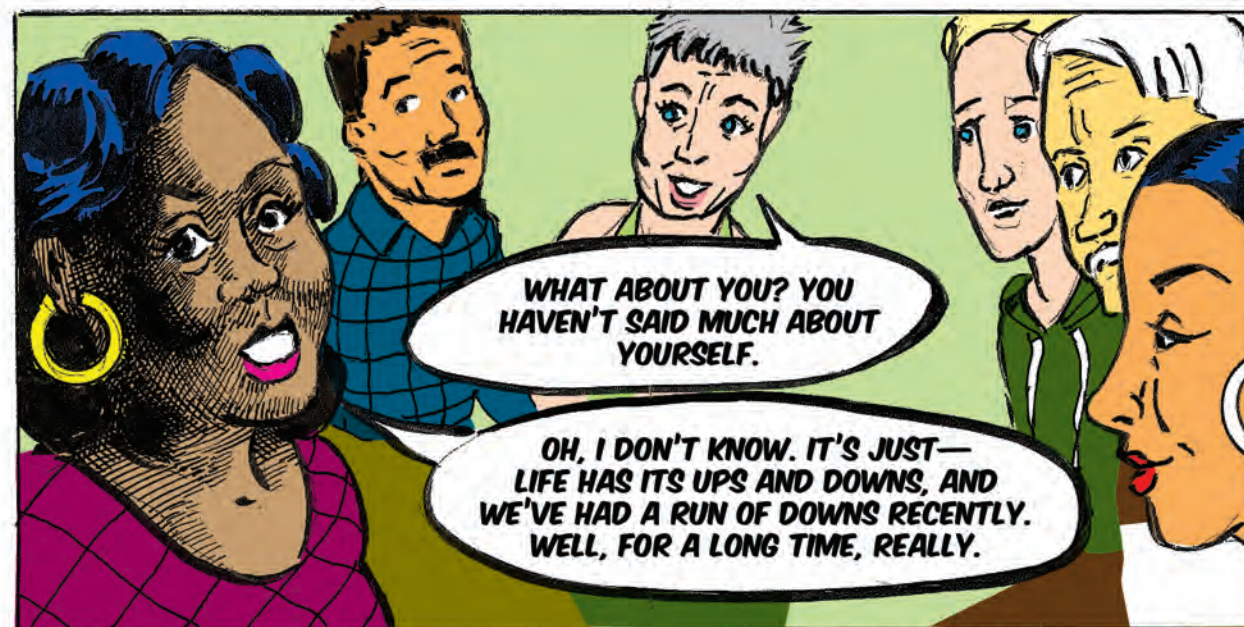


The health care system has begun to recognize its role in excluding LGBT people and has started to make important changes.



SO MUCH HAS CHANGED. I STILL HAVE A HARD TIME TRUSTING DOCTORS, THOUGH. THIS IS MY FIRST CHECK-UP IN MANY YEARS.

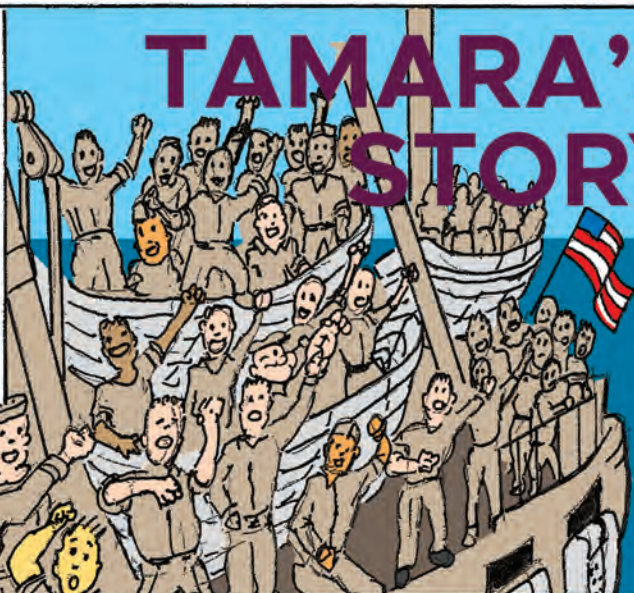






The Serviceman's Readjustment Act of 1944, known as the GI Bill, promised low-cost mortgages and loans, as well as education and unemployment expenses to veterans. However, racially-motivated discrimination resulted in black GIs being unable to take advantage of its benefits. This was a more indirect continuation of America's history of openly discriminatory laws.

# TAMARA'S STORY



**NORTH RIVER, NEW YORK - 1945**

## FACT



The creation of the Federal Housing Administration in 1934, which lasted through 1968 (and still persists in subtler but equally destructive forms), refused to back loans to blacks, through a process called redlining.



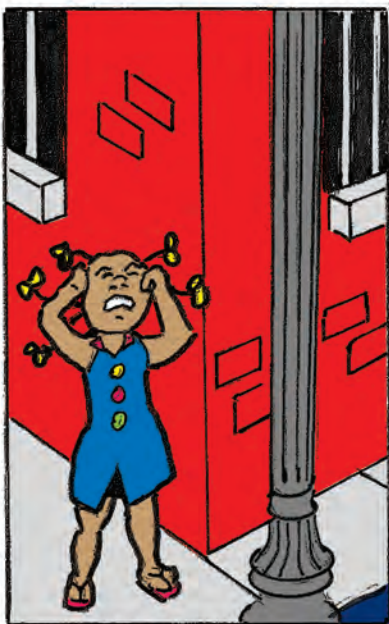
Unable to secure housing loans, many black families were forced to reside in smaller housing units in urban areas.



Discriminatory housing policies perpetuate the cycle of poverty. In spite of these structural barriers, communities of color have maintained their resiliency and cultural vibrancy.



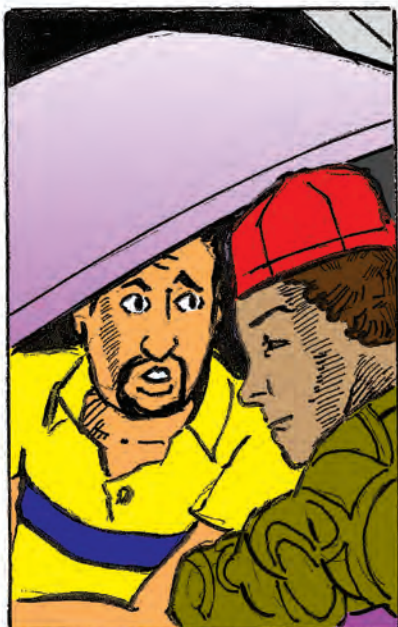




We grew up poor and black and that's just a tough combination. We saw drugs and violence in our community every day. We saw police every day, too, but we didn't feel any safer for it.



**LEARN MORE**

## FACT

Starting with the 1980s War on Drugs, sentences were artificially inflated by the justice system for offenses that disproportionately affected black people. Similarly, despite comparable rates of possession, blacks are nearly four times more likely to be arrested for marijuana than whites.



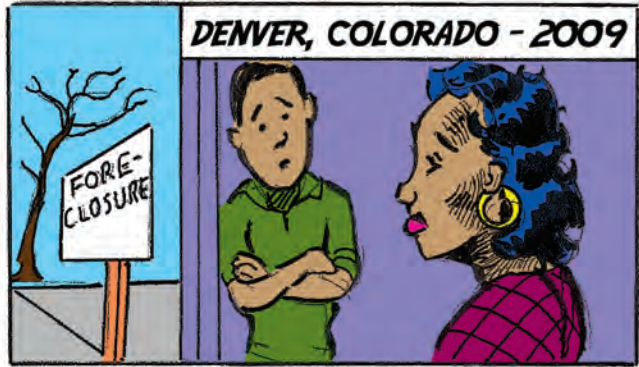


The recession hit many of Colorado's black families especially hard. Whatever ground they made up in the boom years of the early 2000s was lost, and foreclosures were common. Today, a typical white household has 16 times the wealth of a black one.

LEARN  
MORE



DENVER, COLORADO - 2009



WE WORKED  
HARD TO  
GET WHERE  
WE WERE,  
BUT THEN  
IT UNRAVELED  
AGAIN. MY  
DAUGHTER GOT  
PREGNANT YOUNG  
AND MOVED IN  
WITH US. I LOVED  
HAVING DAMIAN  
AROUND, BUT IT  
WAS NOT A GOOD  
NEIGHBORHOOD.

