

Episode 58. Taking COVID-19 Testing to the People in Jacksonville, Florida.

Featuring Ann-Marie Knight, MHA, FACHE.

With Florida emerging as the new epicenter of the COVID-19 pandemic, care providers in Jacksonville knew they had to intervene decisively with a testing plan for all populations, including the most vulnerable. But they could see a problem with the drive-up testing model: many older and disenfranchised residents in Duval County do not have vehicles. Ann-Marie Knight describes how University of Florida Health Jacksonville took the testing to the people, the partnerships this inspired, and the surprising additional benefits which emerged. With Dr. Michelle Leak. Posted on August 5, 2020.

Dr. Leak: Good afternoon, everyone and welcome. You are listening to the Health Disparities Podcast. It's our weekly foray into the big issues related to health disparities across race, gender geography, and featuring guests working to eliminate disparities. The podcast is sponsored by Movement is Life a national coalition of very passionate individuals that run the spectrum from providers, other care team members, policymakers, healthcare administrators, just really trying to eliminate health disparities and to achieve health equality. And that means not only equality in terms of access to healthcare, but equal treatment within our systems of care.

My name is Michelle Leak. I am a member of the Movement is Life Caucus. I have been a healthcare administrator for 24 years now and have had multiple assignments along that time, but have been particularly

passionate about health equity. And during this pandemic, there has been a lot of talk about COVID-19 testing and in particular the amount of testing that is being done. And here in Florida, we have a test positivity rate of 15%, and the reproduction time is between 2.5 and 3.0, which means that every infected person is infecting another three people. You probably know that this rate needs to be a low one for the infection to stop spreading. So, it's more important now than ever to know who is infected if we're to contain the spread of the virus. So, I am really delighted to welcome someone who has taken a really proactive approach to testing in the city of Jacksonville, which is in Duval County, in the state of Florida. So, welcome Ann-Marie Knight. It's a delight to have you. And would you tell our listeners a little bit about yourself?

Ann-Marie: Sure. Thank you, Michelle. Thanks for having me. I serve at UF Health Jacksonville. My role is Vice President for Community Engagement and Chief Diversity Officer. I've actually been with UF Health, a very short time, just shy of a year now. I'm retired Navy, served 24 years in the Navy, so I've enjoyed a commitment to service. And as you know, had the pleasure of working with you and colleagues at Mayo Clinic. So, I've enjoyed a rich career around health access.

Dr. Leak: So, Ann-Marie, I understand as well that University of Florida Health at Jacksonville is celebrating their 150-year anniversary, in 2020, the year

that we are in. So, tell us a little bit about that and a little bit about the footprint of UF Health in Jacksonville and why this is such an important initiative and work for your organization.

Ann-Marie: Sure. It'll be a pleasure. So yes, you're absolutely correct. We are celebrating our 150th birthday, not necessarily the way we had planned though. June 4th was our 150th, and in the state of Florida, our institution was the first non-military hospital across the state. I'm particularly love sharing and saying non-military because the first one was actually a Naval hospital, which again, I have, some love and admiration for.

Think back 150 years ago, very different world, but this institution dealt with a pandemic over a hundred years ago. Well, less than a hundred years ago, with TB and so forth. So, it's just a little bit ironic that here we are today celebrating our birthday, but really almost reliving a pandemic in the same way that we've dealt with in the past.

So, this institution really focuses on healing. Our mission is around to heal, to comfort, to educate and discover. We are a safety net hospital. And for your listeners that don't understand what that means, basically, we are charged, and we embrace the mission of taking care of the underserved populations in our community. So, there are safety net hospitals, all around our nation. Generally, they are trauma center, they have an

academic medicine priority. And then of course, as I've described they embrace, the mission of taking care of the underserved.

Dr. Leak: Very good. Ann-Marie, thank you so much for sharing that very rich history with us. So, we know from our experience with COVID-19 virus, since the beginning of the year, certainly as far back as February, when we were seeing our first cases of this, we know that this virus disproportionately affects people of color, black, brown, red people, and our folks that are the most vulnerable in our population, the elderly. So, we are particularly interested in trying to understand what we can do as a community in all of our locales to really try to not only continue to highlight this disproportionate impact of COVID-19, but what are some of the things that communities are doing to address it? Here in Florida just in the last three days since Friday, I think we've seen a significant uptick in the number of COVID-19 cases. I think we recorded 5,000 new cases, which were a record for any one day. And just since this last Friday, we have 30,000 cases of COVID-19 and we know that testing is so important, to try to reduce the spread of COVID. So, tell us a bit about what UF Health Jacksonville has done in this space in terms of identifying the need to provide testing, and then how you've actually gone about COVID testing in our community?

