North Florida
Health Equity Think Tanks

Advance Health Access & Quality, and Economic Stability
Summary of Findings and Recommendations

June 27th, 2022

Florida Department of Health

Alliance Consulting

Florida Agricultural and Mechanical University

NORTH FLORIDA HEALTH EQUITY THINK TANK REPORT

Table of Contents

NORTH FLORIDA HEALTH EQUITY THINK TANK REPORT

BACKGROUND

The Florida Department of Heath Office of Minority Health and Health Equity (OMHHE) established under *s. 20.43(9)* to develop and promote the statewide implementation of policies, programs, and practices that increase health equity in Florida, including, but not limited to, increased access to and quality of health care services for racial and ethnic minority populations partnered with regional agencies across the state to understand the unique regional successes and challenges related to health care access and quality and economic stability. In North Florida, OMHHE partnered with the Florida A&M University College of Pharmacy and Pharmaceutical Sciences, Institute of Public Health (FAMU) to convene two Think Tanks consisting of leaders and experts from sectors outside of public health to inform, identify gaps, challenges, and solutions to community issues through a health equity lens.

The goal of the think tanks was to consider the Social Determinants of Health – Economic Stability and Health Care Access and Quality – in North Florida from both an urban and rural perspective to help identify community assets, common barriers, best practices and possible local solutions recognizing that individuals and communities that are economically, socially, ethnically, and racially marginalized experience disproportionate barriers in achieving health equity.

Definitions

Health Equity is achieved when everyone has fair and just access to what they need to be as healthy as possible to attain optimal health. it is achieved through reducing and eliminating disparities in health and its determinants.

Health Inequities are systematic differences in the opportunities groups have to achieve optimal health, leading to avoidable differences in health outcomes.

Health Disparities are the quantifiable differences when comparing two groups on a particular measure of health. Health disparities are typically reported as rate, proportion, mean, or some other measure.

Equality means each individual or group of people is given the same resources or opportunities.

Social Determinants of Health are the conditions in which people are born, grow, learn, work, live, and age that influence the health of people and communities (see figure 1).

Upstream interventions and strategies focus on improving fundamental social and economic structures in order to decrease barriers and improve supports that allow people to achieve optimal health.

Downstream interventions and strategies focus on providing equitable access to quality care and services to mitigate the negative impacts of disadvantage on health.

NORTH FLORIDA HEALTH EQUITY THINK TANK REPORT

Population health - refers to the health status and health outcomes within a group of people rather than considering the health of one person at a time. It is shaped by the social determinants of health such as poverty, education, and housing. Rather than focus on the treatment of chronic disease, policies that influence population health tend to emphasize prevention and wellness; and the eradication of health disparities based on race, ethnicity, language, income, gender, sexual orientation, disability and other factors.

Systemic Barriers- Systemic Barriers are obstacles that place unequal value on individuals and communities. They prevent positive progression in working class communities of color. Barriers include racism, poverty, disparities in health, education and the criminal justice system.

Mass Incarceration/ Criminalization- A term used to describe the significant increase in U.S. incarceration rates over the past forty years. This includes the use of laws, policies and practices that has given the U.S. the highest incarceration rates in the world.

School to Prison Pipeline- The school-to-prison pipeline refers to the national trend of criminalizing, rather than educating, our nation's children. The pipeline encompasses the growing use of zero-tolerance discipline, school-based arrests, disciplinary alternative schools, and secured detention to marginalize our most at-risk youth and deny them access to education

structural inequities - refers to the systematic disadvantage of one social group compared to other groups with whom they coexist that are deeply embedded in the fabric of society. Structural inequities encompass policy, law, governance, and culture and refer to race, ethnicity, gender or gender identity, class, sexual orientation, and other domains.