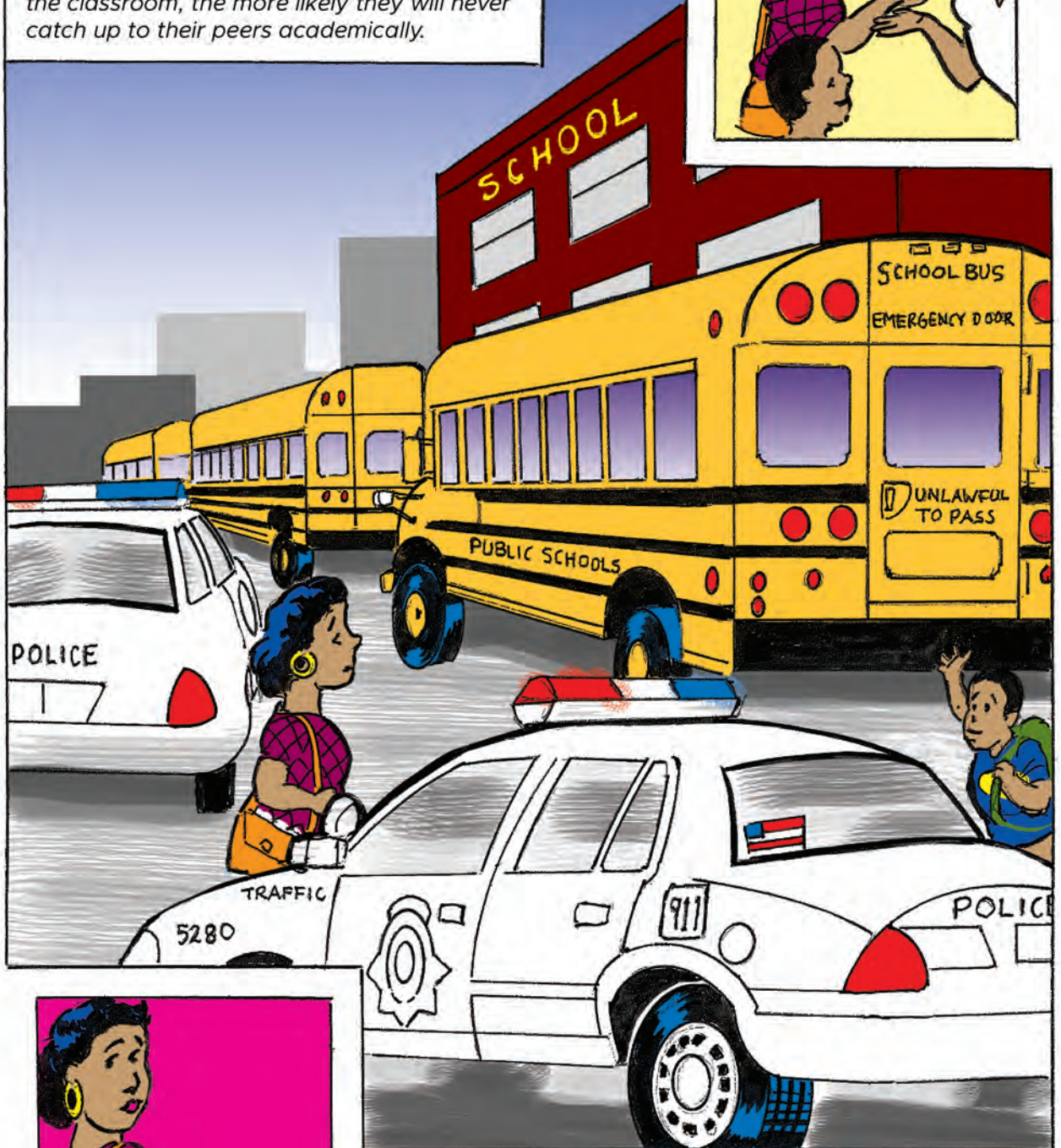
**FACT**

Black and Latina teens are over two times as likely as white teens to become pregnant. This is in part because non-white teens are less likely to have access to reproductive health resources and receive accurate sex education.



## DENVER, COLORADO - 2016

Starting in preschool and continuing through high school, black students are suspended, expelled, or arrested much more frequently than white students for the same offenses. The more time these students spend out of the classroom, the more likely they will never catch up to their peers academically.



## FACT

Black students in the Denver Public School District are seven times as likely as white students to be suspended or expelled. Under-resourced schools and zero tolerance discipline policies, which target children of color, create the "school-to-prison pipeline."





I WORRY ABOUT HIS FUTURE. EVERY DAY HE GETS CLOSER TO BEING A YOUNG BLACK MAN IN A POOR BLACK 'HOOD, SURROUNDED BY ALL THE THINGS I DON'T WANT HIM MIXED UP IN. AND YOU KNOW THIS COUNTRY DOESN'T DO RIGHT BY ITS YOUNG BLACK MEN. I JUS' WORRY WHERE HE MIGHT END UP.

HE IS LUCKY TO HAVE SUCH A LOVING FAMILY.

YOU ALWAYS DO WHAT YOUR GRANDMA SAYS, RIGHT?

YES, SIR. WELL, MOST OF THE TIME.

SEEMS LIKE THE DECK'S JUST STACKED AGAINST US MOST OF THE TIME, YOU KNOW? I DON'T KNOW HOW WE CHANGE THAT, BUT SOMEONE'S GOTTA BE ABLE TO HELP.

I'M SURE TIRED OF WAITING, THOUGH.

SORRY TO KEEP YOU ALL WAITING. WE'RE READY TO GET STARTED NOW.



## ABOUT THE PROJECT

This project was funded by The Colorado Trust, as part of their Health Equity Advocacy Strategy. Work began in 2015 and many individuals and organizations contributed to its development. Center for Health Progress staff completed the writing and a Community Advisory Board consulted on the characters' stories, depictions, and interactions, ensuring cultural accuracy and sensitivity. Additionally, focus groups of residents from various ethnic or cultural backgrounds were convened to provide feedback and improve the story's reflection of Coloradans' lived experiences. While the historical events depicted are very real, the stories and characters are fictionalized. Any resemblance to actual persons is purely coincidental.

*Waiting for Health Equity* is best utilized as one tool in a broad discussion about health equity and the root causes of health inequities. A facilitation guide is available at [centerforhealthprogress.org/learnmore](https://centerforhealthprogress.org/learnmore). We are also available to come to your group's meeting, present on health inequities and *Waiting for Health Equity*, and facilitate a discussion to help increase your collective understanding of the issues, as well as potential action steps to address them. Limited printed copies of *Waiting for Health Equity* are available. Please email [sarah.mcafee@centerforhealthprogress.org](mailto:sarah.mcafee@centerforhealthprogress.org) for more information or to share feedback on this project.

## ACKNOWLEDGMENTS

Thank you to our incredible illustrator, Ruben Chavez, whose vision, creativity, and artistic skill brought our idea to life.

Thank you to our Community Advisory Board, Chris Armijo, Mirna Castro, Will Dickerson, Arthur McFarlane, Noelle Melchizedek, Suzuho Shimasaki, Dennis Swain, Justin Valas, Daniel Weinshenker, Asian Pacific Development Center, and Servicios de la Raza, whose thoughtful input and critical questions helped shape our thinking on important health equity issues and guided the story to a final product far better than we could've dreamed.

Thank you to our many friends, partners, and neighbors, who provided feedback throughout the process, from storyline and dialogue ideas to distribution and facilitation ideas, which made this project stronger.

And, finally, thank you to The Colorado Trust and our fellow Health Advocacy Cohort members for believing in this project and the power of stories to move hearts and minds to action on these vital issues.

## SOURCES

The elements of this story have been extensively researched and verified to the extent possible. We encourage you to read the sources consulted for each character's development and the facts referenced throughout.



