



DOH-LEE

**HEALTH EQUITY
PLAN**

*January 2022 –
December 2026*



Updated June 15th, 2022



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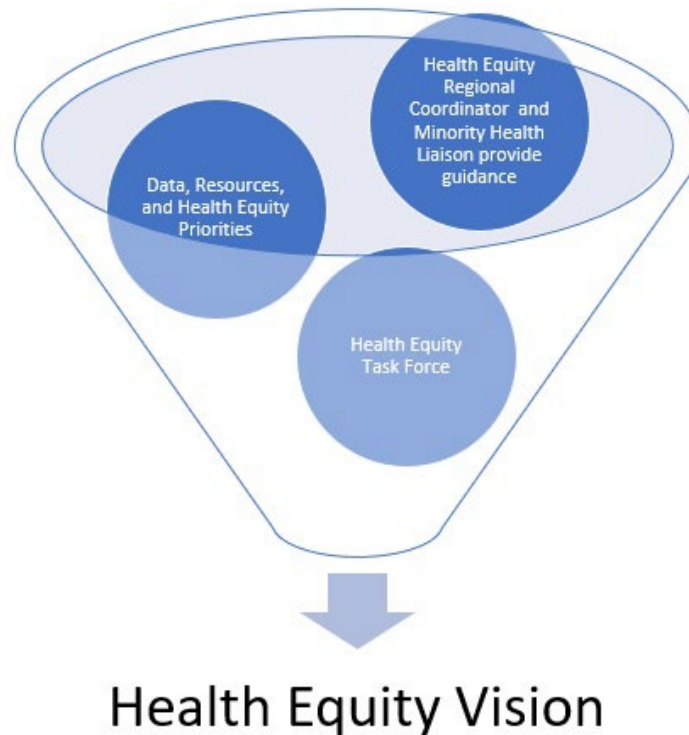
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I. VISION



The Health Equity Team met and reviewed the information on their health disparities and populations in Lee County. The definitions of health equity, equality inequities, health disparities and social determinants of health included as part of this Health Equity Plan were reviewed and helped guide the team reach a consensus. As a result, and after a group discussion they agreed on the following vision:

“In Lee County we envision a community where all residents have the opportunity to achieve optimal health and thrive.”

II. PURPOSE OF THE HEALTH EQUITY PLAN

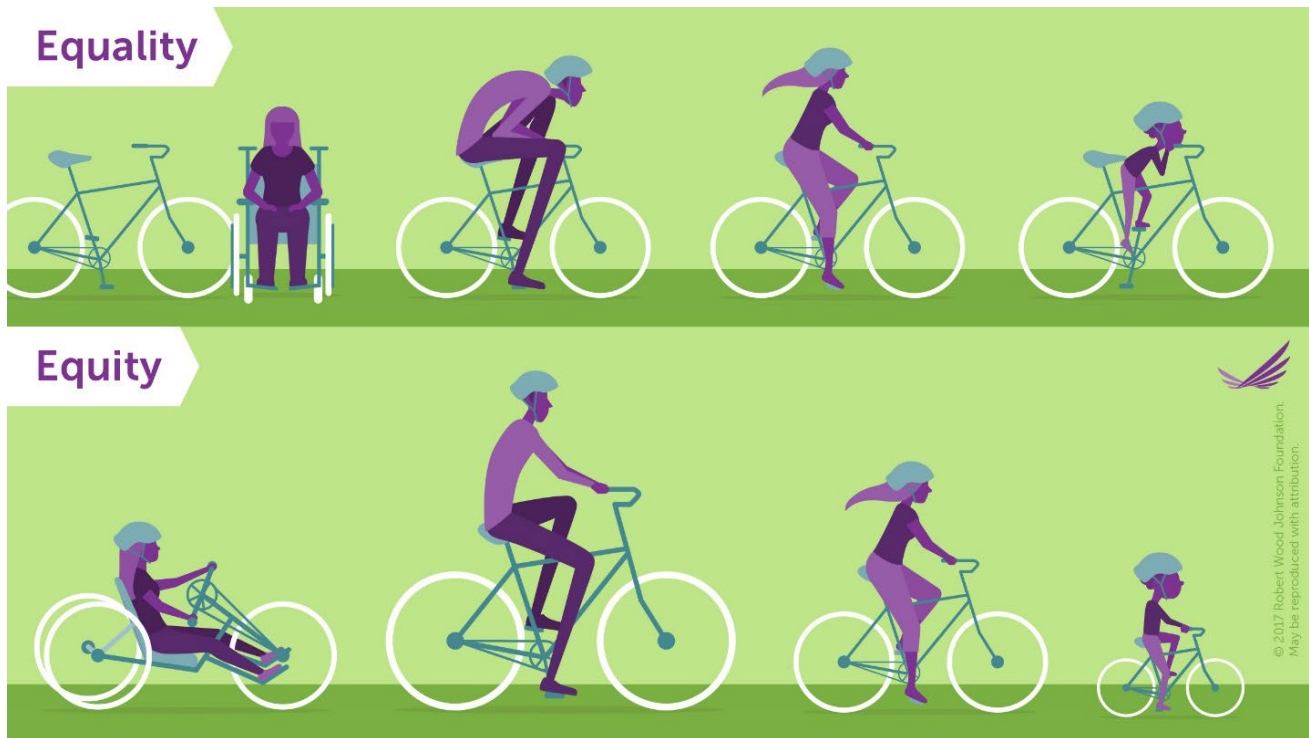
Health Equity is achieved when everyone can attain optimal health.

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

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

The purpose of the Health Equity Plan is to increase health equity within Lee County. To develop this plan, Lee County health department followed the Florida Department of Health’s approach of multi-sector engagement to analyze data and resources, coordinate existing efforts, and establish collaborative initiatives. This plan addresses key SDOH indicators affecting health disparities within Lee 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 Task Force, including a variety of government, non-profit, and other community organizations, align to address the SDOH impact health and well-being in the county.

III. DEFINITIONS



Health equity is achieved when everyone can attain optimal health

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

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

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

Social determinants of health are the conditions in which people are born, grow, learn, work, live, worship, and age that influence the health of people and communities.

IV. PARTICIPATION

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



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: Vacant – coordinated by Debora Ithier

Minority Health Liaison Backup: Vacant – coordinated by Frank Diaz

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 Lee County to the Health Equity Task Force. The Minority Health Liaison guides these discussions and the implementation of initiatives. The membership of the Health Equity Team is listed below.

Name	Title	Program
Amanda Evans	Health Education Program Consultant	Health Promotions
Ciro Urquiola	Health Educator	Health Promotions
Debora Ithier	Program Administrator	Health Promotions
Harry Marius	Health Services Supervisor	Community Health - HIV
Imani Stafford	Government Operations Consultant II	Public Information
Karen Stringfellow	Operation Management Consultant II	Community Health
Kurt Goerke	Health Education Program Manager	Health Promotions
Lori Riddle	Nutrition Program Director	WIC
Gabrielle Camarda	Nursing Program Specialist	Community Health-School Health

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
02/15/2022	Review of Priority Populations
02/21/2022	Identifying Health Disparity – Mental Health
03/01/2022	Discussed SDOH and selected Economic Stability as focus
06/07/2022	Regional Health Equity Coordinator presented general information regarding Health Equity. Health Equity Team met and discussed information on their health priority, Vision Statement, and reviewed information in the Health Equity Plan.

C. Health Equity Task Force

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

Some of the members of the Health Equity Team were assigned to search information on the Social Dominants of Health and the health disparity. Other members helped to contact partners like the Lee County School District and to gather specific information for students by race and mental health. Data entry in the Health Equity Plan was made by the Minority Health Liaison and backup staff.

Name	Title	Organization	Social Determinant of Health
Lori Brooks	Director, School Counseling & Mental Health Services	School District of Lee County	Education Access and Quality, Health Care Access and Quality
Amanda Evans	Health Education Program Consultant	Lee County Department of Health	Health Care Access and Quality

Ciro Urquiola	Health Educator	Lee County Department of Health	Social and Community Context
Debora Ithier	Program Administrator	Lee County Department of Health	Health Care Access and Quality
Lori Riddle	Nutrition Program Director	Lee County Department of Health	Economic Stability
Harry Marius	Health Services Supervisor	Lee County Department of Health	Health Care Access and Quality
Gabrielle Camarda	Nursing Program Specialist	Lee County Department of Health	Education Access and Quality, Health Care Access and Quality
Imani Stafford	Government Operations Consultant II	Lee County Department of Health	Neighborhood and Built Environment
Karen Stringfellow	Operation Management Consultant II	Lee County Department of Health	Social and Community Context
Kurt Goerke	Health Education Program Manager	Lee County Department of Health	Education Access and Quality, Health Care Access and Quality

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

The Health Equity Task Force has not met in person. Communication was done via phone calls and emails to gather information on our health disparity or populations. The Health Equity Team in Lee County will continue its efforts to invite and recruit community partners to be part of the Task Force and Coalition. Community partners from the School District, mental health providers, housing programs, community members and other partners from the Community Health Improvement Plan will be recruited to be part of this plan. We will continue to seek participation from diverse partners and stakeholders.

Meeting Date	Organizations	Topic/Purpose
05//31/2022 – emails and telephone conversations	All Rainbow and Allied Youth, Inc.	Data gathering for LGBTQ+ population
06/03/2022 – emails and telephone conversations	School District of Lee County	Data gathering for mental health services in the student population
06/07/2022	Lee County Department of Health	Regional Health Equity Coordinator presented general information regarding Health Equity. Health Equity team met and discussed information on their health priority, Vision, and reviewed information in the Health Equity Plan.

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 has not met yet as part of this Health Equity Plan. We have gathered a list of leaders from our CHIP committees and will be presenting the Health Equity Plan at a future date.

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 Task Force with technical assistance, training, and project coordination.

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

Health Equity Assessment, Training, and Promotion

A. County Health Equity Training

Currently, the Health Equity Assessment is currently pending approval from the Florida Department of Health Executive Management. As soon as the Assessment is approved, the Lee County Health Equity Team will conduct a health equity assessment to examine the capacity and knowledge of DOH-Okeechobee County staff and county partners to address social determinants of health.

Below are the dates, SDOH training topics, and organizations who attended training.

Date	Topics	Organization(s) receiving trainings
03/22/2022	Health Equity Online Training from the Michigan Department of Health	Lee County DOH – Health Promotions staff

B. County Health Department Health Equity Training

The Florida Department of Health in Lee County (FDOH-Lee) recognizes that ongoing training in health equity and cultural competency are critical for creating a sustainable health equity focus. At a minimum, all FDOH-Lee 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
06/07/2022	Health Equity Basics, Health Equity Plan, Social Determinants of Health	6

C. Minority Health Liaison Training

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

Date	Topics
09/2021	Health Equity Scope of Work
10/21/2021	Health Equity Project Management Tool Template Review, TA Guidance Document & Sharepoint
11/18/2021	Health Equity Plan Template Draft, Assessments and Partnership Overview
12/16/2021	MHHE MHL Meeting
01/20/2022	Review of Health Equity Plan Alignment, Handbook and Resource Library
01/25/2022	Cultural Competency – Health Equity Training
02/17/2022	Health Equity Handbook Overview
03/18/2022	Clearpoint System Training
04/21/2022	Budget Guidance and Compliance
05/19/2022	FLHEALTH CHARTS Overview
06/02/2022	SW Regional Health Equity Biweekly MHL meeting

D. National Minority Health Month Promotion



SPRING INTO HEALTH *Health Fair* **SAT APRIL 23 10AM-2PM**

JOIN US

A circular inset image shows a doctor in a white coat talking to a pregnant woman.

