

SANTA ROSA

HEALTH EQUITY PLAN

July 2022 – June 2025



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DOH-Santa Rosa

Health Equity Plan

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I. VISION

In December of 2021, the DOH-Santa Rosa's Minority Health and Health Equity Liaison announced the adoption of health equity as an integral focus in all aspects of the county health department. The process of recruitment began and soon after DOH-Santa Rosa had developed a Health Equity Team and integrated health equity into a major collective impact effort in the community, Achieve Healthy EscaRosa. Over a several month period, the Health Equity Team was asked to determine what health equity in Santa Rosa County meant for them. Similar themes and key words were seen in every member's individual thoughts about health equity, and on March 3rd of 2022, the Health Equity Team came to a unanimous vote on the final health equity Mission and Vision for Santa Rosa County.

Vision: To **reduce** health disparities and **improve** health outcomes for all Santa Rosa County residents.

Mission: To **educate** and **empower** the Santa Rosa County community to achieve their full health potential.

The newly developed Mission and Vision statements have been displayed throughout the county during community meetings, events and outreaches to show Santa Rosa County residents and community leaders DOH-Santa Rosa's commitment to improving health outcomes for **all** individuals in the community.

II. PURPOSE OF THE HEALTH EQUITY PLAN

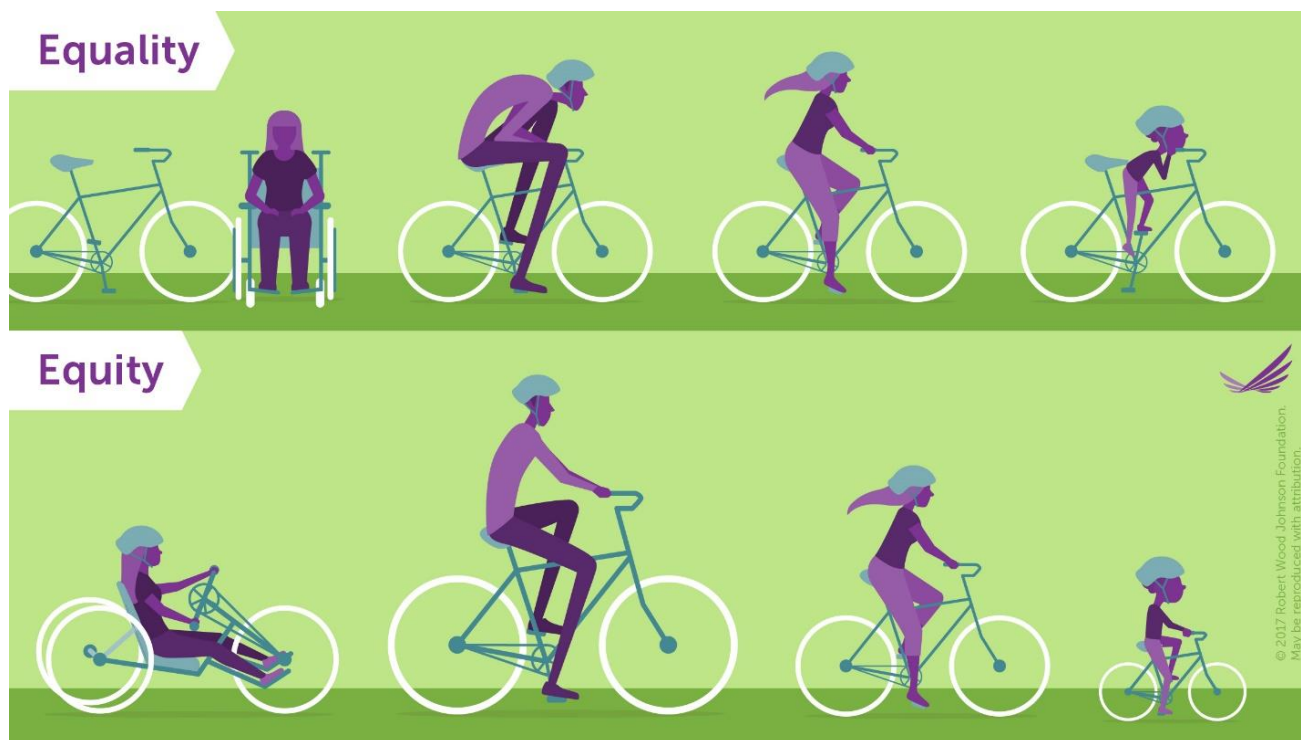
Health Equity is achieved when everyone can attain optimal health.

The Florida Department of Health’s Office of Minority Health and Health Equity (OMHHE) works with government agencies and community organizations to address the barriers inhibiting populations from reaching optimal health. A focus on health equity means recognizing and eliminating the systemic barriers that have produced disparities in achieving wellness. In response to Chapter 2021-1700 of the Florida Statute, effective July 1, 2021, each county health department (CHD) has been provided resources to create a Health Equity Plan to address health disparities in their communities.

The Health Equity Plan should guide counties in their efforts to create and improve systems and opportunities to achieve optimal health for all residents, especially vulnerable populations. County organizations have a critical role in addressing the social determinants of health (SDOHs) by fostering multi-sector and multi-level partnerships, conducting surveillance, and integrating data from multiple sources, and leading approaches to develop upstream policies and solutions. This plan acknowledges that collaborative initiatives to address the SDOHs are the most effective at reducing health disparities.

The purpose of the Health Equity Plan is to increase health equity within Santa Rosa County. To develop this plan, Santa Rosa health department followed the Florida Department of Health’s approach of multi-sector engagement to analyze data and resources, coordinate existing efforts, and establish collaborative initiatives. This plan addresses key SDOH indicators affecting health disparities within Santa Rosa County. This Health Equity Plan is not a county health department plan; it is a county-wide Health Equity Plan through which the Health Equity Taskforce, including a variety of government, non-profit, and other community organizations, align to address the SDOH impact health and well-being in the county.

III. DEFINITIONS



Health equity is achieved when everyone can attain optimal health

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 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, worship, and age that influence the health of people and communities.

IV. PARTICIPATION

Cross-sector collaborations and partnerships are essential components of improving health and well-being. Cross-sector collaboration uncovers the impact of education, health care access and quality, economic stability, social and community context, neighborhood and built environment and other factors influencing the well-being of populations. Cross-sector partners provide the range of expertise necessary to develop and implement the Health Equity Plan.



DOH- Santa Rosa takes pride in establishing and maintaining strong community partnerships. Pictured above are members from Achieve Healthy EscaRosa, also known as AHER. AHER is a collective impact effort created to unite and align resources to improve the health and wellbeing of both Escambia and Santa Rosa County residents. The AHER collaboration consists of several different teams: CHNA Planning Team, currently transitioning into the CHIP Team, Communications Team, Data Team, and a developing Health Equity Task Force. At the beginning of 2022, through a collaborative effort with the different teams, AHER released the Achieve Dashboard and the 2022 Community Health Needs Assessment available to all residents.

DOH-Santa Rosa strives to ensure active representation and participation in many parts of the community. DOH-Santa Rosa is present in community coalitions including but not limited to Santa Rosa Healthy Babies Coalition, EscaRosa Suicide Prevention Coalition, and Tobacco Free Santa Rosa Coalition. Participation in community events and outreaches is also an important role to DOH-Santa Rosa to reach community residents, providing education and resources.

A. Minority Health Liaison

The Minority Health Liaison supports the Office of Minority Health and Health Equity in advancing health equity and improving health outcomes of racial and ethnic minorities and other vulnerable populations through partnership engagement, health equity planning, and implementation of health equity projects to improve social determinants of health. The Minority Health Liaison facilitates health equity discussions, initiatives, and collaborations related to elevating the shared efforts of the county.

Minority Health Liaison: Erin Moore

Minority Health Liaison Backup: Kimberly Pace

B. Health Equity Team

The Health Equity Team includes individuals that each represent a different program within the CHD. The Health Equity Team explores opportunities to improve health equity efforts within the county health department. Members of the Health Equity Team assess the current understanding of health equity within their program and strategize ways to improve it. The Health Equity Team also relays information and data concerning key health disparities and SDOH in (County) to the Health Equity Taskforce. The Minority Health Liaison guides these discussions and the implementation of initiatives. The membership of the Health Equity Team is listed below.

Name	Title	Program
Leslie Adams	Senior Community Health Nurse	School Health

R. Matthew Dobson	Administrator	
Jack Boyd	Accountant I	Fiscal
Elisabeth Jordan	Breastfeeding Program Coordinator	WIC
Erin Moore	MHHE Liaison	Community Health
Sherry Worley	Public Health Service Manager	Epidemiology

The Health Equity Team met on the below dates during the health equity planning process. Since the Health Equity Plan was completed, the Health Equity Team has met at least quarterly to track progress.

Meeting Date	Topic/Purpose
February 3 rd , 2022	Discuss Health Equity Team goals and responsibilities related to the Health Equity Plan.
March 3 rd , 2022	To provide updates regarding the Health Equity Plan and to come to a final decision on the prioritized Health Disparity to be features in the Health Equity Plan.
April 7 th , 2022	To provide Health Equity Team updates on the Health Equity Plan and Health Equity Assessment. To ensure a shared understanding of health equity terms and concepts.

C. Health Equity Taskforce

The Health Equity Taskforce includes CHD staff and representatives from various organizations that provide services to address various SDOH. Members of this Taskforce brought their knowledge about community needs and SDOH. Collaboration within this group addresses upstream factors to achieve health equity. The Health Equity Taskforce wrote the Santa Rosa Health Equity Plan and oversaw the design and implementation of projects. Health Equity Taskforce members are listed below.

Name	Title	Organization	Social Determinant of Health
Adrienne Maygarden	Service Line Director for	Ascension Sacred Heart	Health Care Access and Quality

DOH-(COUNTY)

Health Equity Plan

	Women's and Children's Services		
Bethany Miller		Ascension Sacred Heart	Health Care Access and Quality
Christina Krueger	Community Benefit Manager	Ascension Sacred Heart	Health Care Access and Quality
Chandra Smiley	Chief Executive Officer	Community Health of Northwest Florida	Health Care Access and Quality, Social and Community Context
Denise Manassa	Director of Community Prevention	CDAC Behavioral Health	Health Care Access and Quality, Social and Community Context
Debra Vinci	Associate Professor of Health Promotion	University of West Florida	Education Access and Quality
Erin Moore	Health Educator	DOH-Santa Rosa	Health Care Access and Quality, Social and Community Context
Jennifer Grove	Vice President	Baptist Health Care	Health Care Access and Quality, Social and Community Context
Joy Sharp	Community Health Programs Director	Baptist Health Care	Health Care Access and Quality
Kimberly Pace	Public Health Service Manager	DOH-Santa Rosa	Health Care Access and Quality, Social and Community Context
Laura Gilliam	President & CEO	United Way of West Florida	Economic Stability, Social and Community Context, Health Care Access and Quality
Marie Mott	Administrator	DOH-Escambia	Health Care Access and Quality, Social and Community Context
Mary Zaledonis	Director of Community Impact	United Way of West Florida	Economic Stability, Social and Community Context, Health Care Access and Quality
Nicole Gislason	Executive Director	West Florida AHEC	Social and Community Context
Patricia Barrington	Professor	University of West Florida	Education Access and Quality
Paula Bides		Ascension Florida and Gulf Coast	Health Care Access and Quality
R. Matthew Dobson	Administrator	DOH-Santa Rosa	Health Care Access and Quality, Social and Community Context.

Rachelle Burns	Student Crisis Director	Pensacola State College	Education Access and Quality
Sandra Donaldson	Chief Advocacy Officer	Community Health Northwest Florida	Health Care Access and Quality, Social and Community Context
Sara Lefevers	Foundation Executive Director	Pensacola Chamber	Social and Community Context

The Health Equity Taskforce met on the below dates during the health equity planning process. Since the Health Equity Plan was completed, the Health Equity Taskforce has continued to meet at least quarterly to track progress.

Meeting Date	Organizations	Topic/Purpose
1/3/2022	Achieve Healthy EscaRosa	Task Force recruitment
4/14/2022	DOH-Santa Rosa, DOH-Escambia, University of West Florida, Ascension Sacred Heart	Review Escambia and Santa Rosa Community Health Needs Assessment, Top Health Priorities, and begin planning for the Community Health Improvement Plan.
5/12/2022	DOH-Santa Rosa, DOH-Escambia, Pensacola State College, University of West Florida, Community Health NWFL, Ascension Sacred Heart, United Way West Florida	Review a Community Organization Survey that will be distributed to five different community leaders involved in Escambia and Santa Rosa top health priorities.
6/9/2022	DOH-Santa Rosa, DOH-Escambia, Pensacola State College, University of West Florida, Community Health NWFL, Ascension Sacred Heart, United Way West Florida	Review the Community Organization Survey submission and projects to address the top health disparities.

D. Coalition

The coalition discussed strategies to improve the health of the community. The strategies focused on the social determinants of health: education access and quality, health care access and quality, economic stability, social and community context, and neighborhood and built environment. Membership includes community leaders working to address each SDOH, as well as any relevant sub-SDOHs. The coalition assisted the Health Equity Taskforce by reviewing their Health Equity Plan for feasibility. See Section XII for a list of coalition members.

E. Regional Health Equity Coordinators

There are eight Regional Health Equity Coordinators. These coordinators provide the Minority Health Liaison, Health Equity Team, and Health Equity Taskforce with technical assistance, training, and project coordination.

Name	Region	Expertise
Carrie Rickman	Emerald Coast	Technical assistance, training and project coordination
Quincy Wimberly	Capitol	Technical assistance, training and project coordination
Diane Padilla	North Central	Technical assistance, training and project coordination
Ida Wright	Northeast	Technical assistance, training and project coordination
Rafik Brooks	West	Technical assistance, training and project coordination
Lesli Ahonkhai	Central	Technical assistance, training, project coordination, and Faith-Based Engagement
Frank Diaz	Southwest	Technical assistance, training and project coordination
Kelly Grove	Southeast	Technical assistance, training and project coordination

V. HEALTH EQUITY ASSESSMENT, TRAINING, AND PROMOTION

A. County Health Department Health Equity Training

The Florida Department of Health in Santa Rosa recognizes that ongoing training in health equity and cultural competency are critical for creating a sustainable health equity focus. At a minimum, all DOH-Santa Rosa staff receive the *Cultural Awareness: Introduction to Cultural Competency* and *Addressing Health Equity: A Public Health Essential* training. In addition, the Health Equity Team provides regular training to staff on health equity and cultural competency. The training is recorded below.

Date	Topics	Number of Staff in Attendance
2/11/2022	Health Equity and Cultural Competency	12 Clinic and School Health Nurses

B. Minority Health Liaison Training

The Office of Minority Health and Health Equity and the Health Equity Regional Coordinator provide training and technical support to the Minority Health Liaison on topics such as: the health equity planning process and goals, facilitation and prioritization techniques, reporting requirements, and taking a systems approach to address health disparities. The Minority Health Liaison training is recorded below.

Date	Topics
1/25/2022	Cultural Competency and Health Equity Training

3/23/2022	ClearPoint Technical Assistance Training
4/12/2022- 4/13/2022	Minority Health and Health Equity Liaison Onboarding Training
5/10/2022- 6/14/2022	Grant Writing Training

C. National Minority Health Month Promotion



Left to right: Erin Moore (Minority Health & Health Equity Liaison), Matt Dobson (DOH Santa Rosa Administrator), Billy Mills (Guest Speaker and 1964 Olympic Champion), Chief Dan “Sky Horse” Helms (Santa Rosa Creek Indian Tribal Council).

On April 8th, 2022, DOH-Santa Rosa presented “Billy Mills- Evening of Inspiration” to celebrate National Minority Health Month. Billy Mills, an Oglala Lakota (Sioux), grew up on the Pine Ridge Indian Reservation in South Dakota and overcame many obstacles to win the 10,000-meter run at the 1964 Tokyo

Olympic Games. Mills spoke passionately about his life as a Native American, his childhood, a lifelong struggle with diabetes, and rewards of maintaining an active lifestyle. His presentation was an inspiration to people of all ages, abilities, and cultures to promote health equity within Santa Rosa County.

Resources were provided to attendees before and after the event. The Community Health Team distributed information on diabetes screening, the National Diabetes Prevention Program, Public Health Preparedness, and other services offered by the health department.



On April 23rd, 2022, DOH-Santa Rosa sponsored The Walk for Mommy and Me held at Carpenter’s Park in Milton, FL. The event was held to emphasize physical activity and good nutrition as parent of a healthy lifestyle. The walk around the park featured booths from 40 vendors with information of interest to parents, including nutrition and care seat safety, activities, and games for children. The Big Red Bus was onsite for blood donations and various health screenings were provided to participants such as blood pressure and Type 2 Diabetes screenings.

VI. PRIORITIZING A HEALTH DISPARITY

The Health Equity Team identified and reviewed health disparities data in Santa Rosa County. Data was pulled from multiple sources including FLCharts, the U.S. Census Bureau, and the Achieve Dashboard. Information regarding the data sources can be reviewed below.

FLCharts

FLCharts is a Community Health Assessments Resource Toolset powered by Florida's Bureaus of Community Health Assessment and Vital Statistics¹⁰. FLCharts provides a wide range of data on the health of Florida residents including information on the prevalence of infectious diseases, chronic diseases, maternal and child health, and social and behavioral health. The data can be broken down by Florida county and demographics such as age, gender, and race. FLCharts is a very useful tool when assessing the health of a community and was used thoroughly during the development of the Health Equity Plan.

U.S. Census Bureau

The U.S. Census Bureau provides quality data pertaining to U.S. residents and the economy. The Bureau conducts and distributes various surveys including the American Community Survey and demographic surveys to provide information on the American population such as income and poverty levels, education, and housing quality²¹. Quick Facts information relating to the people, business, and geographic area can be found for every county in the U.S. This information is important in obtaining a basic understanding on various factors of a community.

Achieve Dashboard

The Achieve Dashboard is a local data source for Escambia and Santa Rosa County¹. It was developed in collaboration with Achieve Health EscaRosa and the Haas Center at the University of West Florida. The Achieve Dashboard compiles data elements on 5 different aspects of

quality of life for Escambia and Santa Rosa County. These aspects are (1) Health and Social Well-Being, (2) Education, (3) Quality of Place, (4) Economic Vitality, and (5) Workforce and Demographics. The Achieve Dashboard was used thoroughly during the development of the Health Equity Plan.

The following health disparities were identified in Santa Rosa County²:

- Overweight and Obesity
- Substance Abuse
- Mental Health Issues
- Diabetes

These four health priorities were identified through data analysis of CHNA Resident Survey and CHNA Leader Survey. The findings were presented in the Escambia – Santa Rosa 2022 Community Health Needs Assessment, developed by Achieve Healthy EscaRosa. The Health Equity Team used the findings from the 2022 Community Health Needs Assessment and a Multi-voting Technique after reviewing data found in the U.S. Census Bureau and FLCharts to finalize the decision in prioritizing Overweight and Obesity in the Health Equity Plan.

The data below will provide information about the priority populations determined by the Office of Minority Health and Health Equity. These populations include Black and African American, American Indian and Alaskan Native, Asian, Native Hawaiian and Other Pacific Islander, elderly, children, people living with disabilities, veterans, LGBTQ+, and immigrants.

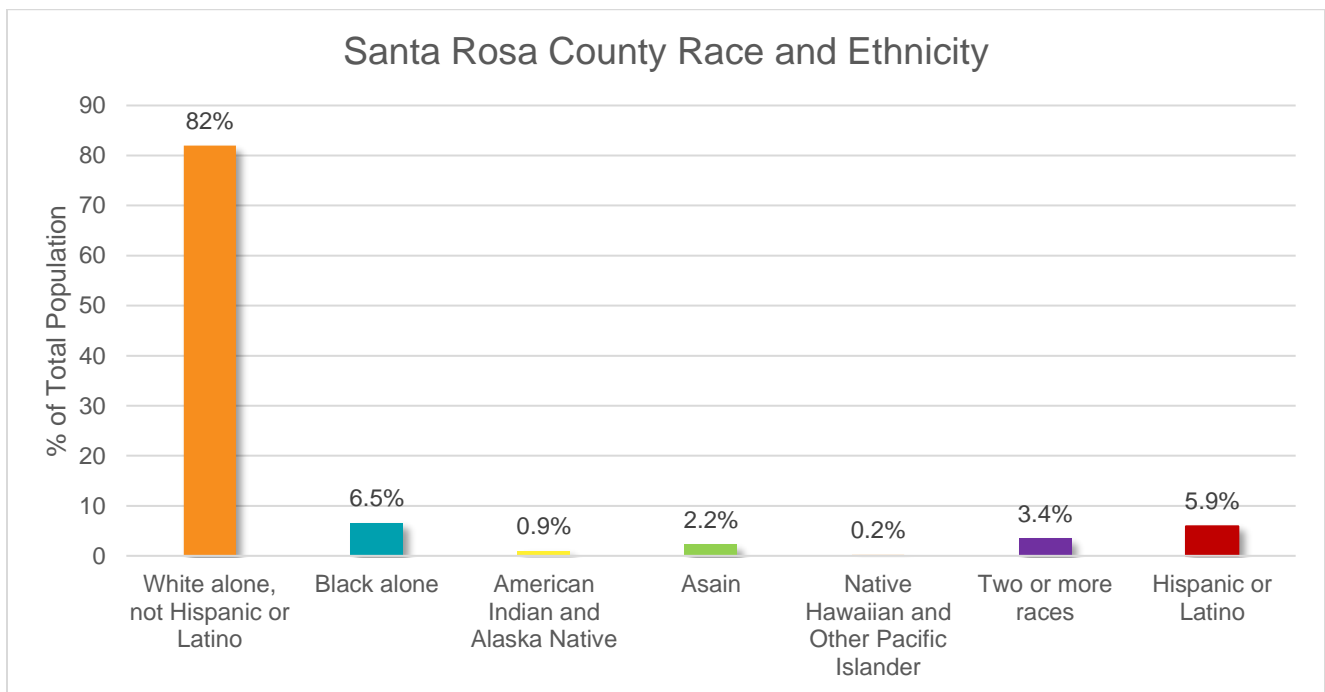
It is important to note that data gaps exist regarding several of the priority populations in Santa Rosa County. These gaps include data on LGTBQ+ community, immigrant populations, and several racial groups such as American Indian and Alaskan Native, Asian, and Native Hawaiian and Pacific Islander. The Santa Rosa County Health Equity Team will work to update any data as it becomes available.

Data regarding Overweight and Obesity in Santa Rosa County can be found below.

Santa Rosa County Populations Demographics

As of July of 2021, an estimated 193,993 residents live in Santa Rosa County²¹. At #15 out of 67, Santa Rosa County is ranked among the top healthiest counties in Florida in both health outcomes and health factors⁷. Children under 18 consists of 21.8% of the population while 16.3% of the population are individuals 65 years and older. An estimated 24,259 veterans live in Santa Rosa County and 11.6% of residents under 65 years of age are living with a disability²¹.

Santa Rosa County has a larger percentage of white, non-Hispanic residents at 82.0% compared to Florida at 77.3% and a smaller percentage of Black, Asian, and Hispanic populations compared to Florida at 16.9%, 3.0%, and 26.4% respectively¹⁵. Some areas in Santa Rosa County are home to more diversity than others such as the City of Milton (census tracks 105.05, 106.01, and 106.02)³. Further demographic information on specific census tracks can be viewed in Section VII-B.

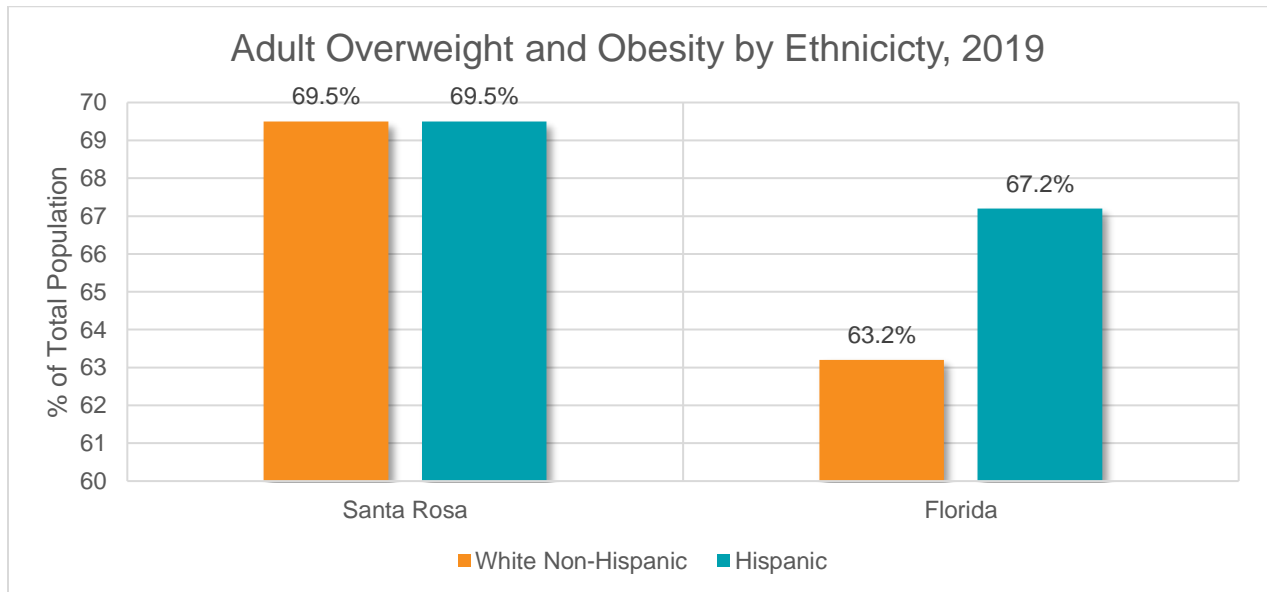


Source: US Census Bureau

Overweight and Obesity in Santa Rosa County

The 2022 Escambia-Santa Rosa Community Health Needs Assessment identified the most important health issues, most concerning unhealthy behaviors, and the significant needs for Santa Rosa County. In these categories, overweight and obesity was determined an important health issue and significant need, with poor eating habits identified as a top concerning unhealthy behavior².

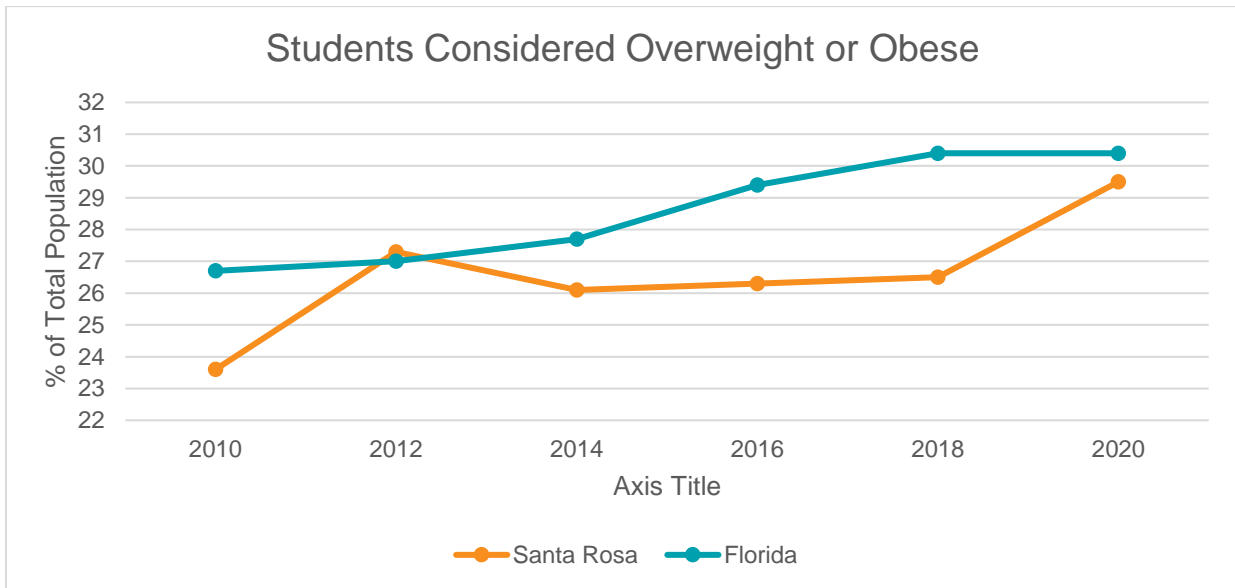
As of 2019, Santa Rosa County was in the lowest percentage of adults who were considered overweight or obese compared to other Florida counties¹⁰. 64.6% of adults in Santa Rosa County were considered overweight or obese compared to Florida at 68.4% in 2019, a 1.4% increase in Santa Rosa from the year before. 69.5% of both White non-Hispanic and Hispanic residents in Santa Rosa County were considered overweight or obesity in 2019. Santa Rosa County also saw an improvement in the percentage of adults ages 65 and older who were considered overweight or obese from 71% in 2016 to 64.8% in 2019. It should be noted that gaps in data exist for information including race, immigrant, veteran and LGBTQ+ populations.



Source: FLCharts

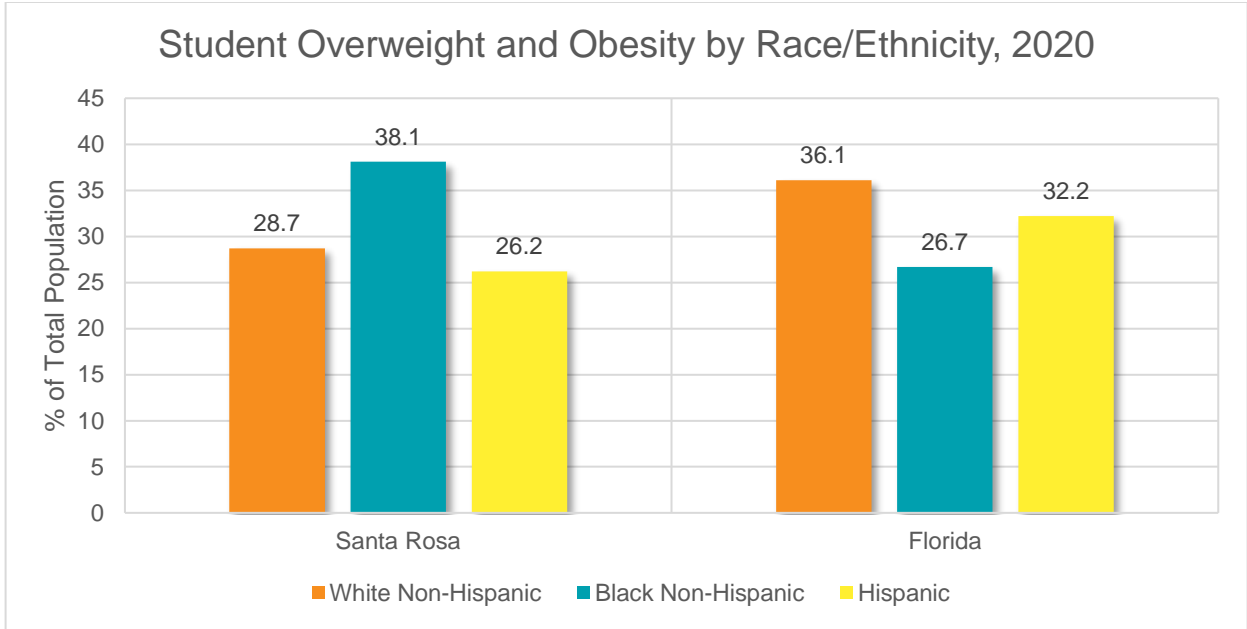
Santa Rosa County Children Under 18 Overweight and Obesity

As adults in Santa Rosa County have seen a small increase in the percentage of overweight and obesity, there has been a larger increase in the percentage of students in the county who are considered overweight and obese. From 2014-2018, Santa Rosa County students had remained below the Florida overall percentages for overweight and obesity. In 2020, the percentage of students in Santa Rosa County who were considered overweight or obese increased from 26.5% to 29.5%, while Florida remained at 30.4%.

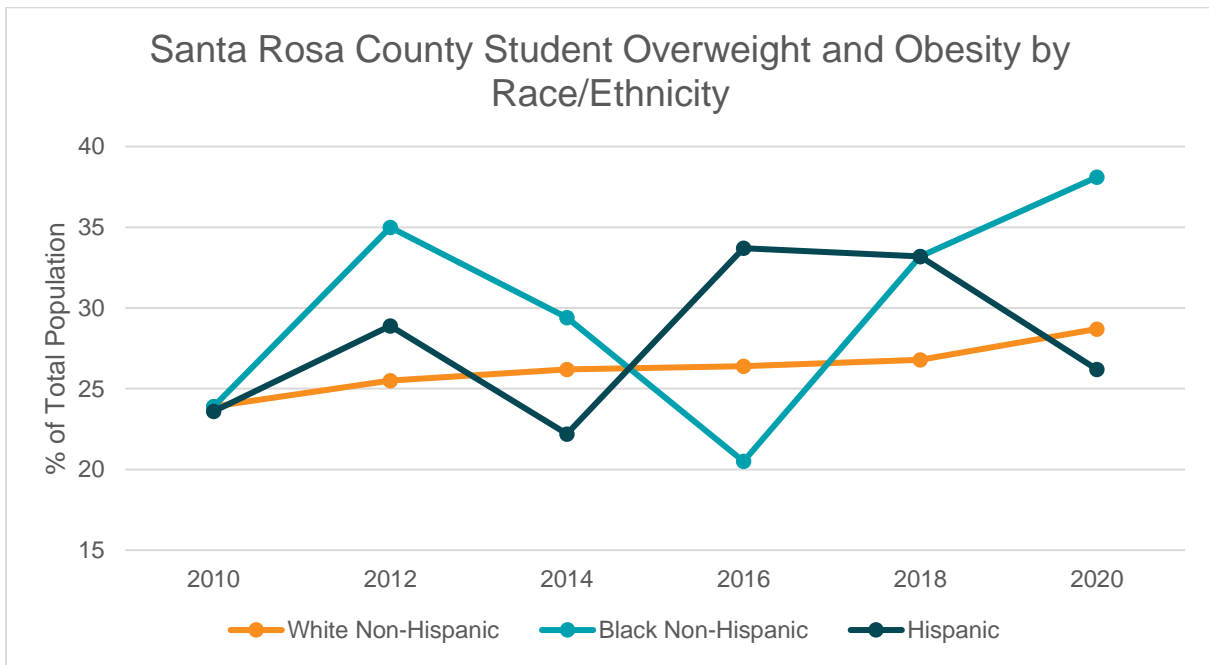


Source: FLCharts

This data can be further broken down by race and ethnicity. Data from the Florida Youth Tobacco Survey shows the percentage of Non-Hispanic Black students who are overweight or obese is 38.1% compared to Non-Hispanic White students at 28.7% and Hispanic students at 26.2% in 2020. Non-Hispanic Black students in Santa Rosa County have also seen a sharp increase in overweight and obesity prevalence from 20.5% in 2016 to 38.1% in 2020. The other racial and ethnic groups in Santa Rosa, Non-Hispanic White and Hispanic students, have seen a decline or have remained stagnant in overweight or obesity rates. It should be noted gaps in data exist for other races including Alaskan and Native American, Asian, and Native Hawaiian and Pacific Islander.



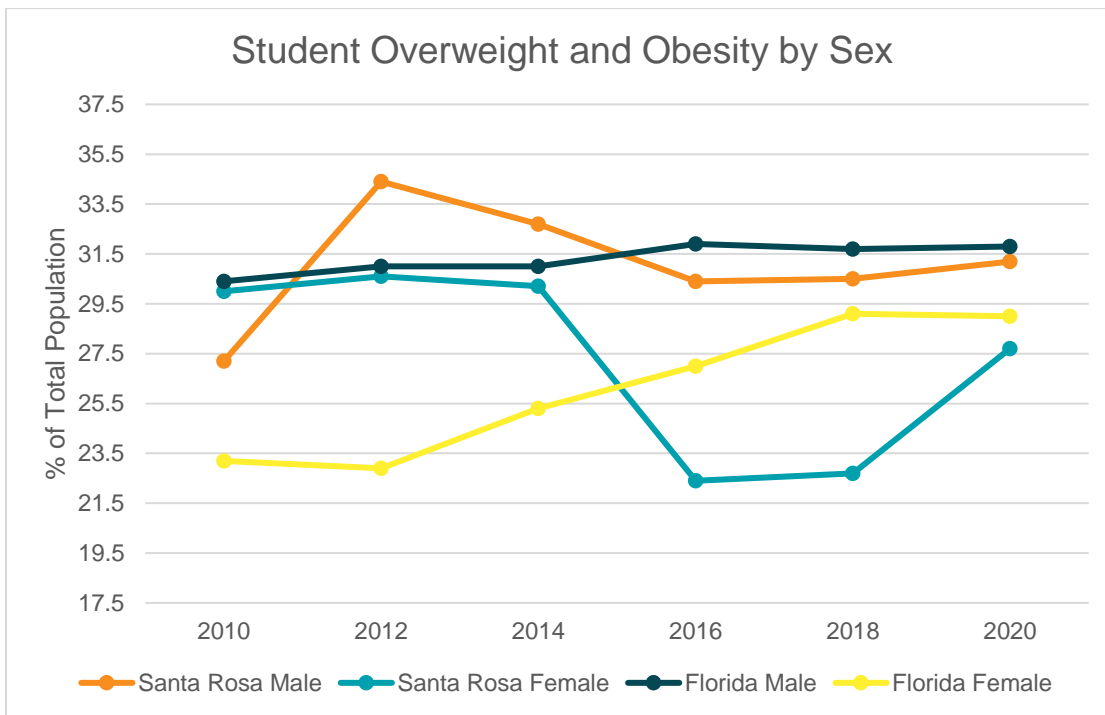
Source: FLCharts



Source: FLCharts

In Santa Rosa County, male students have remained at a higher percentage for overweight and obesity compared to female students. In 2018 the percentage of male students considered overweight or obese was 30.5% compared to the

percentage of female students at 22.7%. In 2020, the percentage of female students considered overweight or obese increased significantly to 27.7% while the percentage of male students increase to 31.2%. This was a 5% increase from 2018 for female students with the percentage of male students considered overweight or obese increasing only by 0.7%. It should be noted that gaps in data exist for LGBTQ+ communities and children with disabilities.



Source: FLCharts

The increase in percentages of students in the county who are considered overweight or obese, the significant disparities between populations and the importance of instilling healthy behaviors at a young age has led the Health Equity Team to choose school aged children as the top health priority in Santa Rosa County.

VII. SDOH DATA

Social Determinants of Health (SDOHs) are conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes. The SDOHs can be broken into the following categories: education access and quality, health care access and quality, neighborhood and built environment, social and community context, and economic stability. The Health Equity Team identified multiple SDOHs that impact overweight and obesity. They are listed below.

Social Determinants of Health



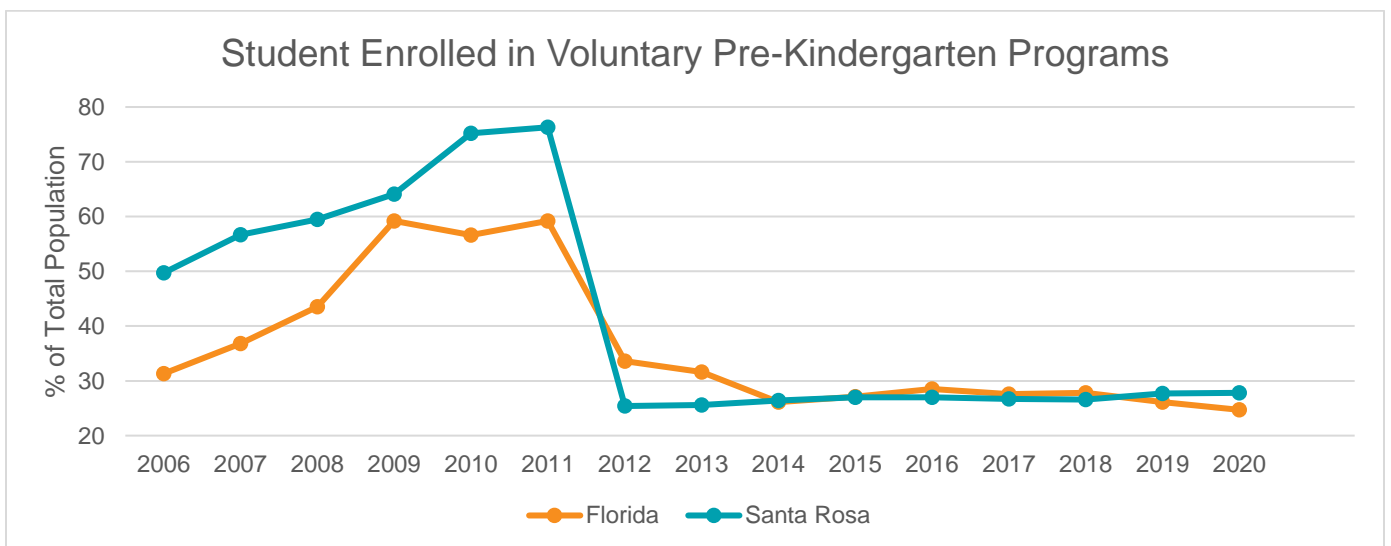
A. Education Access and Quality



Education Access and Quality Data in Santa Rosa County

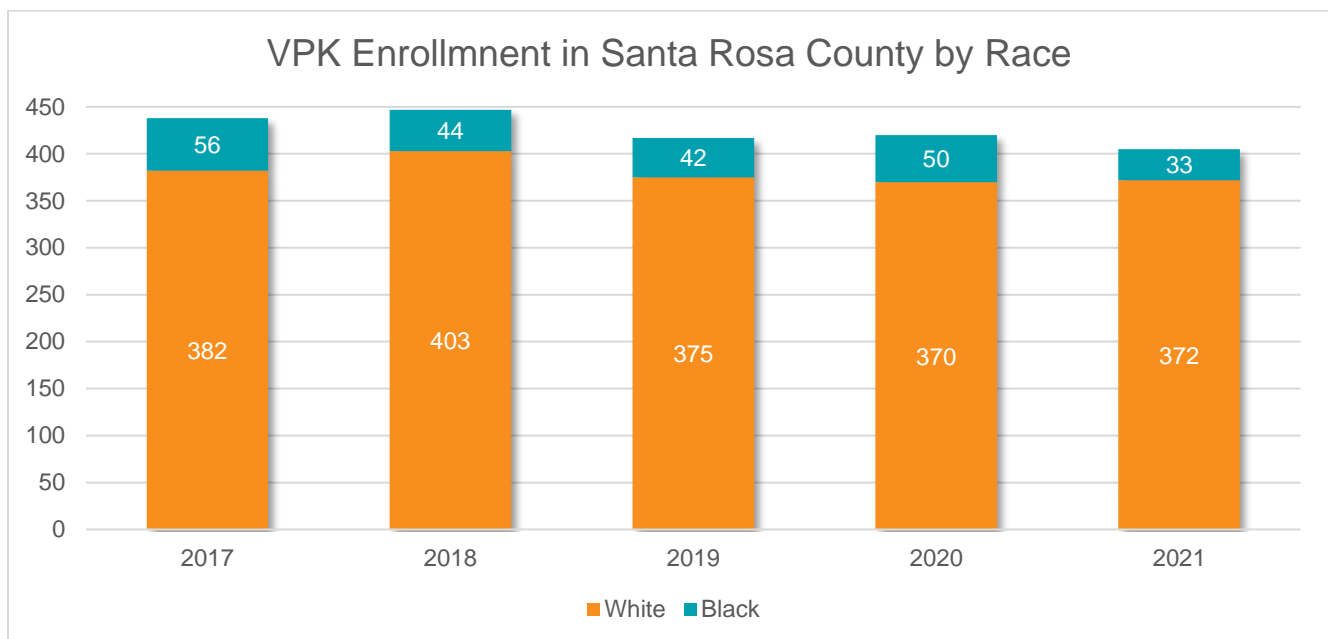
Voluntary Pre-Kindergarten Program

Voluntary Pre-Kindergarten Programs, or VPK, are programs for children ages 4-5 to prepare them for kindergarten. The percentage of children participating in VPK decreased sharply in 2012 and has remained under 30% into 2021. In 2021, the percentage of participation in VPK programs in Santa Rosa County was 24.7% compared to Florida at 27.8%.



Source: FLCharts

In 2021, 372 white children were enrolled into VPK programs, and 33 Black children were enrolled. Santa Rosa county does have a larger population of white children compared to Black children, which can account for the gap. Through the use of FLChart’s Population Dashboard, it can be estimated that the rate of white children enrolled in VPK programs was 4.6 per 100 children <5 years old compared to the rate of Black children at 9.7 per 100 children less <5 years old⁷. It should be noted that gaps in data exists for other priority populations.



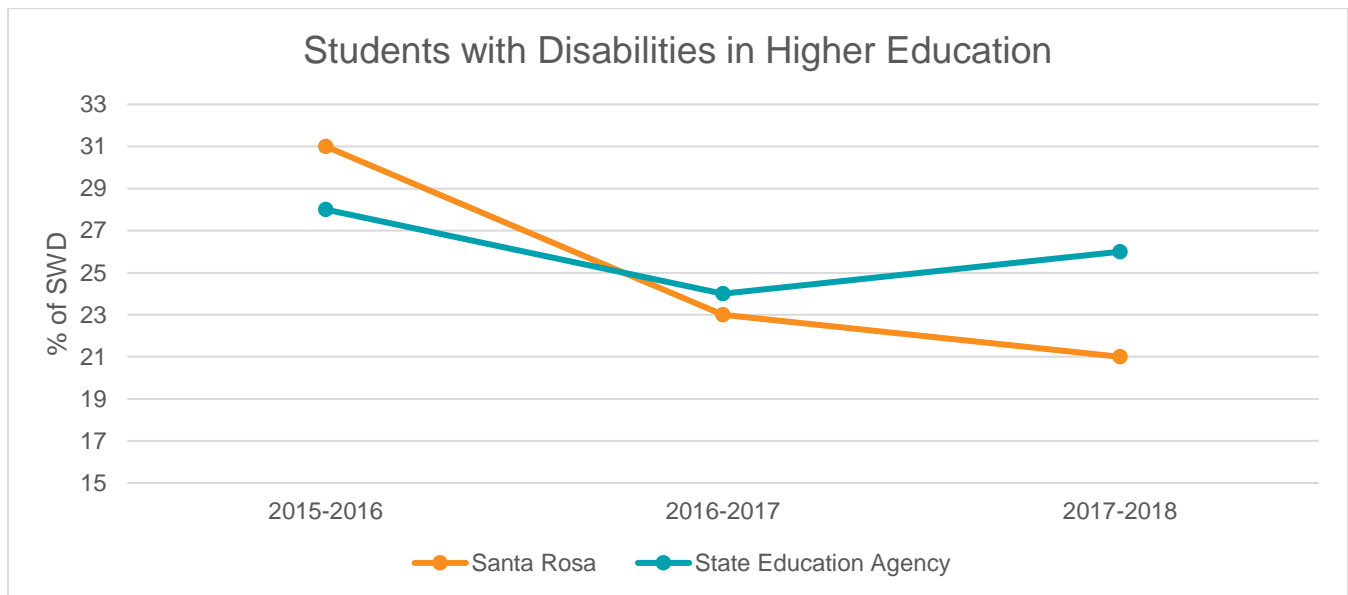
Source: Achieve Dashboard

Students Living with Disabilities

The ability levels of students can be important indicators of quality educational attainment. The Florida Department of Education monitors students who are enrolled in Individualized Education Plans (IEPs) that assist students with an identified disability. In the 2018-2019 school year, 29,054 students were enrolled in pre-kindergarten through 12th grade in Santa Rosa County. Out of the total number of enrolled students, 15% of these students experienced a disability. An estimated 93.0% of students with IEPs graduated with a standard diploma and 6.1% of students with IEPs dropped out during the 2018-2019 academic year⁸.

Santa Rosa County met both indicators from the Florida Department of Education State Performance Plan (SPP) 2021 Report for these metrics.

It is important to note that Santa Rosa County does have room for improvement when providing quality education to Students with Disabilities (SWD). Santa Rosa County falls behind the State Education Agency’s target for post-school outcomes in SWD. In the 2018-2019 academic year, 19.31% of students who graduated high school with an IEP were enrolled in higher education within one year, only half of the state’s target of 41.0%⁸. This leads to a disparity as higher education has shown to be an important indicator for preventing overweight and obesity.

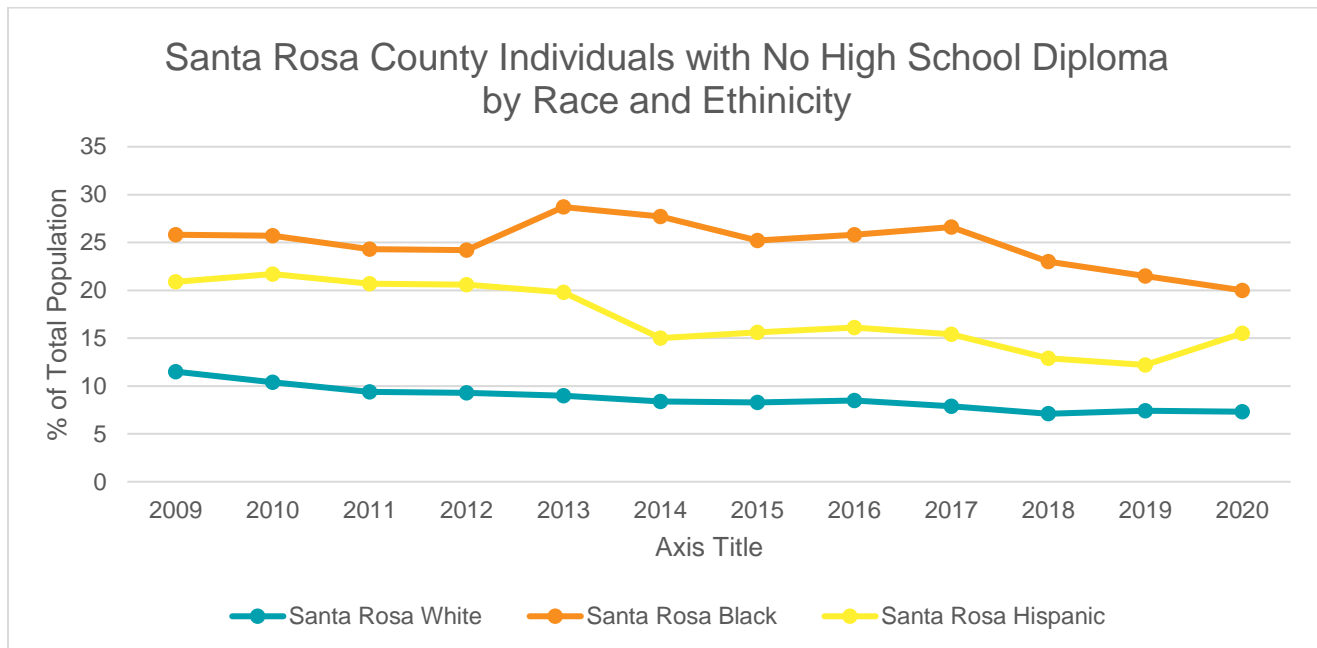


Source: Florida Department of Education

Adults with No High School Diploma

Disparities exist among adults 25 years and older who have not obtained a high school diploma. The overall percentage of adults in Santa Rosa County with no high school diploma have decreased however, however there is a wide gap between white non-Hispanic residents and the Black and Hispanic population. The percentage of Black residents in Santa Rosa County without a high school diploma was 20% in 2020 compared to Florida at 16.3%. The percentage of white adults in Santa Rosa County without a high school diploma in 2020 was

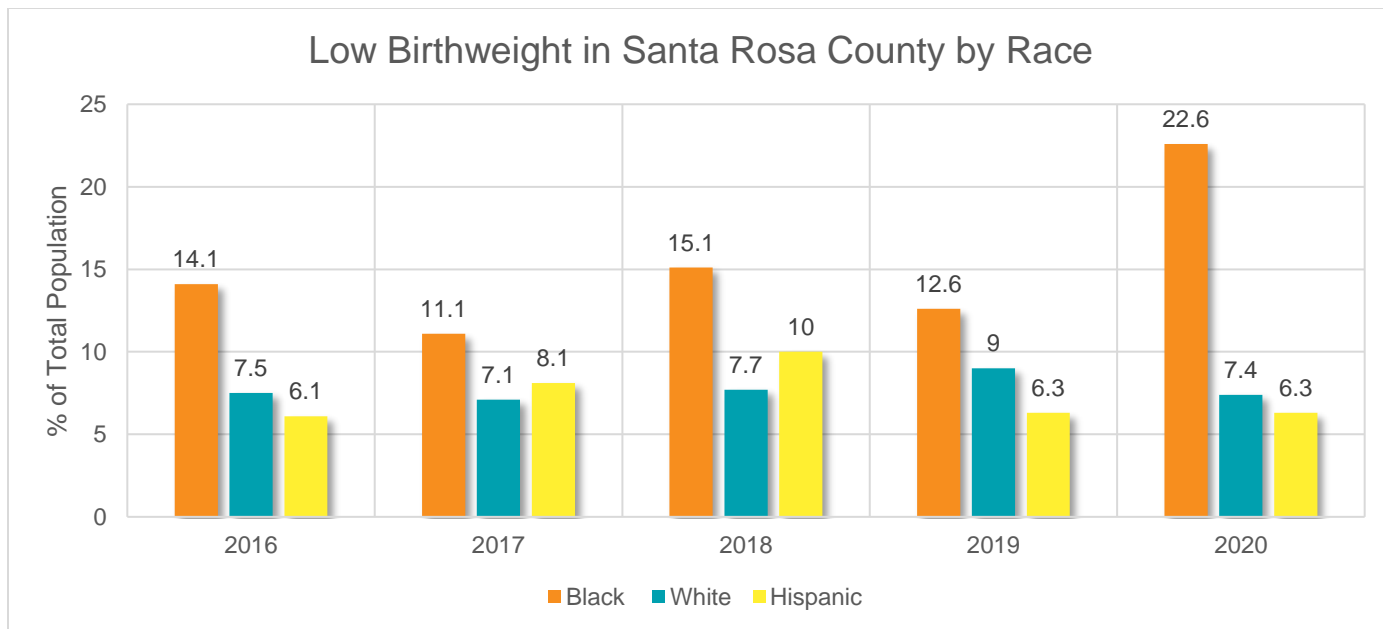
7.0%, 13% lower than Black residents. Compared to the 7.0% of white non-Hispanic individuals without a high school diploma, 15.5% of Hispanic individuals do not have a high school diploma in Santa Rosa County.



Source: FLCharts

Low Birthweight

A live birth under 2500 grams is considered to be a low birthweight⁷. Low birthweight rates are an important indicator of kindergarten readiness and future success in education²⁰. The overall percentage of low birthweights has fluctuated from 2016 to 2020, the highest percentage during 2017 (18.2%) and the lowest during 2019 (9.3%). Santa Rosa County has consistently seen higher percentages of low birthweights of Black infants as opposed to white infants. In 2020, Black babies were 3 times more likely to be born at a low birthweight as opposed to white babies (22.6% compared to 7.4%). The percentage of Hispanic babies born at low birthweights has been consistently lower than non-Hispanic babies with an expectation in 2018. As of 2020, 6.1% of Hispanic babies were born at a low birthweight compared to 8.3% of non-Hispanic babies. It should be noted that data gaps exist for other races such as Asian, American Indian/Alaskan Native, and Native Hawaiian/Other Pacific Islander.



Source: Achieve Dashboard

The Impact of Education Access and Quality on Overweight and Obesity.

Ensuring quality early childhood education and development is key to building a foundation of healthy habits the child will take with them into their adult years. Risk factors, such as low birth rates, have been shown to have an impact on school readiness by neglecting brain growth and leading to adverse health effects including overweight and obesity²⁰. Some examples can be seen below.

Education Access and Quality		
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts (Health Disparity)
Literacy	<ul style="list-style-type: none"> Racial and ethnic minorities Under educated 	The ability to read and proficiency in health literacy impacts one’s overall health. The effects of low health literacy include poor knowledge on nutrition, partaking in harmful behaviors, and higher obesity rates. Establishing a health literacy foundation in childhood is essential to practicing and maintaining healthy lifestyle ⁵ .
Early Childhood	<ul style="list-style-type: none"> Low income 	Early childhood development and education is a time from birth to kindergarten ²⁸ . Children begin to develop social and emotional skills and learn other basic skills.

Development (VPK)	<ul style="list-style-type: none">• Black population	Healthy development during this time provides the building blocks for economic and educational productivity and a foundation for lifelong health.
Higher Education	<ul style="list-style-type: none">• Low income• Racial and ethnic minorities• Students with disabilities	Education level is a key factor in childhood overweight and obesity rates. Parents, especially mothers, with high education have better access to resources and practice healthy behaviors that provide a positive impact on childhood obesity-related lifestyles. Research has shown low parental education being associated with higher childhood BMI and increased risk of developing obesity.

B. Economic Stability

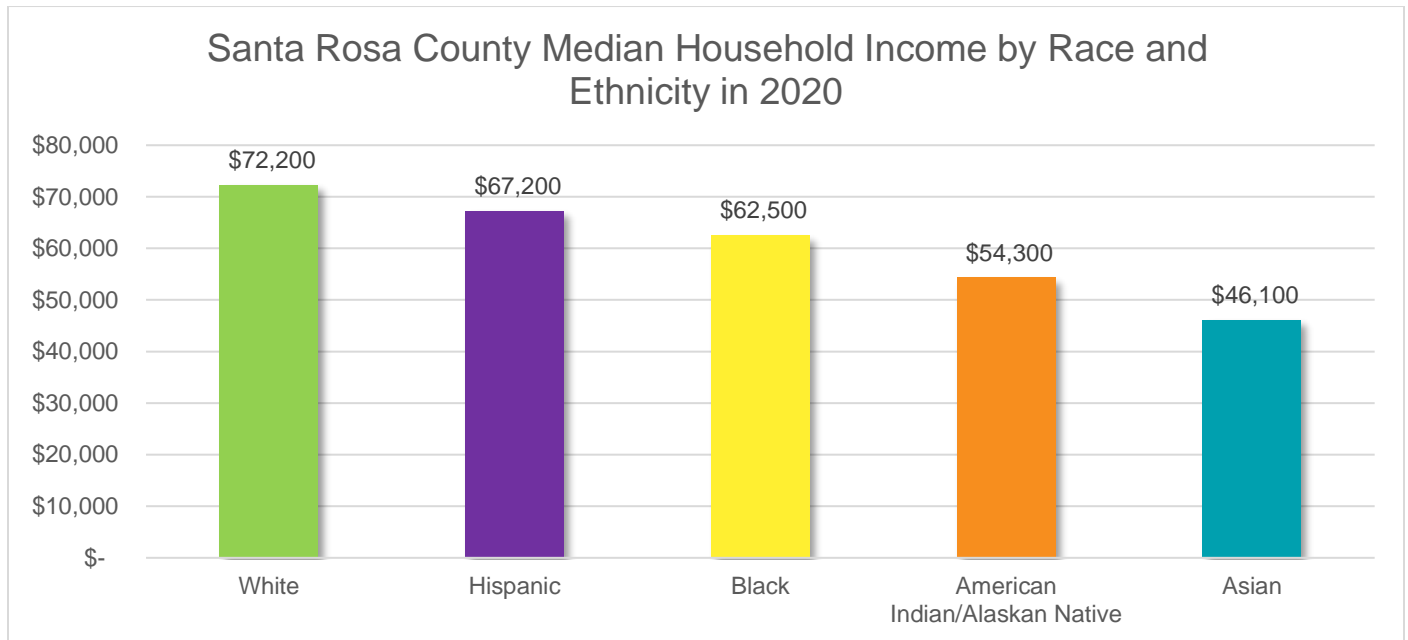


Education Access and Quality Data in Santa Rosa County

Median Household Income by Race and Ethnicity

Santa Rosa County has a high median household income at \$71,583 compared to Florida at \$61,724 and the United States at \$67,340²³. Though we do see a general higher income in Santa Rosa, it is important to note that disparities exist between residents of different races and ethnicities⁶. The highest earners in the county are residents who identify as White Non-Hispanic and Hispanic with Black, American Indian/Alaskan Native, and Asian residents earning the least

income. The disparity between the highest median household and the lowest is about \$26,100.



Source: County Health Rankings and Roadmaps

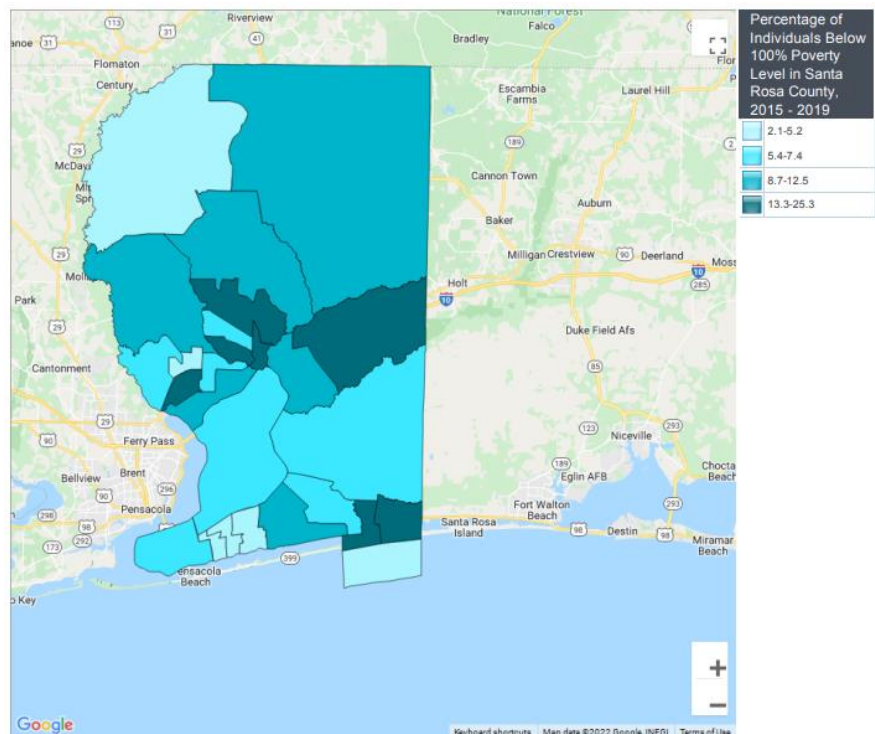
Poverty by Geographical Area

The 2022 Escambia – Santa Rosa Community Health Needs Assessment provided valuable information on poverty levels for residents living in both Escambia and Santa Rosa County. In Santa Rosa County during 2019, 7% of families were living in poverty, 18% of children lived in poverty and 10% of all individuals lived in poverty. This compared to Florida percentages at 10%, 22% and 13% respectively. Though Santa Rosa County sees lower percentages of poverty than the Florida averages, it is important to understand how this impacts the community. The census track below provides a visual on where the highest and lowest rates of poverty lie in the county. This visual confirms 7 census tracts show the highest percentages of poverty from 13.3%-23.5% of individuals.

DOH- (County)

Health Equity Plan

Percentage of Individuals Below 100% Poverty Level in Santa Rosa County, 2015 - 2019		
Census Tract	Rate ▼	Quartile ▼
107.05	25.3	4
106	20.7	4
108.08	17.7	4
105.03	14.5	4
105.02	14.4	4
108.19	13.9	4
108.17	13.3	4
104	12.5	3
101	11.7	3
107.06	11.7	3
108.09	11.6	3
108.15	9.7	3
103	8.7	3



Source: FLCharts

The following chart displays the demographic information for each of the 7 census tracts with the highest percentages of individuals living in poverty. Several census tracks hold a higher level of diversity compared to others. For example, Santa Rosa County’s population consists of 6.1% of Black residents but 25.6% of individuals living in census track 108.08 are Black. Of the census tracks with the highest percentages of poverty, census 108.19 is home to the largest number of Hispanic residents compared to the others, 14.0% compared to the county’s total percentage of Hispanic residents at 5.9%. It should be noted, data gaps exist for other priority populations including LGBTQ+, and veteran residents.

Santa Rosa County, 2015-19		Census Tract Codes						
Indicator	County	107.05	105.02	105.03	108.08	108.17	108.19	106
HISPANIC OR LATINO AND RACE								
Hispanic or Latino, of any race (%)	5.6	5.9	3.5	7.0	7.3	7.1	14.0	9.2
Not Hispanic or Latino (%)	94.4	94.1	96.5	93.0	92.7	92.9	86.0	90.8
White alone (%)	82.4	79.0	79.6	83.0	60.2	78.8	68.8	64.9
Black or African American alone (%)	6.1	4.4	9.8	5.4	25.6	3.5	10.1	12.3
American Indian & Alaska Native alone (%)	0.4	0.0	0.3	1.1	1.2	0.0	0.0	0.0
Asian alone (%)	1.9	0.4	1.4	0.7	0.7	2.2	4.0	4.0
Native Hawaiian & Other Pacific Islander alone (%)	0.2	0.0	0.8	0.9	0.0	0.0	0.6	0.0
Two or more races (%)	3.3	10.3	4.7	1.6	4.9	8.4	2.5	8.2

Source: FLCharts

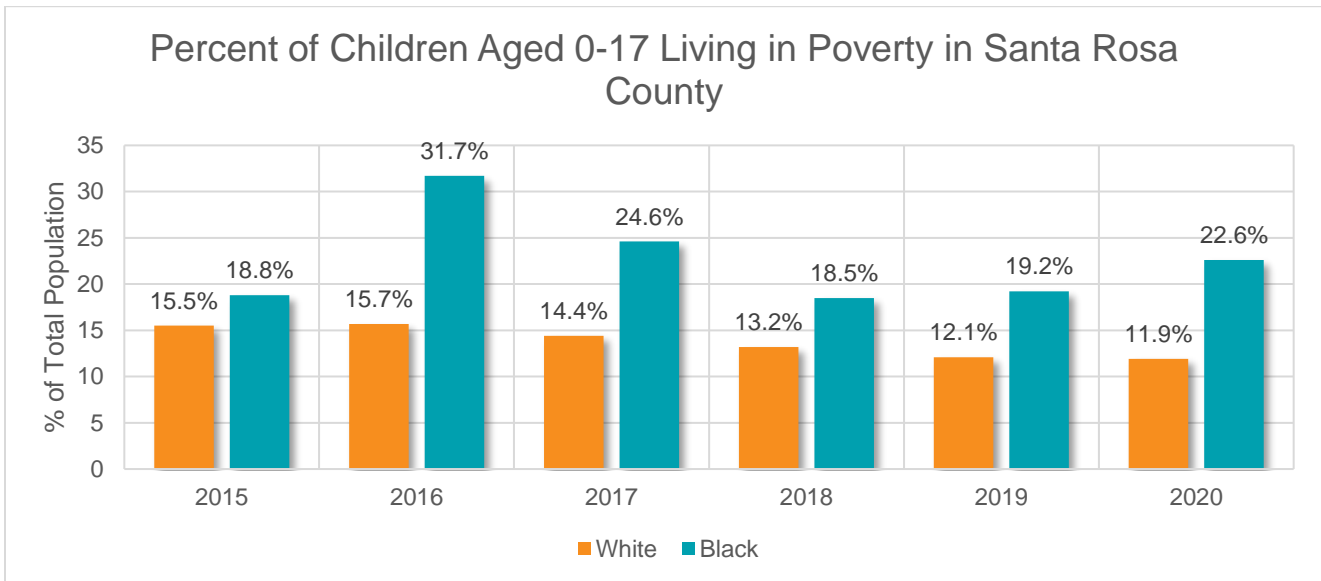
Childhood Poverty in Santa Rosa County

The percentage of children under 18 below poverty level has seen a decrease from 17.9% of children in 2015 to 14.3% in 2019. Even with this decrease, the percentage of children below poverty level remains consistently higher than the percentage of the 65+ population in poverty and the percent of overall individuals below poverty. **ALICE (Asset Limited, Income Constrained, Employed)** represents households that are struggling to meet basic needs. There are data gaps in several years of the ALICE households, however it is important to note that Santa Rosa County has seen a slight decline in the percentage in the county. In 2018, 26.11% of households in Santa Rosa County were ALICE households compared to the Florida rate of 33.0%. Santa Rosa County has remained one of the counties in the state of Florida with the lowest percentage of **ALICE** households¹⁹.

Indicator	2014	2015	2016	2017	2018	2019
65+ population in poverty		6.70%	5.50%	4.80%	5.50%	11.40%
Children Under 18 Below Poverty Level		17.00%	17.90%	16.10%	14.30%	14.30%
Percent Below Poverty Level		13.10%	10.10%	10.00%	8.60%	10.10%
Percent of Households Receiving food stamps/SNAP		13.60%	12.20%	8.40%	10.80%	7.00%
ALICE Households	30.61%		27.75%		26.11%	

Source: Achieve Dashboard

It is important to note that disparities exist between different races in childhood poverty. From 2015 to 2020, Santa Rosa County has constantly seen higher percentages of Black children living in poverty compared to white children. Though the gap has been closing, in 2020, 22.6% of Black children lived at or below the poverty line compared to 11.9% of white children. Gaps between the rate of non-Hispanic children living in poverty compared to Hispanic children had been significant in Santa Rosa County from 2015-2019 with an average of 30.0% of Hispanic children living in poverty versus 13.5% of non-Hispanic children. In 2020, the gap closed between the two ethnicities, as only 12.3% of Hispanic children were living in poverty compared to 11.7% of non-Hispanic children. It should be noted gaps in data exist for other priority populations including LGBTQ+ children, disabled children, and other race groups.



Source: Achieve Dashboard

The Impact of Economic Stability on Overweight and Obesity

Economic stability impacts overweight and obesity rates by preventing individuals from affording healthy foods, increasing barriers to live physically active lifestyles, and decreasing access to preventable health care²⁴. Some examples can be seen below.

Economic Stability		
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts (Health Disparity)
Employment	<ul style="list-style-type: none"> • Unskilled workers 	Research shows a relationship between unemployment and obesity. The combination of increased stress and financial restriction can affect individuals' ability to maintain healthy behaviors such as a nutritious diet and adequate exercise. This can affect children as well whose parents are unable to provide nutritious foods and partake in unhealthy behaviors.
Income	<ul style="list-style-type: none"> • Racial and ethnic minority populations 	Insufficient income to support healthy lifestyles can lead to an increased risk of overweight and obesity. Individuals and families are unable to afford nutritious foods, and a lack of income can increase stress levels, a known risk factor of overweight and obesity.
Poverty	<ul style="list-style-type: none"> • Racial and ethnic minority populations • Children under 18 years old • Elderly 	Living in poverty increases barriers to maintain healthy lifestyles. This can include limited access to nutritious foods and safe spaces to partake in physical activity, with increased availability of inexpensive convenient stores that sell foods high in sugars and fats. This prevents development of healthy habits that children will take with them into their adult years.

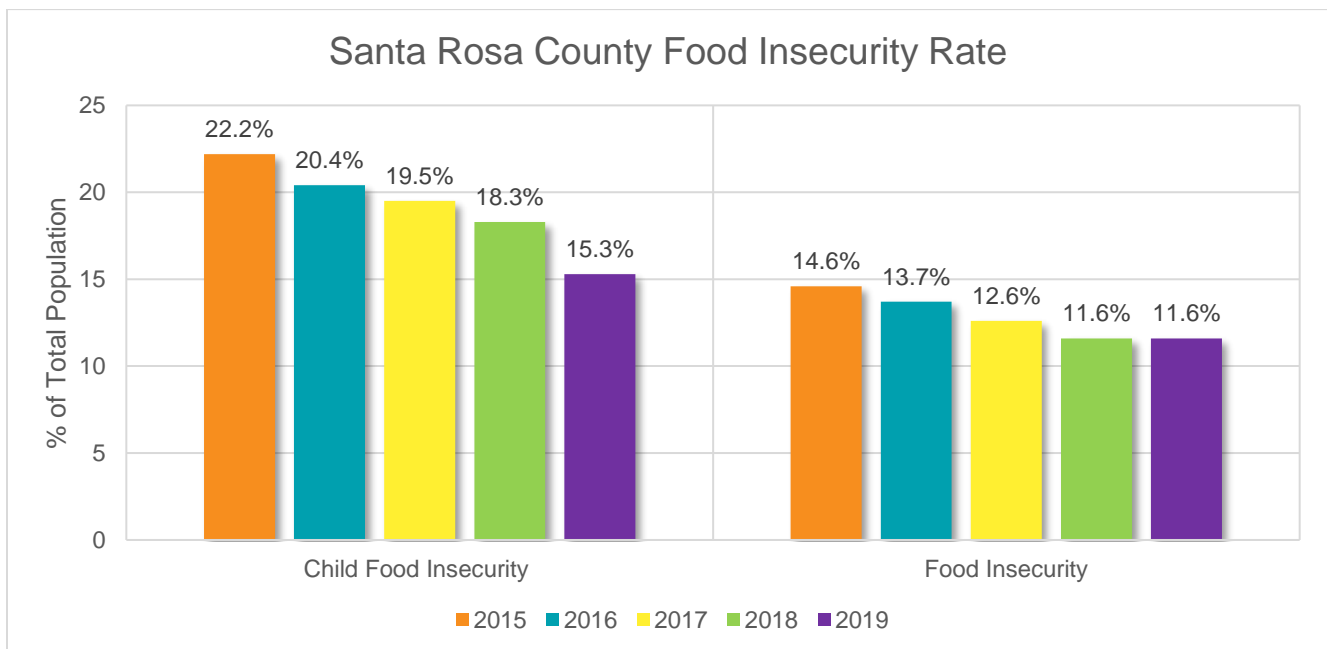
C. Neighborhood and Built Environment



Neighborhood and Built Environment Data in Santa Rosa County

Santa Rosa County Food Insecurity

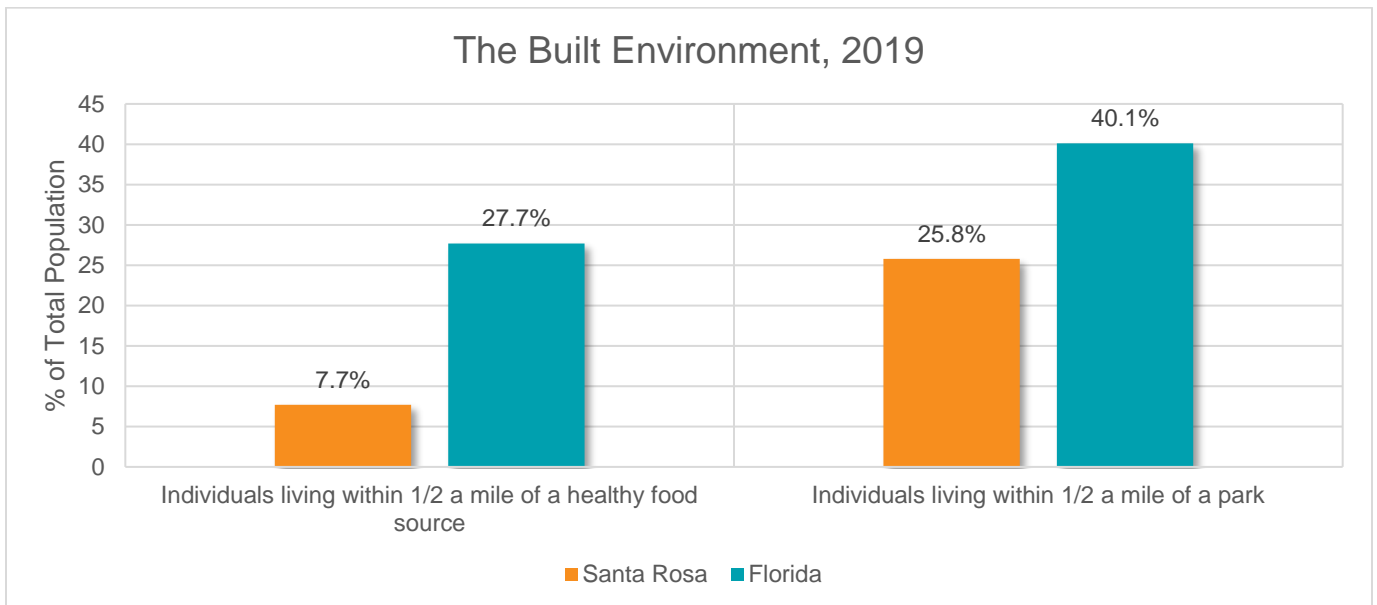
The neighborhood and built environment have a significant impact on overweight and obesity rates in a community. Using data from FLCharts, we can compare the percent of individuals without reliable access to sufficient quantity of affordable, nutritious food between Santa Rosa County and Florida from 2015 to 2019. This is known as the food insecurity rate¹. The food insecurity rate in Santa Rosa County has continued to decline 2015-2019, dropping from 14.6% in 2015 to 11.6% in 2021. This compares to the Florida average of 15.1% in 2015 to 12.0% in 2019. The child food insecurity rate in Santa Rosa County has remained higher compared to the overall food insecurity rate in the county, though there has been a steady decrease. In 2019, Santa Rosa’s child food insecurity rate was 15.3%, a 6.9% decrease from 2015. This is still 3.7% higher than the overall food insecurity rate in 2019 of 11.6%. It should be noted that gaps exist in data for the food insecurity rate for children in Santa Rosa County involving other priority populations.



Source: FLCharts

The Built Environment in Santa Rosa County

Santa Rosa County shows a lower percentage of the population living within ½ mile of a healthy food source compared to the state average. Only 7.7% of Santa Rosa County residents live within ½ a mile from a healthy food source compared to the Florida average of 27.7% in 2019. A similar trend can be seen with the percent of the population living within ½ of a park. In 2019, 25.8% of Santa Rosa County residents lived within ½ of a park compared to Florida at 40.1%. Gaps in information exist as the data cannot be broken down into distinct populations or locations.



Source: FLCharts

Homelessness in Florida

As of 2022, most homeless individuals in Florida are male at 63.71%, followed by female (35.97%), then transgender, gender nonconforming, and questioning (0.3%). Individuals over 24 years of age make up 79.31% of the homeless population with 4.64% individuals 18-24 years old and 16.05% of homeless individuals under 18. When broken down by race and ethnicity, a large percent of homeless individuals are white (53.97%) followed by Black or African American

(40.97%). Individuals identifying as Hispanic make up 17.60% of the homeless population in Florida¹¹.

Student Homelessness in Santa Rosa County

Students also experience homelessness in Santa Rosa County. An estimated 820 students in Santa Rosa County were reported as homeless in the 2020-2021 academic year. This was an increase from the previous school year with an estimated 797 homeless students in Santa Rosa County in 2019-2020. Using data from the Florida Department of Education, we can calculate the rate of homeless students in Santa Rosa County compared to homeless students in Florida. In the 2020-2021 academic year, 29 per 10,000 students were considered homeless in Santa Rosa County compared to 23 per 10,000 students in Florida⁹.

The Impact of Neighborhood and Built Environment on Overweight and Obesity.

The built environment, or where people live, has a large impact on overweight and obesity rates²⁶. Access to healthy food options, parks, and adequate transportation all affect living a healthy lifestyle. Without access to a healthy food source, individuals may have to choose to eat from fast food restaurants or convenience stores, increasing their risk of becoming overweight or obese. Parks, and safe neighborhoods to walk in, promote physical activity, however a small percentage of individuals in Santa Rosa County live near these places. Some examples can be seen below.

Neighborhood and Built Environment		
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts (Health Disparity)
Transportation	<ul style="list-style-type: none">• Low income• Elderly	The availability of public transportation is a key factor in maintaining healthy lifestyles ¹⁴ . Studies have shown a lack of public transportation can lead to higher levels of sedentary behavior and less physical activity,

		increasing the risk of obesity. Transportation is also important for low-income communities for travel to and from grocery stores, annual physician appointments and pharmacies for health management.
Safety	<ul style="list-style-type: none"> • Low income • Racial and ethnic minority population 	The safety of a community is important when promoting healthy behaviors ¹² . Neighborhoods with increased levels of violence, the lack of developed sidewalks, and unsafe roads discourage physical activity. Children who are unable to participate in physical activity in safe neighborhoods increase their risk of developing sedentary behaviors, leading to possible risk of obesity.
Parks	<ul style="list-style-type: none"> • Low income 	Parks and playgrounds provide safe spaces for adults and children to practice physical activity. Participating in physical activity and encouraging exercise reduces the risk of developing obesity.
Walkability	<ul style="list-style-type: none"> • Low income 	The ability to walk to essential locations in a community promotes active transportation and physical activity. Establishing these healthy behaviors decreasing an individual’s risk of becoming overweight and developing obesity.
Access to nutritional food	<ul style="list-style-type: none"> • Low income • Children under 18 • Racial and ethnic minority population 	A healthy diet is essential in preventing overweight and obesity, requiring access to nutritional foods ³ . When these healthy foods are inaccessible, people may have to purchase foods that are both higher in calories and lower in nutritional value. A poor diet increases the risk of becoming overweight and developing obesity, and this is especially prevalent in low-income communities which lack groceries stores that provide health food.

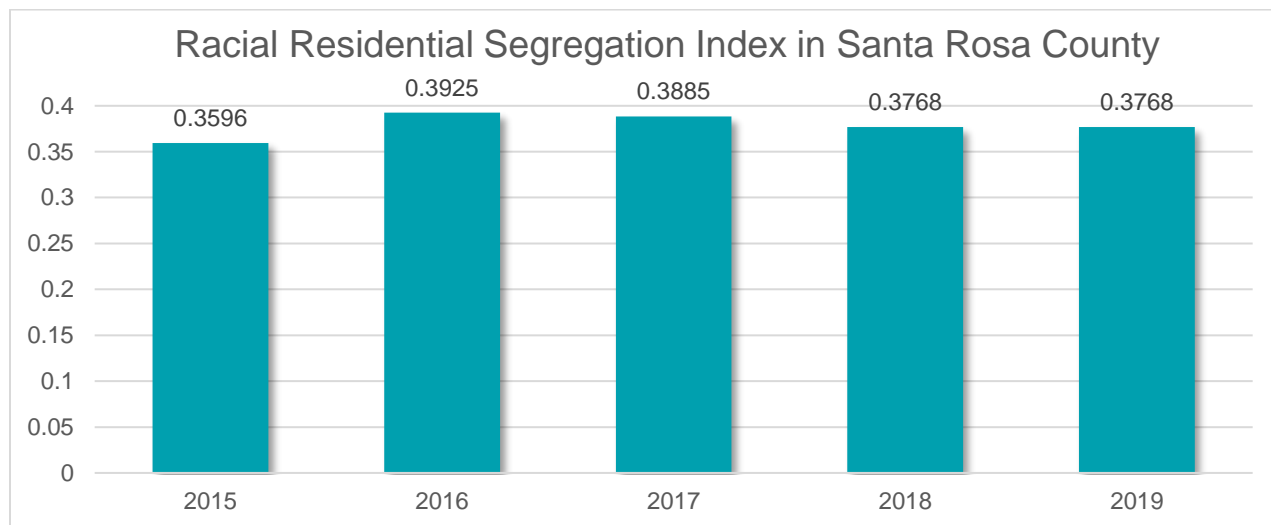
D. Social and Community Context



Social and Community Context Data in Santa Rosa County

Racial Segregation in Santa Rosa County

The Racial Residential Segregation chart from the Achieve Dashboard is an index used to calculate the diversity of a community by race and income. Values on the chart between 0.3 and 0.6 indicate the county’s population is “moderately segregated” while values below a 0.3 mean the population is “well integrated” and values above a 0.6 indicate significant segregation. The racial residential segregation rate in Santa Rosa County has remained in the high 0.3 values from 2016 to 2019. The segregation index peaked in 2016 at 0.3925, then dropped to 0.3768 in 2019. Though the index has decreased, the county remains above a 0.3, indicating moderate racial segregation in Santa Rosa.



Source: Achieve Dashboard

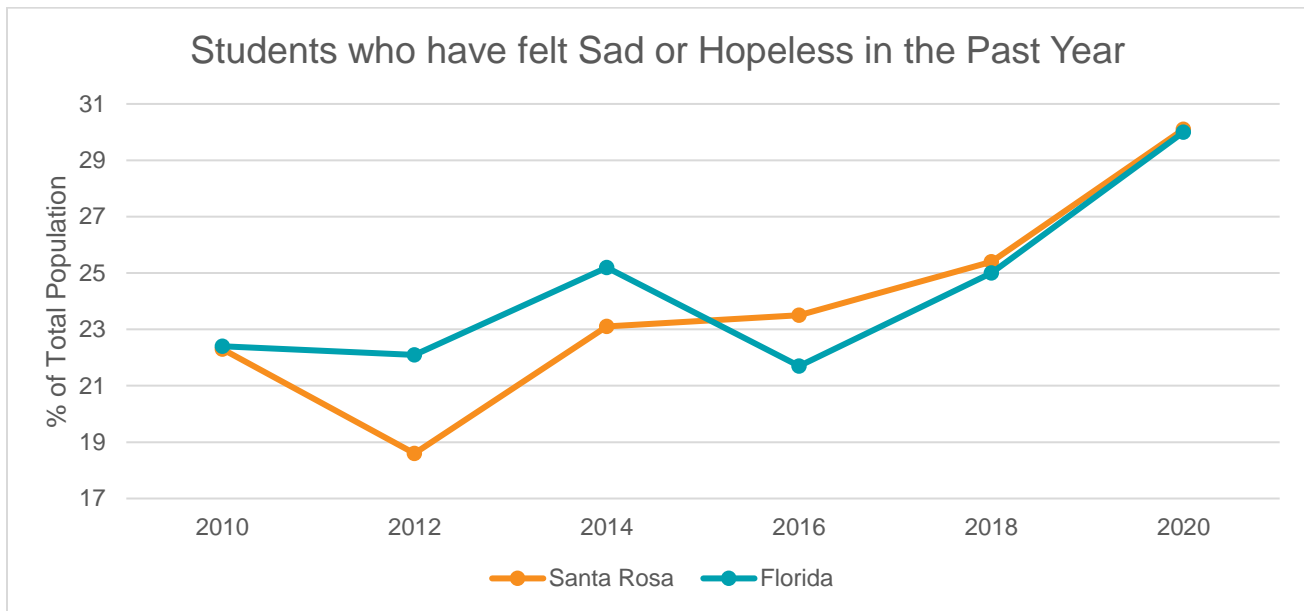
Mental Health and Substance Use

Santa Rosa County residents ranked their most important health issues in the 2022 Escambia-Santa Rosa Community Health Needs Assessment. Mental health and substance abuse were ranked in the top three most important health issues with 41.6% of Santa Rosa residents perceiving mental health as top health issue and 39.3% perceiving substance abuse as a top health issue. Drug

abuse was also ranked the #1 most concerning behavior in Santa Rosa County residents².

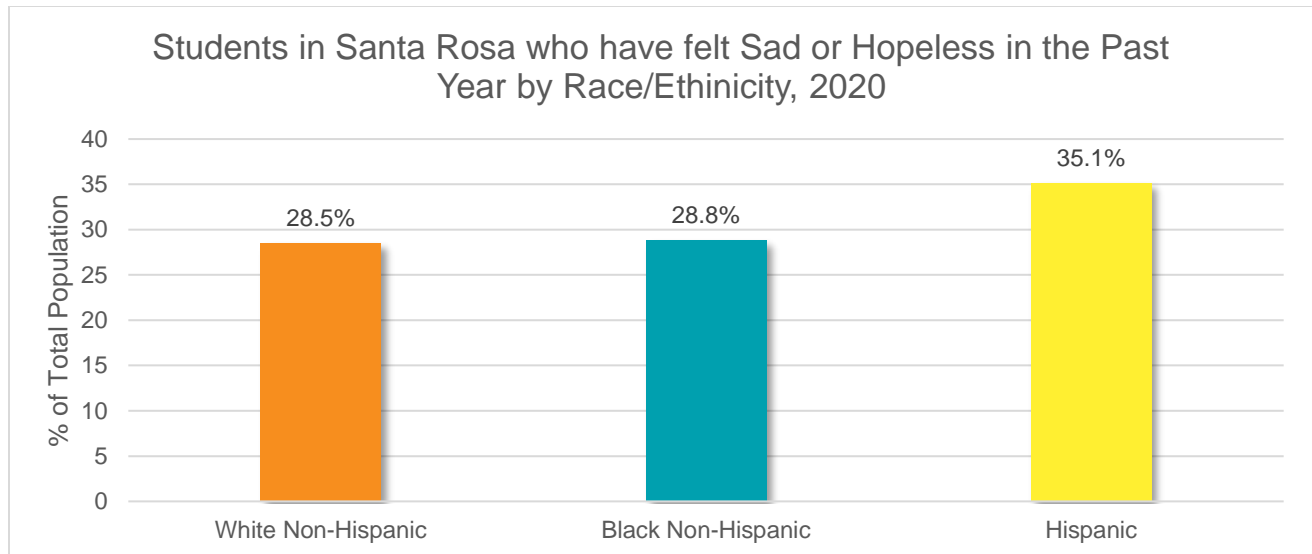
Student Mental Health in Santa Rosa County

Santa Rosa County has seen an increase in students who have felt sad or hopeless in the last year for two or more weeks from 2012 to 2020. In 2012, this percentage of students was 18.6% compared to the Florida average of 22.1%. Santa Rosa County saw 3.5% less students feeling sad or hopeless. The county percentage of students rose in 2014, closing the gap between county and state percentage, 23.1% and 25.4% respectively. Both the county and the state rates rose to 30.1% of students in 2020, a 11.5% increase from 2012 for Santa Rosa County.



Source: FLCharts

Disparities exist for this indicator between students of different races and ethnicities. In 2020, the percentage of Hispanic students who felt sad or hopeless in the past year was 35.1% compared to white and Black students of 28.5% and 28.8% respectively. It is important to note data gaps exist for other races including, American Indian, Asian, and Other Pacific Islander.



Source: FLCharts

Female students in Santa Rosa County who had felt safe or hopeless in 2020 also reported a disproportionately higher percentage than males. In 2020, 40.1% of female students in Santa Rosa reported feeling sad or hopeless in the past year compared to the percentage of males at 20.8%. Though the data is not available for Santa Rosa County, research suggest that LGBTQ+ children experience significantly higher levels of stress, anxiety, and depression compared to students that do not identify in this community¹³.

The Impact of Social and Community Context on Overweight and Obesity

Social and community context are people’s relationship and interactions with others in their community. This can include family and friends, co-workers, and other community members. These relationships and interactions can have a major impact on the health on an individual through factors such as social support, racial segregation, health communication¹¹. Some examples and their impact on overweight and obesity can be seen below.

Social and Community Context		
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts (Health Disparity)
Support Systems	<ul style="list-style-type: none"> • Children under 18 • Racial/ethnic minority populations • Females 	<p>A positive social support system is an important factor in achieving and maintaining healthy behaviors and lifestyle changes. Studies have shown social support decreases harmful risk factors for overweight and obesity through the help of family and friends. This is especially beneficial during lifestyle changes as this support motivates individuals to continue to partake in healthy behaviors and preventing obesity¹⁷.</p>
Community Engagement	<ul style="list-style-type: none"> • Children under 18 • Low income 	<p>Community engagement involves health care clinicians developing a relationship with community members and organizations. These partnerships are important in addressing the needs of a community, building trust with community members, and improving overall health and well-being. A community with active organizational engagement can advance prevention methods regarding overweight and obesity, provide resources to families who may be struggling with weight issues, and overcome barriers the community faces when attempting to partake in healthy behaviors that ultimately prevent overweight and obesity²⁹.</p>
Stress	<ul style="list-style-type: none"> • Low income • Children under 18 • Racial and ethnic minority population • Females • LGBTQ+ community 	<p>Stress can affect an individual both mentally and physically. Studies have shown that chronic social stress from a number of factors including low socioeconomic status, poor interpersonal relationships, and low self-esteem have been associated with increased risk of obesity^{16,18}. Chronic stress is also known to impact health behaviors such as altering the pattern of food intake and reducing amounts of physical activity. Parents experiencing high levels of stress can be a risk factor of childhood obesity. Parents who partake in unhealthy behaviors such as unhealthy diets and less physical activity than recommended, teach their children these same behaviors.</p>

E. Health Care Access and Quality



Health Care Access and Quality Data in Santa Rosa County

Access to Quality Health Care in Santa Rosa County

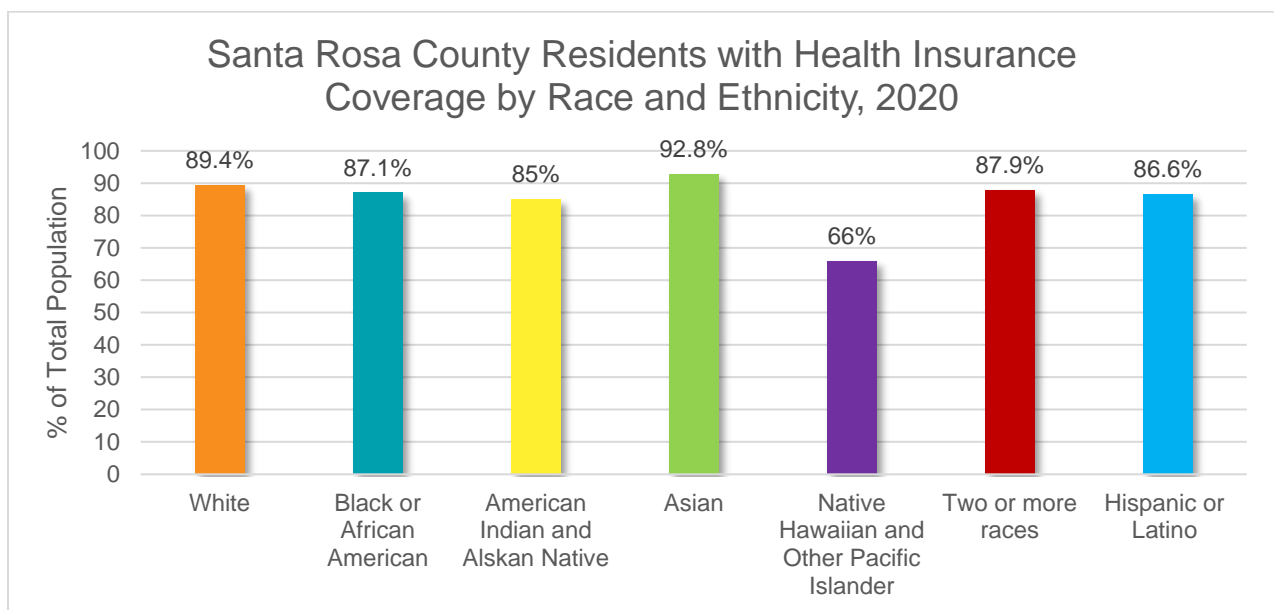
Accessing quality healthcare is indicated by two factors: health insurance coverage and provider availability. Access to quality healthcare was ranked in the top 5 significant identified needs for Santa Rosa County, with only 36.1% of residents stating they were able to receive quality healthcare without problems². How health care is accessed is also important when identifying needs in the community. The majority of Santa Rosa County residents reported their top health care service accessed was their family doctor/primary care (71.6%), followed by urgent care clinics (32.62%) then hospital emergency rooms (19.2%)².

Santa Rosa County Health Insurance Coverage

In 2020, 89.1% of residents in Santa Rosa County were covered by health insurance, a slight decrease from 2019 when 90.5% of residents were insured. This means 10.9% of Santa Rosa County residents were not covered by health insurance from the most recent data. Santa Rosa compares slightly higher than Florida in the percentage of residents insured with 87.3% of Florida residents covered in 2020²². As of 2020, women are covered by health insurance at a

larger percentage than men in the county (90.5% versus 87.6%) and a slightly larger percentage of U.S. native born residents living in Santa Rosa are covered compared to foreign born residents (89.2% versus 87.9%). When compared to the rest of the state, Santa Rosa County sees higher percentages of health insurance coverage in all indicators above.

It is important to note disparities exist in health care coverage between different racial and ethnic groups in Santa Rosa County. According to the most recent data, Asian residents in Santa Rosa County showed the highest percentage of individuals covered by health insurance (92.8%), followed by White residents (89.4%). A significant disparity lies within Santa Rosa County’s Native Hawaiian and Pacific Islander residents with only 66.0% of the population insured.

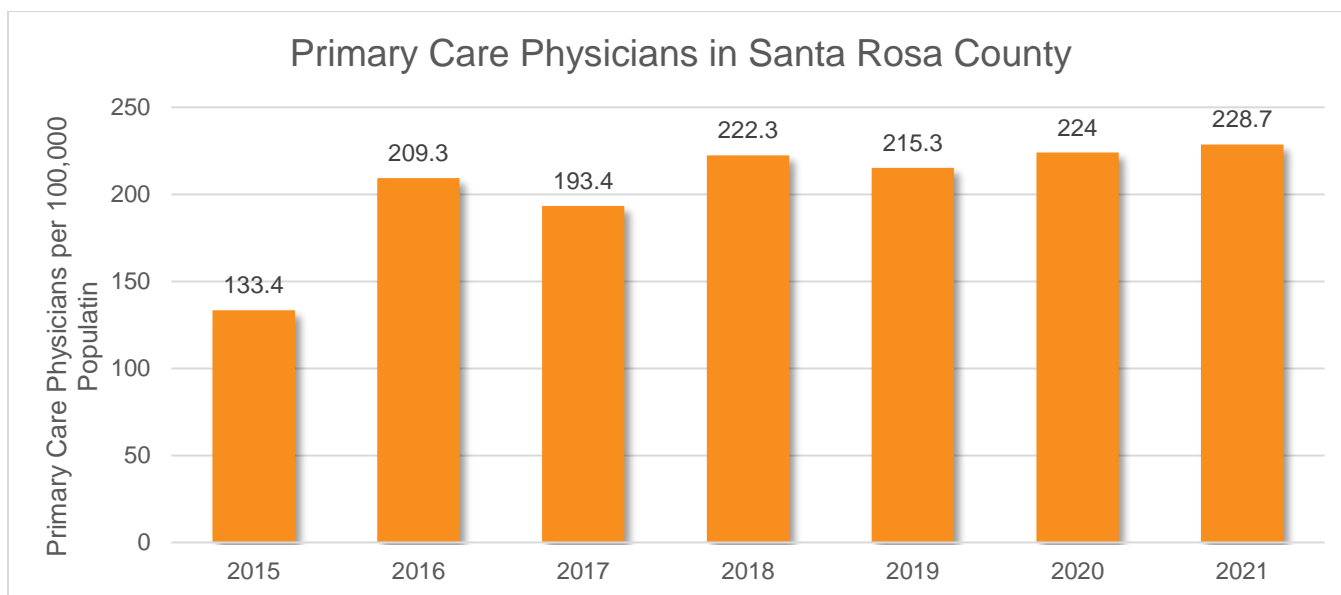


Source: U.S. Census Bureau

Santa Rosa County Primary Care Provider Availability

Provider availability is the second important indicator of access to quality education. Providers include dentists, family physicians, and behavioral/mental health professionals. As of 2020, Santa Rosa County holds 39.8 dentist per 100,000 residents, 28.9 family physicians per 100,000 residents and 126.9 mental health providers per 100,000 residents. As of 2022, Santa Rosa County

has been designated a Health Professional Shortage Area (HPSA) for the mental health discipline along with being a Medically Underserved Area (MUA). HPSAs and MUAs do not have enough primary care physicians, dentist, or mental health professionals to meet the needs of the community¹³.



Source: Achieve Dashboard

The Impact of Health Care Access and Quality on Overweight and Obesity.

Health care access and quality allows for individuals to receive prevention and care management options to reduce the risk of developing obesity at a young age¹⁷. Adolescents without insurance are less likely to have a primary care physician, leading to inadequate preventative health care visits that could help reduce the risk of becoming overweight or obese. Examples of health care access that impacts overweight an obesity can be seen below.

Health Care Access and Quality		
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts (Health Disparity)
Health Coverage	<ul style="list-style-type: none"> • Low income • Children 	Access to quality health coverage and insurance is essential to maintaining proper health ²⁵ . Lacking health insurance prevents individuals from receiving essential preventative health services, increasing the risk of developing obesity.
Provider Linguistic and Cultural Competency	<ul style="list-style-type: none"> • Racial and ethnic minority population • Non-English speaking population 	Cultural competency is a knowledge, understanding and acceptance of another’s culture. Practicing culturally competent management in both childhood and adult obesity is beneficial in reducing the gaps in health care practice and establishing positive social changes in society. Provider cultural competency assists in establishing trust with patients and providing positive, culturally sensitive care.
Provider Availability	<ul style="list-style-type: none"> • Rural population • Low income • Racial and ethnic minority population 	Provider availability is the number and availability of health care providers who can offer various forms of care in a community. Residents living in communities that have a shortage of health care professionals experience barriers to receiving preventative care and treatment ¹⁵ . This lack of care can increase the risk of becoming overweight and developing obesity.

VIII. SDOH PROJECTS

The Minority Health Liaison recruited and engaged members across the county, including government agencies, nonprofits, private businesses, and community organizations, to join the Health Equity Taskforce. The Minority Health Liaison took into consideration the prioritized health disparity and the impactful SDOHs identified by the Health Equity Team during recruitment.

A. Data Review

The Health Equity Taskforce reviewed data, including health disparities and SDOHs provided by the Health Equity Team. The Health Equity Taskforce also researched evidence-based and promising approaches to improve the identified SDOHs. The Health Equity Taskforce considered the policies, systems and environments that lead to inequities.

B. Barrier Identification

Members of the Health Equity Taskforce worked collaboratively to identify their organizations' barriers to fully addressing the SDOHs relevant to their organization's mission. Common themes were explored as well as collaborative strategies to overcome barriers.

Partners	SDOH	Partner Barriers	Collaborative Strategies
Santa Rosa County School District; School Health	Education Access and Quality	Parental Health Literacy	Collaboration with School District and DOH- Santa Rosa to review essential documents and provide guidance

Advisory Council			on wording better understood.
Achieve Healthy EscaRosa	Social and Community Context	Gaps in knowledge between organizations	An Organization Survey was created and disseminated in collaboration with the Minority Health Liaison and AHER to various organizations.
Feeding the Gulf Coast	Neighborhood and Built Environment	Transportation	Partners will continue to meet to identify solutions to this barrier.

C. Community Projects

The Health Equity Taskforce researched evidence-based strategies to overcome the identified barriers and improve the SDOH that impact the prioritized health disparity. The Health Equity Taskforce used this information to collaboratively design community projects to address the SDOHs. During project design, the Health Equity Taskforce considered the policies, systems and environments that lead to inequities. Projects included short, medium, and long-term goals with measurable objectives. These projects were reviewed, edited, and approved by the Coalition to ensure feasibility.

Food Access Among Food Insecure Santa Rosa Individuals and Children Project

Problem: 19.5% of children under 18 in Santa Rosa County are considered food insecure and do not have reliable access to affordable, nutritious food.

Background: Access to nutritious foods and a healthy diet is essential in preventing the onset of overweight and obesity. This project aims to improve food security in the Santa Rosa County census tracts with the highest levels of poverty and lowest access to food sources.

Scope: Santa Rosa County children living in low income and low access areas.

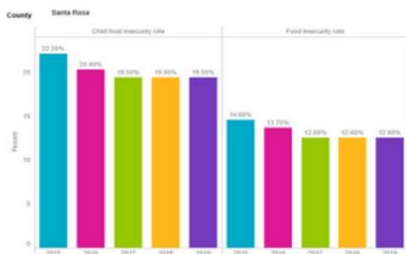
Social Determinant(s) of Health addressed: Neighborhood and Built Environment, Social and Community Context, Economic Stability, Access to Quality Education

Priority Populations: Santa Rosa County children living in census tracts 107.05 and 106. This population will be included in a PACE-EH Food Access Survey to be distributed at food pantries, community events and to community agencies.

Team Members: Feeding the Gulf Coast, Santa Rosa County School District, St. Mary's Episcopal Church, Island Doctors

Project Goals and Objectives: Please reference the table in Section IX. Health Equity Plan Objectives for all project goals and objectives.

Current Performance:



Indicator	2014	2015	2016	2017	2018	2019
65+ population in poverty		6.70%	5.50%	4.80%	5.50%	11.40%
Children Under 18 Below Poverty Level		17.00%	17.90%	16.10%	14.30%	14.30%
Percent Below Poverty Level		13.10%	10.10%	10.00%	8.60%	10.10%
Percent of Households Receiving food stamps/SNAP		13.60%	12.20%	8.40%	10.80%	7.00%
ALICE Households	30.61%		27.75%		26.11%	

Root Causes and Barriers: A significant number of individuals living in census tracts 107.05 and 106 live more than one mile from the nearest supermarket. Census tracts 107.05 and 106 also show the highest percentages of individuals below 100% poverty level in Santa Rosa County, 25.3% and 20.7% respectively. Parents of school aged children may experience barriers to accessing and providing affordable, nutritious food due to insufficient income, a lack of transportation to the closest grocery store, or inadequate education on the importance of a healthy diet.

Project: Food Access Among Food Insecure Santa Rosa County Individuals and Children

DOH-Santa Rosa has worked to ensure the SDOH projects aligns with other important local, state, and national plans and guidelines. PACE-EH methodology and guidelines were developed and the initiation of the project. This included determining community capacity and the feasibility of the project. The project will also align with CHIP objectives to decrease overweight and obesity rates in Santa Rosa County and improve food security for residents.

DOH-Santa Rosa will be partnering with Feeding the Gulf Coast and the Santa Rosa County School District to assist in expanding their capacity in The Backpack Program. During the school year, Feeding the Gulf Coast's Child Nutrition Program The Backpack Program provides children in need with nutritious food for the weekends and school vacations. DOH-Santa Rosa will partner with Feeding the Gulf Coast to ensure schools located in the census tracts 107.05 and 106 are participating in the program and will be providing resources regarding child nutrition and information on the community gardens described below. The Santa Rosa County School District will assist in providing data on how many children receive the backpacks in each school.

DOH-Santa Rosa has partnered with St. Mary's Episcopal Church, Island Doctors, and the Milton Housing Authority to expand their capacity in building and maintaining three separate community gardens. Located in areas of high poverty and food insecurity, these gardens will be available to all Santa Rosa County residents for picking and planting of seasonal produce. Drop boxes will be set up at every community garden to provide nutritious recipes that can be cooked using the produce picked and educational information for parents on instilling healthy lifestyle behaviors to their children. Food demonstrations using produce directly from the gardens will also be provided on predetermined dates for residents to learn how to use the foods picked.

**The project description is in draft form and may be edited during the SDOH project timeframe.*

Results: This section will be completed as the project is ending.

Next Steps: This section will be completed as the project is ending.

IX. HEALTH EQUITY PLAN OBJECTIVES

A. Overweight and Obesity

Health Disparity Objective: By June 30th, 2025, reduce the percent of school age children who are overweight or obese from 29.5% in 2020 to 26.5%.

[FLCharts]

Food Access Among Food Insecure Santa Rosa Individuals and Children Project Table

	Lead Entity and Unit	Lead Point Person	Data Source	Baseline Value	Target Value	Plan Alignment
Long-Term SDOH Goal: Improve Neighborhood and Built Environment						
Objective: By June 2025, decrease the child food insecurity rate from 19.5% in 2019 to 17.0%.	Feeding the Gulf Coast, AHER	Kimberly Pace	Achieve Dashboard	19.5%	17.0%	State Health Improvement Plan SEC 3.3 Health People 2030 NWS-02 Community Health Improvement Plan (TBD)
Medium-Term SDOH Goal: Improve Access to Quality Education						

DOH- (County)

Health Equity Plan

Objective: By May 2024, increase the number of schools in District 1 participating in the Backpack Program.	Feeding the Gulf Coast	Erin Moore	Santa Rosa School District Archives	TBD	TBD	
Medium-Term SDOH Goal: Improve Economic Stability						
Objective: By June 2024, increase the number of free produce and cooking demos provided to parents from 0 in 2022 to 4.	DOH-Santa Rosa, Community Garden Partners	Erin Moore, Community Garden Master Gardeners	DOH-Santa Rosa Archives	0	4	CHIP (in development)
Short-Term SDOH Goal: Improve Neighborhood and Build Environment						
Objective: By September 2022, increase the number of partners with completed community gardens from 1 to 3.	DOH-Santa Rosa	DOH-Santa Rosa Community Health Staff	DOH-Santa Rosa Archives	1	3	Healthy People 2030 NWS-01 CHIP (in development)
Short-Term SDOH Goal: Improve Social and Community Context						
Objective: By August 2022, increase participation of Feeding the Gulf Coast in the Santa	DOH-Santa Rosa	Erin Moore	SHAC Meeting Minutes	0	1	CHIP (in development)

Rosa School Health Advisory Council from 0 to 1.						
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X. PERFORMANCE TRACKING AND REPORTING

Ongoing communication is critical to the achievement of health equity goals and the institutionalization of a health equity focus. The successes of Health Equity Plan projects are shared with OMHHE, partners, other CHDs, CHD staff, and the Central Office through systematic information-sharing, networking, collecting, and reporting on knowledge gained, so that lessons learned can be replicated in other counties and programs. Regional Health Equity Coordinators facilitate systematic communication within their region.

The Minority Health Liaison serves as the point of contact in their county for sharing progress updates, implementation barriers, and practices associated with the Health Equity Plan. The Minority Health Liaison is responsible for gathering data and monitoring and reporting progress achieved on the goals and objectives of the Health Equity Plan. At least quarterly, the Minority Health Liaison meets with the Health Equity Taskforce to discuss progress and barriers. The Minority Health Liaison tracks and submits indicator values to the OMHHE within 15 days of the quarter end.

Annually, the Minority Health Liaison submits a Health Equity Plan Annual Report assessing progress toward reaching goals, objectives, achievements, obstacles, and revisions to the Regional Health Equity Coordinator and Coalition. The Regional Health Equity Coordinator and Coalition leaders provide feedback to the Minority Health Liaison and the Health Equity Taskforce from these annual

reports. The Minority Health Liaison then submits the completed report to OMHHE by July 15th annually.

XI. REVISIONS

Annually, the Health Equity Taskforce reviews the Health Equity Plan to identify strengths, opportunities for improvement, and lessons learned. This information is then used to revise the plan as needed.

Revision	Revised By	Revision Date	Rationale for Revision

XII. ADDENDUM

A. Coalition Members

Member Name	Organization	Member Name	Organization
Adrienne Maygarden	Ascension Sacred Heart	Laura Gilliam	United Way of West Florida
Bethany Miller	Ascension Sacred Heart	Mariah Kill	University of West Florida
Brent Couch	Simply Healthcare Plans	Marie Mott	Escambia - CHD
Briana Wigley	West Florida Healthcare	Mary Zaledonis	United Way of West Florida
Chandra Smiley	Community Health of Northwest Florida	Nicholas Billings	University of West Florida
Christina Krueger	Ascension Sacred Heart	Nicole Gislason	UWF Haas Center
Claire Kirchharr	Escambia - CHD	Paula Bides	Ascension Florida and Gulf Coast
Debra Vinci	University of West Florida	R. Matthew Dobson	Santa Rosa - CHD
Denise Manassa	CDAC Behavioral Health	Rachelle Burns	Pensacola State College
Dr. Patricia Barrington	University of West Florida	Steve Brown	University of West Florida
Erin Moore	Santa Rosa - CHD	Tori Bennett	University of West Florida
Jennifer Grove	Baptist Health Care	Tricia Woodard	United Way of West Florida
Joy Sharp	Baptist Health Care	Kimberly Pace	Santa Rosa - CHD

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