METHOD

A fundamental principle of OMHHE across the state is a commitment to listening and learning directly from community organizations and community members addressing and/or experiencing health disparities and inequities. Through a Request for Proposal (RFP), the Office of Minority Health and Health Equity contracted with FAMU to conduct two think tanks in North Florida. FAMU subcontracted with an established local convener in Jacksonville, FL to host 2 health equity think tanks. The subcontractor reached out to leaders in various sectors across North Florida that represent the Social Determinants of Health (see graphic below) to facilitate a broad-based understanding of the challenges and opportunities faced by individuals, communities of color, immigrants, rural populations, and other marginalized groups in attaining optimal health. Ultimately, the key goal of this project is to use qualitative information gleaned from these think tanks as well as quantitative data (separate from this report) to generate broad, diverse and innovative ideas that would help to inform county-level health equity plans with support from the Office of Minority Health and Health Equity.

For each think tank, a keynote speaker was selected based on their overall knowledge of health equity and the impacts of disparities and inequities on health access and quality

or economic stability in the region and the state. Sector participants were selected based on their ability to speak from a personal, organizational, and regional/state perspective about the impacts of the social determinants on health and wellbeing. The participants were also selected based on their ability to apply an intersectional lens to the conversation recognizing the role that education, housing, incarceration, transportation, legal services, food, employment, social services, age, mental health, etc. play in health outcomes. Think tank leader-participants were also selected based on their ability to demonstrate strong ties with the community, organizational credibility, community trust and authenticity and a track record of working with vulnerable populations experiencing disparate and inequitable health outcomes (*list of participants is included in Appendix A*).

Upon completion of the health equity think tanks, the Consultant team analyzed the recordings and notes to identify key themes and findings. Key themes and findings based on these two convenings are described in the sections that follow.

FINDINGS – Overarching themes

The main theme that emerged from both think tanks was that until we start to address upstream strategies to address disparities in the population, health inequities will continue to be pervasive especially in communities that are already identified as vulnerable including racial and ethnic minorities, indigenous populations, elders, infants and toddlers, the LGBTQ+ community, people living with disabilities and immigrants. According to Dr. Rachel Thornton, Vice President and Chief Equity Officer for Nemours Children's Health, disparities are pervasive and affect the population from infancy to adulthood and persist through time and space. She demonstrated through data how infant mortality rates exist amongst populations with Black children dying at twice the rate of white babies. Similarly, age adjusted death rates per 100,000 for selected diseases such as diabetes, heart disease and cancer are highest among Blacks with a marked difference in all three diseases. Dr. Thornton also provided evidence of how social context over time continues to produce poor health starting with a study done by W.E.B Dubois in 1899 and linked it to data from 2016 -2017 which showed the progressive morbidity and mortality of African Americans to the present in the U.S.

In discussing Economic Stability, Dr. Irvin Pedro Cohen, President and CEO of Local Initiatives Support Corporations (LISC), also explained how people of color especially African Americans, have progressively become economically unstable noting that in Duval County, the 3rd grade reading gap between blacks and whites is 32%, the poverty rate for the county is 14.5% but for African Americans it is 22%. In looking at the recently released community health needs assessment, African Americans lead in every negative health outcome which has a cascading impact on all areas related to economic stability including housing, food security, employability, etc.

NORTH FLORIDA HEALTH EQUITY THINK TANK REPORT

BARRIERS TO HEALTH CARE ACCESS AND QUALITY

Like most of the United States, rural North Florida is experiencing a physician shortage especially in specialty areas. These medically underserved areas include Baker, Putnam and Nassau Counties. According to one of the participants, there is only one remaining obstetric gynecologist in Nassau County, and no OB-Gyn in Baker County, which is especially critical for women with high-risk pregnancies. In addition, in some areas of specialty such as psychology and psychiatry, there is a shortage if not altogether absence of racial and ethnic diversity among practitioners resulting in individuals needing health care either going without because of cultural hesitancy or driving long distances to the outlying cities if they are able to incur the expense. Despite installing and working with youth to inform a model youth clinic in one of the high schools, youth are still not seeking care at the school clinic even though it is fully accessible, and students do not need to seek parental permission. Administrators and health care providers are trying to understand what continues to be the barrier to increase utilization.

Florida does not have licensure reciprocity which sometimes hinders the ability of those moving from other states from providing care which impacts access and quality. Even though we have a big immigrant population, there does not seem to be a mechanism to reciprocate at all with other countries "we have immigrants with skills not being able to get licenses as well and use their expertise and instead have to work low paying jobs like construction and kitchen workers". Due to the low reimbursement rates, it is difficult to find providers in all areas who will accept Medicaid. The perceived risk of gossip in rural areas keeps individuals from seeking medical care. This results in individuals waiting to get care at one of the neighboring cities or hospitals when their condition or illness is exacerbated.

BARRIERS TO ECONOMIC STABILITY

Poverty was identified as the biggest barrier to economic stability stemming from infancy to adulthood. Poverty proliferates in the absence of jobs that pay a living wage that is location specific. Participants noted that individuals are losing their homes and while those who are renting, rental fees are increasingly unaffordable based on current wages. Increased prices for basic necessities like gasoline, utilities, everyday foods such as milk, bread and meat which is resulting in more inequities as individuals and families struggle to make ends meet. While the economy is recovering, there are still a lot of businesses in the region in most of the sectors still unable to fill open positions. Screening practices such as background checks and educational requirement are keeping qualified individuals from participating in the labor market as well as in other sectors including volunteering in educational institutions, youth athletic leagues and work with at-risk students. In Duval County, 1/3 African American adults have involvement with the justice system resulting in a criminal record. Due to background screening requirements, a lot of African American males are screened out of playing an integral role in their children's upbringing such as participating as coaches in the myriad sports children engage in.

NORTH FLORIDA HEALTH EQUITY THINK TANK REPORT

In North Florida, women – especially frontline workers, young adults, Black workers, and low-income workers depend on public transportation for commuting. Most rural areas in the region lack public transportation and, in the counties, where it exists, routes are limited and rides intermittent making it difficult to attain economic stability and health equity. In addition, lack of access to public transportation disproportionately harms older people and people with disabilities by decreasing mobility and forcing dependance on car ownership. As a result, individuals in the region do not have reliable and affordable access to grocery stores, schools, health care, and other determinants of health which impedes economic mobility and stability.

Education is key determinant of health. One participant noted that parents need support to help their children to navigate the school system. The participant noted that even she is well educated, she still needed assistance to ensure her child received the right individualized education plan. This participant feared that instead of the problem behaviors a child is exhibiting being addressed, children could be labelled as "difficult" and or "violent" relegating them to the school to prison pipeline which is often the case for students who are not reading at the 3rd grade level or generally failing in elementary and middle school. The participants agreed that there are a lot of students graduating from the schools in the region who have been "passed on" who "don't even know their address". It was noted that reading and literacy should be a priority, because it drives lifetime earnings. Participants recommended for schools to start with parent engagement to ensure all the options that can help a child succeed have been addressed.

SYSTEMIC AND STRUCTURAL BARRIERS THAT PERPETUATE HEALTH INEQUITIES

According to Dr. Pedro Cohen, "systems, particularly those that have economics at its core are built to support their creators' or investors' economic interests and any wholesale changes to that system will cause the system to fight to protect itself". He argued that the systems' fight to protect themselves in their own self-interest has resulted in the conditions we see today in communities and populations with large and preventable differences. He noted that one's zip code more than education or employability determines one's health outcome. He noted the absence of grocery stores, affordable housing, banking institutions and high performing K-12 schools in areas with the highest documented health inequities such as Northwest Jacksonville which are all examples of systemic and structural barriers that perpetuate health inequities and hinder economic stability.