**FREE HEALTH SCREENINGS,
YOUTH ACTIVITIES, AND EDUCATIONAL RESOURCES**

-  Tobacco Prevention & Cessation
-  STD/HIV
-  Healthy Eating & Physical Activity
-  Substance Abuse Resources
-  Mental Health First Aid
-  Breast & Cervical Cancer
-  Immunizations & School Health
-  Family Planning

MORE PROGRAMS
Environmental Health, Public Health Preparedness, Students Working Against Tobacco Youth Advocacy, Health Planning Council of Southwest Florida, Inc.

**3920 MICHIGAN AVENUE
FORT MYERS, FLORIDA**

239 332 9653



During National Minority Health Month, the Florida Department of Health in Lee County (FDOH-Lee) promoted, “Spring into Health,” an event to stress the importance of furthering the health of racial and ethnic minorities and reducing health disparities. Advertising of the event included a press release, promotion on a local Hispanic television program, “Acción Hispana,” and distribution of flyers to low-income multiunit housing properties, faith-based organizations, and retailers. The event was held on Saturday, April 23, 2022, from 10am to 2pm and included free health screenings, youth activities and educational resources from various FDOH-Lee departments. All residents and visitors were able to connect with programmatic representatives to learn more about FDOH-Lee programs and services that address Tobacco Prevention and Cessation, Healthy Eating and Physical Activity, Mental Health First Aid, Immunizations, Family Planning, Public Health Preparedness, Sexually Transmitted Diseases, Substance Abuse Resources, Breast and Cervical Cancer, School Health and Environmental Health. The FDOH-Lee was able to partner with the Health Planning Council of Southwest Florida for this event and their representative provided information on the Affordable Care Act Health Insurance.

V. PRIORITIZING A HEALTH DISPARITY

During the first and second Health Equity Team meetings, FDOH-Lee staff members identified and discussed the health disparity for their specific programs. During those discussions, FDOH-Lee staff recognized that mental health was an issue that affected the vulnerable and marginalized populations that we were already working with in Lee County. They further identified that youth mental health services were lacking and that it was not being addressed as a priority.

Before identifying and selecting a health disparity for Lee County, the Health Equity Team reviewed general information to better understand the demographics, location of the County, minority population(s) in our area, provider distribution and other related information about mental health services.

A. Lee County Description and Demographics:

Lee County is located on 785 square miles of land on the Southwest coast of Florida. There are six incorporated areas – City of Bonita Springs, City of Cape Coral, City of Fort Myers (legislative seat), City of Sanibel, Town of Fort Myers Beach, and Village of Estero with an estimated population of 787,976 in 2021 and an estimated five million annual visitors. In 2007, the recession impacted Lee County earlier and harder than other parts of Florida or the nation and experienced some of the highest rates of home foreclosures in the country. Today, Lee County is a popular tourist area along with a strong economic sector of construction, retail, health care, leisure and hospitality. Due to the proximity to the beaches and the laidback style, many young families, in addition to retirees relocate to Lee County. The current unemployment rate in Lee County is 4.6% and is higher to Florida's rate of 3%.

Currently 22.5% of Lee County is Hispanic – an increase from six years ago when they comprised just below 18% of the population. The racial composition of Lee County has remained steady with 86.8% white, 9.1% black, and 4.1% other (including more than one race designation). The population of Lee County is older than Florida; the median age in Lee County is 48.8 years compared to Florida at 42.2 years. Population estimates for persons 65 and over is 29.2%, persons under

18 years is 17.3%. Comparable to that of Florida, the median, average, and per capita income in Lee County is \$59,608, \$56,129, and \$34,818 respectively. In 2020, the median income for Blacks in Lee County is \$43,067 in comparison to White Non-Hispanic which is \$61,410. In 2019, the median income for Hispanics is \$46,523 in comparison to White Non-Hispanic which is \$62,467. For the population over 25 years of age, 89.3% have a high school diploma and 28.5% have a college degree. In 2020, the median property value in Lee County, FL was \$235,300, and the homeownership rate was 72.7%. The mean travel time to work in minutes for workers aged 16 and older was 27.6 minutes.

The University of Wisconsin releases annual reports of the health of a community compared to the rest of their respective state. They incorporate Health Outcomes (e.g., mortality and morbidity) and Health Factors that influence the health of a county (e.g., physical environment, clinical care, and health behaviors). According to their 2022 report, Lee County ranked 16th of 67 counties in Florida for Health Outcomes and 15th of 67 counties for Health Factors.

Lee County is often depicted in travel brochures as a tropical paradise on the Southwest coast of Florida. However, what these slick and glamorous brochures fail to capture is the diversity of the resident population and percentages of the population disparately affected by mental health issues. Lee County faces a unique challenge in serving its target population – youth and those in a lower education and lower income bracket. Additionally, the lack of data referencing the Black and Hispanic populations is equally troubling.

The Health Equity Team identified and reviewed health disparities data in Lee County. Data was pulled from multiple sources including:

1. Florida Health CHARTS from the Department of Health Division of Public Health Statistics and Performance Management
2. United States Census Bureau – 2020 Census Decade
3. Bulletin No.1: 2018 Facts about Mental Health in Florida from the Florida Health Behavioral Association
4. Florida Life Course Indicator Report: Mental Health, Florida Health; USA Suicide: 2015 Official Final Date

5. Florida Department of Health – 2017 Physician Workforce Annual Report; November 2017
6. Mental Health Facilities Lee County, FL from the website: mentalhealthcentres.net
7. FLHealthCharts.gov is provided by the Florida Department of Health, Division of Public Health Statistics and Performance Management. - Florida Agency for Health Care Administration (AHCA)
8. SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008-2012
9. The study of “Older Latino Mental Health: A Complicated Picture” of Daniel E. Jimenez, PhD, David Martinez Garza, MD, Veronica Cardenas, PhD, and Maria Marquine, PhD, published on August 18, 2020
10. The study of “A Portrait of LGBT Adults in Southwest Florida” from the UCLA School of Law Williams Institute (October 2019)
11. The 2017 study by the Williams Institute, The Impact of Stigma and Discrimination against LGBT People in Florida
12. The Disability and Health Program of the Florida Department of Health
13. University of Wisconsin Population Health Institute, 2022 County Health Rankings.
14. 2017-2019 Florida Behavioral Risk Factor Surveillance System

The following health disparities were identified in Lee County: mental health for adults and youth mental health. After an analysis of the information that was available and after a discussion of the health care needs, the Health Equity Team decided to work on Youth Mental Health in the Health Equity Plan. Data concerning youth mental health is below.

HEALTH DISPARITY – MENTAL HEALTH SERVICES FOR CHILDREN AND YOUTH

Mental health disparities are the differences in health and mental health status among distinct segments of the population, including differences that occur by gender, age, race or ethnicity, sexual orientation, gender identity, education or income, disability or functional impairment, or geographic location, or the combination of any of these factors. In our county there is a lack of access to affordable mental health services due to a need of additional mental health providers established in our area.

In this Health Equity Plan, the Lee County Department of Health, is searching, analyzing, and presenting background information on the root causes and consequences because of lack of access of mental health services in our county.

We explore and illustrate how the Social Determinants of Health (SDOH) have an impact on our vulnerable population, considering education access and quality, health care access and quality, neighborhood and built environment, social and community context and economic stability. In more specific terms how our diverse community is affected by basic social determinants that they are not able to unitarily control like housing, transportation, health insurance, health literacy and income.

This information prepares the path for Lee County to better understand the causes of health inequities in our community and how to interact with our partners and public or private organizations to correct or eliminate the barriers with the goal to maximize access to health care services and better health outcomes.

The analysis of our community included vulnerable and special populations like; Black and African Americans; American Indian and Alaskan Native, Asian, and other Pacific Islanders, Hispanic and Latinos, elders (65 years and older), people living with disabilities and youth.

As a result of this analysis and after broad discussion with the Health Equity Team, Mental Health was selected as the County health disparity, and our prioritized population is focused on children and teenagers from 5 to 18 years old. This

information is in the process of being presented to the Health Equity Taskforce and Coalition.

The Health Equity Team looked at all available information regarding mental health services and minority populations in our county and in some instances at State level information. For some specific information on mental health services in students' population, we contacted the School District of Lee County.

The selected health disparity agrees with the Florida State Health Improvement Plan (SHIP) 2017-2021 and its goal to: "Reduce mental, emotional and behavioral health disorders in children through improved identification and treatment of behavioral health disorders in parents who come in contact with the child welfare system." Page 26 of SHIP revised in December 2020.

Information from the data sources:

A.1. Data for Children and Youth

A.2. School District of Lee County – Student Mental Health Data

We reached out to the School District of Lee County to find out about mental health services to the students. They provided the 2021-2022 Mental Health Related Issues for the county. This information, originally, was not provided segregated by race. As per our request the School District added race. This data shows that a total of 2,564 mental health services were registered by the school. The services segregated by race are 54.3% for White, 27.5% for Hispanics, 9.0% Multiracial, 8.5% for Blacks, followed by Asian 0.6% and Indian 0.2%. See table below.

The process informed by the School District of Lee County to collect this information and if it was available by race was:

"The school district processes are a bit more organic in nature. When there is a concern related to the mental well-being of a student, the school mental health team discusses this in their weekly meeting and reviews presenting factor, academic performance, attendance, and behavior. If the team moves forward by asking the parent if they would like to consent to screen and then engage in services, we proceed. We do not diagnose. We identify presenting symptoms and intercede. If the parent has already engaged outside services, there may be a diagnosis, however, the district does not record that information if provided by the

parent because it is the child/parent’s HIPAA protected information. While the school proceeds with that information in mind, we avoid memorializing that in the student record to protect their educational privacy since those are considered the child/parent’s medical records. The only exception to this really is when a child is staffed for ESE services. At that point, if a student is eligible for an IEP for any reason, the full context of their biopsychosocial history is typically part of that process.”

2021-2022 Mental Health Disorder Report Lee County School District		
Health Problem	Ethnicity Code	count
Psych -Adjustment Disorder	Black	11
Psych -Adjustment Disorder	Hispanic	18
Psych -Adjustment Disorder	MultiRacial	4
Psych -Adjustment Disorder	White	22
Psych -Adjustment Disorder	Total	55
Psych -Anorexia Nervosa	Black	1
Psych -Anorexia Nervosa	Hispanic	1
Psych -Anorexia Nervosa	MultiRacial	1
Psych -Anorexia Nervosa	White	3
Psych -Anorexia Nervosa	Total	6
Psych -Anxiety	Asian	7
Psych -Anxiety	Black	48
Psych -Anxiety	Hispanic	284
Psych -Anxiety	Indian	1
Psych -Anxiety	MultiRacial	67
Psych -Anxiety	White	603
Psych -Anxiety	Total	1010
Psych -Behavior/Emotional Disorder	Black	5
Psych -Behavior/Emotional Disorder	Hispanic	6
Psych -Behavior/Emotional Disorder	Indian	1
Psych -Behavior/Emotional Disorder	MultiRacial	5
Psych -Behavior/Emotional Disorder	White	10
Psych -Behavior/Emotional Disorder	Total	27
Psych -Bipolar disorder	Asian	1
Psych -Bipolar disorder	Black	13
Psych -Bipolar disorder	Hispanic	28
Psych -Bipolar disorder	MultiRacial	12
Psych -Bipolar disorder	White	53
Psych -Bipolar disorder	Total	107

Race	Count	Percentage
Asian	15	0.6%
Black	218	8.5%
Hispanic	704	27.5%
MultiRacial	230	9.0%
White	1392	54.3%
Indian	5	0.2%
	2,564	100%

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Psych -Conduct Disorder	Black	1
Psych -Conduct Disorder	MultiRacial	2
Psych -Conduct Disorder	White	4
Psych -Conduct Disorder	Total	7
Psych -Depression	Black	24
Psych -Depression	Hispanic	95
Psych -Depression	MultiRacial	11
Psych -Depression	White	159
Psych -Depression	Total	289
Psych -Eating Disorder	Hispanic	4
Psych -Eating Disorder	MultiRacial	1
Psych -Eating Disorder	White	3
Psych -Eating Disorder	Total	8
Psych -Grief and loss	Black	2
Psych -Grief and loss	Hispanic	5
Psych -Grief and loss	White	7
Psych -Grief and loss	Total	14
Psych -Inadequate Social Skills NOC	Black	2
Psych -Inadequate Social Skills NOC	Total	2
Psych -Intermittent Explosive Dis.	Black	2
Psych -Intermittent Explosive Dis.	MultiRacial	2
Psych -Intermittent Explosive Dis.	White	7
Psych -Intermittent Explosive Dis.	Total	11
Psych -Major depressive disorder	Black	4
Psych -Major depressive disorder	Hispanic	12
Psych -Major depressive disorder	MultiRacial	3
Psych -Major depressive disorder	White	17
Psych -Major depressive disorder	Total	36
Psych -Mood Disorder	Asian	3
Psych -Mood Disorder	Black	14
Psych -Mood Disorder	Hispanic	32
Psych -Mood Disorder	MultiRacial	26
Psych -Mood Disorder	White	74
Psych -Mood Disorder	Total	149
Psych -Obsessive-compulsive Disorder	Black	1
Psych -Obsessive-compulsive Disorder	Hispanic	20
Psych -Obsessive-compulsive Disorder	MultiRacial	4
Psych -Obsessive-compulsive Disorder	White	70
Psych -Obsessive-compulsive Disorder	Total	95
Psych -Oppositional defiant Disorder	Asian	2
Psych -Oppositional defiant Disorder	Black	60
Psych -Oppositional defiant Disorder	Hispanic	108

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Psych -Oppositional defiant Disorder	Indian	3
Psych -Oppositional defiant Disorder	MultiRacial	64
Psych -Oppositional defiant Disorder	White	227
Psych -Oppositional defiant Disorder	Total	464
Psych -Pallid Breath Holding Syn.	White	1
Psych -Pallid Breath Holding Syn.	Total	1
Psych -Panic disorder panic attack	Black	4
Psych -Panic disorder panic attack	Hispanic	24
Psych -Panic disorder panic attack	MultiRacial	3
Psych -Panic disorder panic attack	White	25
Psych -Panic disorder panic attack	Total	56
Psych -Pervasive Developmental Diso	Black	2
Psych -Pervasive Developmental Diso	Hispanic	8
Psych -Pervasive Developmental Diso	White	13
Psych -Pervasive Developmental Diso	Total	23
Psych -Pica	Asian	1
Psych -Pica	Black	4
Psych -Pica	Hispanic	8
Psych -Pica	MultiRacial	3
Psych -Pica	White	5
Psych -Pica	Total	21
Psych -PNES	Hispanic	3
Psych -PNES	White	1
Psych -PNES	Total	4
Psych -Post traumatic stress dis.	Black	7
Psych -Post traumatic stress dis.	Hispanic	22
Psych -Post traumatic stress dis.	MultiRacial	16
Psych -Post traumatic stress dis.	White	47
Psych -Post traumatic stress dis.	Total	92
Psych -Psychiatric Condition	Black	6
Psych -Psychiatric Condition	Hispanic	15
Psych -Psychiatric Condition	MultiRacial	4
Psych -Psychiatric Condition	White	24
Psych -Psychiatric Condition	Total	49
Psych -Schizophrenia	Asian	1
Psych -Schizophrenia	Black	3
Psych -Schizophrenia	Hispanic	3
Psych -Schizophrenia	White	3
Psych -Schizophrenia	Total	10
Psych -Seizures, psychogenic	MultiRacial	1
Psych -Seizures, psychogenic	White	3
Psych -Seizures, psychogenic	Total	4

Psych -Selective Mutism	Black	4
Psych -Selective Mutism	Hispanic	7
Psych -Selective Mutism	White	8
Psych -Selective Mutism	Total	19
Psych -Trichotillomania	Hispanic	1
Psych -Trichotillomania	MultiRacial	1
Psych -Trichotillomania	White	3
Psych -Trichotillomania	Total	5
	TOTAL	2,564

Race	Count	Percentage
Asian	15	0.6%
Black	218	8.5%
Hispanic	704	27.5%
MultiRacial	230	9.0%
White	1392	54.3%
Indian	5	0.2%
	2,564	100%

Our analysis of the data provided by the Lee County School District shows that White has the highest percentage of students who voluntarily reported having a mental health disorder with a 54.3% followed by 27.5% of Hispanic and 8.5% of Blacks. This data follows a different pattern from other analyzed data which showed that Non-Hispanic Blacks had the highest percentage who did something to hurt themselves without wanting to dye or from Hispanics with the highest percentage of feeling sad or hopeless. We suspect these differences are due to:

1. Differences in access to mental health services in the community
2. Economic differences to pay for mental health services
3. Knowledge and education about the purpose and availability of mental health services
4. Differences in the abilities of parents to approach the school system and inform or report the mental health situation they are confronting with the students.

A.3. Estimated Seriously Emotionally Disturbed Youth (Aged 9-17 Years)

This is the estimated number of youth ages 9-17 years old with a serious emotional disturbance with substantial to extreme functional impairment. The estimate is based on a report called Mental Health, United States, 1996 from the Department of Health and Human Services which found that conservatively, 9% of the population ages 9-17 years old is affected. Using the 9% estimate results in rates for all counties being equal. The change in numbers over time is directly reflective of the change in population of that age group rather than a change in the mental health status of the population.

Estimated Seriously Emotionally Disturbed Youth (Aged 9-17 Years), Single Year		
	Lee	Florida
Data Year	Count	Count
2020	6,183	197,235
2019	6,108	195,523
2018	6,048	191,546

We compared this information with the number of mental health students identified by the Lee County School District and a significant difference is noticed of around 3,500 to 4,000 students with any mental health disorder. As explained by the School District of Lee County, they have a voluntary registration service.

A.4: Hospitalizations for Mental Disorders age under 18, Rate Per 100,000 Population Under 18, Single Year

Hospitalizations for mental disorders age under 18, Rate Per 100,000 Population Under 18, Single Year								
	Lee				Florida			
Data Year	Count	Denom	Rate	MOV	Count	Denom	Rate	MOV
2020	121	131,874	91.8*	16.3	25,690	4,282,262	599.9	7.3
2019	108	129,691	83.3*	15.7	27,416	4,240,077	646.6	7.6

Data Source: FLHealthCharts.gov is provided by the Florida Department of Health, Division of Public Health Statistics and Performance Management. - Florida Agency for Health Care Administration (AHCA)

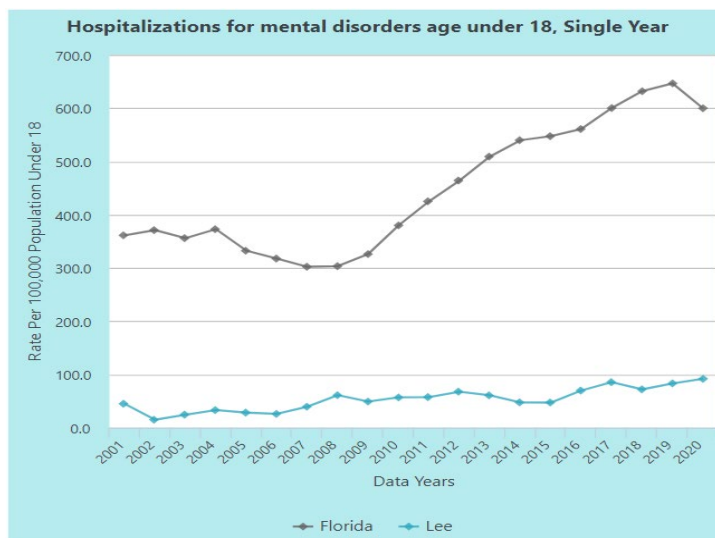
A.5: Hospitalizations for mental disorders age under 18

Hospitalizations with a primary diagnosis of a mental disorder among people less than 18 years old who were discharged from civilian, non-federal hospitals.

Mental disorders, when serious and untreated, can cause significant morbidity, reduced quality of life, numerous hospitalizations, and a burden to the local healthcare system. Mood disorders are particularly important contributors to disability-adjusted life years lost and to years lived with disability.

In 2020, the rate per 100,000 of hospitalizations for mental disorders age under 18 in Lee County was 91.8 compared to Florida at 599.9. The line graph shows change over time when there are at least three years of data.

Lee County is in the first quartile for this measure. This means that relative to other counties in Florida, there are more hospitalizations for mental disorders age under 18 in about three quarters of the counties. The map illustrates county data by quartile. When fewer than 51 counties have data or zero values, no quartile map will be presented.



Data Source: FLHealthCharts.gov.

This data could also indicate low hospitalization numbers in Lee County due to a lack of providers to diagnosed children and youth and not enough inpatient services for this population.

A.6. Percent of students who, in the past year, did something to purposely hurt themselves without wanting to die

The data about Percent of students who, in the past year, did something to purposely hurt themselves without wanting to die come from the Florida Youth Tobacco Survey (FYTS). FYTS tracks indicators of tobacco use and exposure to secondhand smoke among Florida public middle and high school students and provides data for monitoring and evaluating tobacco use among youth. In Florida, the FYTS data is collected at the state level each year, and it is collected at the county level every other year.

Since behaviors impact health, this knowledge is a powerful tool for targeting and building health promotion activities. It also provides a way to see change in population health behaviors before morbidity or disease is apparent.

In 2020, in Lee County, 11.7% of the percent of students who, in the past year, did something to purposely hurt themselves without wanting to die (All Middle and High School Students) can be compared to 12.4% statewide. The line graph shows change over time when there are at least three years of data.

Lee County is in the second quartile for this measure. This means that relative to other counties in Florida, the situation occurs more often in about half of the counties, and it occurs less often in about one quarter of the counties. The map illustrates county data by quartile. It is shown when there are at least 51 counties with data for this measure.

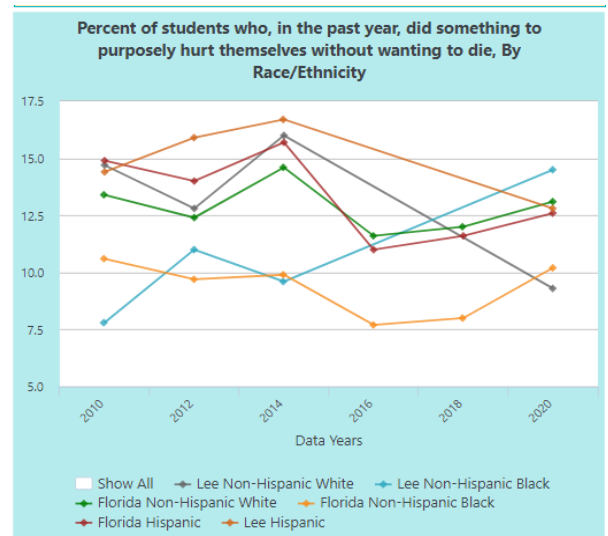
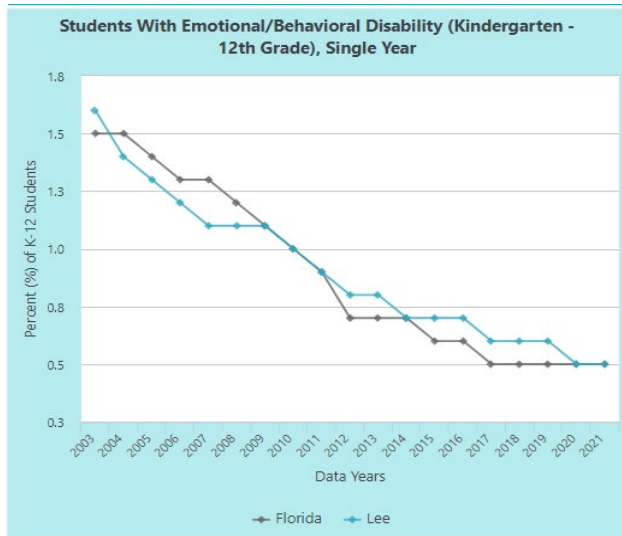
A.7. Students With Emotional/Behavioral Disability (Kindergarten - 12th Grade)

The number of K-12 students enrolled in special programs for emotionally/behaviorally handicapped students divided by the total number of K-12 students, expressed as a percent.

Special education for children with emotional and behavioral disabilities aims to help them achieve not only in school, but in work and other life settings.

In 2021, the percentage of Students With Emotional/Behavioral Disability (Kindergarten - 12th Grade) in Lee County was 0.5 compared to Florida at 0.5. The line graph shows change over time when there are at least three years of data.

Students With Emotional/Behavioral Disability (Kindergarten - 12th Grade), Percentage of K-12 Students, Single Year								
Data Year	Lee				Florida			
	Count	Denom	Percent (%)	MOV	Count	Denom	Percent (%)	MOV
2021	422	93,464	0.5	0.0	12,568	2,741,266	0.5	0.0
2020	498	93,614	0.5	0.0	13,621	2,793,377	0.5	0.0
2019	561	92,374	0.6	0.1	14,152	2,782,696	0.5	0.0
2018	564	91,334	0.6	0.1	14,414	2,771,839	0.5	0.0



Percent of students who, in the past year, did something to purposely hurt themselves without wanting to die, By Race/Ethnicity						
Year	Lee			Florida		
	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic White	Non-Hispanic Black	Hispanic
2020	9.3% (6.4% - 12.1%)	14.5% (7.3% - 21.7%)	12.8% (8.4% - 17.1%)	13.1% (12.6% - 13.7%)	10.2% (9.3% - 11.1%)	12.6% (11.9% - 13.4%)
2014	16% (12.7% - 19.3%)	9.6% (3.7% - 15.5%)	16.7% (12.5% - 20.8%)	14.6% (14.1% - 15.2%)	9.9% (9.1% - 10.8%)	15.7% (14.8% - 16.6%)
2012	12.8% (10.2% - 15.5%)	11% (6.7% - 15.2%)	15.9% (12.2% - 19.6%)	12.4% (11.9% - 12.9%)	9.7% (8.8% - 10.5%)	14% (13.2% - 14.8%)
2010	14.7% (12.4% - 17.1%)	7.8% (4.6% - 11%)	14.4% (11.4% - 17.5%)	13.4% (12.9% - 13.9%)	10.6% (9.8% - 11.4%)	14.9% (14% - 15.7%)

In 2020 Non-Hispanics Blacks had the highest percentage with 14.5% and Hispanics 12.8% in comparison to 9.3% of Non-Hispanic Whites.

Students identifying as Non-Hispanic Blacks had the highest percent who did something to hurt themselves without wanting to die when compared to other racial and ethnic groups.

B.1: Depression among Youth

Youth suffering from depression are at increased risk for school dropouts, pregnancy, substance abuse, adult depression, and suicide. When compared to their healthy counterparts, depressed youth are more likely to experience mental illness during adulthood and suffer from medical co-morbidities. Depression among youth has various causes including genetics, biology, environmental and psychosocial factors. Studies show that youth raised in a household with a parent suffering from mental illness are at a particularly high risk of developing a mental illness, in part because mental illness in a parent can put stress on a marriage and affect parenting abilities.

Common symptoms of depression in children and adolescents include feeling or appearing sad, tearful, or irritable, decreased interest in or pleasure from activities, change in appetite and weight and major changes in sleeping patterns. Special attention is necessary to decrease the risk of co-morbidities that are associated with youth depression, recognizing, and treating youth depression is of utmost importance.

B.2. Percent of students who, in the past year, felt sad or hopeless for two or more weeks in a row and stopped doing usual activities

The data about Percent of students who, in the past year, felt sad or hopeless for two or more weeks in a row and stopped doing usual activities come from the Florida Youth Tobacco Survey (FYTS). FYTS tracks indicators of tobacco use and exposure to secondhand smoke among Florida public middle and high school students and provides data for monitoring and evaluating tobacco use among youth. In Florida, the FYTS data is collected at the state level each year, and it is collected at the county level every other year.

Since behaviors impact health, this knowledge is a powerful tool for targeting and building health promotion activities. It also provides a way to see change in population health behaviors before morbidity or disease is apparent.

In 2020, in Lee County, 32.7% of the percent of students who, in the past year, felt sad or hopeless for two or more weeks in a row and stopped doing usual activities

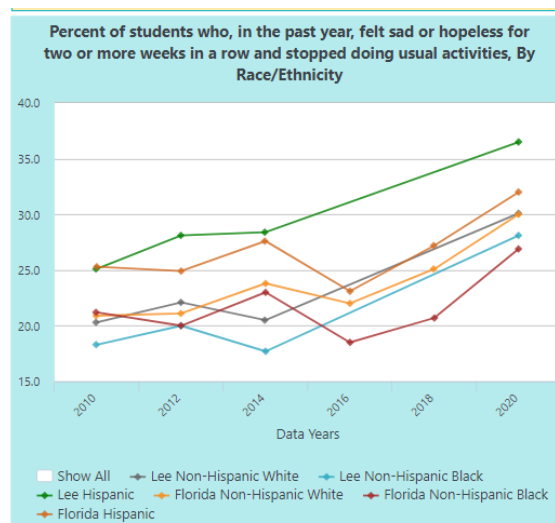
(All Middle and High School Students) can be compared to 30% statewide. The line graph shows change over time when there are at least three years of data.

Lee County is in the fourth quartile for this measure. This means that relative to other counties in Florida, the situation occurs less often in about three quarters of the counties than in Lee. The map illustrates county data by quartile. It is shown when there are at least 51 counties with data for this measure.

Percent of students who, in the past year, felt sad or hopeless for two or more weeks in a row and stopped doing usual activities, By Race/Ethnicity						
Year	Lee			Florida		
	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic White	Non-Hispanic Black	Hispanic
2020	30.1% (25.8% - 34.4%)	28.1% (20% - 36.3%)	36.5% (31% - 42)%	30% (29.3% - 30.8%)	26.9% (25.5% - 28.2%)	32% (31% - 33.1%)
2014	20.5% (17% - 24%)	17.7% (10% - 25.4%)	28.4% (24% - 32.8)%	23.8% (23.1% - 24.5%)	23% (21.6% - 24.3%)	27.6% (26.5% - 28.8%)
2012	22.1% (18.8% - 25.3%)	20% (13.6% - 26.4%)	28.1% (23.9% - 32.3)%	21.1% (20.4% - 21.7%)	20% (19% - 21.1%)	24.9% (23.8% - 26%)
2010	20.3% (17.6% - 22.9%)	18.3% (13.4% - 23.3%)	25.1% (21.2% - 29)%	20.9% (20.3% - 21.5%)	21.2% (20.1% - 22.3%)	25.3% (24.3% - 26.3%)

In 2020 Hispanics had the highest percentage of students who felt sad or hopeless with 36.5% and Non-Hispanic Black 28.1% in comparison to 30.1% of Non-Hispanic Whites.

Students identifying as Hispanic had the highest percent of feeling sad or hopeless when compared to other racial and ethnic groups.



C.1: Black and African American:

As per the census of April 1st, 2020, the total population of Black and African American in Lee County was 58,916 or 9.1%.

The American Psychiatric Association in its Resource Document of 2017 Mental Health Disparities: African Americans; reported the following:

- African Americans make up 13.3% of the US population.
- African American communities across the US are culturally diverse, with immigrants from African nations, the Caribbean, Central America, and other countries.
- About 27% of African Americans live below the poverty level compared to about 10.8% of non-Hispanic whites.
- Approximately 30% of African American households are headed by a woman with no husband present, compared with about 9% of white households.

C.2. Health Challenges

- Approximately 11% of African Americans are not covered by health insurance, compared with about 7% for non-Hispanic whites.
- Death rate for African Americans is higher than whites for heart diseases, stroke, cancer, asthma, influenza and pneumonia, diabetes, HIV/AIDS, and homicide.
- CDC estimates that African Americans represented more than one-third (40% or 498,400 persons) of all people living with HIV and almost half (45%) of all persons with newly diagnosed infection in 2015.

C.3. Mental Health Status, Use of Services, and Disparities

- Rates of mental illnesses in African Americans are similar with those of the general population. However, disparities exist regarding mental health care services. African Americans often receive poorer quality of care and lack access to culturally competent care.
- Only one-in-three African Americans who need mental health care receives it.

- Compared with non-Hispanic whites, African Americans with any mental illness have lower rates of any mental health service use including prescriptions medications and outpatient services, but higher use of inpatient services.
- The rate of illicit drug use among African Americans is slightly higher than the national average (12.4% vs 10.2%). Rate of alcohol use is slightly lower than the national average (44.2% vs 52.7%) including heavy drinking (4.5% vs 6.2%) and binge drinking (21.6% vs 23%).
- Rate of opioid overdose among African Americans (6.6%) is less than half of that for non-Hispanic whites (13.9%).
- Compared with whites, African Americans are: – Less likely to receive guideline-consistent care – Less frequently included in research – More likely to use emergency rooms or primary care (rather than mental health specialists)
- Compared with the general population, African Americans are less likely to be offered either evidence-based medication therapy or psychotherapy.
- Compared with whites with the same symptoms, African Americans are more frequently diagnosed with schizophrenia and less frequently diagnosed with mood disorders. Differences in how African Americans express symptoms of emotional distress may contribute to misdiagnosis.
- Physician-patient communication differs for African Americans and whites. One study found that physicians were 23% more verbally dominant and engaged in 33% less patient-centered communication with African American patients than with white patients.
- Black people with mental health conditions, particularly schizophrenia, bipolar disorders, and other psychoses are more likely to be incarcerated than people of other races.

Other common barriers include: the importance of family privacy, lack of knowledge regarding available treatments, and denial of mental health problems. Concerns about stigma, medications, not receiving appropriate information about services, and dehumanizing services have also been reported to hinder African Americans from accessing mental health services.

C.4. Barriers to Care

Despite recent efforts to improve mental health services for African Americans and other minority groups, barriers remain regarding access to and quality of care. The barriers include:

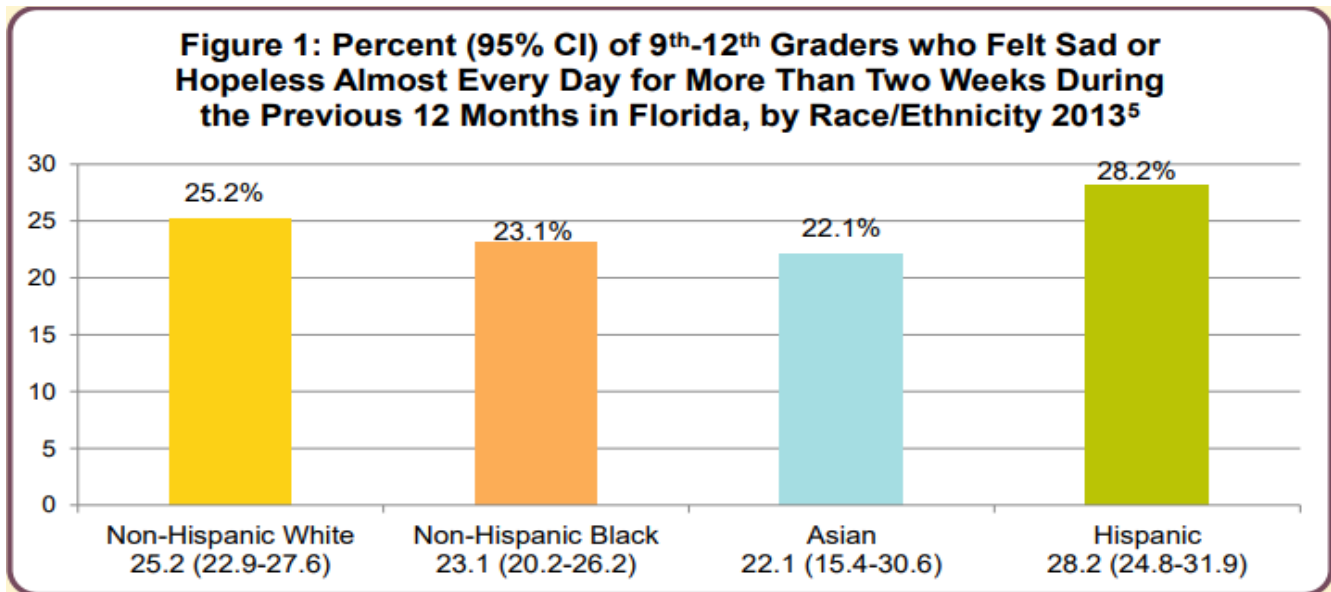
- Stigma associated with mental illness
- Distrust of the health care system
- Lack of providers from diverse racial/ethnic backgrounds
- Lack of culturally competent providers
- Lack of insurance, underinsured

D. Hispanic and Latino Population:

The total population for Hispanics and Latino in Lee County is 173,161 or 22.5% as per the Census of April 1, 2020.

Since our focus is children and youth; the information provided by the School District of Lee County shows that 27.5% of the mental health disorders reported to the School District of students who voluntarily reported having a mental health disorder are from the Hispanic student population followed by 8.5% of Blacks. This data follows the same pattern as Hispanics with the highest percentage of feeling sad or hopeless. We suspect these differences are due to:

1. Differences in access to mental health services in the community
2. Economic differences to pay for mental health services
3. Knowledge and education about the purpose and availability of mental health services



Students identifying as Hispanic had the highest percent of feeling sad or hopeless when compared to other racial and ethnic groups (Figure 1). Nationally, disparities exist in depression and mental health by gender, racial/ethnic groups, socioeconomic status, and sexual orientation.

The study; “Older Latino Mental Health: A Complicated Picture” of Daniel E. Jimenez, PhD, David Martinez Garza, MD, Veronica Cardenas, PhD, and Maria Marquine, PhD, published on August 18, 2020, brings to our attention that mental health problems amongst the Latino is real and present, especially as this population gets older. “The aggregation of Latino subgroups in national studies creates an overly simplistic narrative that Latinos are at lower risk of mental illness and that foreign nativity seems protective against mental illness (i.e., immigrant paradox). This broad generalization masks key differences in the prevalence of depression and anxiety, immigration histories, and sociopolitical difficulties that differentially affect their mental health. As the older Latino population continues to grow, it will be important to understand how these determinants differentially affect not only the three Latino subgroups with the longest residential history in the United States (Mexicans, Puerto Ricans, and Cubans) but other subgroups whose populations are expected to rise as well (Dominicans, Colombians, Venezuelans, etc.). Other factors such as sex/gender, acculturation/language use, and geographical region of residence in the United States should also be considered

in understanding mental health determinants among older Latinos and in the development and implementation of intervention approaches.

Although numerous treatments for depression and anxiety are effective and available, many older Latinos are not accessing these services due to structural (e.g., language, income, insurance, and provider shortage) and psychological (e.g., stigma) barriers. These challenges combined with the scale of the problem require strategies to stop depression and anxiety from taking hold in the first place. The development of depression and anxiety prevention strategies would be a means of addressing multiple inequalities in older Latino mental health. Culturally tailored depression prevention tools have been developed and implemented successfully for younger Latinos across the United States.

E. LGBTQ+ Population

The study “A Portrait of LGBT Adults in Southwest Florida” from the UCLA School of Law Williams Institute (October 2019) provided us with an estimate on the amount of people with different sexual orientation, identity, gender, and expression in five (5) counties in the Southwest area. The study reports that in Southwest Florida is home to over a million adults, including an estimated one in thirty who self-identify as LGBT (total 36,000 adults, range: 30,000 to 42,000). Using representative data from the Gallup Daily Tracking Survey, this report presents, for the first time, demographic, socioeconomic, and health characteristics of LGBT adults in Southwest Florida.

The study did not provide a number of LGBT adults by County. An estimate was done by multiplying the percentage of 2012-2017 Gallup respondents that identifying as LGBT in the five-county area (3.4%; 95% CI [2.8%, 4.0%]) to the estimated number of adults in each of the five counties and rounding to the nearest 1,000. The estimated number of LGBT in Lee County is 19,436.

LGBT adults in Southwest Florida, while somewhat younger, on average, than non-LGBT adults, are similar in many ways to their heterosexual, cisgender (non-transgender) peers. After taking age into consideration, LGBT and non-LGBT adults are similar on, socioeconomic status, military service, health insurance coverage, self-rated health, and other indicators of health.

- The majority (66.1%) of LGBT adults are in the labor force.
- One in three (35.2%) LGBT adults is poor or near poor- earning less than about \$32,000 per year for a family of two.
- Nearly one in five (19.7%) LGBT adults did not have enough money to buy food that they or their family needed in the prior year.
- Almost one in five (17.3%) LGBT adults lacks health insurance.

E.1: Differences between LGBT and non-LGBT adults include:

- being less likely to be raising a child (16.5% versus 28.2%, respectively; parenting rates are similar for LGBT and non-LGBT women and Latino/as),
- more likely to be Latino/a (30.9% versus 19.2%, respectively),
- more likely to report a lifetime diagnosis of high cholesterol (33.1% versus 29.5%, respectively) and/or depression (24.9% versus 13.5%, respectively),
- and more likely to be a current smoker (28.4% versus 16.6%, respectively; results were marginally significant after taking age into consideration).

In prior research, poor mental health, including depression and smoking, have been associated with greater exposure to specific stressors (e.g., stigma, discrimination, violence, rejection) (Flores, Hatzenbuehler, & Gates, 2018; Hatzenbuehler, 2016; Hatzenbuehler, Flores, & Gates, 2017; Hatzenbuehler, Jun, Corliss, & Austin, 2014; Hatzenbuehler, Keyes, & Hasin, 2009; Hatzenbuehler, McLaughlin, Keyes, & Hasin, 2010; Perez-Brumer, Hatzenbuehler, Oldenburg, & Bockting, 2015; Ryan, Huebner, Diaz, & Sanchez, 2009; Simons, Schragar, Clark, Belzer, & Olson, 2013).

Despite the large population of LGBT individuals who call Southwest Florida home, LGBT people in Florida lack important legal protections. As detailed in a 2017 study by the Williams Institute, *The Impact of Stigma and Discrimination against LGBT People in Florida*, statewide laws offer no protection from discrimination based on sexual orientation or gender identity in areas such as employment, housing, and public accommodations (Mallory et al., 2017). However, 12 out of 67 Florida counties and several cities have passed LGBT-inclusive non-discrimination policies (Movement Advancement Project, 2019). At the time of this writing, Cape Coral, the largest city in Southwest Florida, has passed sexual orientation and

gender identity protections for city employees (§ 2-26.1), but Lee, Collier, Charlotte, Glades, and Hendry counties, as well as the city of Fort Myers, had yet to pass local ordinances protecting their residents.

The reports provide recommendations that the HE Task Force found interesting for future action. “Given the large proportion of LGBT adults that experience poverty and food insecurity, as well health risks and poor health (e.g., overweight and obesity, daily activity limitations, smoking, high cholesterol, lifetime depression), the following actions are recommended:

- Work to ensure that LGBT adults are accessing poverty reduction and food security programs.
- Investigate causes of high rates of depression as well as high rates of smoking.
- Work to ensure access to competent health care, including behavioral health services, for Southwest Florida’s diverse LGBT community. Given the large number of people of a minority heritage in the area, competent care should also reflect adversity and opportunities to promote health along the lines of ethnicity and ensure access to linguistically appropriate services as needed.
- Support health promotion, including prevention and intervention efforts, that incorporate LGBT people starting in adolescence. This includes mental health promotion and smoking prevention and cessation.
- Conduct research with youth and conduct further research with adults to explore topics not assessed in the Gallup Daily Tracking Survey (e.g., housing stability, discrimination experiences, acceptance, violence victimization, current mental health status, community priorities) in a larger sample that will support examination of results separately by sex and gender identity and sexual orientation, race-ethnicity, and age.
- Support non-discrimination protections for sexual orientation and gender identity in the city of Fort Myers and surrounding counties.”

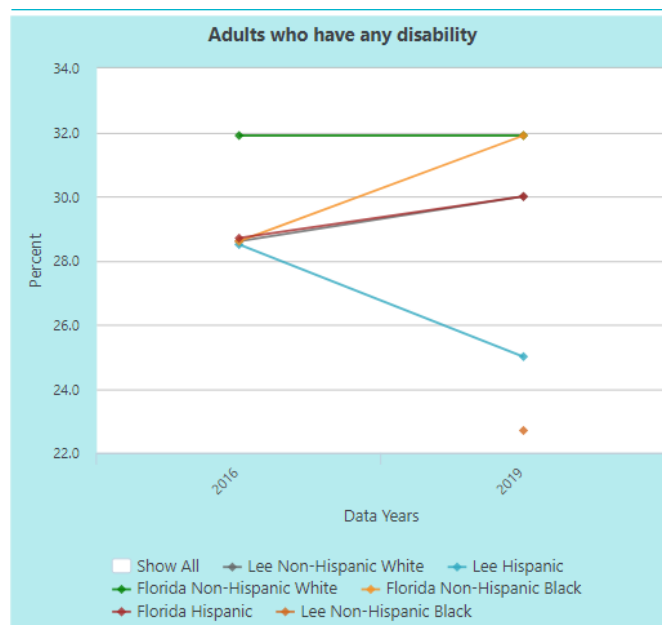
F. People Living with Disabilities

Adults who have any disability

The data about adults who have any disability come from a state-based telephone surveillance system called the Behavioral Risk Factor Surveillance System (BRFSS). BRFSS is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. Florida is one of 50 states conducting the BRFSS with financial and technical assistance from the Centers for Disease Control and Prevention (CDC). In Florida, the BRFSS data is collected at the state level each year, and it is collected at the county level every three years.

Since behaviors impact health, this knowledge is a powerful tool for targeting and building health promotion activities. It also provides a way to see change in population health behaviors before morbidity or disease is apparent.

In 2019, in Lee County, 28.2% of adults who have any disability (Overall) can be compared to 31% statewide. The line graph shows change over time when there are at least three years of data.



Adults who have any disability						
	Lee			Florida		
Year	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic White	Non-Hispanic Black	Hispanic
2019	30% (25.9% - 34.1%)	22.7% (8.1% - 37.3%)	25% (16.3% - 33.8%)	31.9% (30.3% - 33.4%)	31.9% (27.4% - 36.4%)	30% (26% - 34%)
2016	28.6% (23.5% - 33.7%)		28.5% (18.8% - 38.3%)	31.9% (30.8% - 33.1%)	28.6% (25.3% - 31.8%)	28.7% (26.3% - 31.1%)

As per the report; Analysis of the Health Disparities Among People Living with Disabilities by Knowli Data Science and the FSU Claude Pepper Center Faculty of June 8th, 2022, for the Florida Department of Health; there are differences between the population with no disabilities when compared with the population with at least one disability in Lee County.

Some of the measures of this report with a disparity in mental health are:

1. People with at least 1 Disability have experienced more days of Physical Health Not Good: 2.10 vs 12.77
2. People with at least 1 Disability have experienced more days of Poor Physical and Mental Health: 0.40 vs 8.84.
3. People with at least 1 Disability were diagnosed a Depressive Disorder Diagnosis: 0.40 vs 0.63

The same reports produced important differences in Social Determinants of Health, like:

Income:

1. People with at least 1 Disability had less income in different categories of income.
 - Less than \$10,000 from 0.02 (No Disability) vs 0.08 (Disability)
 - Less than \$15,000 from 0.04 (No Disability) vs 0.13 (Disability)
 - Less than \$35,000 from 0.10 (No Disability) vs 0.17 (Disability)
 - Less than \$75,000 from 0.15 (No Disability) vs 0.20 (Disability)

Education:

- People with at least 1 Disability do not finish graduate from High School when compared with people with no disabilities 0.32 (No Disability) vs 0.27 (Disability)
- People with at least 1 Disability are not College Graduate (4 years or more) 0.22 (No Disability) vs 0.08 (Disability)

People with at least 1 Disability also rated worse in health and in the following SDOH related measures:

- Not Able to Pay Bills in Last 12 Months
- Moved More than 2 Times in Last 12 Months
- Consider Neighborhood Unsafe
- Food Insecure-Not Enough Money for Food
- Food Insecure-Not Enough Money for Balanced Meals
- Financially Insecure
- Could Not Take Medication Because of Cost
- Experience Stress Most or All of the Time

G. Mental Health Providers Data:

The Health Equity Team also recommended to look for information on the availability of mental health providers in Lee County, especially those for children and youth.

G.1.

Florida – Mental Health Statistics

Access to Care Ranking

61.7% of adults with Any Mental Illness in Florida did not receive treatment
National average – **55.8%**

The Access Ranking indicates how much access to mental health care exists within a state. The access measures include access to insurance, access to treatment, quality and cost of insurance, access to special education, and workforce availability. A ranking of 1 indicates that a state provides the most access to insurance and mental health treatment. A ranking of 50 indicates the least level of access to insurance and mental health treatment in the U.S.

Florida Ranks 44th

Source: *The State of Mental Health in America 2018*, Mental Health America

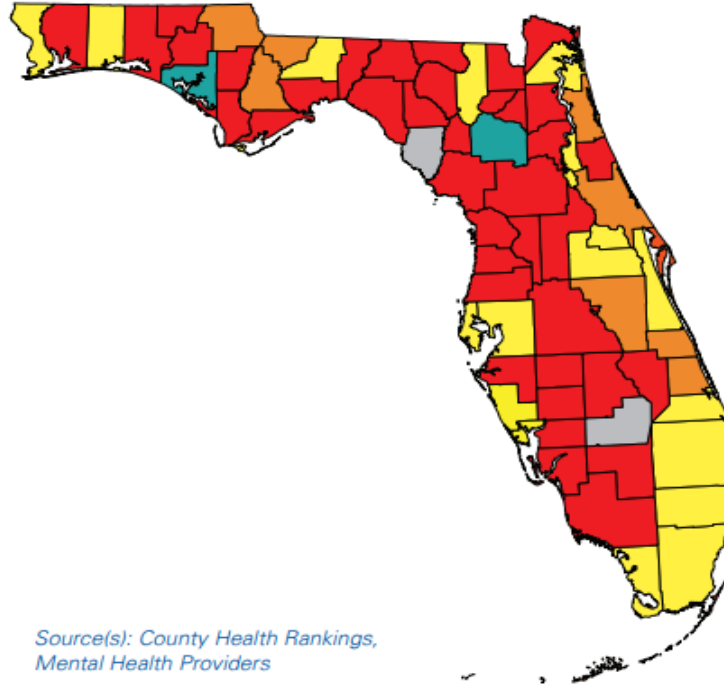
G.2. Ratio of Population to Providers

The overall U.S. Average Ratio of population to mental health providers in 2016 is 547:1. Florida ranked 750:1 and Lee County ranked 1,001+:1

Ratio of Population to Mental Health Providers, 2016

Key:

- Red = 1:1,001+
- Orange = 1:751-1,000
- Yellow = 1:501-750
- Green = 1:1-500
- Grey = NA



Source(s): County Health Rankings, Mental Health Providers

Mental Health Providers – Overall Number

Ratio of population to mental health providers, 2016	
California	350:1
New York	420:1
Florida	750:1
Georgia	900:1
Texas	1,070:1
Overall U.S. Average is 547:1	

G.3. Suicides in Lee County

Suicide counts are higher than homicides in **62** of Florida's **67** counties. **93%** of the state experienced more suicides than homicides in 2016.

Resident deaths by selected causes, by county, Florida, 2016

	Suicide	Homicide		Suicide	Homicide		Suicide	Homicide
Florida	3122	1292	Gulf	2	0	Okaloosa	42	13
Alachua	32	8	Hamilton	2	0	Okeechobee	8	6
Baker	5	1	Hardee	6	0	Orange	126	118
Bay	45	7	Hendry	5	6	Osceola	36	20
Bradford	1	4	Hernando	38	6	Palm Beach	230	89
Brevard	134	30	Highlands	24	6	Pasco	104	14
Broward	243	104	Hillsborough	163	84	Pinellas	214	54
Calhoun	2	0	Holmes	4	1	Polk	87	46
Charlotte	38	3	Indian River	29	5	Putnam	15	7
Citrus	29	4	Jackson	3	2	Saint Johns	43	8
Clay	38	11	Jefferson	2	2	Saint Lucie	51	15
Collier	45	8	Lafayette	0	0	Santa Rosa	43	7
Columbia	9	9	Lake	52	13	Sarasota	91	12
Miami-Dade	241	214	Lee	113	46	Seminole	71	28
Desoto	8	0	Leon	26	12	Sumter	19	1
Dixie	2	0	Levy	5	3	Suwannee	6	3
Duval	131	111	Liberty	1	1	Taylor	4	3
Escambia	61	23	Madison	0	2	Union	6	4
Flagler	20	2	Manatee	81	25	Volusia	103	26
Franklin	2	1	Marion	64	29	Wakulla	7	2
Gadsden	3	7	Martin	34	8	Walton	15	2
Gilchrist	3	0	Monroe	19	3	Washington	8	1
Glades	4	1	Nassau	21	6			

Source(s): Florida Life Course Indicator Report: Mental Health, Florida Health; USA Suicide: 2015 Official Final Data

G.4. Mental Health Providers in the Lee County Area (Data from the Department of Health License Verification Platform)

- Psychologists: 139
- School Psychology: 20
- Social Workers: 0

H. Mental Health and Substance Abuse in Lee County:

Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. This in turn can lead to physical health issues. According to the Florida Department of Health Bureau of Vital Statistics, in 2017 mental health was connected to the tenth leading cause of death in Lee County - suicide. From 2015-2017, the Lee County AADR for suicide was 15.4 per 100,000. This is higher than the state rate of 14.2. In 2017, more than one in four (21%) of Lee County adults had been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression) This rate is higher than both state and national findings.

Substance abuse refers to a set of related conditions associated with the consumption of mind and behavior altering substances that have negative behavioral and health outcomes. Per the 2017 CHNA, nearly half (45.7%) of Lee County adults perceived substance abuse as a "major problem" in Lee County. The Florida Department of Health in Lee County Bureau of Vital Statistics states that in 2017 substance abuse was connected to the third (unintentional injury), seventh (Alzheimer's disease), and ninth (chronic liver disease and cirrhosis) leading causes of death of in Lee County. The Florida Department of Health Bureau of Vital Statistics also found that in 2017 the drug poisoning death rate in Lee County was 37.9 per 100,000 people. This is higher than Florida's 2017 rate of 24.6 per 100,000 and higher than Lee County's 2016 rate of 25.6 per 100,000.