Ann-Marie: Sure. Let me first qualify it a little bit of how it really came to surface for us. So, I've already mentioned that we're an academic medical center and like any hospital system, we have a large economic impact to the community. We've had a center of our work, which is called the Total Care Clinic, and what that clinic serves are the underserved in our community. We have a contract with our city government to care for those who have no health insurance. The leader for that center is Dr. Ross Jones, and over time, he started to see the same patients coming back and forth around the same needs, and also talking about their social needs. The fact that they don't necessarily have a job or housing insecure and so forth.

So as this pandemic started to unfold and we started to read the landscape across the nation. Exactly what you said, Michelle, the disparities around, people of color, particularly with the increase of positive rates and mortality rates amongst African Americans, he and I said, we have to be at the forefront of this. We had already established, Urban Health Alliance, which the focus of that center is really to focus on the community and our patients as it relates to their social needs. So, addressing or stepping into the space around this pandemic to address our underserved community was a natural fit for us. So, when we looked around and did an environmental scan and understood the national trends, we also did a local scan. So, many may not realize Jacksonville, Florida is one of the largest cities, geography size wise across our nation.

So, our vast footprint makes it difficult for our community, if they're challenged with transportation or other social needs to get around our community. As we started to look at the response to the pandemic and testing and so forth colleagues or institutions in the city were doing great work by offering testing sites, but those testing sites were limited. You had to have a car. I'm going to say that again. You had to have a car and realize, I just told you a minute ago, our geography so vast. As you can imagine, we have neighbors, we have citizens in our communities that don't have vehicles. So, that was one of the immediate challenges that came to our mind.

The second challenge was all of those sites were limited in their access points. You had to either be an enrolled patient of their institution or for the city at large, you had to be a first responder. So, here we are the Urban Health Alliance who our mission and our work, we want to focus on ensuring that our entire community has equitable services, education, research, and policy opportunities. We saw an issue immediately around this short term, quick policy that was put into place. So, we engaged with the city leadership and said, we would like to be the leader in giving, increasing access to the testing where citizens don't have physical vehicles to drive to a site. And as you can imagine, at that time, and even today, we were all very mindful and nervous about, increasing the virus. What we did as an institution, we quickly gathered our thoughts. Who can

we collaborate with? Because the very first thing we want to be able to do is meet the community where they are on their terms, not ours, but make sure we're doing it with the right resources. So, for example, where should we go? So, we reached out to our local department of health because as we only know, the department of health housing is usually our citizens, fellow citizens who are economically challenged, generally senior in age, and if you think back to around March, the bigger conversation was around seniors and their mortality around this virus. So, we quickly connected with the Jacksonville Housing Authority and we matched up with them. And I'll explain that a little bit more.

On the second hand of that, we needed the supplies. Everyone around the nation was struggling with PPE and all of that other stuff, so to speak. But we also said, quickly, what can we do to not take away from the hospital assets, but maybe engage with our public health colleagues? And so, we engaged with our department of health, who quickly stepped in and gave us supplies. So, here we had supplies for testing. We had the population we had like any other hospital staff who weren't doing surgical cases. So, we rebranded their work a bit. And what I like to joke about, we took the RV on the road. We have a mobile unit. We took the RV into the communities where the housing authority had facilities and we actually engaged with the community and it was fantastically received, Michelle.

I will tell you, and I'm sure we'll get to the stats, but there were two moments that was really impressionable to me. I am that sand dollar kind of woman who says, you know, throw that sand dollar in the sea and see what it yields. And there was one woman that in tears on our second day said to us, "Thank you for caring about us when others don't." And it's that geography of our city that makes it hard for our city. Not that any one institution intentionally, but you have to have real good intention to make sure we're not being disparate in our access to care or any other access. That was one experience.