Think tank participants also mentioned hiring practices, background screenings, history of incarceration, and low wages as structural and systemic barriers to equity that should be examined to improve conditions in the region. Another structural issue which is particularly pervasive in North Florida is housing – a critical determinant of health. Think tank participants spoke to housing affordability, housing quality, and residential stability. Presently, the average rents in North Florida are higher than the average income for most workers which is a major concern for most social service providers. The quality of housing

individuals with low incomes or fixed incomes can afford is often substandard with no mechanisms in place for renters to seek resolutions when they encounter problems which often results in high residential mobility leading to interruption of services for individuals, families, and children. The North Florida housing market crisis is leading to more families with children and individuals including senior citizens living in cars or wherever they can find refuge including encampments.

Participants also talked about transportation as a barrier to accessing care in rural counties. The needs of the Hispanic community were discussed in the areas of housing and transportation. As more and more Hispanic immigrants move into the region, more health and economic data is needed to inform strategies that will advance health equity and economic stability.

Other recommendations include improving job opportunities in rural areas and dental care for adults in all counties. Open a business development incubator. Enhance mobile health efforts by taking the care to communities, including a Dietitian to help address health conditions related to food.

THINK TANK PARTICIPANTS' RECOMMENDATIONS: NEEDED POLICIES, PROGRAMS AND SERVICES

The impact of structural inequities follows individuals "from womb to tomb." The Think Tank participants offered a range of recommendations outlined below.

1. Engage the Community as Drivers of Change
   - Host listening sessions and townhall meeting within communities/neighborhoods to let them share what their problems and proposed solutions are. This approach will let them know they are worthy of being at the table and it will help to build trust.
   - Provide meaning opportunities to engage residents in planning processes of programs, interventions, and policies. Work with the community as key informants to identify needs, assets and resources needed for improvement.
   - Compensate community members when they are asked to work to improve outcomes. When applying for funds, organizations should start including citizen compensation as a line item recognizing the importance of lived experience and time necessary to do work in and with community.
2. Develop peer-based services and supports
   - Invest in communities by adopting peer support models. Successful examples of peer support models were discussed including a peer advisory board for the teen clinic, peers at the Recovery High School and how they are critical for student graduation and successful recovery, as well as the regional community health worker partnership effort that has been critical in

advancing equity strategies related to COVID. Peer support is also being used in educational systems by having trained and paid parent advocates who assist other parents in navigating the complexities of gaining the right types of supports needed to develop the right type of Individualized Education Plan.

- Train citizen advocates – residents are the best advocates for their own neighborhoods or issues because of their lived experiences. Compensate them if you decide to engage them as advocates.

3. Enhance direct care in health care
- Recruit and hire providers and administrators from diverse backgrounds including people of color in health care systems to increase health care quality. This will help to bridge the knowledge gap that stems from a lack of understanding about priority health issues and concerns of marginalized groups from their standpoint.
- Partner with schools to support the health of children where they learn and address any barriers to children accessing on-site school health care.
- Partner with Food Banks to address food insecurity at health care settings including screening/referral for other SDOH.
- Partner with others to advance innovative health care policy, reimbursement and health care delivery.
- Utilize newly approved telehealth services to advance quality care while reducing costs.

4. Provide direct supports for Economic Stability
- Provide funding in vulnerable communities in forms of grants and loans for home repairs
- Provide funds and financial counseling to homeowners on the brink of losing their homes because of overdue property taxes
- Assist homeowners acquire clear titles to heirs 'properties to enable to access the supports and resources attached to home ownership
- Understand the history of redlining in your community and work to address inequitable lending and borrowing practices still "on the books".

5. Responsibilities for local governments to promote health equity
- Invest in children – "investing in equitable health for children is the single most powerful lever to align the financial incentives to create a healthier society, a stronger economy and better future for our country"- Dr. Rachel Thornton
- Counties should adopt health in all policies, a collaborative approach that integrates health into policymaking across all sectors to improve the health of all communities. Appoint or hire qualified dedicated staff to help inform government officials about impacts of proposed legislation, programs or interventions on the population's health.

- Develop a comprehensive plan to address affordable housing. Research and replicate policies that other cities have adopted (Montgomery County, Maryland has a public/private partnership that subsidizes landlords to provide affordable housing).
- Look to national groups such as Community Solutions which is pushing for "functional zero for veteran homelessness" to address general homelessness in the population.
- Consider building tiny homes as a potential affordable housing solution with critical attention to the critical infrastructures necessary likely to make these new "communities/villages" thrive.
- Work with the state to apply pressure for access to the Florida Affordable Housing Funds that are available but not released.
- Review policies related to living wages and screening requirements to ensure they are just and equitable by imposing additional barriers that are impeding health equity and economic stability.
- Consider creating a medical/legal partnership in every county to address all the SDOH needs of vulnerable citizens.
- Bring much-need attention and resources to addressing mental health challenges through local, state and federal legislation and funding.
- Partnering with others to advance innovative healthcare policy, payment, and care delivery for children across the country.
- Increase funding and support for broadband access for families in need.
- Provide funding and other resources to increase food security in every county in the region.
- Promote policies that advance local purchasing.

6. Develop capacity of grassroots organizations
- Build capacity for minority organizations and consider eliminating structurally inequitable practices such as cost-based reimbursement as contractual conditions or requirements. Most small grassroots organizations do not have the requisite funds to do the work in advance of being paid even though they might be best suited to carry out the interventions. In addition, stress associated with having enough funds to sustain critical programs, including paying staff because of delays in being reimbursed by funding entities impacts economic stability and impedes access and quality.

7. Consider best practices from other parts of the state or country
- Review the comprehensive plan to ensure it includes elements that adequately address affordable housing in each county. Develop a citizen-led mechanism to hold elected officials accountable for implementing the elements related to the goals, priorities and strategies in the plan to improve housing affordability and reduce inequality in housing availability, ownership and conditions. (For example –Montgomery County).

- The education system needs improving. St. Johns County has the highest education rating in the state while neighboring counties lag behind. There is an opportunity to learn from St. Johns County to see what elements other communities might be able to borrow and replicate in the region.

CONCLUSION

The Florida Department of Health's Office of Minority Health and Health Equity sought to understand the unique regional successes and challenges related to health care access and quality and economic stability in North Florida using a health equity lens. The goal of this project was to inform future work on Health Equity and Economic Stability in North Florida. The findings from these two convenings illuminated some of the inequities and structural barriers that continue to persist, disproportionately affecting individuals and communities that are economically, socially, ethnically, and racially marginalized impeding their ability to achieve optimal health. These convenings also reinforced the importance of hearing directly from communities to best understand their issues and challenges. Hopefully, the next step will be to involve these communities and individuals – especially those impacted and not the organizations that serve them - in shaping the solutions to address longstanding inequities.

OPPORTUNITIES TO PARTNER/COLLABORATE WITH THE FLORIDA DEPARTMENT OF HEALTH

The Office of Minority Health and Health Equity has identified 12 health priority areas which include: *maternal and infant mortality, severe maternal morbidity, cancer, HIV/AIDS, cardiovascular disease, diabetes, adult and childhood immunizations, oral health, sickle cell disease, lupus, Alzheimer's disease and related dementias, and the social determinants of health (SDOH) to* improve health outcomes of racial and ethnic minorities and other vulnerable populations.

To address severe maternal morbidity and mortality, OMHHE is collaborating with the Division of Health Promotion to conduct a telehealth minority maternity care pilot program in Duval and Orange counties. It includes telehealth services to eligible pregnant women, training for health care practitioners and perinatal professionals, and care management.

There is an opportunity for community stakeholders to be involved by joining the Advisory Board for the pilot in Duval and Orange Counties.

Community stakeholders can also be involved by applying for the Closing the Gap (CTG) Grant Program, administered by OMHHE to support implementation of evidence-based practices targeting diabetes, infant mortality, mental health, chronic disease, COVID-19, cardiovascular disease, HIV, cancer, healthy weight and life expectancy. The OMHHE representative MS. Kelly Grove reported that the department has not been receiving as many applications from North Florida as they would like to see and appealed to think tank participants to consider applying for CTG when the RFP is released later in 2022.