VI. 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 youth mental health. They are listed below.

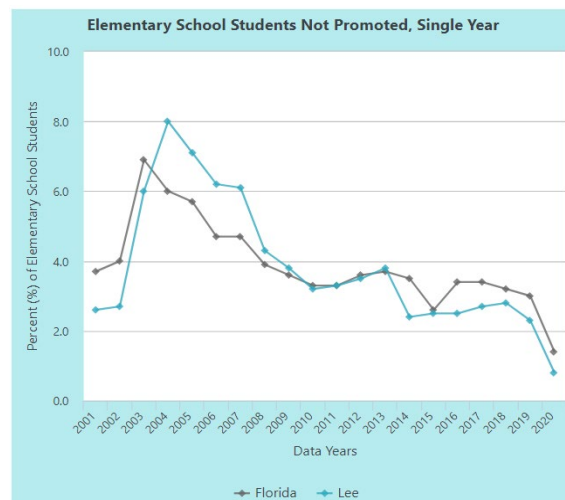
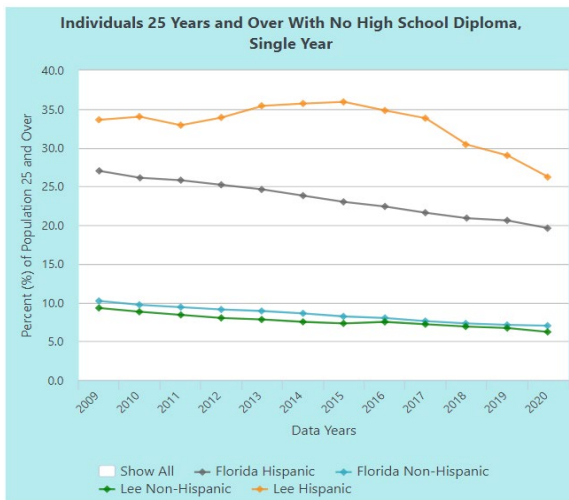
Social Determinants of Health



A. Education Access and Quality



- Education Access and Quality data for Lee County



High School Graduation Rate, Percentage of Student Cohort Since 9th Grade, Single Year		
	Lee	Florida
Data Year	Percent (%)	Percent (%)
2020-21	85.1	90.0
2019-20	88.5	90.0
2018-19	83.7	86.9

In 2020, the percentage of individuals 25 years and over with no high school diploma in Lee County was 10.7% compared to Florida at 11.5%. The percentage of Hispanic individuals 25 years and over in Lee County, with no high school diploma, was 26.2% compared to non-Hispanic individuals at 6.2%. The line graph shows change over time. Lack of a high school diploma impacts youth mental health services by limiting or not giving the opportunity to young adults to find employment or continue with higher education opportunities. Dropping out of school or not completing high school will have negative health impacts including limited employment prospects, low wages, and poverty. To improve youth mental health services, Lee County is addressing ethnic disparities related to achieving a high school diploma. In 2020-2021, the percentage of high school graduation rate in Lee County was 85.1% compared to Florida at 90%.

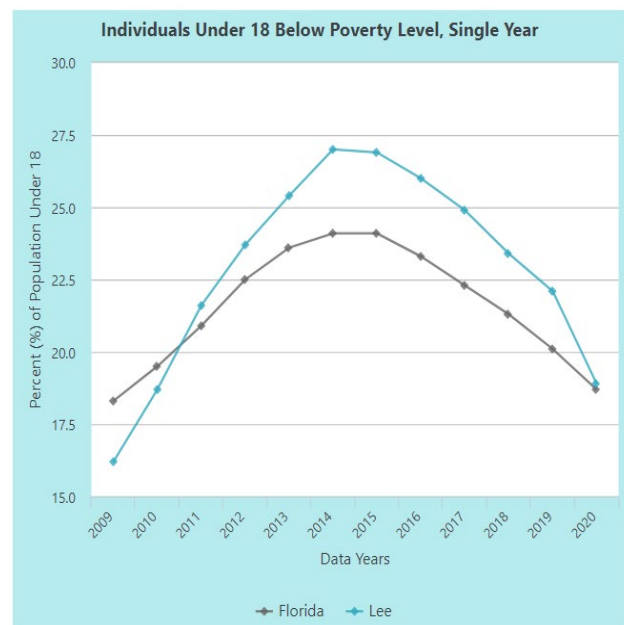
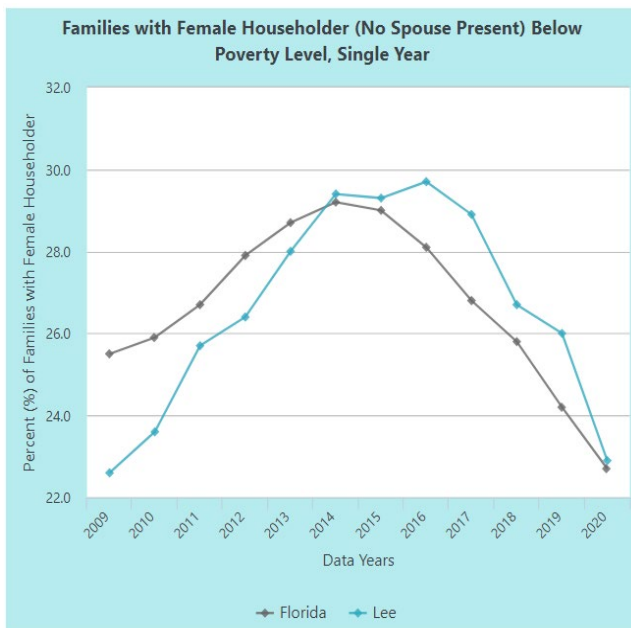
- **The impact of education access and quality on youth mental health services.**

Education Access and Quality		
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts (Health Disparity)
Literacy	Hispanic/Latino	Lack of understanding of written medical instructions or the ability to find medical information/resources
Language	Hispanic/Latino	Inability to communicate and report on mental health concerns
Vocational Training	Hispanic/Latino, Black and African American	Lack of employment prospects, low wages, affordable employer provided health insurance benefits
Higher Education	Hispanic and Latino, Black and African American	Lack of employment prospects, low wages, affordable employer provided health insurance benefits

B. Economic Stability



- **Economic stability data for Lee County**



- **The impact of economic stability on youth mental health services**

When our basic needs are not met, it impacts our mental health and hinders our overall well-being. Economic shock (i.e., loss of income, the inability to be productive and provide for oneself and family) can destabilize a person. Poverty and deprivation are related to mental health disorders.

Due to structural racism, African Americans and people of color experience income disparities at a disproportionate rate compared to their White counterparts. As a result, they tend to experience the harsh realities of economic hardships, in addition to the experiences that often result from living in impoverished communities. These circumstances can increase mental health struggles within these communities.

Economic Stability		
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts (Health Disparity)
Employment	Hispanic and Latino, Black and African American	Limit ability to find or stay employed, employment that provides a living wage
Income	Hispanic and Latino, Black and African American, People Living with Disabilities	Low income may lead to inability to pay for housing, healthy foods, medical needs including mental health services
Expenses	Hispanic and Latino, Black and African American, People Living with Disabilities	Inability to cover expenses due to low wages and high cost of living, may hinder the ability to secure necessary mental health services.
Debt	Hispanic and Latino, Black and African American	Low wages and high debt levels affect the ability of households to obtain necessities
Medical Bills	Hispanic and Latino, Black and African American, People Living with Disabilities	Inability to pay medical bills or having medical debt will affect obtaining necessary mental health services and/or reduce access to medical care

C. Neighborhood and Built Environment



- **Neighborhood and built environment data for Lee County**

According to data from the Census Bureau, the median property value in Lee County was \$244,700 in 2019, which is 1.02 times larger than the national average of \$240,500. The home ownership rate in Lee County is 75.5%, which is higher than the national average of 64.1%.

The Housing Authority of the City of Fort Myers provides attainable housing for families and seniors in the City of Fort Myers. The Housing Authority currently owns and manages over 1300 housing units in Fort Myers and Lee County. To be income eligible for assistance with the Housing Authority, an applicant must be a family in the very low-income category, which is a family whose income does not exceed 50% of the area median income. The median household income in Lee County is \$62,240. The most common racial or ethnic groups living below the poverty line in Lee County are Hispanics and Blacks.

According to the Lee County Economic Development Agency for Southwest Florida, 15 census tracts throughout Lee County were designated as Opportunity Zones. These zones are in economically distressed communities and are designed to incentivize new equity investments in low-income communities. The zones have been identified in Cape Coral, East and West Lehigh Acres, Fort

Myers, Iona, North Fort Myers, San Carlos. The tapestry segments for these zones identify mostly Black, African American, Hispanic and/or Latino residents.

- **The impact of neighborhood and built environment on youth mental health services**

Neighborhood and Built Environment		
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts (Health Disparity)
Housing	Black and African American, Hispanic, People Living with Disabilities	Stress plays a big part for people being homeless or not living in a safe place.
Transportation	Black and African American, Hispanic	Rural areas on our county need more County transportation services. Unable to visit providers for medical appointments and medical treatments. Income problem
Safety	Black and African American, Hispanic	High crime communities create additional stress factor in certain populations like the elderly and youth.
Parks	Black and African American, Hispanic	Some communities do not have Parks near them. Unable to spend quality time outside, unwind, and decompressed from common or normal stressors.
Playgrounds	Black and African American, Hispanic	Some communities do not have Parks near them. Unable to spend quality time outside, unwind, and decompressed from common or normal stressors.
Walkability	Black and African American, Hispanic	Some communities do not have proper sidewalks. Unable to spend quality time outside, unwind, and decompressed from common or normal stressors.

D. Social and Community Context



- **Social and community context data for Lee County**

People’s relationships and interactions with family, friends, co-workers, and community members can have a major impact on their health and well-being. Healthy People 2030 focuses on helping people get the social support they need in the places where they live, work, learn, and play. Many people face challenges and dangers they can’t control — like unsafe neighborhoods, discrimination, or trouble affording the things they need. This can have a negative impact on health and safety throughout life. Positive relationships at home, at work, and in the community can help reduce these negative impacts. But some people — like children whose parents are in jail and adolescents who are bullied — often don’t get support from loved ones or others. Interventions to help people get the social and community support they need are critical for improving

Adults who are limited in any way in any activities because of physical, mentor emotional problems.						
	Lee			Florida		
Year	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic White	Non-Hispanic Black	Hispanic
2016	25.7% (20.3% - 31.2%)		8.4% (2.7% - 14.2%)	25.4% (24.3% - 26.5%)	18.1% (15.2% - 21.1%)	13.9% (12% - 15.8%)
2013	24.8% (20.4% - 29.2%)	19.8% (4.3% - 35.3%)	14.4% (6.1% - 22.8%)	23.2% (22.2% - 24.2%)	17.8% (15.1% - 20.5%)	18.6% (15.8% - 21.4%)
2010	28.1% (22.5% - 33.7%)			26.2% (25.1% - 27.3%)	22% (18.3% - 25.7%)	17.2% (13.8% - 20.6%)
2007	17.9% (14.4% - 22%)		3.9% (0.9% - 15%)	19.7% (18.8% - 20.6%)	16.8% (14.1% - 19.7%)	10.6% (8.9% - 12.7%)

Percent of students who did not go to school because they felt they would be unsafe at school or on their way to school in the past 30 days.						
	Lee			Florida		
Year	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic White	Non-Hispanic Black	Hispanic
2020	7.2% (4.2% - 10.2%)	4.3% (0.6% - 8%)	7.3% (4.6% - 9.9%)	8.3% (7.8% - 8.8%)	8.6% (7.7% - 9.4%)	10.3% (9.6% - 10.9%)
2014	3.8% (2.1% - 5.6%)	9% (3.9% - 14.1%)	8.8% (5.5% - 12.1%)	6.8% (6.4% - 7.2%)	7.7% (6.9% - 8.4%)	8.7% (8% - 9.4%)
2012	4% (2.8% - 5.2%)	6.3% (3% - 9.7%)	8.9% (6.4% - 11.3%)	6.2% (5.8% - 6.6%)	7.5% (6.7% - 8.3%)	7.9% (7.3% - 8.5%)
2010	4.5% (3.2% - 5.8%)	6.9% (3.6% - 10.3%)	7.3% (5.1% - 9.5%)	6% (5.7% - 6.4%)	7.6% (6.9% - 8.4%)	9.1% (8.4% - 9.8%)

- **The impact of social and community context on youth mental health services**

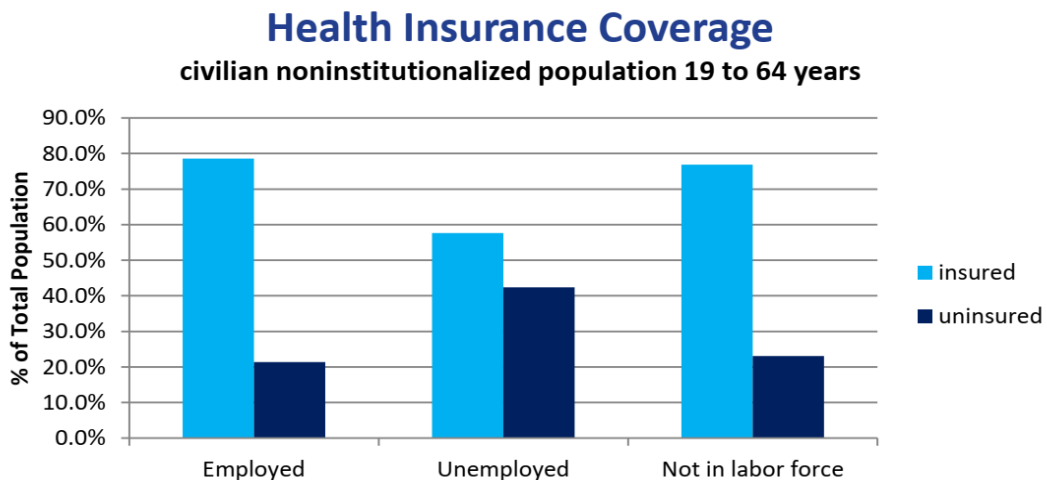
Social and Community Context		
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts (Health Disparity)
Social Integration	Black and African American, Hispanic	Anxiety and stress factor for not being able to be part of the community. No common bonds like friendships or even love relations
Support Systems	Black and African American, Hispanic	Some community members lack family members support due to immigration status (their family is in another country). No internet or disinformation about basic services in their communities.
Community Engagement	Black and African American, Hispanic	Anxiety and stress factor for not being able to be part of the community. No common bonds like friendships or even love relations. Not having information on how to get basic services like, water and electric services.
Discrimination	Black and African American, Hispanic	Stress factor for not fitting in the group; like new students from other countries, not knowing the new culture and language barriers

E. Health Care Access and Quality



- **Health care access and quality data for Lee County**

According to the 2020 Lee County Florida Health Profile by the Health Planning Council of Southwest Florida, Lee County has a primary health care shortage for their low-income populations in Bonita Springs, Fort Myers, Cape Coral, North Fort Myers and Lehigh Acres. Lee County also has a dental health care shortage and a mental health care shortage for the low-income population. Lee County % of civilian noninstitutionalized population with no health insurance coverage was estimated to be 14.3, which is higher than the Florida % of 13.5.



Healthcare Utilization & Resources

Rate per 100,000	County	Florida
Total Hospital Beds	260.6	308.2
Acute Care Beds	201.8	248.9
Specialty Beds	58.8	59.2
Nursing Home Beds	312.0	399.8
County Health Dept FTE*	26.8	42.9
County Health Dept Expenditures	\$19.70	\$33.60

**fiscal year ending 2019, FTE: full-time employees*

County Health Rankings compiled by the Robert Wood Johnson Foundation ranks all counties in a state based on health data. For 2022, Lee County was ranked 16th out of the 67 counties in Florida for Health Outcomes and 15th out of 67 for Health Factors. Health Outcomes represent how healthy a county is right now and reflect the physical and well-being of residents within a community through measures representing not only the length of life but quality of life as well. Health factors represent those things we can modify to improve the length and quality of life for residents i.e., health behaviors, social and economic factors and physical environment. Health factors are predictors of how healthy our communities can be in the future.

In the Health Outcomes area for a Quality of Life measure, poor mental health days was considered. Lee County averaged 4.8 days reported in the past 30 days, which was higher than the Florida average of 4.5. For poor physical health days, Lee County averaged 4.4 days reported in the past 30 days, which was higher than the Florida average of 4.0. In the Health Factors Clinical Care outcome area, Lee County mental health providers ranking was 800:1 compared to Florida 550:1 and nationally 250:1.

- The impact of health care access and quality on youth mental health services

Health Care Access and Quality		
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts (Health Disparity)
Health Coverage	Black and African American, Hispanic	Unable to secure healthcare due to lack of health insurance or underinsured. Lack of health coverage due to high deductibles or co-insurances
Provider Linguistic and Cultural Competency	Black and African American, Hispanic	Health information is not understood due to language barriers or level of education. Basic problem for students coming from other countries. Lack of providers with bilingual skills.
Provider Availability	Black and African American, Hispanic	Lack of transportation. Providers specialized in mental health for children and youth are located outside of local community.
Quality of Care	Black and African American, Hispanic	Lack of financial resources or healthcare insurance coverage. Culturally competent mental health services are necessary for our vulnerable populations. Extra education and information are needed to break the stigma about mental health services.

VII. SDOH PROJECTS

The Minority Health Liaison recruited and engaged members across the county, including government agencies, nonprofits, private businesses, and community organizations, to join the Health Equity Task Force. 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 Task Force reviewed data, including health disparities and SDOHs, provided by the Health Equity Team. The Health Equity Task Force also researched evidence-based and promising approaches to improve the identified SDOHs. County gathered a list of leaders from our CHIP committees and will be presenting the Health Equity Plan at a future date for their review and approval.

B. Barrier Identification

Members of the Health Equity Task Force 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	Theme	Collaborative Strategies
All Rainbow and Allied Youth, Inc.	Pending	Pending	Pending	Data Gathering
Lee County School District	Pending	Pending	Pending	Data Gathering

C. Community Projects

The Health Equity Task Force researched evidence-based strategies to overcome the identified barriers and improve the SDOH that impact the prioritized health disparity. The Health Equity Task Force used this information to collaboratively design community projects to address the SDOHs. Projects included short, medium, and long-term goals with measurable objectives. These projects were reviewed, edited, and approved by the Coalition to ensure feasibility. County gathered a list of leaders from our CHIP committees and will be presenting the Health Equity Plan at a future date for their review and approval.

Our proposed project, goals and objectives are related to the SDOH of Education Access and Quality and Health Care Access and Quality. We believe that by providing information on mental health to community partners that are involved with children and youth like teachers, sport coaches, art related activities, among others will increase their knowledge on mental health related issues, thus, being able to assist. By providing trainings like the Mental Health First Aid to targeted leaders will give them the opportunity to learn risk factors and warning signs for mental health and addiction concerns, strategies for how to help someone in both crisis and non-crisis situations, and where to turn for help.

Our target is to reach the Hispanic, Black and African American, People Living with Disabilities and LGBTQ+ populations.

The Department of Health in Lee County will plan to create and hold four suicide prevention education events aimed at children and youth. A short-term goal will be to create a pamphlet that list all mental health hospital, clinics and substance abuse services for children and youth available in Lee County.

Funding and the required budget for this project is still in process.

Geographic distribution of minorities in Lee County: Lehigh Acres north of SR-82, in downtown Fort Myers, along the coastline of the Caloosahatchee River in Fort Myers, north of Pine Island Road in Cape Coral, in north Captiva, and in east Boca Grande. Information from the LeeTran - Lee County Transit Development Plan of November 2020.

VIII. HEALTH EQUITY PLAN OBJECTIVES

A. Mental Health Services to Children and Youth

Health Disparity Objective: By June 30th, 2025, reduce the percentage of Black and African Americans and Hispanic students who, in the past year, did something to purposely hurt themselves without wanting to die from 14.5% and 12.8% respectively in 2020, to 9.3%, the same percentage as Non-Hispanic Whites student population.

- Mental Health First Aid for Children and Youth**

	Lead Entity and Unit	Lead Point Person	Data Source	Baseline Value	Target Value	Plan Alignment
Long-Term SDOH Goal: Education Access and Quality to Improve the number of high school graduations in Black African American and Hispanics to the same level as the White student population. Florida Health Charts High School Graduation Rates						
Objective: By June 30 th , 2025, (target date) increase the number of high school graduations in Black African American and Hispanics from (83.6%and 83.0%, to 87.3% (the same level as the white student population. Florida Health Charts High School Graduation Rates	Lee County School District	Lori Brooks	FL Health Charts High School Graduation Rates	83.6% for Black African American and 83.0% for Hispanics	87.3% (the same level as the white student population.	CHIP 2018-2022 Goal 1.0; Strategy 1.2 .2 and 1.3

Medium-Term SDOH Goal: Improve Health Care Access and Quality - Florida Health Charts Suicide and Behavioral Health Profile – Suicide Death by Age (10-14 and 15-19)						
Objective: By June 30 th , 2023, create and hold four suicide prevention education events aimed at children and youth	Lee County Department of Health	Debora Ithier / Amanda Evans	FL Health Charts Suicide and Behavioral Health Profile – Suicide Death by Age (10-14 and 15-19)	5	0	CHIP 2018-2022 Goal 2.0; Strategy 2.3
Short-Term SDOH Goal: Improve Health Care Access and Quality – Florida Health Charts – Suicide and Behavioral Health Profile – Non-Fatal Intentional Self-Harm Injuries – Hospitalizations by Age (under age 18)						
Objective: By December 31 st , 2022, create one pamphlet that list all mental health hospital, clinics and substance abuse services for children and youth available in Lee County	Lee County Department of Health	Debora Ithier	FL Health Charts Suicide and Behavioral Health Profile – Non-Fatal Intentional Self-Harm Injuries Hospitalizations by Age (under age 18)	56	60	CHIP 2018-2022 Goal 2.0; Strategy 2.3

IX. PERFORMANCE TRACKING AND REPORTING

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

The Minority Health Liaison serves as the point of contact in their county for sharing progress updates, implementation barriers, and practices associated with the Health Equity Plan. The Minority Health Liaison is responsible for gathering data and monitoring and reporting progress achieved on the goals and objectives of the Health Equity Plan. At least quarterly, the Minority Health Liaison meets with the Health Equity Task Force 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 Task Force from these annual reports. The Minority Health Liaison then submits the completed report to OMHHE by July 15th annually.

The Minority Health Liaison will invite Health Equity Team and Task Force to meetings via email. The agenda of items to be discussed will be provided prior each meeting. During the meetings a person will be assigned to take notes of the items discussed, agreements, assigned task or pending items for future discussions. The MHL will keep a file of such meetings.

X. REVISIONS

Annually, the Health Equity Task Force 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