Dr. Leak: I think that this is really a wonderfully novel, and very intentional approach to reach out to collaborators, certainly the Department of Health for the testing. But to the housing authority, recognizing that the social determinants of health play a big part, in equitable access and treatment, within our healthcare system. And just that whole issue of transportation and the lack thereof, and to have that social determinant of health specifically plays so heavily into the strategy that UF Health Jacksonville was going to implement in terms of providing testing to our most vulnerable populations. I just have to commend you and your organization for looking at a systematic way to incorporate and to be present to the social determinants of health and how they are impacting people's ability to get tested.

Ann-Marie: I appreciate that. And one thing we've said from day one, since I've been here is while we may have the vision, we may not be the one with the right resources. So, collaboration for us is a key to any of this work, as we proceed, whether it's with the continuation of COVID-19 testing or anything else, collaboration is key. And our colleagues in the community and all the other organizations are more than willing. If you present a case, if you demonstrate the gap, there are more than willing to step in and coalition around a particular initiative.

Dr. Leak: So, Ann-Marie, could you say a little bit more about exactly how many sites and in what parts of the city and the county that you visited? And maybe some of that advanced work that you did to help prepare the community in terms of this resource and opportunity that was coming to them.

Ann-Marie: So, the geography that we chose is primarily set in what we call Health Zone One. Health Zone One is the community where we chose to focus our testing. It's a Department of Health terminology for each health zone of our community. The Health Zone One in our community is where the greatest health disparities exist. So that was our primary focus. As far as the sites, we reached out to five housing authority sites. But we had a total of 13 sites in all around the community, all focused on Health Zone One. We tested 1,878 citizens. And I don't like to round up or round, down that

number because each life was very important. And that number also included 332 homeless citizens and sheltered members of our community because our homeless coalition found an opportunity for us to help participate, to support that population as well. So, I don't want to, exclude or lose sight of that work that we did with the community there.

So, between April 8th and June 15th, we were out and about. While we might have been physically located with a housing authority site, for example, Centennial Towers on first street in the middle of our Health Zone One. We also had testing available for anyone that wanted to walk up. So, we had two teams, we had teams that went door to door in the housing authority units, offering the testings. It started from one day prior going out and giving education, encouraging people to wear masks, offering the test. And then on the testing day, we went door to door to those clients. And then, as I mentioned, we opened the testing to anyone that wanted to walk up to our testing sites. So, it was very much a strategic approach to make sure that everyone in the community had an opportunity to be tested.

Dr. Leak: And Ann-Marie, could you share with us a little bit about the response from the community when your advance team, if you would, would knock on the door of a resident and introduce themselves, how did the residents react?

Ann-Marie: And so, the door to door, as I mentioned, was limited to the housing authority. So, in general, the population that we served were over 65. They may have been residential there because of varying disabilities or abilities. So, there was quite a bit, one hand, some of our team would say, wow, they were pretty knowledgeable and fearful, really nervous about what's happening outside of their walls, glued to the television, trying to understand. Then with inquisitive minds, looking at our team to say, okay, so why should I do this? And so, it was a fantastic opportunity, not simply to give the test, but also to give the education, because many of them lead most of their time, shut in. So, for someone to come to their door and say, open your door, let us test you in itself is a challenge to build that trust and build that trust quickly. And surprisingly enough, we had varying small resistance to the idea.

What I mean by that is someone may have simply said no, because they felt confident. They didn't have it. They don't leave their home. And that's okay for those that felt they had been out in the community, there was no resistance that having the test done because of fear. And there was a whole other level of fear that we could talk about as well though.

Dr. Leak: Yes. And I think with respect to that, Ann-Marie, I'm thinking of overcoming the historical issues that we have had with our people in our community,

trusting the system to participate in research, to participate in truly any kind of public health endeavor.

Ann-Marie: So, to speak to that. You're spot on Michelle to speak to that. There was several examples of anecdotal experiences or encounters where we knew there was much more going on. For example, I had to make a quick stop to a shop to get some supplies, and a gentleman in line asked me, what was I doing with all that material? And I explained, and he said, "Oh, they're just trying to give us the COVID-19. They're not trying to test us for it. They're giving it to us." I was shocked with that response. And so, we uncovered a couple of instances like that, where we knew that the myths, the folks that we were engaging with, the community members we were engaging with were comfortable, but there were so many other residents in the community that were living in fear. And thinking about the myths around this testing.

