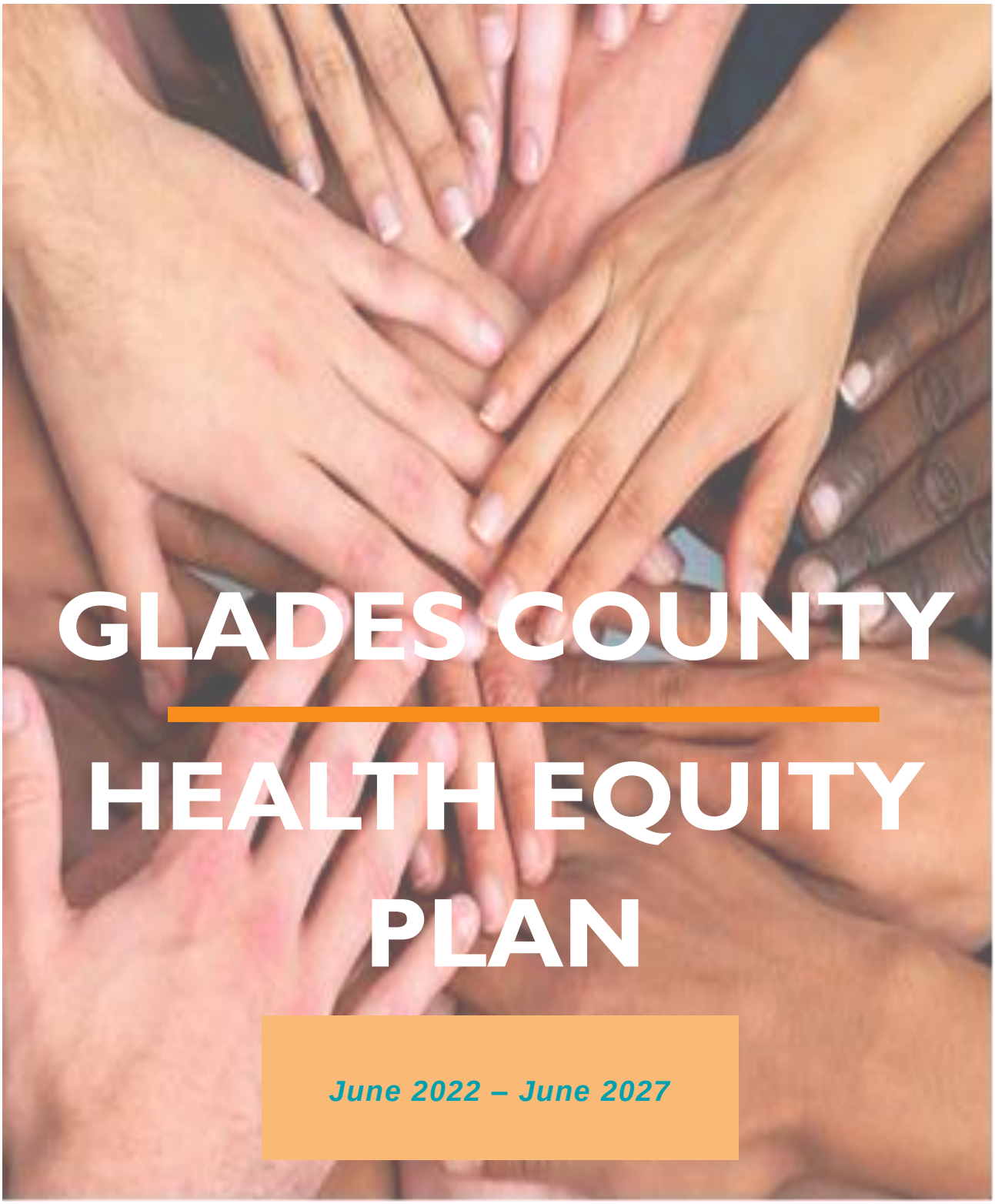


# GLADES COUNTY

# HEALTH EQUITY PLAN

*June 2022 – June 2027*

Florida HEALTH

HEALTHIER HENDRY GLADES TASK FORCE

**Updated 07/27/2022**

# Table of Contents

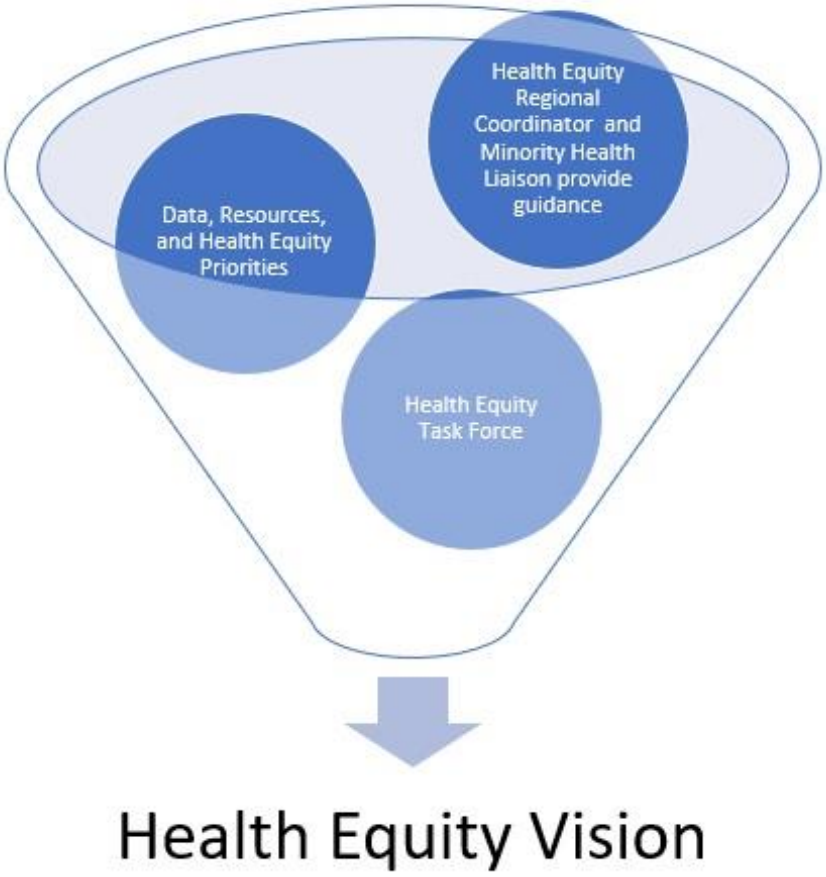
I. Vision ..... 4
II. Purpose of the Health Equity Plan ..... 6
III. Definitions ..... 7
IV. Participation ..... 8
A. Minority Health Liaison ..... 9
B. Health Equity Team ..... 9
C. Health Equity Taskforce ..... 11
D. Coalition ..... 19
E. Regional Health Equity Coordinators ..... 19
V. Health Equity Assessment, Training, and Promotion ..... 20
A. Health Equity Assessments ..... 20
B. County Health Equity Training ..... 21
C. County Health Department Health Equity Training 22
D. Minority Health Liaison Training ..... 24
E. National Minority Health Month Promotion 25
VI. Prioritizing a Health Disparity ..... 26
VII. SDOH Data ..... 39
A. Education Access and Quality ..... 40
B. Economic Stability ..... 43
C. Neighborhood and Built Environment ..... 48
D. Social and Community Context ..... 52
E. Health Care Access and Quality ..... 57
VIII. SDOH Projects ..... 61
A. Data Review ..... 61
B. Barrier Identification ..... 61

C. Community Projects ..... 71
IX. Health Equity Plan Objectives..... 71
A. (Prioritized Health Disparity)..... 71
X. Performance Tracking and Reporting ..... 78
XI. Revisions ..... 80
XII. Appendix A ……...81

# I. VISION

The Healthier Hendry Glades Taskforce was asked how they would describe a healthy community or what a health community means to them. Using the Mentimeter tool, they supplied 53 responses. These responses were compiled in the form of a word cloud. The most common responses were active, safe, happy, proactive, fun, supportive, productive, involved individuals and mentally healthy. These responses were used to create a vision statement: "*is to have a community where all people are able to be active, safe, happy, supported, and mentally healthy*". Also, the mission of the Healthier Hendry Glades Taskforce is "*to improve the health of all the people of Glades County through partnership and collaborations*".

Source: Healthier Hendry Glades Taskforce via Mentimeter


Health Equity Regional Coordinator and Minority Health Liaison provide guidance
Data, Resources, and Health Equity Priorities
Health Equity Task Force
Health Equity Vision

# II. PURPOSE OF THE HEALTH EQUITY PLAN

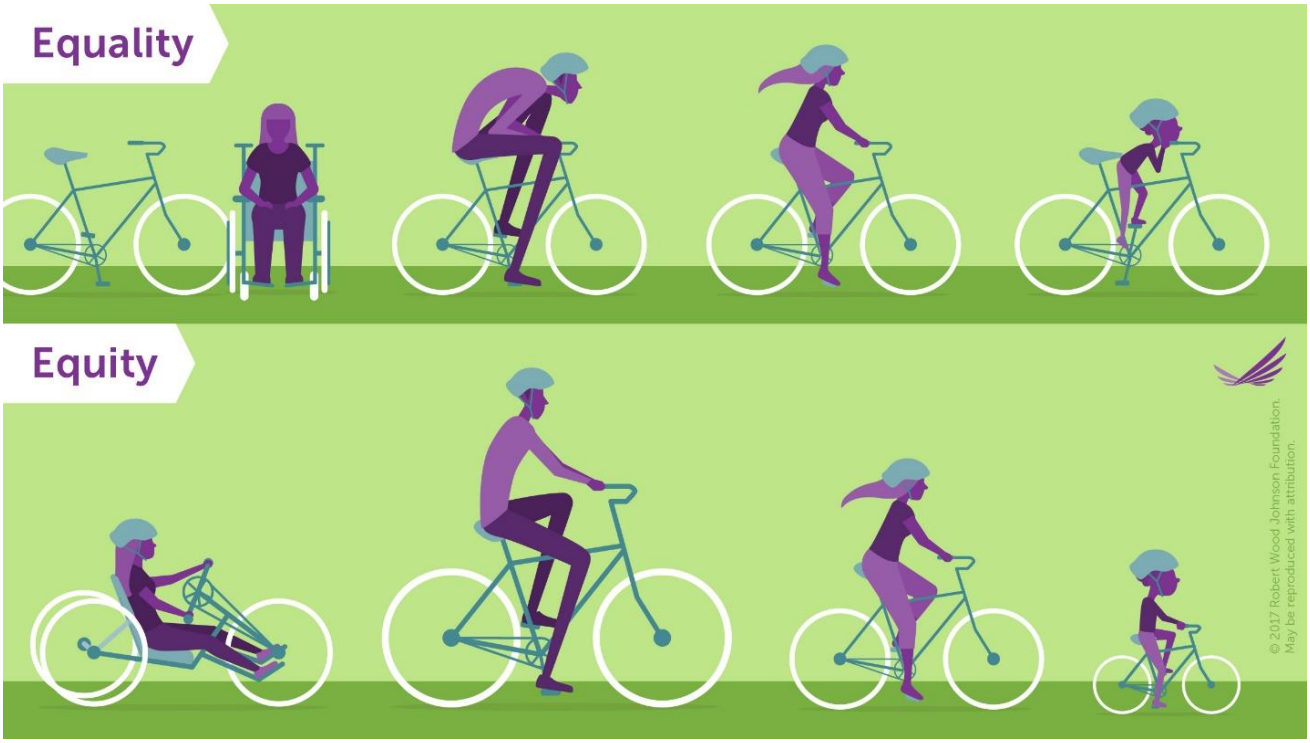
**Health Equity is achieved when everyone can attain optimal health.**

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 2021-117 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 priority 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, 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 Glades County. To develop this plan, Glades 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 Glades County. This Health Equity Plan is not a county health department plan; it is a county-wide Health Equity Plan through which the Health Equity Taskforce, including a variety of government, non-profit, and other community organizations, align to address the SDOH impact health and well-being in the county.

# III. DEFINITIONS




**Health equity** is achieved when everyone can attain optimal health

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

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

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

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

# IV. PARTICIPATION

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

NOTE: Image is from in person Hendry/Glades Mental Health Forum in November 2019. Meetings have recently been conducted virtually due to COVID-19.

Members of the Healthier Hendry Glades Task Force saw a need for a shift in focus to address the local needs of the community. Because of this, the Hendry/Glades Mental Health Forum was established. The group recruits members of local mental/behavioral health providers to collaborate and ultimately bring as many clients into care as possible. Providers collaborate to share referrals, case coordination, and ensure there is engagement within the community. The Healthier Hendry Glades Task Force creates many opportunities for cross-sector collaborations though publicly advertised community meetings and community outreach events.

## 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
**Minority Health Liaison Backup**: Andrea May

The Florida Department of Health in Glades County is working to recruit a Minority Health Liaison, however, is experiencing difficulties recruiting a qualified candidate. The roles of the position are being covered by the Minority Health Liaison Backup, Andrea May, in the interim.

## 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 Glades to the Health Equity Taskforce. The Minority Health Liaison guides these discussions and the implementation of initiatives. Members of the Department of Health were invited to the Health Equity Team to ensure membership from all departments within the CHD. Members were invited to bring in their knowledge in specific areas (departments) to display how their programs may impact mental health differently than others to ensure we have perspectives from all scopes/fields. The membership of the Health Equity Team is listed below.

| | | |
|---|---|---|
| Name | Title | Program |
| Andrea May | Director of Community Health Promotions and Interim Ryan White Director | Health Promotions, Ryan White, and Minority Health Liaison Backup |
| Jennifer Hood | Health Officer | Administration |
| Vanessa Fischel | Director of Maternal/Infant/Child Home Visiting | Maternal/Infant/Child Health |
| Lucille Cisnero | Business Manager | Administration |
| John Gountas | Planning Consultant | Preparedness & Safety |
| Jessica Ivy | Accountant I | Administration |
| Edwin Melendez | Human Services Program Specialist | Drug Free Hendry County & No Kid Hungry |
| Maria Richter | Breastfeeding Coordinator | WIC |
| Lora Stryker | Healthy Start Supervisor/Social Services Counselor-SES | Healthy Start |

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 |
|---|---|
| 8/24/2021 | Introduction of Health Equity and health equity plan components |
| 10/15/2021 | Health Disparities and Social Determinants of Health<br>Health Equity Plan Progress |
| 12/3/2021 | Health Equity Plan Progress |
| 1/24/2022 | Health Equity Liaison Positions<br>Health Equity Plan Progress |
| 3/3/2022 | Subcontract with Health Planning Council<br>Health Equity Plan Progress |
| 6/8/2022 | Health Equity Plan Progress<br>Discussed final due date for plans and future of health equity plans |

## 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 Glades County Health Equity Plan and oversaw the design and implementation of projects. Members of the Health Equity Taskforce were recruited to ensure there was a broad scope of participation from agencies that represent multiple areas/priority populations. The task force is open to the public and engages in continuous recruitment to ensure we are not limiting participation. Health Equity Taskforce members are listed below.

| Name | Title | Organization | Social Determinant of Health |
|---|---|---|---|
| Acosta, Viridiana | Domestic Violence Child Welfare Advocate | ACT | Health Care Access and Quality, Neighborhood and Built Environment, Social and Community Context |
| Aguilar, Estela | Program Manager | Transitions Commute Solutions | Economic Stability, Neighborhood and Built Environment |
| Aquino, Nylsa | Specialist | ACT | Health Care Access and Quality, Neighborhood and Built Environment, Social and Community Context |
| Brown, Peggy | Director of Planning | Health Planning Council of SWFL | Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, Social and Community Context |
| Brunson, Amanda | Community Engagement Specialist | Healthy Start | Economic Stability, Education Access and Quality, Health Care Access and Quality, |

| | | | |
|---|---|---|---|
| | | | Neighborhood and Built Environment, Social and Community Context |
| Carillo, Sarah | Community Engagement Specialist | Molina Healthcare | Health Care Access and Quality, Social and Community Context |
| Cooper, Julia | Community Health Coordinator | Health Planning Council of SWFL | Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, Social and Community Context |
| Corbett, Arianne | President | Leading Health | Economic Stability, Neighborhood and Built Environment, Social and Community Context |
| Cox, Rebecca | Family Services Specialist | FDLRS, Heartlanded | Neighborhood and Built Environment, Social and Community Context |
| Cross, Heather | Chief Executive Officer | Center for Progress & Excellence | Health Care Access and Quality, Neighborhood and Built Environment, Social and Community Context |
| Dalabes, Megan | Director of Community Education and Development | ACT | Health Care Access and Quality, Neighborhood and Built Environment, Social and Community Context |
| Dashiell, Dee | HOPE Liaison | HOPE Healthcare | Health Care Access and Quality, Neighborhood and Built Environment, Social and Community Context |
| Diaz-Quintana, Eglindina | Sexual Assault Counselor II | ACT | Health Care Access and Quality, Neighborhood and Built Environment, Social and Community Context |
| England, Margaret | Chair | Hendry/Glades Unmet Needs Coalition | Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built |

| | | | |
|---|---|---|---|
| | | | Environment, Social and Community Context |
| Fernandez, Elizabeth | Child Welfare Case Management Supervisor | Camelot Community Care | Health Care Access and Quality, Neighborhood and Built Environment, Social and Community Context |
| Fernandez, Emely | | Lutheran Services | Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, Social and Community Context |
| Fischel, Vanessa | Director of Maternal/Infant/Child Home Visiting | FL DOH | Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, Social and Community Context |
| Flores, Magdalena | | Health Planning Council | Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, Social and Community Context |
| Friedman-Chavez, Lisa | Regional Transition Representative | Project 10 | Neighborhood and Built Environment |
| Glymph, Christopher | Program Coordinator | Hanley Foundation | Health Care Access and Quality, Neighborhood and Built Environment, Social and Community Context |
| Gomez, Lourdes | Dental Wellness Coordinator | Liberty Dental | Health Care Access and Quality |
| Gonzalez, Delma | | RCMA CDC Migrant Center | Education Access and Quality |
| Hainley, Sgt. Wanda | Sgt. Human Trafficking and Awareness Unit | HCSO Human Trafficking | Health Care Access and Quality |
| Hancock, Laura | Director of Strategic Projects | Habitat for Humanity Lee/Hendry | Economic Stability, Neighborhood and Built Environment |

| | | | |
|---|---|---|---|
| Hood, Jennifer | Health Officer | FDOH Hendry/Glades | Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, Social and Community Context |
| Ivy, Jessica | Accountant I | FDOH Hendry/Glades | Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, Social and Community Context |
| Johnson, Nardina | Center Administrator | FCHC Clewiston | Education Access and Quality, Health Care Access and Quality, Social and Community Context |
| Llossas, Jose | Public Health Nutrition Program Director | FDOH Hendry/Glades | Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, Social and Community Context |
| Lopez, Petrona | Booker T Washington Location | RCMA | Education Access and Quality |
| May, Andrea | Director of Community Health Promotions | FDOH Hendry/Glades | Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, Social and Community Context |
| McCauley, Grace | Program Coordinator | Hanley Foundation | Health Care Access and Quality, Neighborhood and Built Environment, Social and Community Context |
| McWhorter, Kelly | Program Coordinator | The Salvation Army | Economic Stability, Neighborhood and Built Environment, Social and Community Context |

| | | | |
|---|---|---|---|
| Melendez, Edwin | Human Services Program Specialist | FDOH Hendry/Glades | Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, Social and Community Context |
| Morado, Maricela | Director of Programs & Planning | Area Agency on Aging | Health Care Access and Quality, Social and Community Context, Neighborhood and Built Environment, |
| Moraquez, Christy | Community Engagement Senior Specialist | Molina Healthcare | Health Care Access and Quality, Social and Community Context |
| Mundy, