There is great national concern and significant economic impacts regarding the issue of health inequity. This is influenced by a variety of social determinants of health resulting in significant health disparities between various racial and ethnic groups. In their recent editorial for the American Public Health Association, Dr. Irene Dankwa-Mullan and Dr. Eliseo Perez-Stable emphasized the importance of prioritizing ‘Place based approaches that involve the community and stakeholders”. Such community based participatory research has been the backbone of the Multicultural Health Institute (MHI) mission to level the health care playing field, and in doing so, create economically impactful active solutions to reduce health disparities, while also improving the capacity of communities and individuals to sustain and continue to evolve effective initiatives.

In 2007, MHI initiated a community based collaborative effort to perform a community assessment of health and wellness concerns and successes. We Co-facilitated the creation of the “Newtown Health Access Committee” (NHAC) which later evolved into the “Community Health Action Team” (CHAT) in partnership with the local health department. Based upon work done in a variety of communities nationwide, we chose a multi-pronged approach. This included initial planning meetings with key community members to define areas of interest, focus group sessions to further refine areas of concern and give “voice” to the populations most significantly impacted by a variety of health disparities (as evidenced by available data), followed by an active community survey process, with subsequent presentation of results and educational interventions in a series of town halls, summarizing in written form and submission of the final report to various community leaders, political and charitable entities. The process of conducting such community based participatory research in itself became an interventional and capacity building strategy, igniting, recruiting, and training concerned community members throughout the entire project.

Over the interim 9 years, we developed and evolved a variety of strategies to intervene and co-create impactful programs and training processes based upon the findings from this initial assessment * (Addendum). These projects focused upon bringing solutions to the variously identified social determinants of health. Despite limited resources, and loss of multiple members of our initial team who were succumbing to the very disparities we were attempting to address, we were able to create a variety of effective ongoing projects
and held hundreds of interim educational and prevention related events, while continuing to present information regarding progress of our work on an annual basis.

In 2015, having reached many of the initial goals, and with the opportunity provided by a training process via the Harwood Institute, another coalition of community members from various disciplines and backgrounds agreed to proceed with a reassessment and “conversation” about the state of health and health disparities in our community from the standpoint of social determinants of health. This group, which included several members of the original NHAC and CHAT planning committees, as well as additional stakeholders, student volunteers, retirees, and collaborating organizations and foundations in the area dubbed themselves “Unite Sarasota” (U.S.).
METHODOLOGY FOR 2015 REASSESSMENT

The U.S. planning group met for several months to review prior survey findings, reflect on progress made, plan dates and topics for generalized follow up community conversations, research and develop a survey instrument and qualitative question and discussion process to be implemented within the community to update and contrast where “we had been, how far we had come and where we still had yet to go”.

In collaboration with students at local colleges, high schools and a variety of community groups, a series of conversations were held in community venues over a 6 month period at sites such as the community recreational center local High School, and library, addressing the following Social Determinants of Health:

- Joint event with Chief of Police, Sarasota Police Department on Mental Health and Safety Issues
- Joint event with the School Board and local Booker High School on Solutions to closing the Achievement Gap, Innovative Solutions.
- Joint event with local health department on Solutions to Multicultural Health Disparities
- Joint event with the office of the mayor and economic development on Housing and Economics

A comprehensive survey and a shorter sub version focusing on housing and economics were also developed and administered. The comprehensive surveys were distributed at the first 3 conversations and available at local drop boxes and community events. The shorter version was used at the housing and economics forum. 130 of 150 total survey responses were found to be complete and analyzed.

Qualitative interactions were recorded by video, assigned scribes and overview summary discussions at each event. General themes where summarized and contrasted to previous focus discussions.
Results from 2015 Reassessment:

Total number of survey responses:
- 130
Total number of US Conversation participants:
- Mental Health /Safety - 103
- Innovative Solutions to Close the Achievement Gap - 39
- Solutions to Reduce Health Disparities - 26
- Housing and Economic Disparities - 25
  - Total participants - 193

67% return on useable surveys from participants
45% return on total 300 surveys disseminated for a very high response rate

KEY SUMMARY FINDINGS
FROM 2015 UNITED SARASOTA CONVERSATIONS/SURVEY PROJECT:

COMMUNITY CONVERSATIONS

January 2015
Mental Health /Safety
- Race and Diversity
  - Sarasota is racially, ethnically, and economically diverse, but people in discussion groups felt that the city is not presented as diverse and that the issues of the African American community are being silenced as a result. Participants were concerned that many residents do not know that there is an African American community in the city.
  - Most groups discussed the ways that people are feeling the real pain of racism in the city, whether it is in the form of media representations of Newtown, housing and education opportunities, unjust persecution from the police force, or access to health care.
- Power of the Community
  - Participants discussed the importance of making sure that youth are kept safe and that they get an education and graduate from high school, noting that it is the responsibility of the whole community to watch out for the youth. Some groups discussed the importance of looking to community leaders, including those in faith networks, as role models.
  - Many groups discussed the importance of unity, respect, and responsibility amongst members of a community and stressed that neighbors should get to know one another and watch out for one another.
March 2015
Innovative Solutions to Close the Achievement Gap

- **Parents**
  - Participants talked about a need for classes on parenting, including classes for parents of high school students – and the students in question – that educate about pre-college and financial aid planning and college applications. Some participants noted that parents and students could also benefit from classes on nutrition and healthy snack choices.

- **Opportunity**
  - Participants felt that currently in the community, there are not many choices in secondary education for young people after getting their high school diploma. They noted that students are largely exposed to undergraduate programs and are not educated on other opportunities such as the military, technical schools, or volunteer gap years. Some participants noted that a solution that they could be involved in would be to talk to high school students about what they want to do after graduating, as well as mentoring and tutoring students.

- **Diversity and Representation**
  - Participants discussed that a good educational system would include a school board that represents the demographic diversity of the associated student body. Participants also talked about a need for exposure to and mentorship by culturally representative role models from a variety of career backgrounds, including tradespeople, health care professionals, and other professional careers. Some noted that currently, there is an emphasis on sports careers.

May 2015
Solutions to Reduce Health Disparities

- **Physical Health**
  - Participants talked about three separate domains of physical health: physical activity, food and nutrition, and health care. In terms of physical activity, people mentioned that a healthy family is a family that engages in physical activity together. They noted that exercise and physical activity should be supported by the community, speaking both to availability of spaces and events that encourage activity and to infrastructure. Some people spoke specifically about biking and walking as key aspects of staying healthy, and one group discussed that a lack of street-lighting,
sidewalks, and bike lanes in North Sarasota makes biking and walking unsafe or difficult.

- **Youth and Family**
  - Participants talked about a healthy community as being made up of healthy families and children. Some mentioned that parents in the community could benefit from education on parenting, financial management, and healthy foods and nutrition. Participants mentioned that children should have access to vaccinations and health care as well as youth-specific activities in the community, and that parents should be supported by their community.

- **Diversity and Community**
  - Participants mentioned that diversity and inclusivity are important aspects of community health, and discussed cross-community engagement as a potential solution to some community problems. Some people discussed that the North Sarasota community feels very different from other parts of Sarasota, and noted that at groups where people from both communities are present, there is a reluctance to intermingle.

**Housing and Economic Disparities**

- **Education and Mentoring**
  - Participants mentioned that community members need access to education and mentoring about job attainment and financial management. Some talked in particular about life skills programs that focus on credit building and job and interview training. Participants noted that these programs should start with the youth in the community, and should be part of education that children and teens are receiving in schools.

- **Advocacy**
  - Participants discussed that community members could benefit from increased advocacy. Some mentioned this in particular in regards to affordable housing, noting that community leaders should be reaching out to housing institutions to advocate for community members who may not have the resources to do so. Others mentioned that this advocacy could look like outreach and marketing about job positions that are available to community members. Some also talked about individuals with criminal histories being in need of support to find jobs and housing.

- **Communication and Partnerships**
  - Many participants mentioned that there should be greater networking and communication between the various organizations that work to provide support for jobs and housing. Some mentioned that if there were better
partnerships between organizations, and between the public and private sectors, it would be easier to connect individuals with the resources they need.