Dr. Leak: Yes. So, overall, Ann-Marie, I'm hearing that the residents responded quite well for this opportunity for testing and just overall education. Would you share a little bit about what this experience meant for your staff going out into the community and maybe in communities that they have not had the opportunity to visit with before? What was their reaction to being able to participate in this effort?

Ann-Marie: So, you're making me think about one particular woman who her comment to me was I drive from my community, which is probably about 20 miles from our hospital. She says she drives from her community to the hospital and back and her community and is not in Health Zone One, and she was in tears by the third day. She had opportunity. She was one of the people that one of our colleagues that went door to door. So, she had intimate conversations with seniors, trying to convince them of the value. And then of course doing that physical test and getting that intimate and close to them. And so really, she's a perfect example of what it did to her core. Our team here at UF Health they know their mission is to serve the underserved population, but it's different when that population comes to you versus you going to them.

Dr. Leak: Yes, absolutely. Absolutely. And that's what we are reading and hearing from your experience and the experience of others is once you put individuals in the place of another, to experience what they are experiencing or to have a real face-to-face encounter in another person's space, that it's so different from yours, that changes everything.

Ann-Marie: Dynamics change, and it also changed your roles because in the environment of me standing at your door, you are more in control than I am. And honestly, I think sometimes we need to get there, and get that

trust and buy-in so we can demonstrate the value of whatever the activity we're trying to accomplish with the community.

Dr. Leak: Absolutely. Ann-Marie we had talked about the transportation as a social determinant of health. Another thing that we often hear about that it's so key and so important is the lack of healthy nutritious food, for people in communities like Health Zone One. I know in the five areas that your team went out to provide the education and the testing, there was one particular county that took a very novel approach to stepping up and leaning in to the lack of nutritious food options for their community. Tell us a little bit about that community if you will.

Ann-Marie: It was really interesting, some years ago and some of your listeners may be familiar, but if you were to do the famous Google search for Baldwin, Florida, the mayor's name is Sean Lynch. Their supermarket moved out of their community and they are true west of our county. So much so they have their own mayor in their community. And what happened was the grocery store moved out for all the standard business reasons, not enough population, probably not enough return on investment and that community through that mayor's leadership decided they were going to open their own supermarket. They own the building where the supermarket was. And so, their council made that commitment and they trucked in their own groceries. His comment to me was, "We are not looking to make money.

We want it to be self-sufficient." So, he is stimulating the economy by making sure the staff are still employed. He's making sure that community have access to fresh fruits and vegetables not just any food. It's interesting, you hear about so many communities that have a train track that divide them. They do, they do, African Americans live on one side of this train track, and then Caucasians and others live on the other side. Interestingly enough, he reached out to us for the testing and he specifically wanted the testing to start in the minority community. And he wanted to be sure that the underserved in his community were well taken care of. And so, it's a novel model that they have out there. It's a co-op supermarket.

Dr. Leak: Absolutely. And what strikes me about this Ann-Marie, is not only providing the food and nutritious food for the community, but it's providing jobs and creating ownership opportunities via this co-op business model. So, it's just a beautiful thing to hear and to learn about where people taking control of their community, taking control of their destiny, even. And to address so many gaps in one strategy in terms of access to food, in terms of a job and being a business owner, having some stake, investment in a business and watching that grow. It's a wonderful thing.

Ann-Marie: It's definitely novel. And it's a community like that, that we all could learn from the bigger cities so to speak because they identify what their gap is.

They find the resource and they push because they made sure we were coming out to their community.

The other small story that I have to share as far as engaging with the community, we had our most senior person tested there and she's 109 years old, just fantastic. And all through the mayor, did we facilitate an opportunity to test this particular woman that wanted to be tested.

Dr. Leak: So, Ann-Marie, your teams had this experience in these five communities and have had such positive results in terms of the number of residents that you touched. What are your plans in terms of how you stay connected with those residents?

Ann-Marie: Well, we're academic medicine. So, you know we know to take notes and surveys. So, we did a small survey of the population and asked if we could stay connected with them and we will continue our relationship with them through the Urban Health Alliance. We had interesting statistics around the population. So, we understand a bit because then now they have become a specific population because they were our COVID-19 testing community.

