

# SANTA ROSA

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# HEALTH EQUITY PLAN

*July 2022 – June 2025*



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## I. VISION

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In December of 2021, the Florida Department of Health in Santa Rosa County (DOH-Santa Rosa) 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 recruitment process began, and DOH-Santa Rosa 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 3<sup>rd</sup> 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**

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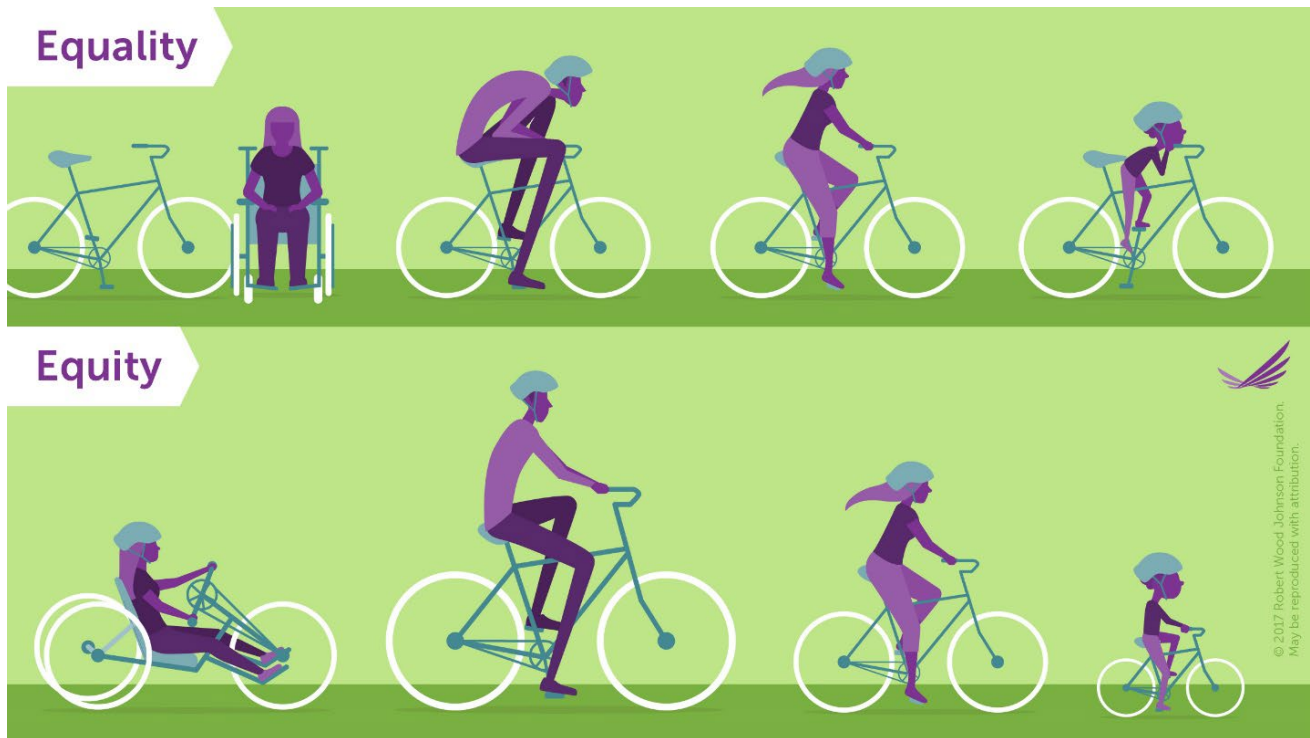
**Health Equity is achieved when everyone can attain optimal health.**

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 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**

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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 Health Improvement Committee, Communications Committee, Data Committee, and Healthcare Equity and Access Committee. 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 Fischer

### **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 Santa Rosa 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.

<b>Name</b>	<b>Title</b>	<b>Program</b>
Leslie Adams	Senior Community Health Nurse	School Health



R. Matthew Dobson	Administrator	
Jack Boyd	Accountant I	Fiscal
Malia Boudreau	Environmental Specialist	Environmental Health
Elisabeth Jordan	Breastfeeding Program Coordinator	WIC
Erin Moore	MHHE Liaison	Community Health
Sherry Worley	Public Health Service Manager	Clinic/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 <sup>rd</sup> , 2022	Discuss Health Equity Team goals and responsibilities related to the Health Equity Plan.
March 3 <sup>rd</sup> , 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 <sup>th</sup> , 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.
October 5 <sup>th</sup> , 2022	To welcome new members, provide updates on Health Equity goals and objectives, and discuss an internal Health Equity Team assessment.
January 4 <sup>th</sup> , 2023	To begin planning for the April National Minority Health Month Event including possible locations, vendors and event activities.
April 5 <sup>th</sup> , 2023	To provide National Minority Health Month Volunteers with detailed information about the event and to discuss Health Equity Plan updates.

## 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.

<b>Member Name</b>	<b>Title</b>	<b>Organization</b>	<b>SDOH</b>
Amanda Ardery	Service Liner Director for Women's and Children's Services	West Florida Hospital	Health Care Access and Quality
Angie Blackburn	Associate Nursing Professor	University of West Florida	Education Access and Quality
Brent Couch	Community Relations Representative	Simply Healthcare Plans	Health Care Access and Quality
Brianna Houston	Health Equity Manager	Baptist Health Care	Health Care Access and Quality, Social Context and
Christina Perron	Senior Public Health Nutritionist	DOH-Escambia	Health Care Access and Quality, Social Context and Community Support
Cynthia Smith-Peters	Nursing Program Director	University of West Florida	Education Access and Quality
Debra Vinci	Associate Professor of Health Promotion	University of West Florida	Education Access and Quality
Dede Flounlacker	Executive Director	Manna Food Pantries	Social Context and Community Support, Built Environment
Denise Manassa	Director of Community Prevention	CDAC Behavioral Health	Health Care Access and Quality, Social Context and
Donna Walls	Director of Case Management	Santa Rosa Medical Center	Health Care Access and Quality

## DOH-Santa Rosa

### Health Equity Plan

Dustin Rolin	Associate Nursing Professor	University of West Florida	Education Access and Quality
Emily Bantista	Health Educator Consultant	DOH-Escambia	Health Care Access and Quality, Social Context and Community Support
Erika Garcia	Family Navigator Program Administrator	Florida DCF	Health Care Access and Quality, Social Context and Community Support
Erin Moore	Health Educator	DOH-Santa Rosa	Health Care Access and Quality, Social Context and Community Support
Patsy Barrington	Professor	University of West Florida	Education Access and Quality
Randi Lawrence	Prevention and Outreach Specialist	Gulf Coast Kids House	Social Context and Community Support
Sandra Donaldson	Chief Advocacy Officer	Community Health Northwest Florida	Health Care Access and Quality, Social Context and Community Support
Sara Lefevers	Foundation Executive Officer	Pensacola Chamber	Social Context and Community Support
Eriqua Marsh		Community Health of Northwest Florida	Health Care Access and Quality, Social
Heather Lopez	Program Coordinator	Early Childhood Court	Social Context and Community Support
Janice George	Supervisor	NWFHealth	Social Context and Community Support
Joy Sharp	Community Health Programs Director	Baptist Health Care	Health Care Access and Quality, Social Context and Community Support

## DOH-Santa Rosa

### Health Equity Plan

Katrina Mougey	President	Heart of Pensacola	Social Context and Community Support, Built Environment
Kelly Sanders	Victim Services Program Director	Santa Rosa Kids House	Social Context and Community Support
Kerri Smayda	Director of Development	Manna Food Pantries	Social Context and Community Support, Built Environment
Kimberly Fischer	Public Health Services Manager	DOH-Santa Rosa	Health Care Access and Quality, Social Context and Community Support
Kyle Schooler	Community Engagement	Feeding the Gulf Coast	Social Context and Community Support, Built Environment
Linda Finkelstein	President	Nami Pensacola	Social Context and Community Support
Marie Mott	Administrator	DOH-Escambia	Health Care Access and Quality, Social Context and Community Support
Matt Dobson	Health Officer	DOH-Santa Rosa	Health Care Access and Quality, Social Context and Community Support
Michalina Kulikowski	Community Health and Nutrition Manager	Feeding the Gulf Coast	Social Context and Community Support, Built Environment
Nicole Gislason	Executive Director	University of West Florida	Education Access and Quality
Skye Beech	Public Health Nutritionist Supervisor	DOH-Escambia	Health Care Access and Quality, Social Context and Community Support

Stacey Kostevicki	Executive Director	Gulf Coast Kids House	Social Context and Community Support
Taffany Shipp			
Tanisha Thompson	Health Educator Consultant	DOH-Escambia	Health Care Access and Quality, Social Context and Community Support
Vanessa Phillips	Assistant County Health Department Director	DOH-Escambia	Health Care Access and Quality, Social Context and

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.

<b>Meeting Date</b>	<b>Organizations</b>	<b>Topic/Purpose</b>
January 3 <sup>rd</sup> , 2022	Achieve Healthy EscaRosa	Task Force recruitment
April 14 <sup>th</sup> , 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.
March 12 <sup>th</sup> , 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.
June 9 <sup>th</sup> , 2022	DOH-Santa Rosa, DOH-Escambia, Pensacola State College, University of West Florida,	Review the Community Organization Survey submission and projects to address the top health disparities.

	Community Health NWFL, Ascension Sacred Heart, United Way West Florida	
July 14 <sup>th</sup> , 2022	Various Organizations	To determine Community Organization Survey next steps and to engage partners in a Healthcare Access Pilot subcommittee.
August 11 <sup>th</sup> , 2022	Various Organizations	Review project and goals created by the Healthcare Access subcommittee and to provide information on the Robert Wood Johnson Foundation Systems for Action Grant.
September 8 <sup>th</sup> , 2022	Various Organizations	To identify CHNA priority health need subcommittee leads and participants to create project goals and objectives.
November 10 <sup>th</sup> , 2022	Various Organizations	Conduct a policy discussion and identify CHIP next steps including leading goal agencies, priority area structure and meeting frequency.
January 12 <sup>th</sup> , 2023	Various Organizations	Provide updates on completed CHIP goals and objectives document, finalize priority health need subcommittee leads, establish a subcommittee reporting schedule and provide chair responsibilities.
February 9 <sup>th</sup> , 2023	Various Organizations	Overview subcommittee key action steps, identify and provide communications and budget needs and establish quarterly subcommittee reporting.
April 13 <sup>th</sup> , 2023	Various Organizations	For subcommittee chairs to provide reports on CHIP objectives and action step progress.

## 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.

<b>Name</b>	<b>Region</b>	<b>Expertise</b>
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

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### A. County Health Department Health Equity Training

The Florida Department of Health in Santa Rosa County 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
12/7/2022	Framework for the Social Determinants of Health; Poverty Simulation	DOH-Santa Rosa All Staff
3/3/2023	Using a Health Equity Lens; Dynamic Communication in Outreach Settings	DOH Santa Rosa All Staff

### 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.



<b>Date</b>	<b>Topics</b>
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
6/26/2022- 6/27/2022	Florida Public Health Association Annual Educational Conference
10/24/2022- 11/21/2022	Health Equity Training Program
2/22/2023 – 2/23/2023	ToP Facilitation Training
6/7/2023- 7/19/2023	Facilitating Group Participation Training
6/25/2023- 6/26/2023	Florida Public Health Association Annual Conference

## C. National Minority Health Month Promotion

**April 2022**



*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.



*DOH-Santa Rosa Health Education Program Manager Kristie Beckstrom provides education on the harm of smoking and smoking cessation resources during the Walk for Mommy and Me.*

On April 23<sup>rd</sup>, 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.

**April 2023**



*Participants toss their powdered colors in the air to begin the All Moms All Babies One Mile Color Walk/Run on Saturday April 29<sup>th</sup>.*

On April 29<sup>th</sup>, 2023, DOH- Santa Rosa celebrated National Minority Health Month for the second year by hosting its first All Moms All Babies One Mile Color Run/Walk at Bagdad Mill Site Park. This event was held to promote breastfeeding initiatives and reduce infant mortality for all babies as well as emphasize the importance of physical activity and healthy nutrition. Nearly 150 attendees participated in the one-mile course where educational signs on breastfeeding were displayed. After the walk, every family was provided a bag with educational information on healthy nutrition, physical activity, and Department of Health programs and services.

## **VI. PRIORITIZING A HEALTH DISPARITY**

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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.

### FLHealth Charts

FLHealth Charts is a Community Health Assessments Resource Toolset powered by Florida's Bureaus of Community Health Assessment and Vital Statistics<sup>10</sup>. FLHealth Charts 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. FLHealth Charts 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 quality<sup>21</sup>. 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 County<sup>1</sup>. 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 County<sup>2</sup>:

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

These four health priorities were identified through data analysis of a 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 FLHealth Charts 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. 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.

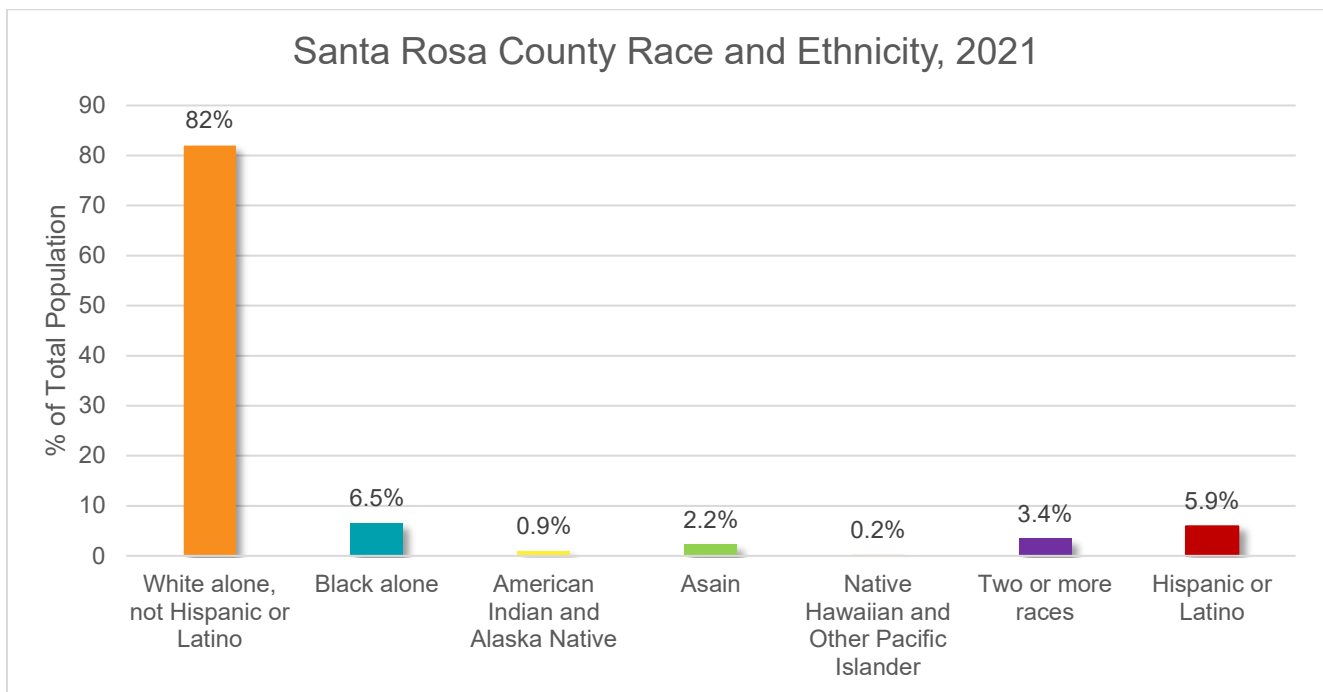
It is important to note that data gaps exist regarding several of the priority populations in Santa Rosa County. These gaps include data on LGTBQ+ community, immigrant populations, and several racial groups such as American Indian and Alaskan Native, Asian, and Native Hawaiian and Pacific Islander. The 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 193,998 residents live in Santa Rosa County<sup>21</sup>. At #15 out of 67, Santa Rosa County is ranked among the top healthiest counties in Florida in both health outcomes and health factors<sup>7</sup>. Children under 18 consists of 21.9% of the population while 16.4% of the population are individuals 65 years and older. Data from 2016-2020 estimates 24,259 veterans live in Santa Rosa County and 11.6% of residents under 65 years of age are living with a disability<sup>21</sup>.

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% respectively<sup>32</sup>. Some areas in Santa Rosa County are home to more diversity than others such as the City of Milton (census tracts 105.05, 106.01, and 106.02)<sup>3</sup>. Further demographic information on specific census tracts can be viewed in Section VII-B.