Another opportunity for community stakeholders to work in partnership with FDOH is by participating in the County Health Equity Plan to identify problems, prioritize,

propose goals, and implement county level solutions. Individuals can play a role by joining the Health Equity Task Force or join the Health Equity Coalition which provides guidance to the task force.

To take action and be involved, please contact your local health equity liaison at MHHE.*county*@flhealth.gov. You can also find these emails on the Office of Minority Health and Health Equity's Website - https://www.floridahealth.gov/programs-and-services/minority-health/minority-health-liaisons.html

HEALTH EQUITY THINK TANK PROPOSED GUIDING QUESTIONS

HEALTH CARE ACCESS AND QUALITY

Health equity is achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances." Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.

  a. As stated, Health equity means that everyone has a fair and just opportunity to be as healthy as possible. We must remove obstacles to health — such as poverty, discrimination, and deep power imbalances — and their consequences, including lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.
       i.   How do we achieve health equity?
  b. Can we achieve population health without focusing on health equity?
  c. How should we engage community members most impacted by health inequities and address the power imbalances that affect access to the social determinants?
  d. Communities most impacted by health inequities vary by jurisdiction. How do organizations like yours along with local, state, and tribal health departments work together to identify those communities, and prioritize those most impacted?

Throughout this process, we will reference PHAB, the Public Health Accreditation Board. In 2016, the Florida Department of Health received first-in-the-nation national accreditation as an integrated department of health through the Public Health Accreditation Board (PHAB). This seal of accreditation signifies the unified Florida Department of Health, including the state health office and all 67 county health departments, has been rigorously examined and meets or exceeds national standards for public health performance management and continuous quality improvement.

  a. In September 2020, PHAB adopted its strategic plan which includes a priority to "create and implement a comprehensive anti-racism, diversity, equity, inclusion (DEI) strategy to address structural racism and inequity within PHAB, public health

departments, and the public health sector." PHAB has been intentional about infusing equity throughout all domains in the Standards & Measures and has conducted a comprehensive and inclusive vetting process to ensure equity is reflected.

    i.   What culture and systems changes need to take place to infuse equity in health care access and quality?

    ii.   What else needs to happen to advance health and racial equity to eliminate disparities?

    iii.   What systems and disparities do you see that may have a multigenerational impact on health outcomes?

    iv.   How can city and community partners work together to foster racial equity and social justice throughout government systems and practice?

ECONOMIC STABILITY

We are going to mention Healthy People 2030 during this discussion. Healthy People is a national effort that sets goals and objectives to improve the health and well-being of people in the United States. Healthy People 2030 is the fifth edition of Healthy People. It aims at new challenges and builds on lessons learned from its first 4 decades.

In the United States, 1 in 10 people live in poverty, and many people can't afford things like healthy foods, health care, and housing. Healthy People 2030 focuses on helping more people achieve economic stability.

1. People with steady employment are less likely to live in poverty and more likely to be healthy, but many people have trouble finding and keeping a job. People with disabilities, injuries, or conditions like arthritis may be especially limited in their ability to work. In addition, many people with steady work still don't earn enough to afford the things they need to stay healthy.
   a. What programs or policies are needed to help people pay for food, housing, health care, and education to reduce poverty and improve health and well-being?

2. When families have to spend a large part of their income on housing, they may not have enough money to pay for things like healthy food or health care. This is linked to increased stress, mental health problems, and an increased risk of disease.
   a. What policies are needed to make housing more affordable to reduce the proportion of families that spend more than 30 percent of their income on housing?

3. A goal of Healthy People 2030 is to create social, physical, and economic environments that promote attaining full potential for health and well-being for all.

      a. What resources are needed in vulnerable communities to help families attain their full potential for health and well-being?

4. Community organizing groups tend to focus their advocacy on agencies and elected officials – and specifically on improving the social, economic, and environmental determinants of health. A core component of community organizing, and movement building is building the leadership, agency, and power of community members suffering from inequities.
      a. How do we engage and build power in communities most impacted by health inequities?
      b. How do your organizations work together to help communities identify common problems, mobilize resources, and develop and implement strategies to reach their collective goals?

5. Engagement and collaboration with government agencies, health/hospital systems, and others is important to advancing equity.
      a. How would you use data to address inequities and underlying structural and social contributors?

6. Food insecurity is linked to negative health outcomes in children and adults, and it may cause children to have trouble in school.

What policies or benefits can companies put in place to assist families with food insecurity while also reducing unemployment that may help reduce very low food secu

NORTH FLORIDA HEALTH EQUITY THINK TANK REPORT

HEALTH EQUITY THINK TANK PARTICIPANTS

HEALTH CARE ACCESS AND QUALITY June 9th, 2022

NAMES	ORGANIZATION
Dr. Rachel J. Thornton – **Keynote Speaker**	Nemours Children's Health
Megan Denk	Wolfson's Children's Hospital
Selena Webster-Bass	VOICES Institute
Stephen Pitel	Jacksonville Area Legal Aid
Jackie Culver	Jacksonville Hearing and Speech Center
Joyce Case	Health Planning Council of Northeast Florida
Hermonyone Walker	Holistic Health Smart Initiative
Katrina Robinson	Starting Point Behavioral Healthcare
Ansley Lee	American Heart Association
Dr. Carol Neal	Florida State College in Jacksonville
Dan Renaud	Florida Recovery School

ECONOMIC STABILITY June 10th, 2022

NAMES	ORGANIZATION
Irvin Pedro Cohen -**Keynote Speaker & Participant**	LISC Jacksonville
Dennis Stone	Jacksonville Urban League
Wilfredo Gonzalez	Hispanic Chamber of Commerce
Clark Letter	North Florida Transportation Planning Organization
Kenneth Jones, MD	Northeast Florida Medical Society Foundation
Vicki Waytowich	Partnership for Child Health
Laura Lane	Changing Homelessness
Rachel McCandless	Feeding Northeast Florida
Cecil Williams	Emerge Insurance Company

NORTH FLORIDA HEALTH EQUITY THINK TANK REPORT

Jose Rodriguez	Hispanic Health Council of Jacksonville
Tameka Hobbs	Edward Waters University

*Others in the room during the convenings included Ms. Kelly Grove (FDOH-OMMME), Dr. Torhonda Lee and Dr. Mary Simmons (FAMU - College of Pharmacy and Pharmaceutical Sciences, Institute of Public Health).

NORTH FLORIDA
HEALTH EQUITY THINK TANK
AGENDA

Date: June 9 -10, 2022
Time: 9:00 am - 1:00 pm
Facilitators: Laureen Husband, PhD & Jocelyn Turner
Location: TBD
Alt Location: 2050 Art Museum Drive 4800 Building, Suite 200 Jacksonville, FL 32207

Think Tank Experts

Health Care Access and Economic Stability

Time	Topic	Speaker
9:00-9:05	Opening	Jocelyn Turner, CEO, Turner Alliance Consulting
9:05-9:10	Welcome	Torhonda Lee, PhD, FAMU
9:10-9:30	Meeting Purpose	Kelly Grove, DOH
9:30-10:00	Keynote Speaker	TBD
10:00-10:45	Insights from the Experts	Facilitator - Laureen Husband, EdD, CEO Community Engaged Solutions
10:45-10:55	Break	
10:55-11:55	Discussion of the Problems	Facilitator - Laureen Husband, EdD, CEO Community Engaged Solutions
11:55-12:00	Break	
12:00-12:50	Potential Solutions	Facilitator - Laureen Husband, EdD, CEO Community Engaged Solutions
12:50-12:55	Closing Remarks	Mary Simmons, PhD, MPH, RRT, FAMU
12:55-1:00	Wrap-Up	Jocelyn Turner