So, we are in the midst of planning exactly what happens next. What's this new reality of our engagement with them? They trusted us within really 48

hours of talking with them and allowing us to test them. So, now, what's our give back, what are we going to do to make sure we help them along their journey, whatever their journey is. And so, we're working through that through our Urban Health Alliance.

Dr. Leak: So, Ann-Marie, you mentioned, that your staff was such a tremendous part of the success of this. Not only for them giving back to the community and participating in this, but also what they got out of it in return. And often, we do get more out of an experience than, what we were able to give. And it's such a fulfilling endeavor in that regard.

So, with staffing, now that our healthcare facilities and practices have opened back up, if you don't have the staffing that you did have to deploy to this initiative and out in the communities. And I know that that has been, one challenge that you are facing in terms of, if you had to do another round of this testing in the community, how would you do that? Are there other challenges that you have experienced?

Ann-Marie: If I may just comment on the existing challenge that you mentioned first. The beauty of that challenge is that our other agencies have stepped in and are doing testing at some of the sites that we did before. So, while originally, they were focused on drive up only, you had to be their health plan and the like, we set the tone for others to open up and do walk up

testing. So, while I'm quasi disappointed that we can't be out there doing more testing. I'm excited that other agencies have stepped into that space. I would say, the other challenge is probably on the horizon for us, is to think about the flu season and the interaction or perceptions around what's COVID, what's flu. And I suspect that we will probably be back out there in the fall, as this pandemic moves on to its next level of response or how we're handling the pandemic itself. So, the challenge really has been, as you mentioned, making sure the access continues. Fears and myths are still a challenge that we're dealing with. Our CEO has made his way around the circuit, so to speak in the Health Zone One to encourage the community, the handwashing, the mask, to getting tested. So, I would say that is the second challenge and that we're dealing with them. We're being very cautious to keep ahead of, many churches want testing to come to their church. So, that's a bit of a challenge as well.

Dr. Leak: Absolutely. Absolutely. And I think that, through your partnership with the Department of Health, the testing supplies were available, the testing kits. But does that present a challenge going forward, especially as we see the uptick in the disease in Florida, and a lot of that comes with more testing. But there are other things, other decisions that we have made, as a state that have resulted in our uptick in cases, as well. Say a little bit about the availability of testing and what you see going forward.

Ann-Marie: Sure. Certainly. So, when we first started, we had some testing material that we provided, but the majority was from the Department of Health. And so, they're limited. They can't give to us while they are trying to do testing. So, we were actually on our quota, so to speak and went through that for this last go around. We've had some conversations with them to understand, okay, will you be able to support? And right now, there's not that capacity. Not that they don't want to support the work, but they're in the spaces we were, some of them at least large areas. And they just don't have the capacity to support that. So, it's difficult, but it is reassuring that they're there though. If they would have said, we don't have the supplies to offer your institution and they weren't there, that would even be a greater challenge. But day to day, they are working very hard to try to keep ahead of the demand, for testing.

Dr. Leak: Absolutely. Ann-Marie, I'm thinking that you're probably trying to position your organization to maybe do another round of testing in the fall, but between now and then I'm just struck by how you continue to reach out and collaborate with others in the community, the National Guard, for example.

Ann-Marie: So, with the National Guard, their approach was, originally only drive-up. So, once things started going pretty, quickly and our testing was really meeting demands and they saw the volumes, they came a couple of times

to our sites to assess how we operate, how do we safely navigate, because you have to remember walk-up is totally different than drive-up vehicle. At least in a car, there's a window. There's that security around that, when general they show an ID card, they move down a queue. Here, it's person to person. So, the National Guard came out to our sites a couple of times just to really understand how we were doing it safely. I'm very delighted to share that none of our team, was exposed to the virus during that time, which is important to us. So, the National Guard came out to really understand how we navigated the process, the flow of seeing patients and they have adopted it throughout their sites. They have both walk-up and drive-up sites now. I always say the greatest form of flattery is when someone copies something you do.

Dr. Leak: Absolutely, absolutely.

Ann-Marie: So, we are excited that they are doing it and making sure that they are being intentional and including the entire community.