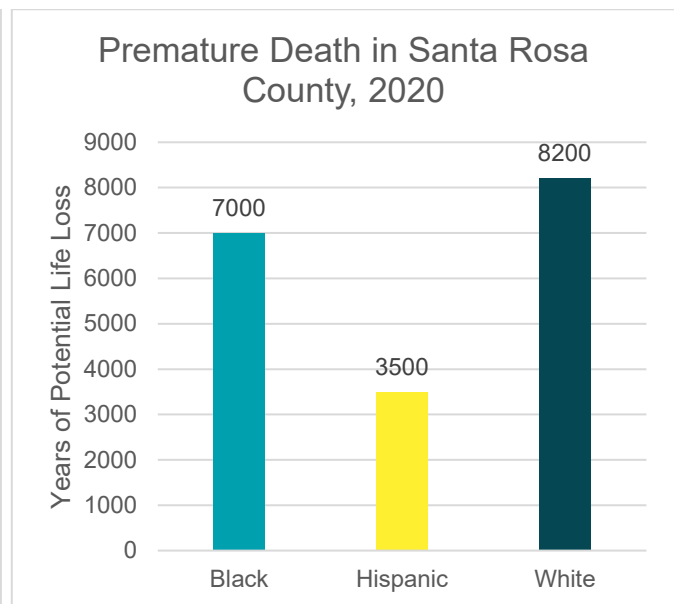
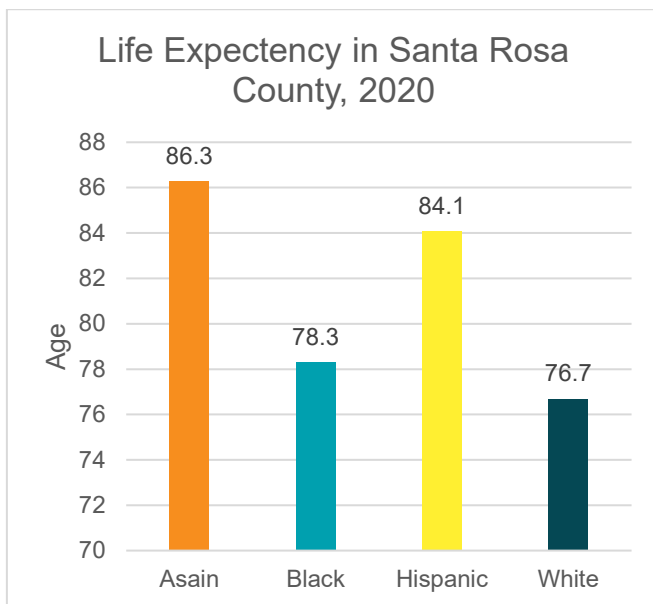


Source: US Census Bureau

### Life Expectancy in Santa Rosa County

Life expectancy is the average number of years an individual is expected to live in a given population<sup>30</sup>. Data from 2018-2020 shows the estimated life expectancy in Florida was 79.7 years compared to Santa Rosa County at 77.3 years. Life expectancy in Santa Rosa County also differs between different races and ethnicities. During 2020, Asian residents in the county showed the longest life expectancy of 86.3 years and White residents had the lowest life expectancy of 76.7 years.

Premature death is also an important indicator of the overall health of a community. Premature death is the years of potential life lost (or YPLL) of individuals in a community before they turn the age of 75 per 100,000 population<sup>7</sup>. In Santa Rosa County, from 2018-2020, 7,700 years of life were lost due to deaths of people under the age of 75, per 100,000 people, compared to Florida at 7,500 years of potential life lost per 100,000 residents.



Source: County Health Rankings and Roadmaps

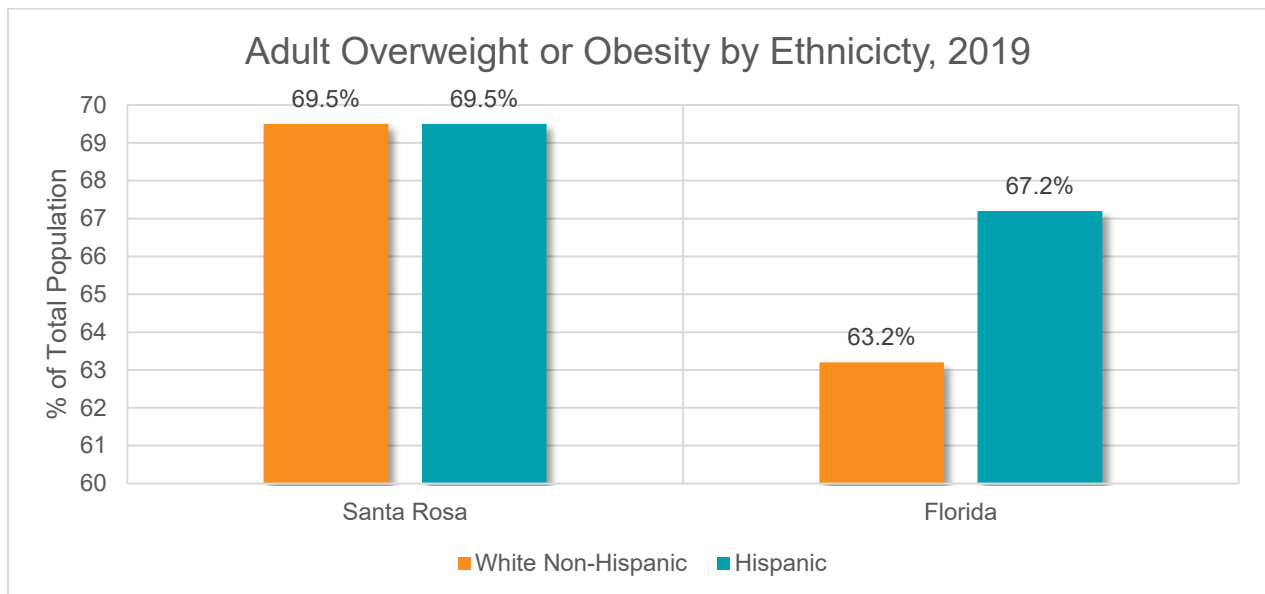
### Overweight and Obesity in Santa Rosa County

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 behavior<sup>2</sup>.

As of 2019, Santa Rosa County was in the lowest percentage of adults who were considered overweight or obese compared to other Florida counties<sup>10</sup>. 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.



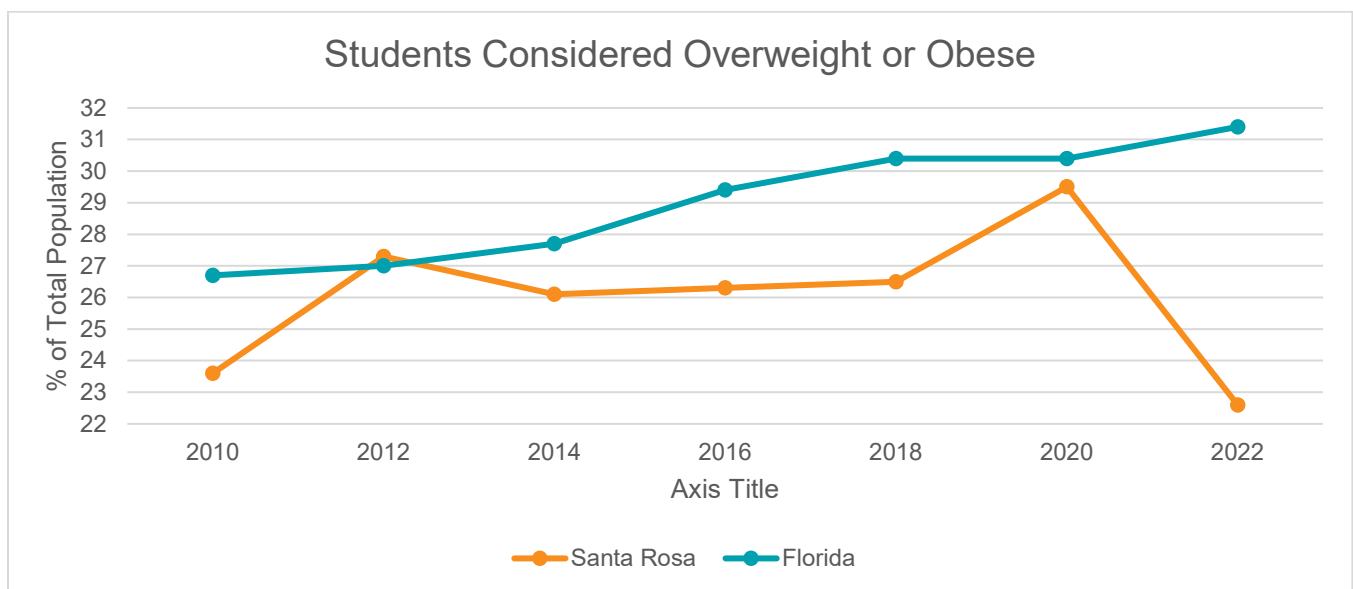
Source: FLHealth Charts

### **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%.

FLHealth Charts released updated data for 2022 regarding student overweight and obesity that has been included in the chart below since the initial release for the Health Equity Plan. The data showed a decrease in the percentage of students considered overweight or obese from 29.5% in 2020 to 22.6% in 2022. This is the lowest percentage of students considered overweight or obese in Santa Rosa County since 2010. Unlike Santa Rosa County, the overall percentage of students considered overweight or obese in Florida slightly increased from 30.4% in 2020 to 31.4% in 2022.

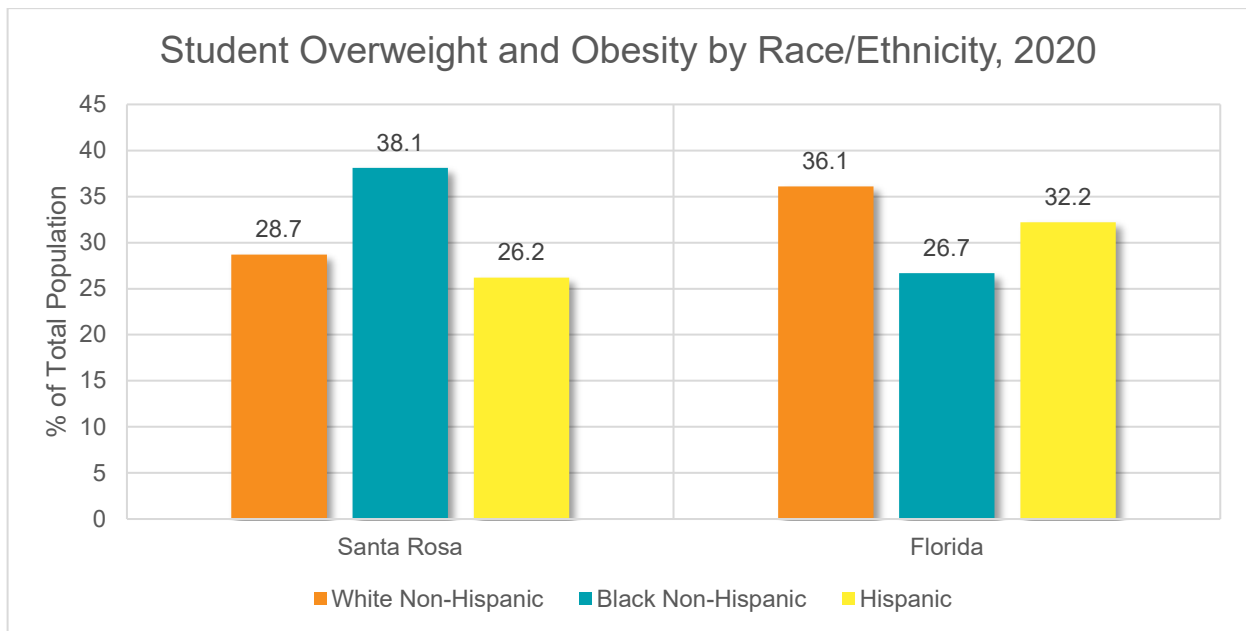


Source: FLHealth Charts

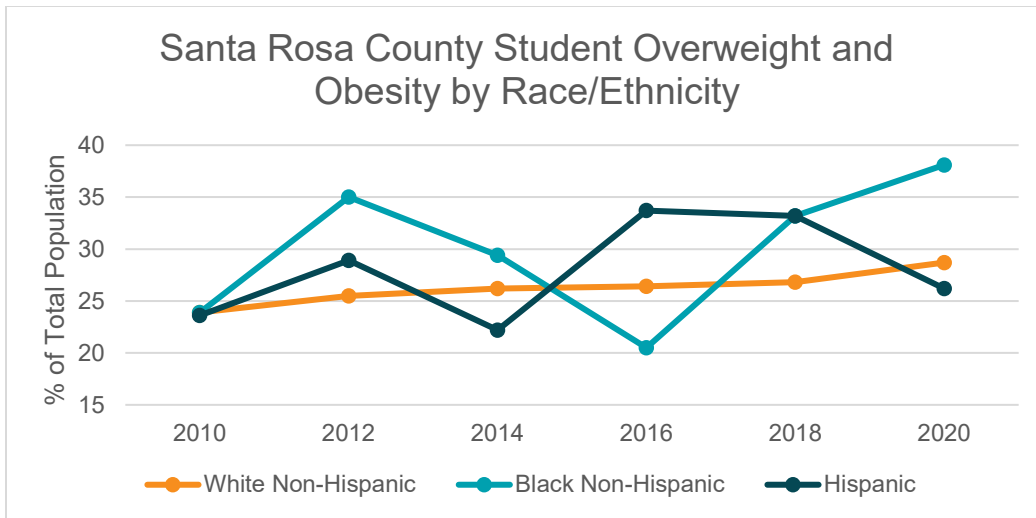
This data can be further broken down by race and ethnicity. Data from the Florida Youth Tobacco Survey shows the percentage of non-Hispanic Black students who are overweight or obese is 38.1% compared to non-Hispanic White students at 28.7% and Hispanic students at 26.2% in 2020. non-Hispanic Black students 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.

Data from 2022 was released by FLHealth Charts regarding student overweight and obesity by race and ethnicity, however several gaps were present. In 2022, the percentage of White non-Hispanic students considered overweight or obese decreased from 28.7% to 23.1% and the percentage of Hispanic students decreased from 26.2% in 2020 to 24.8% in 2022. Data was not available for Black non-Hispanic students for 2022, preventing the creation of an updated graph.



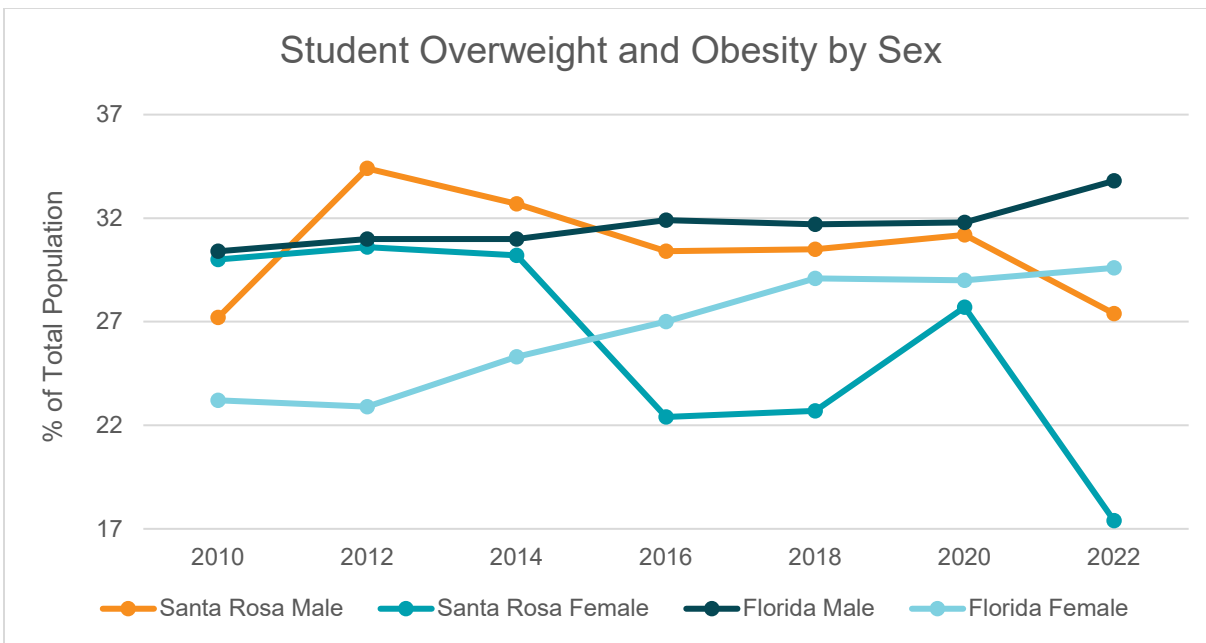
Source: FLHealth Charts



Source: FLHealth Charts

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.

Newly released data from FLHealth Charts depicted a change in the trend of childhood overweight and obesity between children male and female students. Male students in Santa Rosa County continue to have a higher percentage of students considered overweight or obese when compared to female students, however the percentage did decrease to 27.4% in 2022 for males and to 17.4% for females. The overall percentage for male students in Florida increased to 33.8% and increased to 29.6% for females. The following chart has been updated to include the new data from 2022.