DISCUSSION

General Background

According to the IOM Report "Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare," a consistent body of research demonstrates significant variation in the rates of medical procedures by race, even when insurance status, income, age, and severity of conditions are comparable. This research indicates that U.S. racial and ethnic minorities are less likely to receive even routine medical procedures and experience a lower quality of health services.

Examples of Health Disparities:

- Infant mortality  White 6/1000 births  Black 13/1000 births
- Life expectancy for a child born in 2008 in the U.S.:
  - White 78.5  Males 76.1  Females 80.9
  - African-American 74  AA Males 70.6  AA Females 77.2
- HIV/AIDS African Americans are 14% of total population, yet nearly half the HIV/AIDS cases nationally
  Similar disparities are reflected in Sarasota, for example 30% of HIV/AIDS cases are among African Americans even though they only comprise 5% of the total local population.
- The Stroke rate among African Americans is twice that of Caucasians and they are twice as likely to be diagnosed with diabetes.
- Access to culturally sensitive and representative health care is limited for a local and national population of people suffering higher rates of medically complex conditions.
KEY SUMMARY OVERALL SURVEY RESULTS:

Domains assessed:
Access
Mental Health
Health Literacy
Health Disparities

General Findings
Insurance coverage and availability of culturally competent and representative care providers remains a challenge
Transportation and limited after hours or weekend appointment times remains a challenge
Limited health care coverage and few providers for mental health care remains a challenge
There has been some closing in the educational achievement gap, and increased general health awareness and knowledge, however scattered areas of success need to be coalesced and strengthened into a coherent community wide active strategy prioritized at the school board level.
There has been some closing of gaps in health disparities in areas such as infant mortality and cardiovascular diseases, however great disparities remain, further compounded by a variety of social determinants of health.
Survey Summary of Results:

What is your vision of a healthy family?
- Community involvement 5%
- Healthcare access 21%
- Economic status 11%
- Education 9%
- Exercise 9%
- Interpersonal dynamics 21%
- Further prominence 11%
- Other 15%

What characterizes a healthy community?
- Community engagement 55%
- Diversity 15%
- Exercise options 10%
- Well lit streets 5%
- Nutrition options 5%

How do things differ from the current situation?
- Lack of communication 5%
- Lack of diversity 20%
- Economic opportunity 10%
- Built environment is unsafe 5%
- Toxic masculinity 5%
- Poor family dynamics 20%
- Mental health issues 5%
- Lack of community engagement 11%
- Other 20%

What are possible solutions?
- Greater advocacy 31%
- Community engagement efforts 9%
- Economic opportunity 7%
- Educational efforts 27%
- Family dynamic changes 15%
- Male involvement 5%
- Healthy habits 7%
- Youth interventions 13%
- Other 3%

Participants generally agreed that progress had been made in increasing the number of venues for health and fitness activities, in awareness of health and wellness education groups, and in greater awareness of the need for safer sex practices and STD prevention.

Overall Recommendations/Solutions;
- Increased youth interventions
- Community Engagement Efforts
- Greater Advocacy efforts
- Changes in family dynamics
- Improve/encourage healthy habits
- Increased male involvement

Areas of Agreed Progress
- Greater venues for safe health and wellness activities
- Greater number of ongoing health and wellness groups-walking, nutrition, fitness
- Greater awareness of STDs, safe sex practices, and testing locations
Future Strategies

Moving forward we are pleased to be working towards the next and final phase of the project which included development of a peer to peer trainer model and ultimate integration of ongoing community based education, behavior change strategies as part of our Sarasota Memorial Healthcare Foundation funded Healing Circles project. We are also working in continued collaboration with Community Organizations like Genesis Health Services and MCR Health Services. We have taken part in the planning committee for an internal residency program being developed with Florida State University and Sarasota Memorial Hospital to assist with cultural competence training and continued capacity building within the surrounding North Sarasota Community.

Interim Solutions developed by Collaborative Community efforts:

- Creation of interim Newtown Health Advisory Council (NHAC) consisting of representatives from various CBOS, faith based communities, SDOH, the Police Department and SMH

- Creation of a Community Health Action Team (CHAT)

- Creation of a resource inventory of existing organizations and programs (Sarasota Health Guide)

- Cultivating increased capacity amongst those organizations and programs by facilitating additional training, providing advice and strategic planning input

- Creation and training of the Gatekeepers of Community Health to be included at routine community events and provide education and screening on various conditions such as HIV/AIDS, STDs, Diabetes, Hypertension, Obesity, Cardiovascular Disease, Cancer

- Collaboration and expansion of Wellness Community/Centers for Building Hope /Jewish Family and Children’s Services education/prevention programs including creating Breast Cancer Allies program, and sustaining monthly cancer support groups targeting underserved community of color over the last 10 years.

- Collaboration with Genesis Health Services, AHEC and Truevine Ministries in development of youth health awareness/careers camps and internship experiences
and MHI Scholars program to increase pipeline of future health leaders, ongoing collaborations with Newtown Wellness on varying topics representing highest levels of health disparities including Diabetes, all types of cancer, heart disease, mental health issues

- Collaboration with COBB institute/SMH to host annual town halls to educate about Economics of health disparities, Disaster planning and mental health services, Obesity from cradle to grave.

- Development of first MSM (Men who have sex with men) support/educational group which has since spun off into a self-sustaining Men Educating Men support/educational group targeting relationship issues, HIV/AIDS prevention.

- Development of first Lupus Support group which has since spun off into a self-sustaining monthly support group.

- Collaboration with ministerial alliance for first district minister’s retreat/educational forum on HIV/AIDS, out of which have come numerous faith based initiatives and annual programs to increase HIV/AIDS awareness and implement prevention efforts. Extensive Bicounty HIV AIDS prevention work including Silence is Death initiative in collaboration with Genesis Health Services and distribution of 140,000 condoms over a 2 year period.

- Development and implementation of healing circles initiative with over 100 circles held led by 4 MHI trained culturally representative facilitators using a culturally relevant curriculum impacting 500+ active participants.

- Annual average of 80 educational events/activities in the community targeting youth through senior citizen population covering diverse topics representative of all domains of health disparities impacting communities of color.

- Touched the lives of 30k people in the community

- Facilitated installation of SMH health Kiosk at Robert L Taylor Center where over 200 people/month self-manage their wellness plans.
Illustration of Estimated positive economic impact

Ex. 1
Value of Future Health Leadership Development

The MHI Scholars program emphasizing STEAM career awareness and readiness mentored 50 scholars with 10 currently in med school and college phase of pipeline. Once those students achieve their career goals- with an average estimated salary $250k/year, this represents $2.5million potential annual productive salary.

Ex. 2
Value of Outreach and Prevention efforts

HIV
Rough HIV Estimate prevention of just 1 case/year x 10 year effort= Care cost of 1 complex AIDS case of $290k/year= $2.9million saved.

ER Diversion Estimate prevention of 10 cases/year x 10 year effort = $30k/year x 10 years = $300K savings

Similar extrapolations could be made for management of hypertension (every health event we hold, we find someone with astronomically elevated blood pressure, with major risk for stroke, heart attack, kidney and eye disease that we link to follow up care) and for Cancer screening and earlier detection through better education.
ADDENDUM
This report completes a 9 year cycle begun with the initial work done on the Newtown Healthcare Access Study.

Key Findings from 2008 NEWTOWN HEALTHCARE ACCESS STUDY:
Recommendations To Eliminate Newtown's Healthcare Disparities

• The top three health problems that the Newtown community felt they faced were:
  Lack of access to healthcare, Sexually transmitted diseases and Teen pregnancies.
• 65% of respondents reported not being able to get needed healthcare.
• 63% of respondents who did access healthcare in the past year reported they had to go outside of Newtown to access the services.
• 38% of respondents paid cash for health care costs, 35% had private insurance, 11% used Medicare
• 89% of respondents felt a group of people chosen by the community to organize and plan health and wellness issues would be useful.
• 96% of respondents felt that a centralized facility with health providers, nutrition, fitness, diagnostic testing, dental and mental health (one-stop) services would be useful.

Most often-cited contributing factors to minority health disparities in Sarasota/Manatee communities identified in the Medical Education Interactive break-out sessions:

Stigma of certain diseases, i.e., HIV/AIDS, mental health disorders
Inadequate community, group, and individual health education initiatives
Poor access to treatment and diagnostic services
Inadequate transportation
Lack of providers accepting Medicaid reimbursements

Most often-cited solutions to reduce/eliminate minority health disparities suggested in the Medical Education Interactive breakout sessions:

Increase health education and awareness
Create a community stakeholders coalition
Bring healthcare resources back into the community through establishment of community-based providers
Maintain a Resource Inventory for the community
Establish universal healthcare
Political activism
LISTING OF MHI 2007-Current Interim solutions/activities:

Organizational

- Establishment of Newtown Community Health Advisory Committee (NHAC)
- Newtown Community Health Action Team (CHAT)
- Gatekeepers of Community health
- Health Equities Research Institute (HERI)
- Participation in CHIP surveys
- Participation in infrastructure, lighting, accessibility issues ongoing discussions
- Town Hall Disaster Preparedness and its impact on mental health Collaboration
- Town Hall Economic Impact of Health Disparities Collaboration
- Town Hall Childhood obesity from cradle to grave Collaboration
- United Sarasota
  - Mental Health and Public Safety
  - Educational Achievement Gap and Innovative Solutions
  - Solutions to Health Disparities
  - Economic Development, Jobs, and Housing

STEAM future health leader/youth self-health awareness pipeline projects

Increase future leaders with MHI Scholars youth STEAM initiatives, HIV Arts. STEAM arts collaborative with Ringling College Art, Alta Vista Elementary School, HIV/AIDS education at risk youth in JV, foster, homeless populations through Project Unity

- Bay haven Elementary Nutritional Awareness Project
  - Award-winning Earth Box gardening initiative
- Course development and delivery at New College of Florida on “Public Health Disparities and Gender Issues” initiated 2012 and ongoing
- Embracing Dr. Seuss’s Difference Day
- Healthy Harvest at the Chalk Festival and North Library in collaboration with Alta Vista Elementary School
- National Women/Girls Health Awareness programs
- Science Club Bay haven
  - Cardiovascular Health - Heart dissection
  - PC STEM career exploration
- USF Sarasota-Manatee Girls’ STEM Summits featuring ‘Bones, Beauty, & Brains’ and parent preparation workshops
- Mentoring and College and Health Career Advice
○ Area Health Educator Center (AHEC), Lake Eerie Medical College of Medicine (LECOM) and Truevine Summer Health Careers Programs
○ Fruitville Science Fair
○ MHI Scholars summer and year long internships
● MLK Day of Service
● Journey to Success Collaboration

*Intergenerational Educational Work*
● Booker HS Know No Bounds year long program
● Collaborator on Journey to Success Boule program
● Institute for the Ages lecture
● Inaugural Caregiver Support Fair and creation of Caregiver Organizer Manual
● Healing Circles
● New College of Florida Black History Month, Advisor, creation of black student union
● Positive Aging - Senior Wellness Programs
  ○ Nutrition and Diabetes
  ○ Relationship across the ages
  ○ Stroke Awareness
● Pan Hellenic Council mentoring events
● Senior Friendship Center presentation
  ○ Arthritis
  ○ Insomnia

*Brain Health*
● Concussion Prevention Brain Health Series
● Mental Health Awareness events
● Brain health/creativity through the ages

*Cancer education series*
Multiple community based cancer education, screening, prevention events monthly and annually over 9 years
● Allies for Health Breast Cancer Prevention Program
● American Cancer Society Survivor Day Supporter 9yr
● Annual Breast Cancer Pink Sunday educational events
  ○ community health worker deployment to enhance knowledge of breast self exam for women and men, and link to services
● Booker High School Breast Cancer Awareness event 2 years
● Breast Cancer Walk - supporter 4 years
Multicultural Health Institute (MHI)

- Day long cancer education series
  - Breast/Ovarian
  - Lung
  - Colorectal and Prostate cancer
- Conventional and Complementary Pain Management series
- Presentation on Development of Culturally Competent Cancer Support Groups At Moffitt Hospital Cancer & Culture Convention
- Collaboration with Center for Building Hope “Ask the Doctor”, monthly support group - 10 years
- Continued monthly program of “Ask the Doctor” with Jewish Family and Children’s Services
- Colorectal Cancer Prevention Educational Series
- Relay for Life Supporter - 7 years
- Supporter SMH, ACS annual survivor day event

**Cardiovascular series**
Prevention of CVA, MI, renal disease control of BP
Ongoing screening for HTN, DM, HIV, BMI, Foot care at most community events with linkage to available services
- Annual Cardiovascular Disease Symposium
- Spirit of the Heart Event with Association of Black Cardiologists (ABC) educational event
- Healthy Heart Educational Program

**Fitness/Nutrition**
Nutrition/obesity education permeated all events, felt to be key component of all disparity related disease areas
- Annual Spring Fling with a Healthy Focus
- Annual Health Information Fairs
- Diabetes Educational Fairs
- Helped found Newtown wellness nutrition and fitness program
- Newtown wellness consultant
- New Robert L Taylor Center fitness facility and programming
- Collaboration with All Faiths Food Bank and Health Education and Promotion programs
**HIV/AIDS/STD prevention/Linkage to care**

*Active member of the strategic planning committee of the HIV/AIDS Network of Sarasota (HANS). Initiated in collaboration with Genesis Health Services, first bi-county collaborative HIV/AIDS program, “Silence is Death”, which led to the development of the Gatekeepers of Community health team of community health peer to peer educators and counselors:*

- Expansion of “Condom Trail”
  - 40,000 condoms in 40 days initiative
  - 100,000 condoms in 100 days initiative
- Established community sites in Manatee and Sarasota for HIV testing, education, prevention activities
- HIV/AIDS Outreach and Linkage to Care
- Ongoing HIV/AIDS prevention education, testing, condom distribution annually
- Paired HIV with hepatitis prevention educational activities
- National Women and Girls HIV/AIDS Awareness Youth Programs
- National Awareness Events
  - HIV/AIDS district minister events
  - Black HIV/AIDS Awareness events annually 8 years
  - Day of Prayer for HIV Awareness events annually 8 years
  - National HIV/AIDS wellness education forum
  - World AIDS Day 9 years
- Gospel Explosion Block Parties
- Spun off Men who have Sex with Men support and educational group
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<th>No Know Bounds program - Booker High School student career poster display</th>
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**ARCHIVE PHOTOS**
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We could not have made as great an impact without our Community Partners:

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Multicultural Health Institute (MHI)

Fruitville Elementary, ODA; Boule; Boys & Girls club; CAN; Cardiovascular Center of Sarasota; Center for Building Hope; City of Sarasota Commissioners; Cobb Institute; Community Foundation of Sarasota; Children 1st; Children Services; Community Redevelopment Agency; Designing Women; Department Juvenile Justice TASC; Dollar Dynasty; Education Foundation; East West College of Natural Medicine; Easter Seals of Southwest; Florida Blue; Florida Diversity Council; Florida Studio Theater; Genesis; Goodwill Manastoa; Group homes; HANS; Health Equities Research Institute (HERI); Health Equities Leadership Network; Healthy Start; Howard Club; Jewish Family & Children Services; Journey to Success; KOMEN Foundation; Latin Chamber; Laurel Civic Center; LECOM; Layne Klabfiesch's 2E Consults; The LINKS; Manatee Rural Health Services; Men Educating Men; Moffitt; Morehouse; New College of Florida; Newtown Centennial Celebration; Newtown Wellness; Newtown Biz & Professional Women; Neuroscience; Neurpsych Associates; Numerous Faith-Based Communities including Truevine, Bethel, Bethlehem, Greater Hurst Chapel AME, Harvest Tabernacle, West Coast Center for Human Development, Light of the World; Orange Blossom Garden; Pan Hellenic Council; Pines of Sarasota; Planned Parenthood; Ringling College of Art; Roskamp Institute; Sally Ride Foundation; Sarasota, Manatee, and Pinellas Department of Health; Sarasota Housing Authority; Sarasota Memorial Hospital; Sarasota Library System; Sarasota Police Department; Sarasota Youth Opera; Sarasota School Board; SciBrain; SCOPE; Senior Friendship Center; Southern Atelier; Tidewell; Therapeutic Potentials, Inc.; USF West Coast Lupus Foundation; YMCA

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