Dr. Leak: I think what you all have done at UF Health Jacksonville, and taking this really novel approach to being out in the community, present in the community, leading by example, meeting people where they are and going directly to where we see the most inequities in terms of comorbid conditions. The incidents of inequality in income, in educational levels

across the board going straight to that community. Being a support and very, successful in working with residents and engaging them, to keep them safe and their families safe. And I particularly liked the emphasis, of course, as I mentioned on the transportation, on novel approaches to the absence of nutrition food but also, you mentioned that in going out to the various communities, you were also able to provide testing for homeless individuals. I'm just wondering, if there are some things under foot now, taking your lead, taking the lead from UF Health, to go directly to the homeless shelters?

Ann-Marie: What we did was, all the homeless centers in our community are non-profit colleagues. They engaged with their clients and offered the free testing. And so, we went around to four sites in support of that work with them to offer the education and to offer the testing in the community. We are actually now staying together as a group, a homeless coalition group to help with rapid rehousing and really staying ahead of that particular population to ensure that, the virus doesn't spread amongst them because of lack of knowledge or access. So, there is quite a bit of work, afoot, with that population, just to make sure that we are leaning in and supporting them as best possible to ensure that they don't get the virus.

Dr. Leak: So, we have seen the numbers of COVID positives really increased over the last several months. We watched our curve and our curve here in Florida and in Duval County was relatively low, in the February, March, April, even throughout May, relatively low. And now, all of a sudden, in June, and certainly towards the end of June, we saw these huge upticks in the number of COVID cases. So, we have almost 6,000 confirmed COVID cases in Duval County right now, and we've had 64 deaths. So, this work that you and your colleagues are doing at UF Health Jacksonville is just phenomenal. We all commend you for being the leader in this space. We know how important what you're doing is to the communities that need it the most and we are hopeful that our public leaders of our community, our mayor, our governor of the state of Florida, will partner with you and help to do things from a public health perspective that are going to help us, contain the further spread of COVID and the number of people that are dying from COVID.

So, when things started looking great and our curve was not increasing, we went forward in the state of Florida and certainly in Duval, as you know, with opening back up our economy. How that was interpreted by many was that we're back to things pre-COVID. We can go wherever we want and interact where we want and not so much the masking anymore, and the social distancing, and as a result, we have seen a rapid increase in the number of COVID cases in Duval County and really across the

state. And other states in the union that have taken a similar approach have also seen an uptick in their numbers. Even so much so, now that Florida and many others, Arizona, Texas, South Carolina, they are beginning to pull back now on their decision to open their economy, so significantly in a short period of time.

Ann-Marie: A sigh of relief for those of us in healthcare, right?

Dr. Leak: Yes.

Ann-Marie: Because we can control how we react to this virus, but we can't control in the short-term, the hypertension, the diabetes, and all the comorbidities that are going to aggravate, if I could use that word, that are going to aggravate this virus. Controlling our response to the virus, I'm looking at some data around the population who received testing, 89% of the population that received testing from us was African American 60% women. 70% of them had hypertension, 37% had diabetes. So, that's the piece in the short-term that we can't control. So, controlling it from the standpoint of wearing a mask, socially distancing ourselves and maintaining and continuing aggressive hand hygiene is the key that we as healthcare leaders, want to encourage the community to do.

Dr. Leak: Absolutely. Ann-Marie, let's talk a little bit about the call to action. Through your example, with UF Health Jacksonville and your leadership of that initiative, we've learned some new and novel things that we should think about, in our approach to how to prevent the spread of this in communities across the country. The engagement with, other organizations, the collaboration with other organizations, really keeping in mind, the social determinants of health and how that's going to underpinned and shape and inform your strategy. Just the novel approaches that you all have taken, they're really best practices, if you will, for addressing a public health pandemic. And actually, being on the health crisis that we find ourselves in, it's just good practice, best practice, irrespective, when you're doing this important work of community engagement. What is the call to action for our listeners?

Ann-Marie: I would hope that they've done this, but if they haven't, what I mean by this is the walk-up. If they haven't, you have to pause and step back and do an environmental scan. Understand your gaps in your community. We get a bit complacent because we know our numbers and we say, okay, we know where the opportunities are, but this situation is a bit different. So, I think it's important for us to do really intentional environmental scans and in order to do that well, we have to do with others. So, it can't be just the hospital doing it. I needed the Department of Health. I needed the housing authority. I needed those that were already doing some testing.

So, we could pause and step back and say, wow, we're missing something. And so, I think the environmental scan is important and the collaboration is key. There's no Island that can do it all by themselves. So, really, understanding what's your strengths and what are your weaknesses or if you don't want to call it a weakness, what are your opportunities? Where are others that you can pull in and tie together your strengths. So that the community as a whole is better served. So, I really think the call to action is to pause. We are all reacting to this virus right now, and all communities are doing good work to address it. But if we stop sometimes and pause and say, what are we missing, and where's our opportunities and who else are out there, you can really deliver and serve your community much better. This effort could not have happened without the housing authority, without the Department of Health. Honestly, the fact that we cut off some services and we're able to use that staff for other services. So, really being creative with your staffing models and the resources you have taken that pause to slowdown and find the opportunities to do good work for the community.

Dr. Leak: I think Ann-Marie, when you mentioned the environmental scanning, all of that information is available community by community through the community health needs assessments. So, I think that's an excellent resource for our listeners to be aware of and is published information, the

perfect place to start in terms of understanding your community and where the needs are.

Ann-Marie: That's a great point. I know every non-profit hospital has it posted on their website. Usually, the Department of Health has it on their website as well. So, if you go to any non-profit hospitals' website, you'll find that Community Health Needs Assessment.

Dr. Leak: I think as well, Ann-Marie a call to action, might be really working in our communities to overcome the fear and disinformation that's out there as it relates to COVID-19 and the pandemic specifically.

Ann-Marie: Oh, absolutely. The example I shared of the gentleman that said, we're just giving COVID-19 was really a gut-wrenching moment for me. Because we were focused on delivering the service and found out through his comments and others that there is another layer of work we have left to do. So yes, we have to work on that fear and the myths that are out there that may be barriers to this care.

Dr. Leak: And I'm just wondering Ann-Marie. We mentioned the faith community and our churches, and especially our smaller churches. I think another, call to action is how do we overcome that challenge. And in terms of, our faith communities and our churches are just wonderful places to engage, the

community. So, how do we partner with them and support them in figuring out how to still provide that, healing place for people to come to enrich their spirits when you do have a social distancing. So how particularly can our small churches overcome that?

Ann-Marie: As we engage with churches, we better already have the relationship. So, you can't go in and say, "Hey, let me talk to you about COVID-19 and help your congregation with myths." If you don't have an existing relationship with that church, the hill is much harder to climb. So, if I were to say a call to action, one of them would be identify those strongest voices in your community and affiliate with them and get to know them and make sure they understand what the mission and priorities of what your work is. And over time you can tap into your relationships with them and them to you to help improve the health and wellness of the community. The relationships are key to any of this work.

Dr. Leak: Yes, absolutely. Really, to any of it on multiple levels.

Ann-Marie: Absolutely.

Dr. Leak: Dealing with community leaders, dealing with the faith-based community, delivering with public health leaders, like the housing authority, absolutely.
Ann-Marie I would think that the one last call to action that we would put

out there for our audience is to encourage everyone to get their flu vaccine.

Ann-Marie: Absolutely. That's my pet project right now, because when we think about it, think about the symptoms that we've been talking about around COVID-19 headache, fever, coughing. Those are some of the symptoms we're going to see in the fall.

How are we as healthcare providers or as lay people going to be able to discern, do I have the flu or COVID-19? We must encourage all of our community to get the flu shot. So that way we can segregate those that don't have COVID-19 from those that do.

Dr. Leak: Absolutely. You've just provided a wealth of information for us, almost a roadmap in terms of how to engage the community and how to amass all of the resources at our disposal, to address a pandemic and beyond this because we're going to get past COVID-19 eventually, but I think that going forward, we'll always have to be mindful of how the world is changing and how these various viruses that are even unknown are going to impact us. Hopefully, we can look back on this period and learn what worked well, what didn't work so well, so, we will be better prepared for the future. I am hopeful that we can revisit with you. Perhaps at the end of the year and to learn what else you all have done in this space and the impact

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of your ongoing leadership in our community. Thank you so much Ann-Marie Knight, Vice President of Community Engagement and Diversity and Inclusion at UF Health, in Jacksonville.

Ann-Marie: Thank you.

(End of recording)