ANH

1. **Medicaid Member Caseload by County** from CO Dept. of Health Care Policy and Financing
2. **Education in Vietnam** from the World Bank
3. **Enemy at the Gate: The History-making, Chaotic Evacuation of Saigon** from CNN
4. **A Brief History of Refugees Paying Back the U.S. Government for Their Travel** in Newsweek
5. **Learning from Our Past: The Refugee Experience in the United States** by Haines, Ph.D.
6. **Refugee Assistance Manual** from CO Dept. of Human Services
7. **Vietnamese Refugees Recall Their Warm Welcome** in the Los Angeles Times
8. **Country of Origin of Colorado Refugee and Refugee Eligible Populations** from the CO Division of Refugee Services
9. **Immigrants in the United States: A Profile of America's Foreign-Born Population** from Center for Immigration Studies
10. **Post Arrival Assistance and Benefits** from Refugee Council USA

CLAUDIA

1. **Unauthorized Immigrant Population Profiles** from Migration Policy Institute
2. **More Mexicans Leaving Than Coming to the U.S.** from Pew Research Center
3. **What It's Really Like To Cross the U.S.-Mexico Border** in Think Progress
4. **Where Immigrants Settle in the U.S.** by Chiswick and Miller
5. **Deferred Action for Childhood Arrivals (DACA) Profile: Colorado** from Migration Policy Institute
6. **Undocumented Immigrants' State & Local Tax Contributions** from Institute on Taxation and Economic Policy

JAKE

1. **Department of Veteran Affairs State Summary: Colorado** from U.S. Dept. of Veteran Affairs
2. **Combating the No. 1 Killer of Troops in Afghanistan** from CNN
3. **American Community Survey** by Census. gov
4. **OEF/OIF Deployment-Related Traumatic Brain Injury** from National Center for PTSD
5. **Traumatic Brain Injury and PTSD** from National Center for PTSD

LAURA

1. **Where You Can Still be Fired for Being Gay** from Policy Mic
2. **Shock the Gay Away: Secrets of Early Gay Aversion Therapy** in the Huffington Post
3. **Invisible: The State of LGBT Health** from One Colorado
4. **Same-Sex Marriage, State by State** from Pew Research Center
5. **Is Being Transgender a Mental Illness? WHO Classification System Suggests It is** from Stat News



## MANUEL

1. ***Chinese Exclusion Act*** from Harvard University Library Open Collections Program
2. ***The Nutrition and Care of Children in a Mountain County in Kentucky*** from the U.S. Dept. of Labor
3. ***Immigrant Era: Focus on Assimilation*** from Colorin Colorado
4. ***A Tale of Two Schools*** from Southern Poverty Law Center
5. ***Fields of Peril*** from Human Rights Watch
6. ***Depression and the Struggle for Survival*** from Library of Congress
7. ***1924: Border Patrol Established*** from U.S. Customs and Border Protection
8. ***Healthcare Disparities & Barriers to Healthcare*** from Stanford Medicine
9. ***Latino Mental Health*** from National Alliance on Mental Health
10. ***Mental Health: Culture, Race, and Ethnicity*** from National Center for Biotechnology Information

## TAMARA

1. ***Ethnic Disparities in the Burden and Treatment of Asthma*** from Asthma and Allergy Foundation of America
2. ***History and Timeline*** from U.S. Dept. of Veteran Affairs
3. ***When Affirmative Action was White: Uncivil Rights*** in the New York Times
4. ***Redlining: Still a Thing*** in the Washington Post
5. ***Middle-Class Black Families, in Low-Income Neighborhoods*** in the New York Times
6. ***The Drug War as a Race War*** by Kenneth Nunn
7. ***The Racial Wealth Gap: Why A Typical White Household Has 16 Times the Wealth of a Black One*** in Forbes
8. ***Racial and Ethnic Disparities Persist in Teen Pregnancy Rates*** from Pew Charitable Trusts
9. ***Why Teen Women Of Color Are More Likely To Become Pregnant*** in the Huffington Post
10. ***Environmental Racism: When Where You Live Determines How Fast You Die*** in The Root
11. ***The 5th Annual Denver Community Accountability Report Card*** by Padres & Jovenes Unidos

## RECOMMENDED READING

There are many excellent books and articles on racial and health equity. These are a small collection of some of our favorites:

1. ***Unnatural Causes***, a documentary series by California Newsreel
2. ***The Impact of Racism on the Health and Well-Being of the Nation***, a webinar series by American Public Health Association
3. ***Health Disparities & Inequalities***, a report by the CDC
4. ***Health and Well-Being for All***, an interactive tool by Practical Playbook





5054

SPECIAL

Welcome Aboard RTD