Source: FLHealth Charts

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



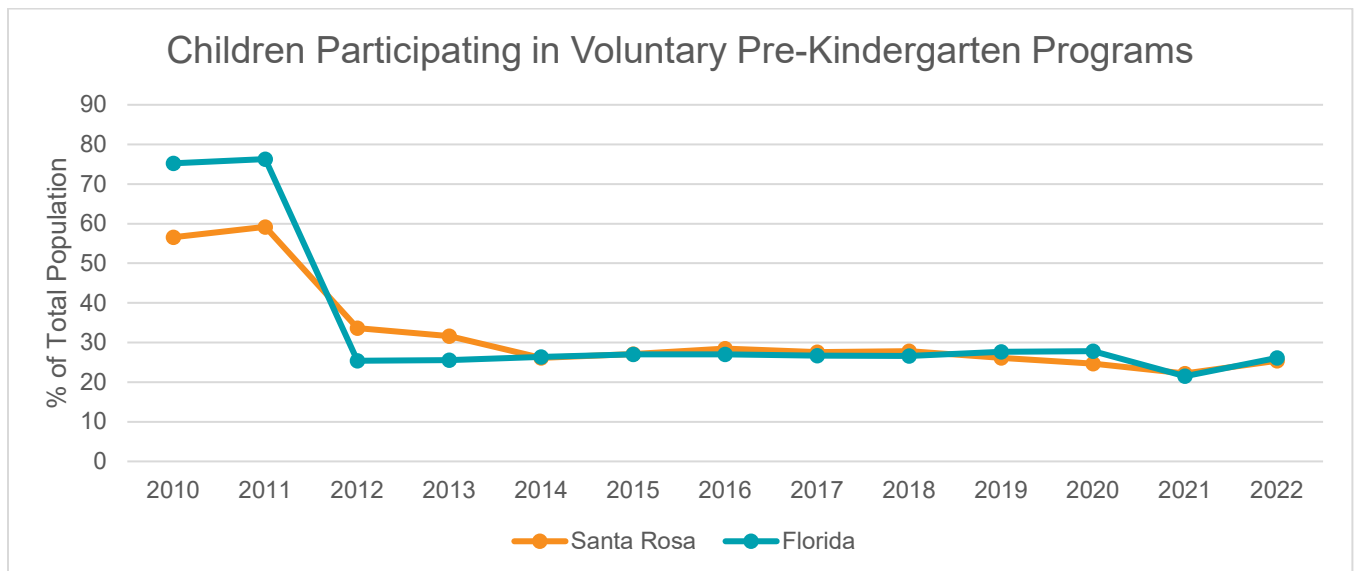
## A. Education Access and Quality



### Education Access and Quality Data in Santa Rosa County

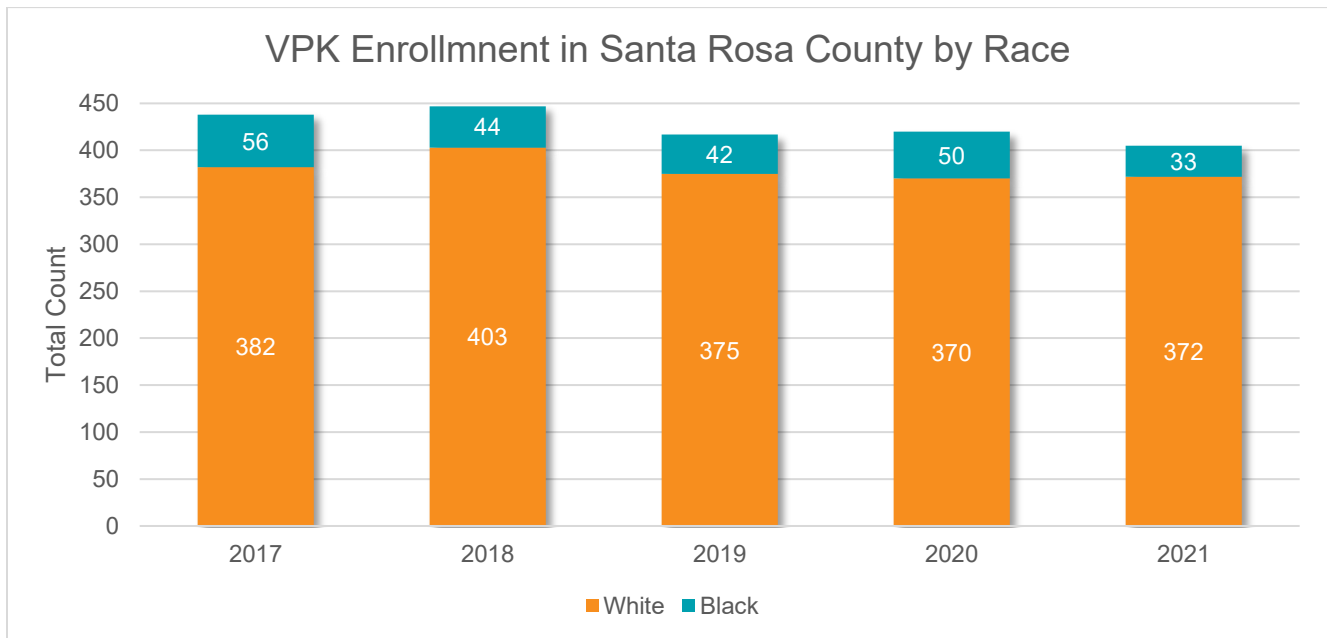
#### Voluntary Pre-Kindergarten Program

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%. New data released from 2022 showed a slight increase in the percentage of children participating in VPK programs in Santa Rosa County, from 22.2% in 2021 to 25.4% in 2022. Santa Rosa County did fall behind the overall Florida percentage for 2022 at 26.1%. The new data can be seen in the updated graph below.



Source: FLHealth Charts

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 FLHealth Chart’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 old.<sup>10</sup> It should be noted that gaps in data exists for other priority populations. There has not been any updated data for 2022.



Source: Achieve Dashboard

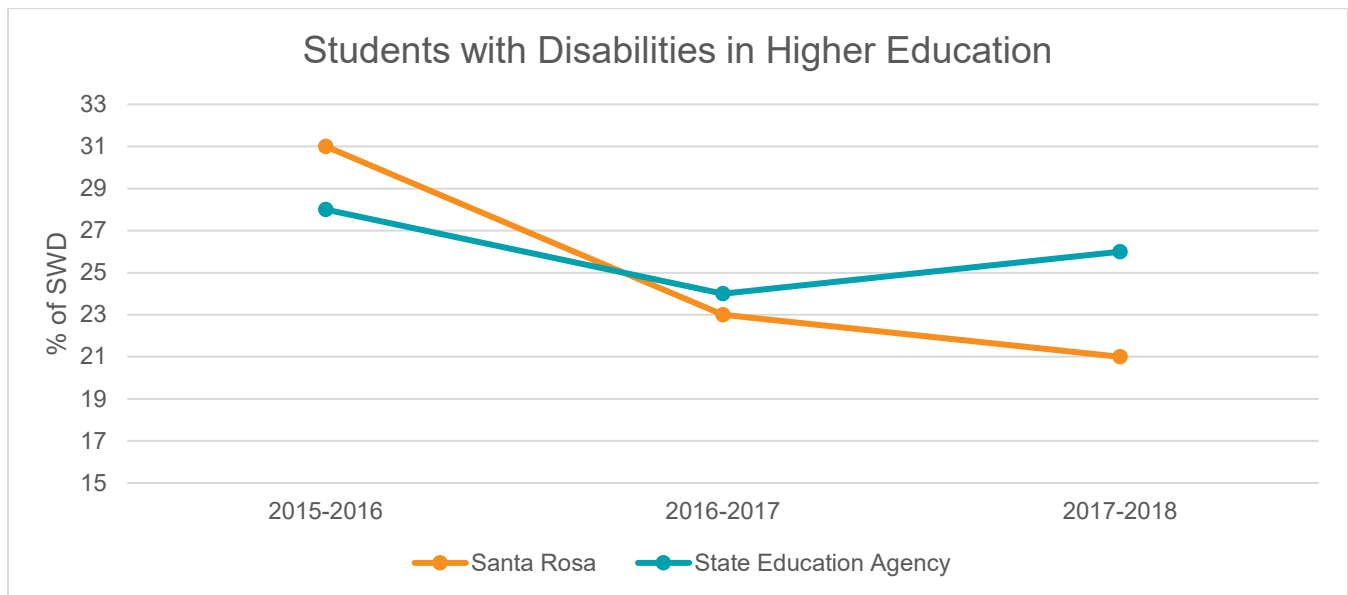
### **Students Living with Disabilities**

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 12<sup>th</sup> 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 year<sup>8</sup>.



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%<sup>8</sup>. 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

### **Students Receiving Free/Reduced Lunch**

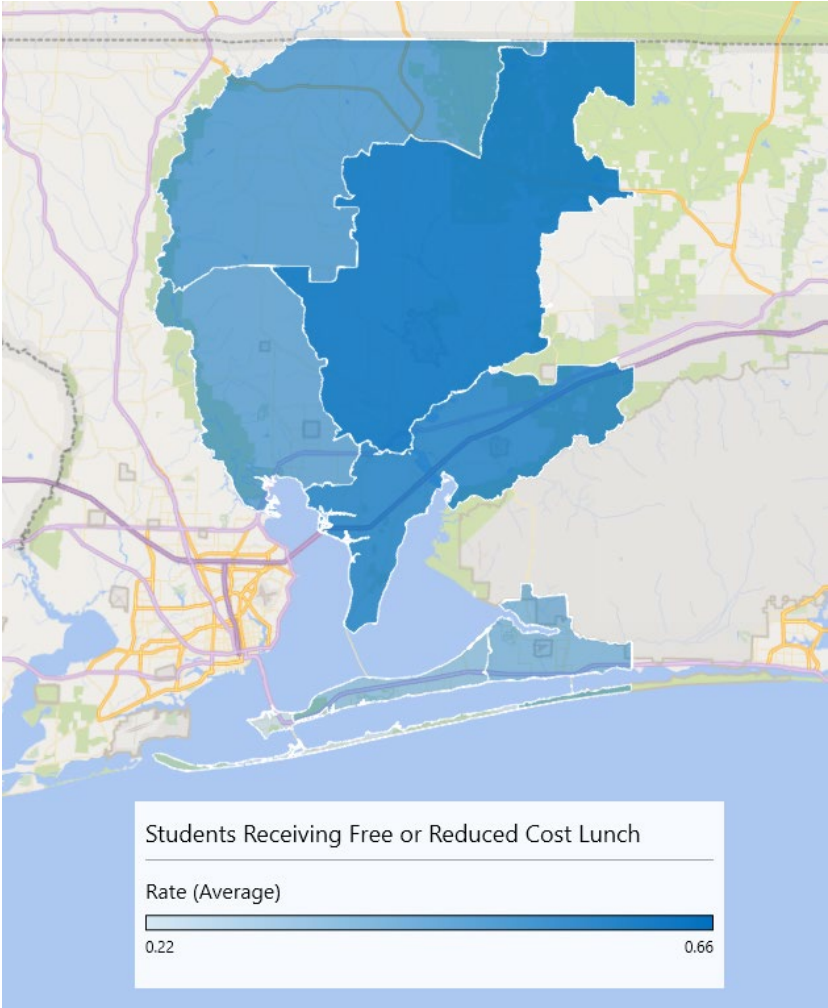
The Santa Rosa County School District provides families with the option to apply for students to receive lunches at free or reduced costs during the school year through The National School Lunch Program. The National School Lunch program is a federal program funded by the U.S. Department of Agriculture that provides students with nutritional, low- to no-cost lunches at school each day. Children and their families can qualify for this program by being “categorically eligible” through participating in Federal Assistance Programs or based on

household income of being below 130% of the federal poverty level (free meals) or between 130% and 180% of the federal poverty level (reduce cost meals)<sup>31</sup>.

The Florida Department of Education released the Lunch Status by LEA (Federal Funding) data for the 2021-2022 school year<sup>33</sup>. According to the report, 40.2% of students in Santa Rosa County received either free or reduced lunch during the 2021-22 school year, with 36.2% receiving free lunch and 5.0% of students receiving lunch at a reduced cost. Using GIS applications allows us to view the percentage of students in Santa Rosa County receiving free or reduced lunches by school zip code. The map and table below depict the distribution of lunch status, with darker zip code sections having a higher percentage of students receiving free or reduced lunch and lighter zip codes having a lower percentage. Zip code 32570 has the highest percentage of students receiving free or reduced lunches (66.3%) with zip code 32561 having the lowest (21.6%).

Percentage of Students Receiving Free or Reduced Lunches in Santa Rosa County, 2021-2022	
Zip Code	Percent
32561	21.6
32563	32.1
32565	48.2
32566	36.1
32570	66.3
32571	44.2
32583	58.3

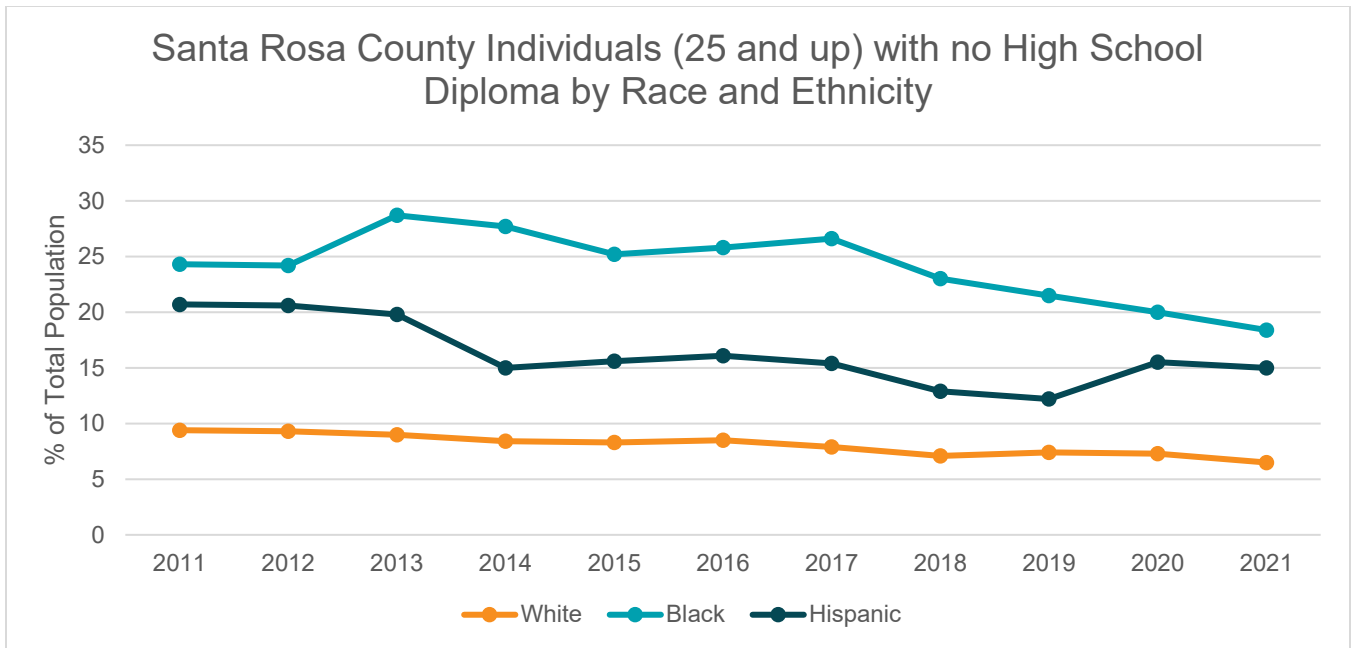
Source: Florida Department of Education



### **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 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.

Newly released data from FLHealth Charts provides more information on the disparities between residents in Santa Rosa County for 2021. There was a decrease in the overall percentage of individuals 25 and up who had not received a diploma, along with a decrease in the gap between individuals of different races and ethnicities without a diploma in the county. In 2021, the percentage of white individuals without a diploma decreased to 6.5% (from 7.3% in 2020), the percentage of Black individuals without a diploma decreased to 18.4% (from 20% in 2020), and the percentage of Hispanic individuals decreased to 15.0% (from 15.5% in 2020). Though the gap has closed between individuals of different races in the county, Black individuals in the county are still almost 3 times more likely to not have a high school diploma by the age of 25 when compared to white individuals. The following graph has been updated to depict the new data.



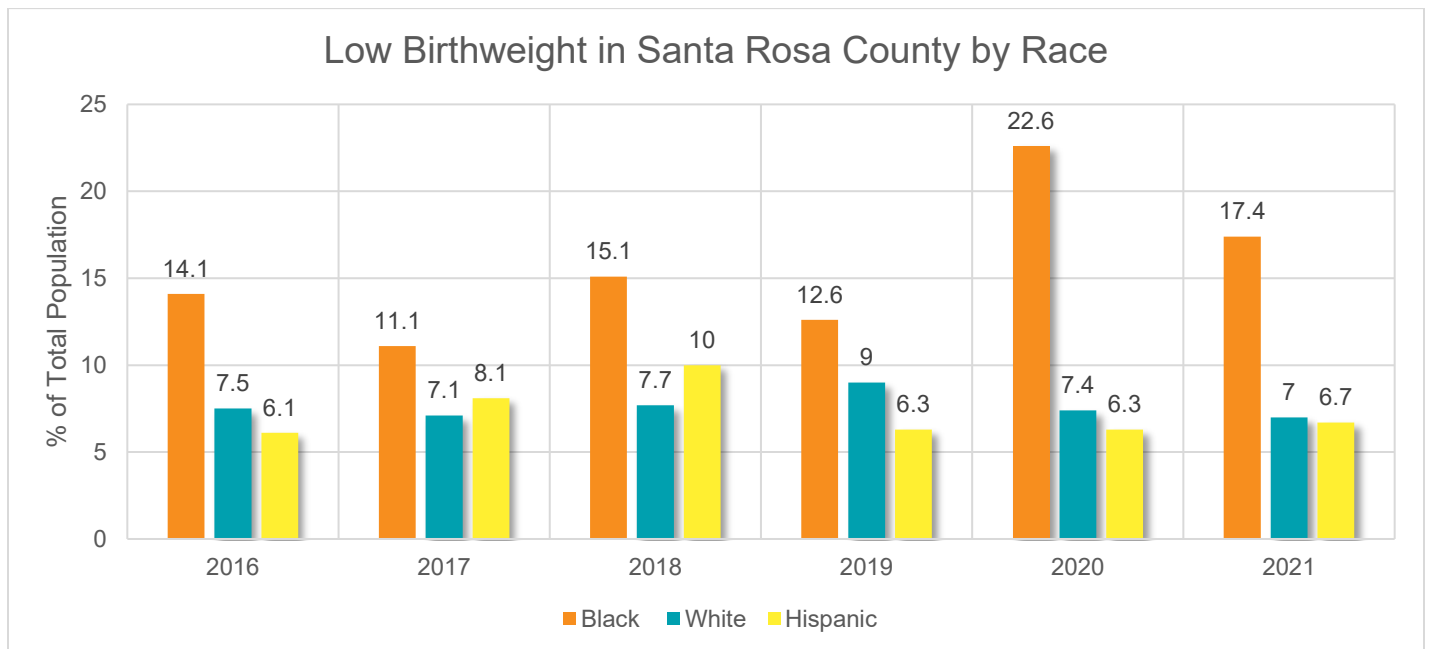
Source: FLHealth Charts

### Low Birthweight

A live birth under 2500 grams is considered to be a low birthweight<sup>7</sup>. Low birthweight rates are an important indicator of kindergarten readiness and future success in education<sup>20</sup>. 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.

Updated data from FLHealth Charts provides further information regarding low birthweight in Santa Rosa County. In 2020, the percentage of infants born at a low birthweight decreased to 8.2% and in 2021, the percentage decreased to

7.5%. FLHealth Charts also provided new data for the percentage of birthweights of infants of different races. In 2021, the percentage of Black infants born at a low birthweight decreased to 17.4%, a 5.2% decrease from 2020. The percentage of White and Hispanic infants also decreased in 2021 to 7% and 6.7% respectively. Though the decrease in infants born at a low birthweight, Black infants are still almost 2.5 times more likely to be born at a low birthweight when compared to white infants. The additional data can be viewed in the updated chart below.



Source: FLHealth Charts

## 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 obesity<sup>20</sup>. Some examples can be seen below.

Education Access and Quality		
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts Overweight and Obesity
Literacy	<ul style="list-style-type: none"> <li>Racial and ethnic minorities</li> <li>Under educated</li> </ul>	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 <sup>5</sup> .
Early Childhood Development (VPK)	<ul style="list-style-type: none"> <li>Low income</li> <li>Black population</li> </ul>	Early childhood development and education is a time from birth to kindergarten <sup>28</sup> . Children begin to develop social and emotional skills and learn other basic skills. 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"> <li>Low income</li> <li>Racial and ethnic minorities</li> <li>Students with disabilities</li> </ul>	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.

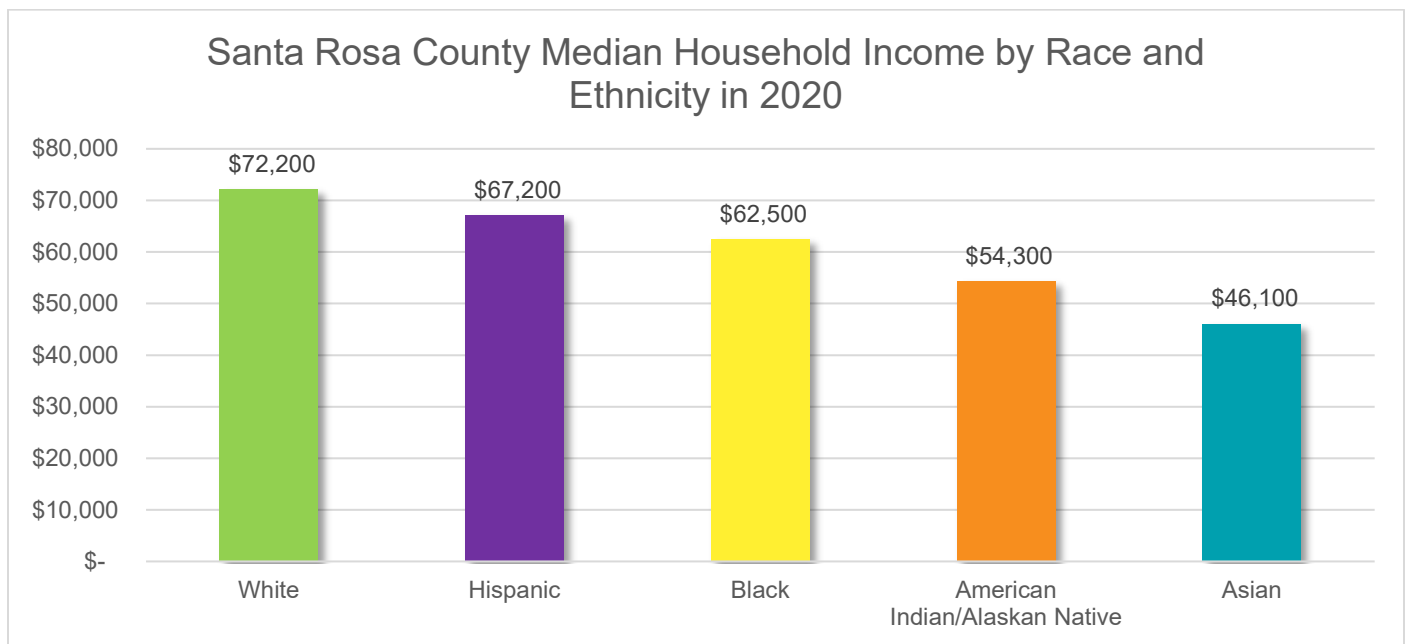
## B. Economic Stability



### Education Access and Quality Data in Santa Rosa County

### Median Household Income by Race and Ethnicity

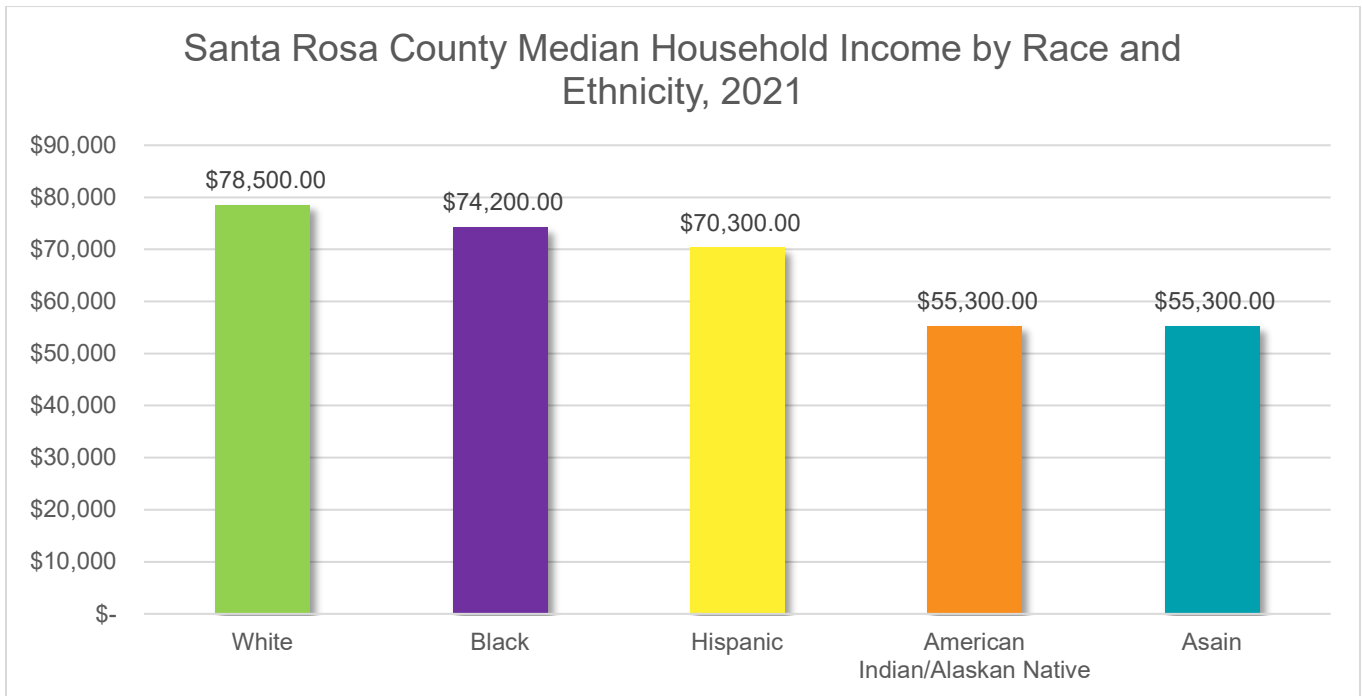
Santa Rosa County has a high median household income at \$71,583 compared to Florida at \$61,724 and the United States at \$67,340<sup>23</sup>. Though we do see a general higher income in Santa Rosa, it is important to note that disparities exist between residents of different races and ethnicities<sup>6</sup>. 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

The U.S. Census Bureau provided updated information on the income for residents in Santa Rosa County<sup>32</sup>. In 2021, the median household income for residents in the county raised to \$80,837 compared to Florida at \$63,054 and the United States at \$69,717. This was about a \$9,200 increase from 2020. County Health Rankings and Roadmaps also provided an update on income in the county for residents of different races and ethnicities. The highest earners in the county continued to identify as non-Hispanic White residents, followed by Black residents, with Hispanic, American Indian/Alaskan Native and Asian residents

earning the least. The disparity between the highest median household and the lowest is about \$23,200. The following charts depicts the updated incomes in 2021.



Source: County Health Rankings and Roadmaps

### **Income Inequality in Santa Rosa County**

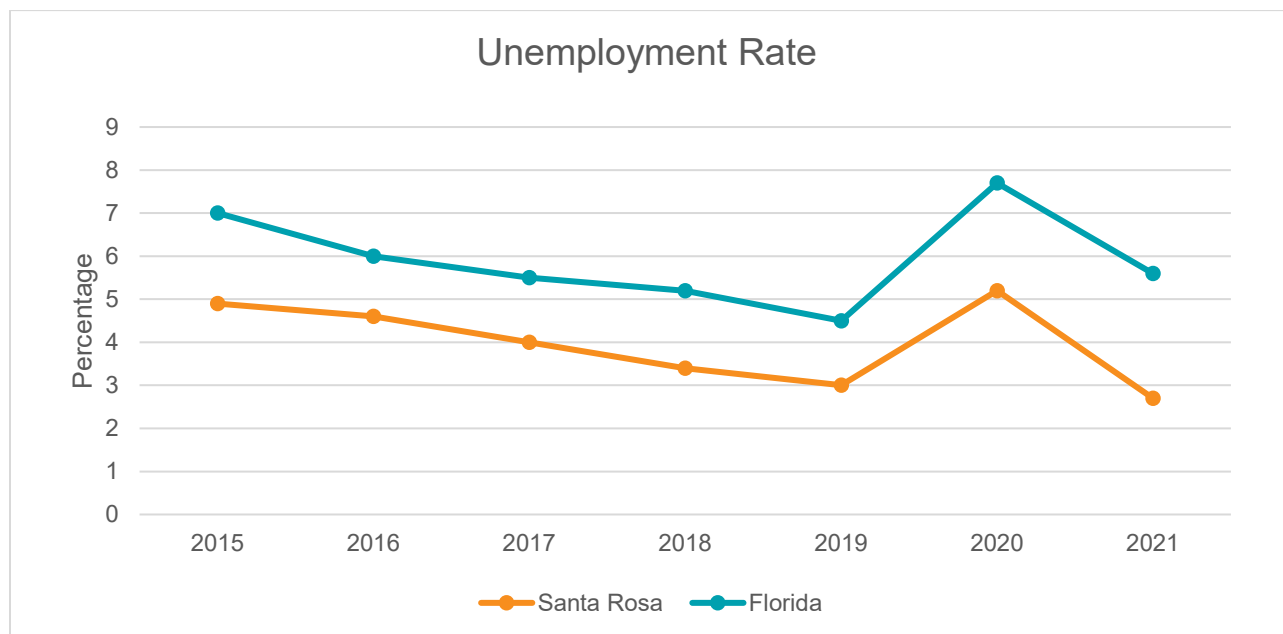
Income inequality represents the distribution of household income in the county based off the ratio of household income at the 8<sup>th</sup> percentile to the income at the 20<sup>th</sup> percentile<sup>7</sup>. The income inequality in Santa Rosa County is 0.4 versus Florida at 0.5 in 2021. This means that households with a higher income in Santa Rosa had an income of 4 times more than that of households with a lower income.

### **Unemployment in Santa Rosa County**

Santa Rosa County has seen a consistent decline in the percentage of the civilian workforce considered unemployed from 2015-2019 (4.9% to 3.0%),



closely related to the state of Florida unemployment trends<sup>1</sup>. In 2020, however, the Santa Rosa County unemployment percentage increased to 5.2%, potentially due to the COVID-19 pandemic, compared to the overall Florida percentage of 5.6%. In 2021, the Santa Rosa unemployment percentage decreased to 3.5% compared to Florida at 4.6%. These trends can be viewed in the following graph. It should be noted that the data is not separated by demographic information including race, ethnicity, age and gender.



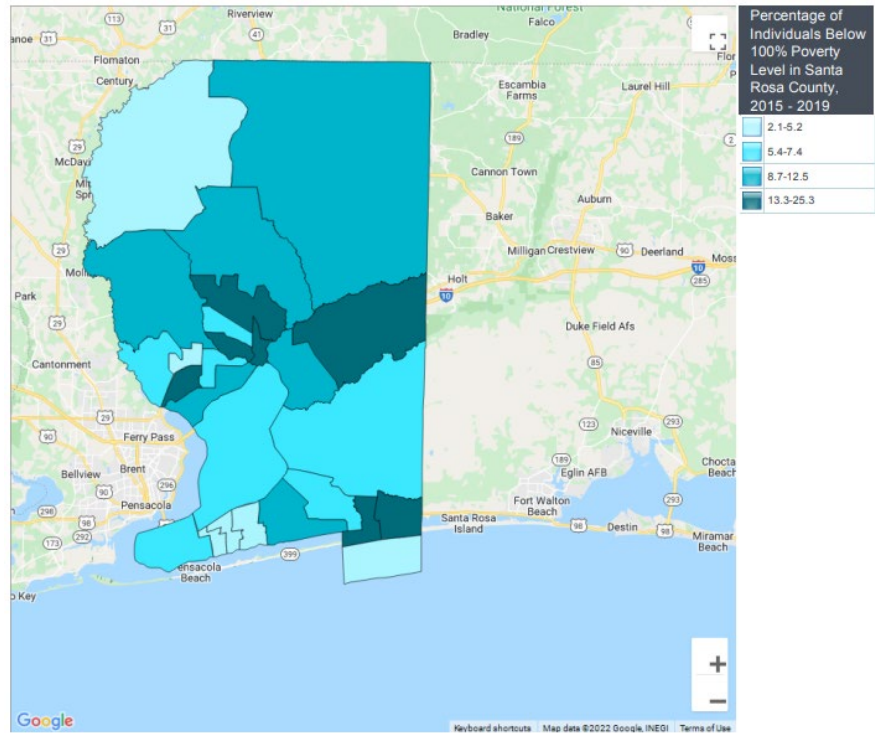
Source: Achieve Dashboard

### 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. There has been no update in data for poverty by geographic area.

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: FLHealth Charts

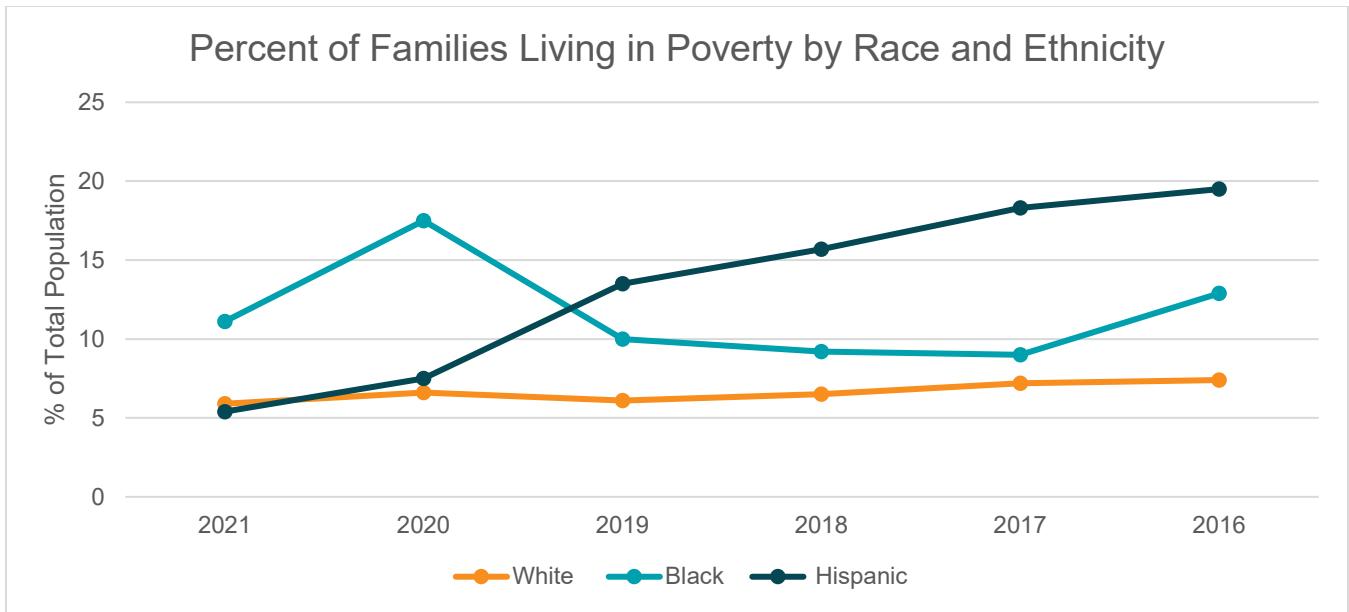
The following chart displays the demographic information for each of the 7 census tracts with the highest percentages of individuals living in poverty. Several census tracks hold a higher level of diversity compared to others. For example, Santa Rosa County’s population consists of 6.1% of Black residents 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: FLHealth Charts

### Santa Rosa County Families in Poverty

The percentage of families living below poverty level in Santa Rosa County has seen a decrease from 8.8% in 2016 to 6.2% in 2021 compared to Florida at 11.7% and 9.3% respectively<sup>10</sup>. Though the percentage in the county remains lower than the overall percentage in Florida, disparities to exist between families of different races and ethnicities. In 2021, the percentage of families identified as white living in poverty in Santa Rosa County was 5.9% compared to Black families at 11.1% and Hispanic families at 5.4%. This data shows that Black families are about twice as likely to live below the poverty level compared to White and Hispanic families in the county. Gaps in the data exist for families of other races.



Source: FLHealth Charts

### 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** households<sup>19</sup>.

Santa Rosa continues to see a decrease in the percent of children under 18 below poverty level according to updated data from the Achieve Dashboard. In 2021, the percentage of children below poverty level reduced to 9.8%, though still higher than the percentage of 65+ living in poverty at 4.7%. This additional data can be viewed in the updated chart below.

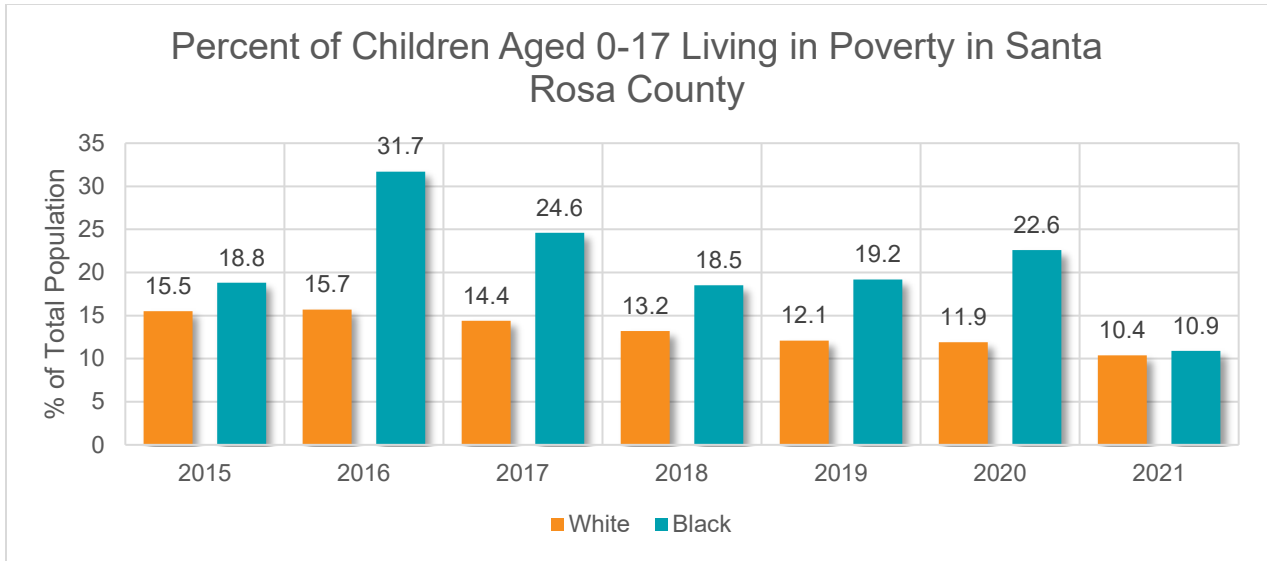
**County**  
Santa Rosa

Indicator	Units	2015	2016	2017	2018	2019	2020	2021
65+ population in poverty	Percent	6.7%	5.5%	4.8%	5.5%	11.4%	7.3%	4.7%
Children Under 18 Below Poverty Level	Percent	17.0%	17.9%	16.1%	14.3%	14.3%	13.9%	9.8%
Percent Below Poverty Level	Percent	13.1%	10.1%	10.0%	8.6%	10.1%	10.0%	7.4%
Percent of Households Receiving food stamps/SNAP	Percent	13.6%	12.2%	8.4%	10.8%	7.0%	10.0%	10.1%
ALICE %	Percent		27.8%		26.1%		24.0%	

Source: Achieve Dashboard

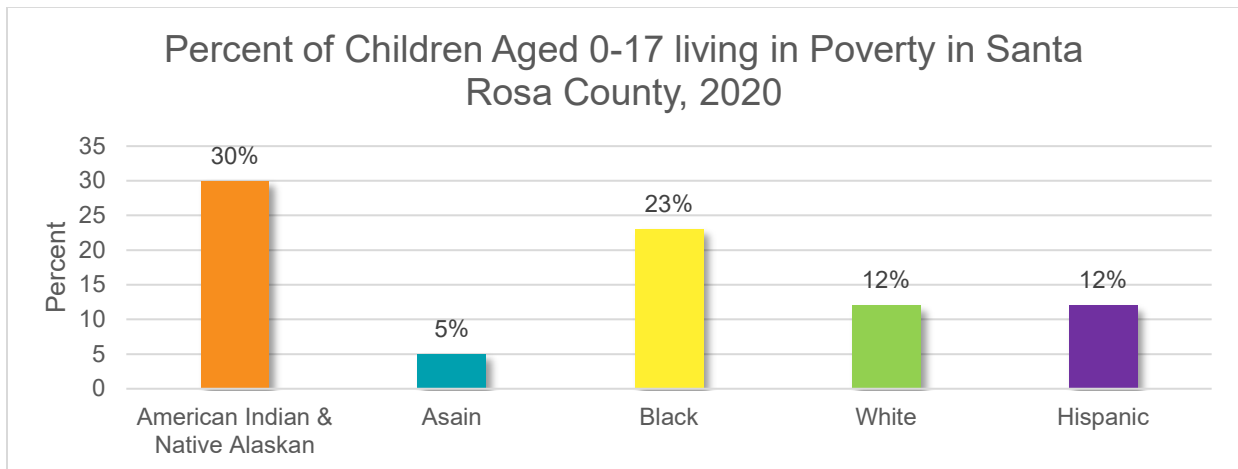
It is important to note that disparities exist between different races in childhood poverty. From 2015 to 2020, Santa Rosa County has consistently seen higher percentages of Black children living in poverty compared to white children. Though the gap has been closing, in 2020, 22.6% of Black children 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.

New data released from the Achieve Dashboard and FLHealth Charts depicts changes in the disparities of children living in poverty between different races and ethnicities. In 2021, the percentage of White children living in poverty decreased to 10.4% and the percentage of Black children living in poverty decreased to 10.9%. This positively compares to 2020 when Black children were twice as likely to live in poverty compared to White children. The percentage of Hispanic children living in poverty also significantly decreased from 12.3% in 2020 to 5.1% in 2021 compared to 10.6% of non-Hispanic children. The following chart has been updated with the most recent data.



Source: Achieve Dashboard

Data from County Health Rankings expands on childhood poverty between races in 2020. In 2020, the overall percent of children living in poverty was 12% compared to Florida at 17%. Though Santa Rosa County was below the overall Florida percentage, racial disparities exist in the percentages of childhood poverty. Both American Indian & Native Alaskan children (30%) and Black children (23%) in Santa Rosa County see a higher percentage of poverty compared to Asian, White and Hispanic children. It should be noted gaps in data exist for other priority populations including LGBTQ+ children and disabled children.



Source: County Health Rankings

## 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 care<sup>24</sup>. Some examples can be seen below.

Economic Stability		
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts Overweight and Obesity
Employment	<ul style="list-style-type: none"> <li>Unskilled workers</li> </ul>	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"> <li>Racial and ethnic minority populations</li> </ul>	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"> <li>Racial and ethnic minority populations</li> <li>Children under 18 years old</li> <li>Elderly</li> </ul>	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**

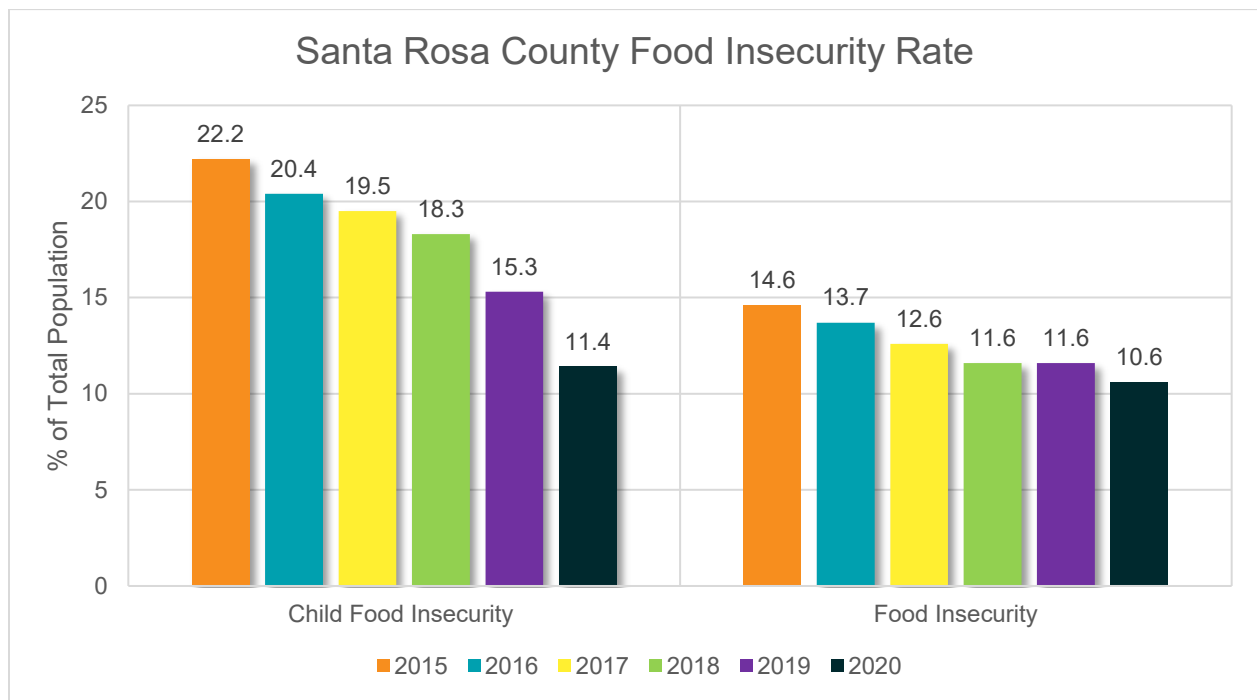
The neighborhood and built environment have a significant impact on overweight and obesity rates in a community. Using data from FLHealth Charts, we can compare the percent of individuals without reliable access to sufficient quantity of affordable, nutritious food between Santa Rosa County and Florida from 2015 to 2019. This is known as the food insecurity rate<sup>1</sup>. The food insecurity rate in Santa Rosa County has continued to decline 2015-2019, dropping from 14.6% in 2015 to 11.6% in 2019. 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.

Food insecurity in Santa Rosa County has continued to decrease with updated data released from FLHealth Charts. In 2020, percentage of children in Santa



Rosa County considered food insecure reduce to 11.4% with the overall percentage of food insecurity in Santa Rosa County decreasing to 10.6%. The new data can be reviewed in the updated chart below.

It is important to note, however, that DOH-Santa Rosa in collaboration with the University of West Florida Haas Center developed and disseminated a Food Access and Affordability Survey to residents of Santa Rosa County. The results can be reviewed further into the Health Equity Plan.



Source: FLHealth Charts

### **The Food Environment Index in Santa Rosa County**

The Food Environment Index measures a community’s access to healthy foods through identifying the distance of an individual from the nearest grocery store and the inability for individuals to access healthy foods due to cost barriers<sup>34</sup>. These two indicators, food insecurity and limited access, are weight on a scaled index from 0 (worst) to 10 (best). Food insecurity, as described above, estimates the percentage of the population that does not have access to reliable food sources. Limited access estimates the percentage of the population that is

considered low income, or the annual family income is less than 200% of the federal poverty level. Santa Rosa County is ranked 7.6 on this scale in 2019, compared to Florida at 7.0.

### **Santa Rosa County Food Access Survey**

DOH-Santa Rosa partnered with the University of West Florida Haas Center in September of 2022 to develop and disseminate a Food Access and Affordability Survey for all adults residents of Santa Rosa County<sup>35</sup>. This survey was designed by the Haas Center to measure resident's perceptions on their access to food as it pertains to (1) affordability, (2) grocery sources, (3) quality measures, and (4) barriers to access. Over 800 surveys were collected during the timeframe of the study by various methods including post cards, emails and social media posts by adults in age ranging from 18 to 86.

The Food Access Survey found that 18.8% of residents or 1 in every 5 adults in Santa Rosa County reported experiencing food insecurity, exceeding the most reported percentage of food insecurity of 10.6% by FLHealth Charts in 2021. The UWF Haas Center suggests that this increase in food insecurity may be attributed to the post-pandemic consumer reality and historically high inflation rates. The survey also found other key determinants for residents experiencing food insecurity including lower levels of education, households with more adults or children, living in high density neighborhoods, and identifying as Black or Hispanic.

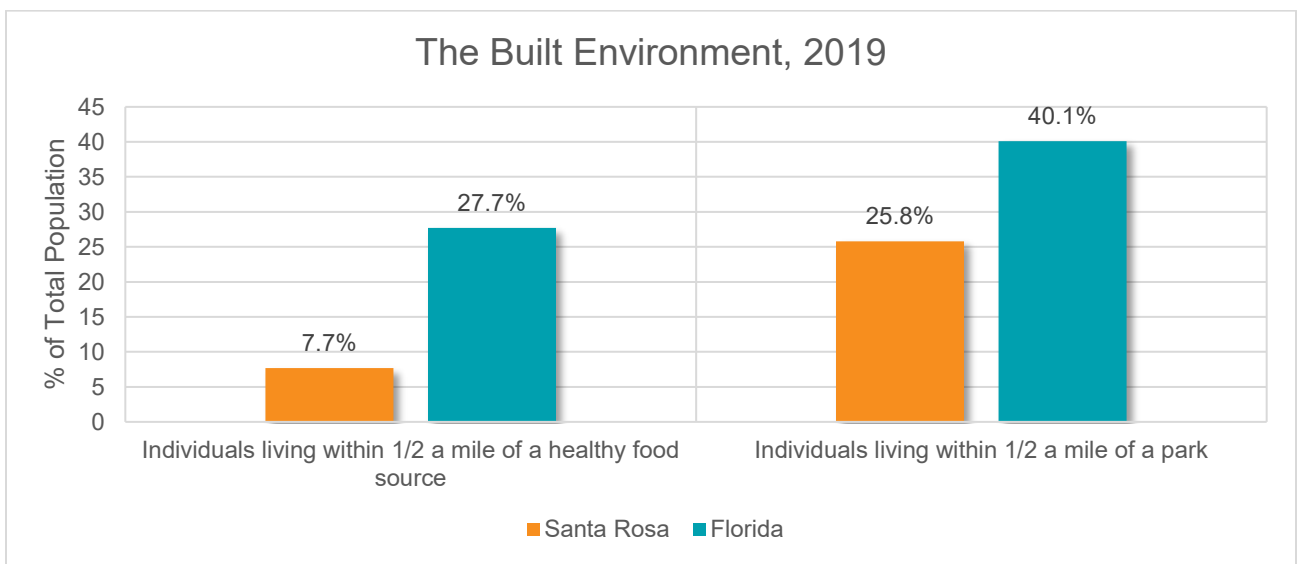
The UWF Haas Center provided key recommendations for tackling food insecurity in Santa Rosa County:

- Fortify infrastructure for providing food assistance
- Increase accessibility of food options for hungry people and families
- Promote healthy eating

### **The Built Environment in Santa Rosa County**

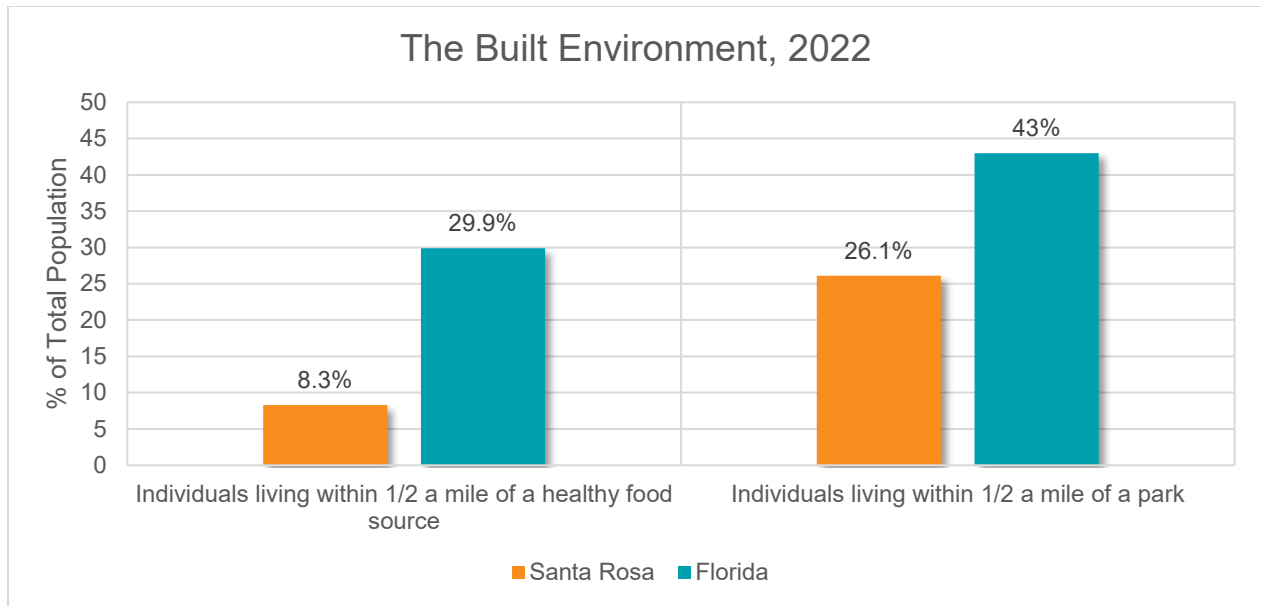
Santa Rosa County shows a lower percentage of the population living within ½ mile of a healthy food source compared to the state average. Only 7.7% of Santa

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: FLHealth Charts

Updated data from FLHealth Charts depicts similar trends in 2022 regarding the built environment when compared to 2019. Though both indicators have increased from 2019, Santa Rosa County continues to have smaller percentages of individuals living near healthy food sources and park. In 2022, 8.3% of individuals in Santa Rosa County lived within half a mile of a healthy food sources compared to the overall Florida average of 29.9%. Similarly, only 26.1% on Santa Rosa County residents lived within half a mile of a park compared to 43.0% of Florida residents. The following charts depicts the updated data for 2022.



Source: FLHealth Charts

### **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 Florida<sup>11</sup>. Updated data regarding homelessness in Florida has not been released for 2023.

### **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 Florida<sup>9</sup>.

The Florida Department of Education released the Homeless Students, Non-Homeless Students, and Unaccompanied Youth by District 2021-22 Final Survey reports providing data regarding student homelessness in Florida Counties<sup>36</sup>. During the 2021-2022 academic year, a total of 817 students were considered homeless in Santa Rosa County and 63 youth were considered unaccompanied. This was used to calculate the rate of homeless and unaccompanied youth in Santa Rosa County of 26 per 10,000 students, a slight decrease from the 2019-20 academic year.

### **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 rates<sup>26</sup>. 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.

<b>Neighborhood and Built Environment</b>		
<b>SDOH</b>	<b>Vulnerable Populations Impacted</b>	<b>How the SDOH Impacts Overweight and Obesity</b>
Transportation	<ul style="list-style-type: none"> <li>• Low income</li> <li>• Elderly</li> </ul>	The availability of public transportation is a key factor in maintaining healthy lifestyles <sup>14</sup> . 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"> <li>• Low income</li> <li>• Racial and ethnic minority population</li> </ul>	The safety of a community is important when promoting healthy behaviors <sup>12</sup> . 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"> <li>• Low income</li> </ul>	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"> <li>• Low income</li> </ul>	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"> <li>• Low income</li> <li>• Children under 18</li> <li>• Racial and ethnic minority population</li> </ul>	A healthy diet is essential in preventing overweight and obesity, requiring access to nutritional foods <sup>4</sup> . 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



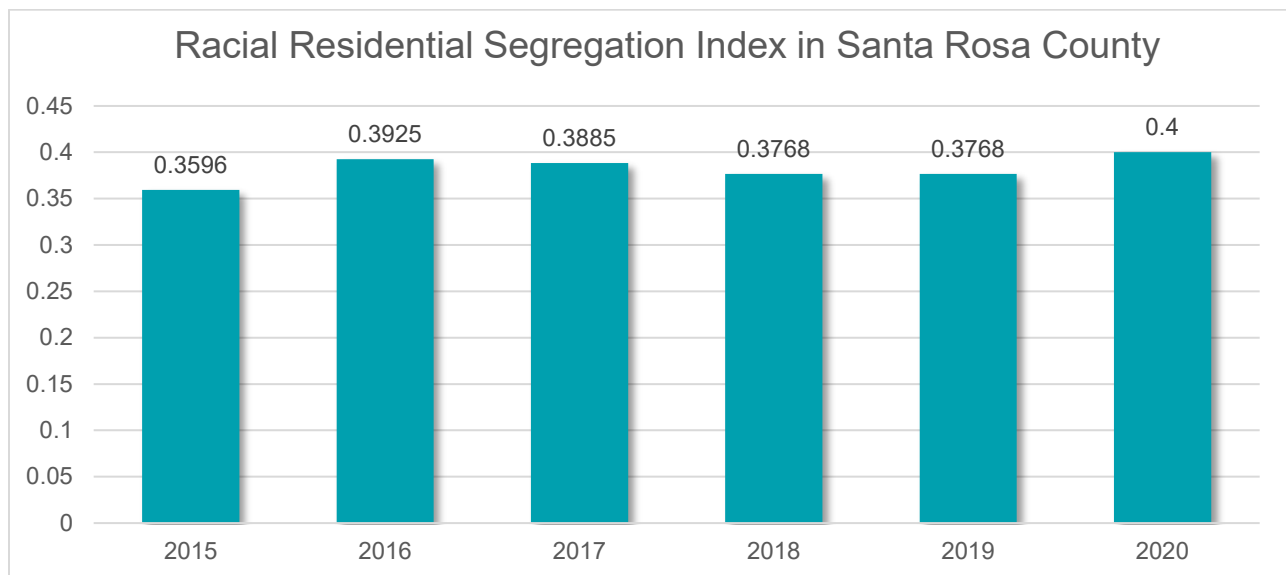
### Social and Community Context Data in Santa Rosa County

#### 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<sup>1</sup>. 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.

The Achieve Dashboard released new data for racial residential segregation within Santa Rosa County. In 2020, the racial residential segregation rate in the county increased from 0.3768 in 2019 to 0.4 in 2020. This value is within the 0.3 and 0.6 range, meaning a moderate racial segregation within the county. The new data can be found on the updated chart below.



Source: Achieve Dashboard

### **Mental Health and Substance Use**

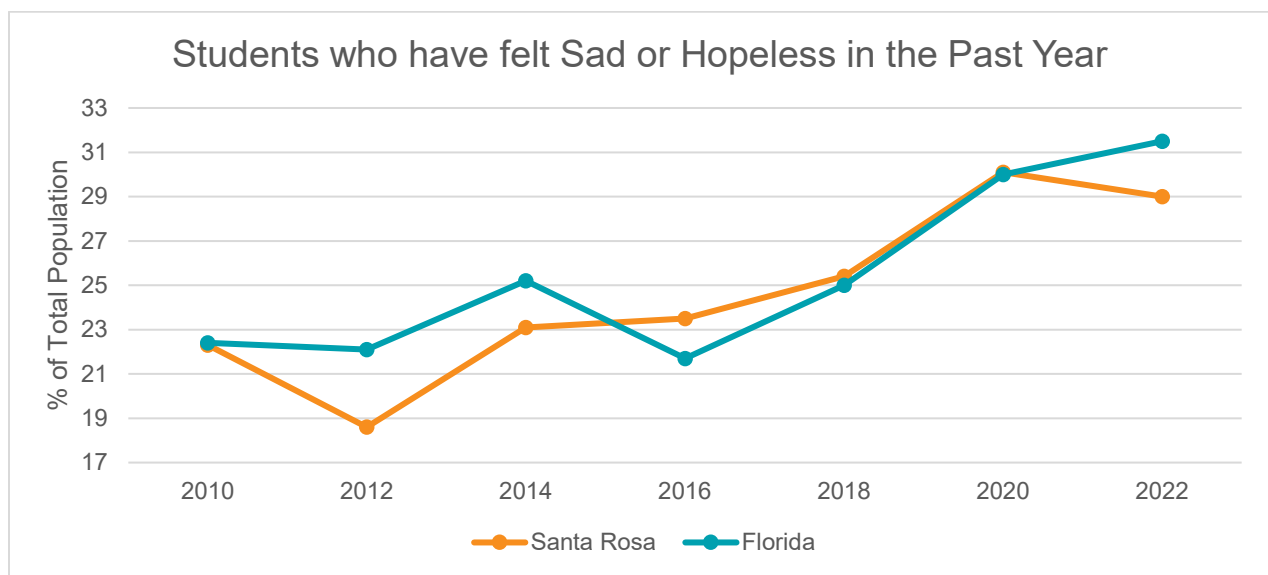
Santa Rosa County residents ranked their most important health issues in the 2022 Escambia-Santa Rosa Community Health Needs Assessment. Mental health and substance abuse were ranked in the top three most important health issues with 41.6% of Santa Rosa residents perceiving mental health as top

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 residents<sup>2</sup>.

### **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.

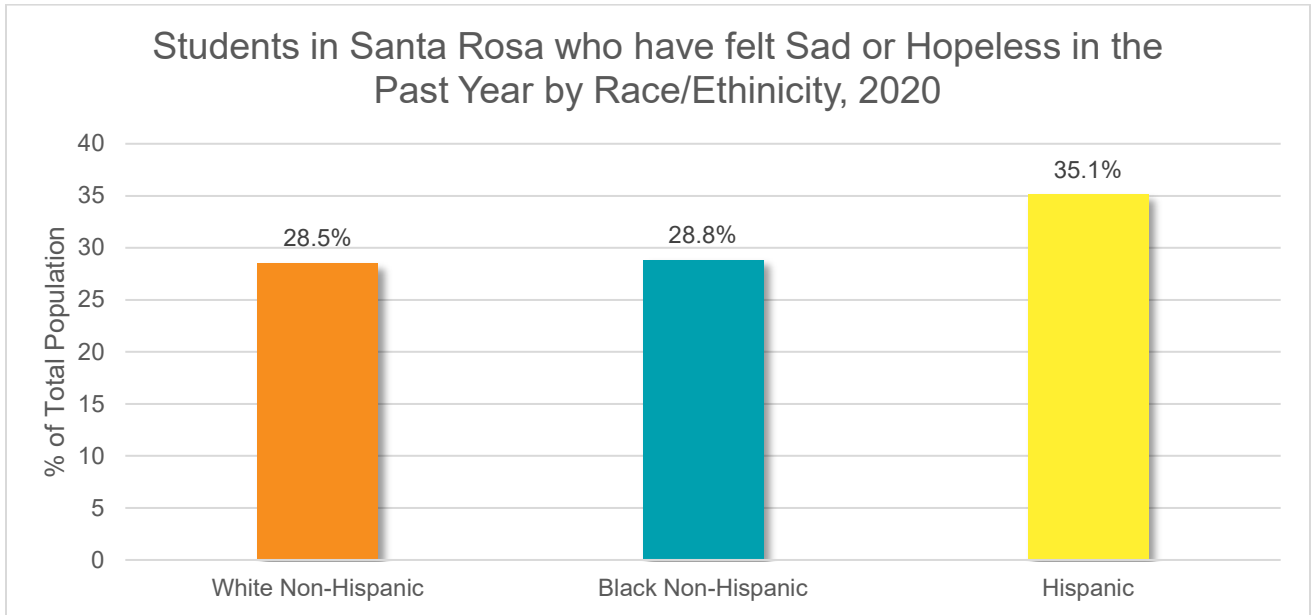
Updated data from FLHealth Charts provides information on students who have felt sad or hopeless for 2022. In 2022, Santa Rosa County saw a decrease in this indicator for students from 30.1% in 2020 to 29.0% in 2022. The new data can be viewed in the chart below.



Source: FLHealth Charts

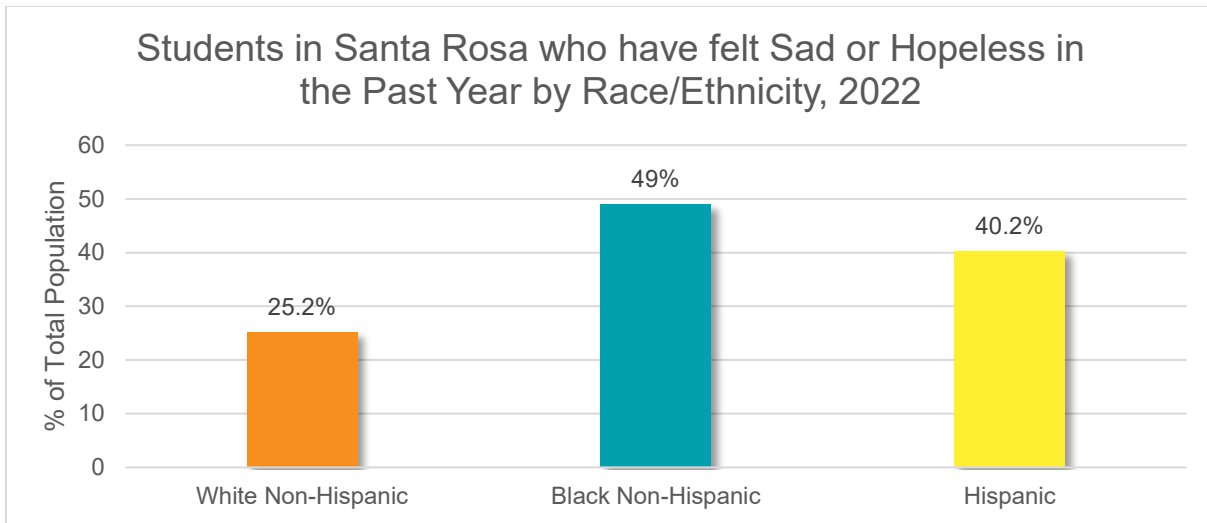


Disparities exist for this indicator between students of different races and ethnicities. In 2020, the percentage of Hispanic students who felt sad or hopeless in the past year was 35.1% compared to white and Black students of 28.5% and 28.8% respectively. It is important to note data gaps exist for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



Source: FLHealth Charts

FLHealth Charts provided updated data regarding mental health for students of different races and ethnicities in Santa Rosa County. In 2022, almost half of students who identified as Black in Santa Rosa County indicated they had felt sad or hopeless for two weeks straight in the past year, the highest percentage of race or ethnicity. Hispanic students followed at 40.2% then White non-Hispanic students at 25.2%. The updated data can be found in the chart below.



Source: FLHealth Charts

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 community<sup>18</sup>.

In 2022, the percentage of female students who felt sad or hopeless for two weeks straight in Santa Rosa County increased to 43.9% compared to the decreased percentage of males in the county at 13.9%.

## **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 communication<sup>17</sup>. Some examples and their impact on overweight and obesity can be seen below.

<b>Social and Community Context</b>		
<b>SDOH</b>	<b>Vulnerable Populations Impacted</b>	<b>How the SDOH Impacts Overweight and Obesity</b>
Support Systems	<ul style="list-style-type: none"> <li>• Children under 18</li> <li>• Racial/ethnic minority populations</li> <li>• Females</li> </ul>	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 obesity <sup>17</sup> .
Community Engagement	<ul style="list-style-type: none"> <li>• Children under 18</li> <li>• Low income</li> </ul>	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 obesity <sup>17</sup> .
Stress	<ul style="list-style-type: none"> <li>• Low income</li> <li>• Children under 18</li> <li>• Racial and ethnic minority population</li> <li>• Females</li> <li>• LGBTQ+ community</li> </ul>	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 <sup>16,18</sup> . 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 then recommended, teach their children these same behaviors.

## 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

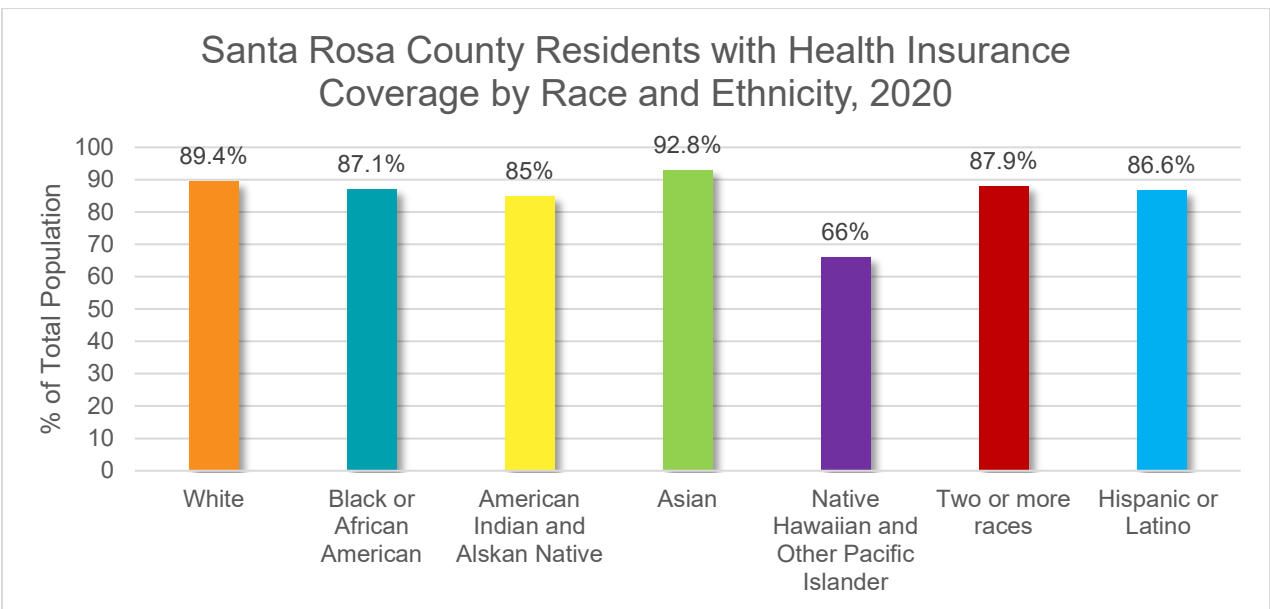
Accessing quality healthcare is indicated by two factors: health insurance coverage and provider availability. Access to quality healthcare was ranked in the top 5 significant identified needs for Santa Rosa County, with only 36.1% of residents stating they were able to receive quality healthcare without problems<sup>2</sup>. 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%)<sup>2</sup>.

#### 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 2020<sup>22</sup>. 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%)<sup>32</sup>. When compared to

the rest of the state, Santa Rosa County sees higher percentages of health insurance coverage in all indicators above.

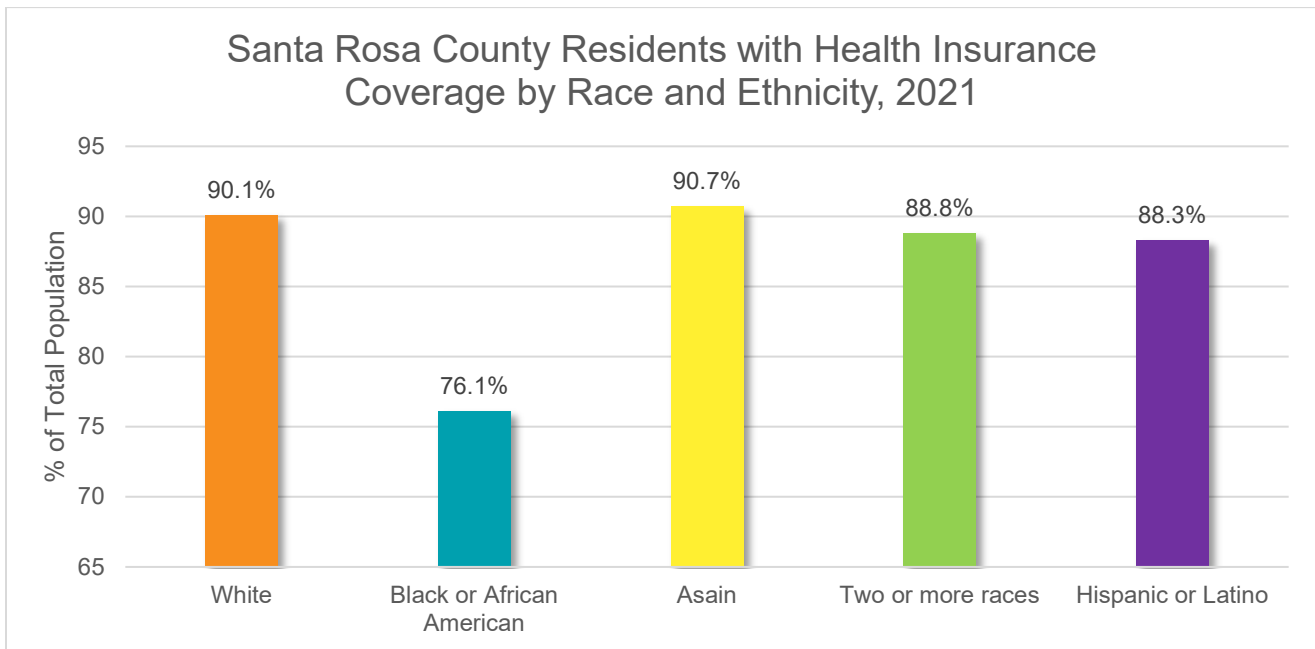
It is important to note disparities exist in health care coverage between different racial and ethnic groups in Santa Rosa County. According to the most recent data, Asian residents in Santa Rosa County showed the highest percentage of individuals covered by health insurance (92.8%), followed by White 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

The U.S Census Bureau provided updated information regarding health insurance coverage in Santa Rosa County for 2021<sup>32</sup>. There was a very slight increase in the percentage of individuals insured in the county, from 89.1% in 2020 to 89.2% in 2021. Santa Rosa County continues to experience higher percentages of individuals insured compared to the Florida average of 87.9% in 2021. As opposed to 2020, less women were covered by health insurance in Santa Rosa County when compared to men (88.2% versus 90.3%), however U.S. native born residents continue to be insured at a slightly higher percentage than foreign born residents (89.5% versus 83.7%).

Similar disparities exist between Santa Rosa County residents of different races and ethnicities in 2021 as they did in 2020, though there are several gaps in the most recent data. Asian residents in Santa Rosa County continue to have the highest percentage of individuals insured (92.8%), though a slight decrease from 2020 (92.8%). The percentage of Black/African American residents insured in the county decreased from 87.1% in 2020 to 76.1% in 2021<sup>32</sup>. Data was not available for the percentage of American Indian/Alaskan Native residents or Native Hawaiian/Other Pacific Islander.

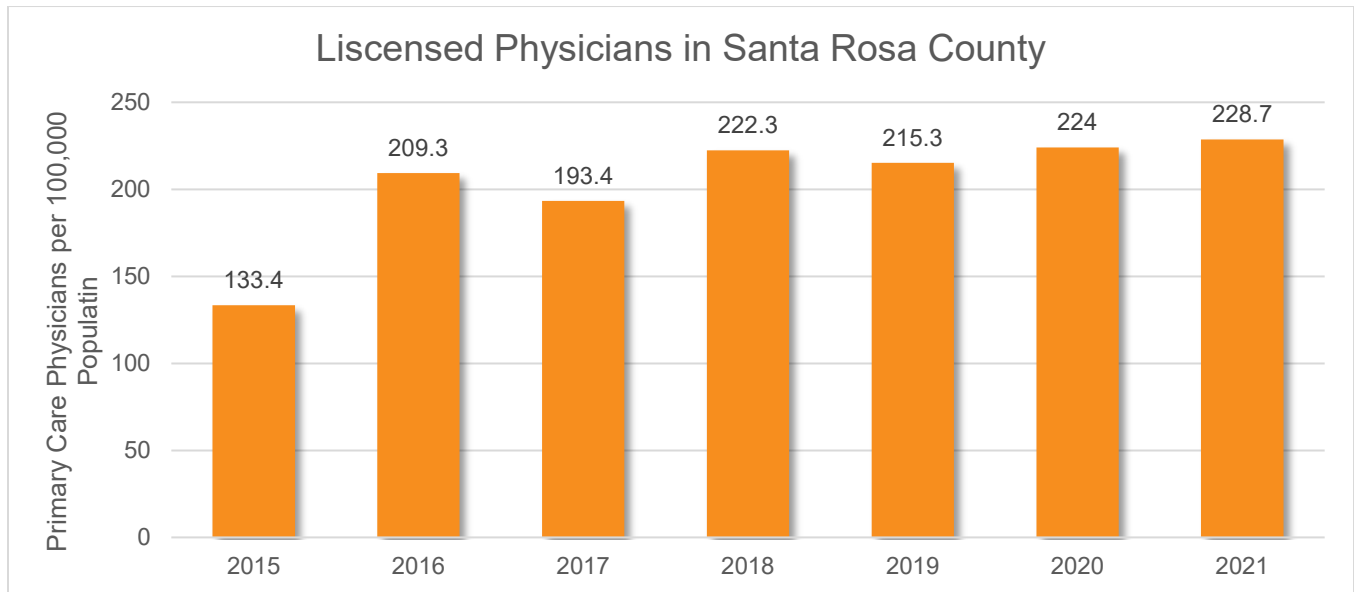


Source: U.S. Census Bureau

### **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 community<sup>13</sup>. No new data from the Achieve Dashboard has been released for 2022.



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 age<sup>17</sup>. 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 Overweight and Obesity
Health Coverage	<ul style="list-style-type: none"> <li>• Low income</li> <li>• Children</li> </ul>	Access to quality health coverage and insurance is essential to maintaining proper health <sup>25</sup> . 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"> <li>• Racial and ethnic minority population</li> <li>• Non-English speaking population</li> </ul>	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"> <li>• Rural population</li> <li>• Low income</li> <li>• Racial and ethnic minority population</li> </ul>	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 <sup>15</sup> . This lack of care can increase the risk of becoming overweight and developing obesity.



## VIII. SDOH PROJECTS

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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 development 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.

## Healthy Community Project

**Problem:** Only 25.9% of students in Santa Rosa County met the recommended guidelines of 60 minutes of daily physical activity in 2022.

**Background:** Education on the physical activity guidelines is important to both members of the community and healthcare providers to prevent the onset of overweight and obesity. This project aims to improve physical activity education and outreach, along with access to quality healthcare in Santa Rosa County.

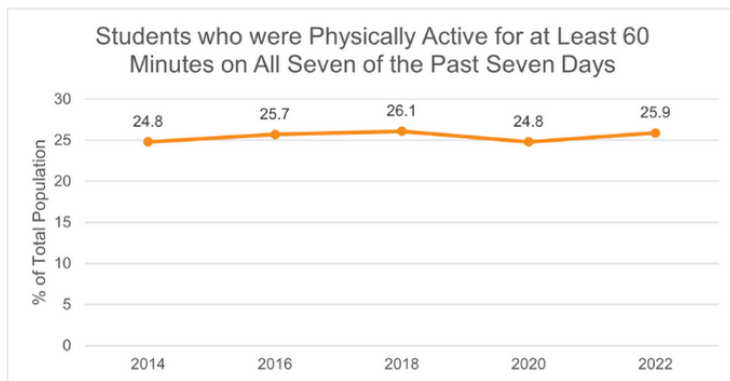
**Social Determinant(s) of Health addressed:** Access to Quality Health Care, Social and Community Context

**Priority Populations:** Health care providers in Santa Rosa and Escambia County and Santa Rosa County residents

**Partners:** Achieve Health EscaRosa Healthy Community Subcommittee, DOH-Santa Rosa, DOH-Escambia

**Project Goals:** Improve the health of Escambia and Santa Rosa residents through collaboration with Achieve Health EscaRosa on the implementation of a healthy lifestyle messaging campaign.

**Current Prefromance:**



**Root Causes and Barriers:** Only 1 in 4 adolescents and 1 in 2 adults in Santa Rosa County meet the recommended physical activity guidelines in accordance with the U.S. Department of Health and Human Services. Adults and parents of children may experience barriers to physical activity due to a lack of education on the recommended guidelines from community organizations and healthcare providers.

**Project: Improving Overweight and Obesity Rates through Education of the Physical Activity Guidelines**

DOH-Santa Rosa has worked to ensure the SDOH projects aligns with other important local, state, and national plans and guidelines. The project will also align with CHIP objectives to decrease overweight and obesity rates in Santa Rosa County and improve access to quality healthcare for residents.

DOH-Santa Rosa will be partnering with Achieve Healthy EscaRosa and the Healthy Community Subcommittee to assist in educating health care providers and residents of Santa Rosa on the 2nd Edition Physical Activity Standards created by the U.S. Department of Health and Human Services. Achieve Healthy EscaRosa, a collective impact effort composed of various organizations within Santa Rosa and Escambia Counties, identified Overweight and Obesity as a top health concern in the Community Health Needs Assessment and Community Health Improvement Plan. From this need, the Healthy Community Subcommittee was established with the overarching goal to improve the health of Santa Rosa and Escambia residents through the implementation of a healthy lifestyle messaging campaign.

The Exercise is Medicine program, created by the American College of Sports Medicine, will be utilized to create a provider focused curriculum that will provide education on the physical activity guidelines and the tools needed to integrate physical activity standards into health care. This will be accomplished through a Lunch n Learn presentation, as well as the development of an online Canvas course that will be accessible to providers.

Residents of Santa Rosa County will be educated on the physical activity guidelines through the implementation of the Move You Way campaign created by the U.S. Department of Health and Human Services. This will be accomplished through a social media and digital messaging campaign, along with outreach and promotion to the residents of Santa Rosa County.

*\*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 25.0%.  
[FLHealth Charts]

**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%.	DOH-Santa Rosa	Kimberly Pace	Achieve Dashboard	19.5%	17.0%	State Health Improvement Plan <b>SEC 3.3</b> Healthy People 2030 <b>NWS-02</b> CHIP -FI 1 SP -2.2
Medium-Term SDOH Goal: Improve Economic Stability						
Objective: By June 2024, increase the number of free produce and	DOH-Santa Rosa, Community	Erin Moore, Community Garden	DOH-Santa Rosa Archives	0	4	CHIP -FI 1

cooking demos provided to parents from 0 in 2022 to 4.	Garden Partners	Master Gardeners				
<b>Short-Term SDOH Goal: Improve Neighborhood and Build Environment</b>						
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 <b>NWS-01</b> CHIP – FI-1
<b>Short-Term SDOH Goal: Improve Social and Community Context</b>						
Objective: By August 2022, increase participation of Feeding the Gulf Coast in the Santa Rosa School Health Advisory Council from 0 to 1.	DOH-Santa Rosa	Erin Moore	SHAC Meeting Minutes	0	1	CHIP – FI-1

**Physical Activity Education Project**

	<b>Lead Entity and Unit</b>	<b>Lead Point Person</b>	<b>Data Source</b>	<b>Baseline Value</b>	<b>Target Value</b>	<b>Plan Alignment</b>
<b>Long-Term SDOH Goal: Improve Access to Quality Healthcare</b>						
Objective: By June 2025, increase the percentage of students meeting	Achieve Healthy EscaRosa	Erin Moore & Tanisha Thompson	FLHealth Charts	25.9%	30.4%	Healthy People 2030 <b>PA-08</b>

the physical activity guidelines from 25.9% in 2022 to 30.4%.						CHIP – HC 1, HC 2
<b>Medium-Term SDOH Goal: Improve Access to Quality Healthcare</b>						
Objective: By December 2024, increase the number of health care providers who participate in the Exercise is Medicine educational series from 0 in 2022 to 30	Achieve Healthy EscaRosa	Erin Moore & Tanisha Thompson	DOH-Santa Rosa Archives	0	30	Healthy People 2030 <b>NWS-05</b> CHIP -HC 1
<b>Medium-Term SDOH Goal: Improve Social and Community Context</b>						
Objective: By July 2024, increase the number of messaging and outreach promotion utilizing the Move Your Way campaign from 1 in 2022 to 10	DOH-Santa Rosa	Erin Moore	DOH-Santa Rosa Archives	1	9	CHIP- HC-2 SP – 11.1
<b>Short-Term SDOH Goal: Improve Access to Quality Healthcare</b>						
Objective: By August 2023, develop an Exercise is Medicine curriculum targeted towards healthcare providers.	Achieve Healthy EscaRosa	Erin Moore & Tanisha Thompson	DOH-Santa Rosa Archives	0	1	Healthy People 2030 <b>NWS-05</b> CHIP -HC 1
<b>Short-Term SDOH Goal: Improve Social and Community Context</b>						

Objective: By January 2023, increase monthly meetings of the Healthy Community Subcommittee from 0 in 2022 to 1.	Achieve Health EscaRosa	Erin Moore & Tanisha Thompson	AHER Healthy Community Meeting Minutes	0	1	CHIP -HC 1, HC 2
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## **X. PERFORMANCE TRACKING AND REPORTING**

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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 15<sup>th</sup> annually.

## **XI. REVISIONS**

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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
Taskforce, Team, and training updates	Erin Moore	5/5/2023	Dates for various meetings and trainings have been included since 2022.
2023 National Minority Health Month Event	Erin Moore	5/5/2023	The 2023 National Minority Health Month Event was added as required by Health Equity Plan deliverables.
Addition of updated data throughout plan	Erin Moore	6/12/2023-6/28/2023	New data from various sources was released and included into the plan.
Physical Activity Project	Erin Moore	6/29/2023	A new project was developed by a partner organization and will be in collaboration with DOH-Santa Rosa.
Taskforce and Coalition Members List	Erin Moore	8/10/2023	Added new members to the list.

## XII. ADDENDUM

### A. Coalition Members

Member Name	Organization	Member Name	Organization
Alicia Skolrood	Healthy Start Coalition	Allison Romer	University of West Florida
Allyson Anderson	Healthy Start Coalition	Alyssa Tucker	Nemours Children's Health, Pensacola
Amy Stamey	Gulf Coast Kids House	Andy Stack	Building Healthy Military Communities
Angela Sanders	UWF Haas Center	Ann Farley	
Ann Hill	Emerald Coast Healthcare Coalition	Anna Tedder	Escambia County School District
Ashley Cole	Nemours Children's Health, Pensacola	Autumn Wright	Santa Rosa County School District
Beth Gallion	Northwest Florida Health Network	Brent Couch	Simply Healthcare
Brian Wyer	Gulf Coast Minority Chamber of	Briana Wrigley	One Digital
Carol Sekhon	Florida Department of Health	Chandra Smiley	Community Health Northwest Florida
Christina Krueger	Ascension Sacred Heart	Christina Hutley	DOH-Escambia
Christina Perron	DOH-Escambia	Claire Kirchharr	Healthy Start Coalition
Daudet Tshiswaka	University of West Florida	David Bellar	University of West Florida
Deanna Oleske	District 1 Medical Examiners Office	Debbie Newton	Community Healthy Northwest Florida
Deborah Markley		Debra Vinci	University of West Florida

## DOH-Santa Rosa

### Health Equity Plan

DeDe Flounlack	Manna Pensacola	Denise Manassa	CDAC Behavioral Health
Elisabeth Jordan	DOH- Santa Rosa	Emily Bantista	DOH-Escambia
Emmale Peoples	Escambia Children's Trust	Enid Sisskin	
Erin Moore	DOH-Santa Rosa	Eriqua March	Community Health Northwest Florida
Franklin Jackson		Genia Taylor	University of West Florida
Grace Allen	DOH-Santa Rosa	Heather Lopez	Early Childhood Court
Hong Potomski	Florida Blue Cross Blue Shield	Inger Berg	American Heart Association
Irv Williams	Baptist Health Care	Jaleena Davis	School Food Services
Janice George	Northwest Florida Health Network	Jennifer Grove	Baptist Health Care
Jessi Truett	Andrews Research & Education	Jessica Johnson	Pensacola State College
Jessica Netterfie	Huron Consulting Group	Jillian Johnson	University of West Florida
Joy Sharp	Baptist Health Care	Juan Plaza	Health ARCH
Jules Kariher	Ascensions Sacred Heart	Justice Mbizo	University of West Florida
Justin Serrano	Santa Rosa Medical Center	Katrina Mougey	Heart of Pensacola for American Heart Association
Kelly Sanders	Santa Rosa Kids House	Kendrick Doidge	West Florida Health Care
Kerri Smayda	Manna Pensacola	Kevin Myers	Florida Blue
Kimberly Fischer	DOH-Santa Rosa	Krista Guy	Healthy Start Coalition

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### Health Equity Plan

LaTasha Harris		Laura Gilliam	United Way of West Florida
Laura Griffin	Escambia County Medical Society	Lewis Garvin	DOH-Escambia
Linda Finkelstein	Nami Pensacola	Linie Gaines	Genentech
Lori Milkeris	University of West Florida	Mariah Kill	University of West Florida
Marie Mott	DOH-Escambia	Martha Zimmerman	Healthy Start Coalition
Mary Mehta	Nemours	Mary Zaledonis	United Way of West Florida
Mary Bickerstaff	The Arc Gateway	Matthew Dobson	DOH-Santa Rosa
Melanie Sutton	University of West Florida	Michelle Schilling	DOH-Escambia
Mindy Young	Escambia County Sherriff's Office	Mrya VanHoose	Achieve Escambia
Namita Mishra	Baptist Healthcare	Nicole Gislason	UWF Haas Center
Patsy Barrington	University of West Florida	Paula Doty	Gulf Coast Kids House
Peter Heckathorn	BDC Advisors, LLC	Rachel Lewis	Navy Hospital
Rachelle Burns	Pensacola State College	Raul Gonzalez	
Roni Fisher	The Secret Place Home	Ruthie Noel	ReadyKids!
Sandra Donaldson	Donaldson Edge Consulting	Sara Lefevers	Baptist Health Care
Sena Maddison	Community Health Northwest Florida	Shawn Salamida	Baptist Health Care
Stacey Kostevicki	Gulf Coast Kids House	Taffany Shipp	Community Member

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Tanisha Thompson	DOH-Escambia	Tony Kisner	Pensacola Florida Blue Center
Tori Bennett	University of West Florida	Tracie Moorer	Northwest Florida Health Network
Wes Farr	University of West Florida	Will Condon	Ascension Sacred Heart
Andrea Hamilton	ARC Gateway		

## B. References

1. Achieve Healthy EscaRosa & UWF HAAS Center. (2022, February). *Achieve Dashboard*. Achieve Dashboard. Retrieved June 22, 2022, from <https://www.achievedashboard.org/>
2. Achieve Healthy EscaRosa. (2022, February). *2022 Escambia-Santa Rosa Community Health Needs Assessment*. [https://www.floridahealth.gov/provider-and-partner-resources/community-partnerships/floridamapp/state-and-community-reports/santa-rosa-county/documents/SantaRosa\\_CHA1.pdf](https://www.floridahealth.gov/provider-and-partner-resources/community-partnerships/floridamapp/state-and-community-reports/santa-rosa-county/documents/SantaRosa_CHA1.pdf)
3. Best Neighborhood. (n.d.). *Race, Diversity, and Ethnicity in Santa Rosa County, FL BestNeighborhood.org*. Race, Diversity, and Ethnicity in Santa Rosa County, FL. Retrieved June 22, 2022, from <https://bestneighborhood.org/race-in-santa-rosa-county-fl/>
4. CDC. (2020, September 10). *Access to Healthy Foods*. Centers for Disease Control and Prevention. Retrieved June 21, 2022, from <https://www.cdc.gov/nutrition/healthy-food-environments/improving-access-to-healthier-food.html>
5. Chrissini, M. K., & Panagiotakos, D. B. (2021). Health literacy as a determinant of childhood and adult obesity: a systematic review. *International Journal of Adolescent Medicine and Health*, 33(3), 9–39. <https://pubmed.ncbi.nlm.nih.gov/33592684/>
6. County Health Rankings. (2022). *Median Household Income*. County Health Rankings and Roadmaps. <https://www.countyhealthrankings.org/app/florida/2022/measure/factors/63/data>
7. County Health Rankings. (2022). *Santa Rosa County*. County Health Rankings and Roadmaps. Retrieved June 22, 2022, from <https://www.countyhealthrankings.org/app/florida/2022/rankings/santa-rosa/county/outcomes/overall/snapshot>
8. Florida Department of Education. (2021, February). *SPP/ARR Performance Report - Santa Rosa*. <https://www.fldoe.org/core/fileparse.php/7672/urlt/SantaRosa2021.pdf>
9. Florida Department of Education. (2022). *PK-12 Public School Data Publications and Reports*. <https://www.fldoe.org/accountability/data-sys/edu-info-accountability-services/pk-12-public-school-data-pubs-reports/archive.shtml>
10. Florida Department of Health. (2022). *FLHealthCHARTS*. Department of Health - FLHealthCHARTS. Retrieved June 22, 2022, from <https://www.flhealthcharts.gov/Charts/>
11. Florida’s Council on Homelessness. (2022, June). *2022 Annual Report*. <https://www.myflfamilies.com/service-programs/homelessness/docs/annual-reports/Council%20on%20Homelessness%20Annual%20Report%202022.pdf>
12. Galaviz, K. I., Zytneck, D., Kegler, M. C., & Cunningham, S. A. (2016). Parental Perception of Neighborhood Safety and Children’s Physical Activity. *Journal of Physical Activity and Health*, 13(10), 1110–1116. <https://doi.org/10.1123/jpah.2015-0557>

13. Health Resources & Services Administration. (n.d.). *Shortage Areas*. Data.HRSA.Gov. <https://data.hrsa.gov/topics//health-workforce/shortage-areas>
14. Heaps, W., Abramsohn, E., & Skillen, E. (2021, July 29). *Public Transportation in the U.S.: A Driver of Health and Equity*. Robert Wood Johnson Foundation. Retrieved June 21, 2022, from <https://www.rwjf.org/en/library/research/2021/07/public-transportation-in-the-us-a-driver-of-health-and-equity.html#:~:text=Access%20to%20public%20transportation%20may%20reduce%20health%20disparities,have%20equal%20access%20to%20these%20fundamental%20daily%20necessities.>
15. Jannah, N. (2018, August 31). *Provider Workforce in the Context of Severe Obesity | GWSPH Centers and Institutes*. Milken Institute School of Public Health. Retrieved June 20, 2022, from <https://stop.publichealth.gwu.edu/article-archive/provider-workforce-context-severe-obesity>
16. Miller, A. L., L, D., & E, W. (2017, June). *Stress in Early Life and Childhood Obesity Risk*. Healthy Eating Research. Retrieved June 20, 2022, from <https://healthyeatingresearch.org/research/stress-in-early-life-and-childhood-obesity-risk/>
17. Murtis, E. (2020, August 7). *How is Childhood Obesity a Social Problem?* Obesity Prevention Foundation of America. Retrieved June 20, 2022, from <https://obesitypreventionofamerica.org/how-is-childhood-obesity-a-social-problem/>
18. Rosen, A. (2022, May 12). *LGBTQ Teens and Their Mental Health Risks*. The Children's Center for Psychiatry, Psychology, & Related Services. Retrieved June 22, 2022, from <https://childrenstreatmentcenter.com/lgbtq-teens-mental-health/#:~:text=Despite%20the%20fact%20that%20identifying%20as%20LGBTQ%20has,teens%20have%20an%20increased%20risk%20of%20personal%20violence%3A>
19. United Way of Northern New Jersey. (2022). *Florida | UnitedForALICE*. United for ALICE. <https://www.unitedforalice.org/state-overview/Florida>
20. U.S. Census Bureau. (2021a). *U.S. Census Bureau QuickFacts: Florida*. Census Bureau QuickFacts. Retrieved June 22, 2022, from <https://www.census.gov/quickfacts/FL>
21. U.S. Census Bureau. (2021b). *U.S. Census Bureau QuickFacts: Santa Rosa County, Florida*. Census Bureau QuickFacts. Retrieved June 22, 2022, from <https://www.census.gov/quickfacts/santarosacountyflorida>
22. U.S. Census Bureau. (2022). *Explore Census Data*. United States Census Bureau. [https://data.census.gov/cedsci/table?q=health%20insurance%20coverage%20&q=0400000US12\\_0500000US12113&tid=ACST5Y2020.S2701](https://data.census.gov/cedsci/table?q=health%20insurance%20coverage%20&q=0400000US12_0500000US12113&tid=ACST5Y2020.S2701)
23. US Census Bureau. (2022, July 1). *Small Area Income and Poverty Estimates (SAIPE) Program*. Census.Gov. <https://www.census.gov/programs-surveys/saipe.html>
24. U.S. Department of Health and Human Services. (n.d.-a). *Economic Stability - Healthy People 2030*. Health.Gov. Retrieved June 20, 2022, from <https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability>



25. U.S. Department of Health and Human Services. (n.d.-b). *Health Care Access and Quality - Healthy People 2030* | *health.gov*. Health.Gov. Retrieved June 20, 2022, from <https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality>
26. U.S. Department of Health and Human Services. (n.d.-c). *Neighborhood and Built Environment - Healthy People 2030* | *health.gov*. Health.Gov. Retrieved June 20, 2022, from <https://health.gov/healthypeople/objectives-and-data/browse-objectives/neighborhood-and-built-environment>
27. U.S. Department of Health and Human Services. (n.d.-d). *Social and Community Context - Healthy People 2030* | *health.gov*. Health.Gov. Retrieved June 20, 2022, from <https://health.gov/healthypeople/objectives-and-data/browse-objectives/social-and-community-context>
28. Williams, P. G., Lerner, M. A., Sells, J., Alderman, S. L., Hashikawa, A., Mendelsohn, A., McFadden, T., Navsaria, D., Peacock, G., Scholer, S., Takagishi, J., Vanderbilt, D., de Pinto, C. L., Attisha, E., Beers, N., Gibson, E., Gorski, P., Kjolhede, C., O’Leary, S. C., . . . Council on School Health. (2019). School Readiness. *Pediatrics*, 144(2). <https://doi.org/10.1542/peds.2019-1766>
29. World Health Organization. (2021, June 9). *Obesity and overweight*. Who.Int. Retrieved June 20, 2022, from <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight#:~:text=Supportive%20environments%20and%20communities%20are%20fundamental%20in%20shaping,and%20obesity.%20At%20the%20individual%20level%2C%20people%20can%3A>
30. County Health Rankings and Roadmaps. (n.d.). *Life Expectancy*. County Health Rankings & Roadmaps. <https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-outcomes/length-of-life/life-expectancy?anchor=data-methods&selected-tab=methods&year=2022>
31. U.S. Department of Agriculture. (2017, November). *The national school lunch program* [Fact Sheet]. <https://fns-prod.azureedge.us/sites/default/files/resource-files/NSLPFactSheet.pdf>
32. United States Census Bureau. (n.d.). *data.census.gov* [Dataset]. In Selected Characteristics of Health Insurance Coverage in the United States. [https://data.census.gov/table?q=health+insurance+coverage+&q=040XX00US12\\_050XX00US12113&y=2021](https://data.census.gov/table?q=health+insurance+coverage+&q=040XX00US12_050XX00US12113&y=2021)
33. Florida Department of Education. (n.d.-b). *Students*. PK-12 Public School Data Publications and Reports. <https://www.fldoe.org/accountability/data-sys/edu-info-accountability-services/pk-12-public-school-data-pubs-reports/students.stml>
34. University of Washington Population Health Institute. (n.d.). *Food Environment Index*. County Health Rankings & Roadmaps. <https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/health-behaviors/diet-and-exercise/food-environment-index?year=2023&county=12113>

35. University of West Florida Haas Center. (2023). *Food Access and Affordability Survey*.
36. Florida Department of Education. (n.d.-b). Homeless Students, Non-Homeless Students, and Unaccompanied Youth by District 2021-22, Final Survey 5. In *Florida Department of Education* (PERA 3356h). Florida Department of Education.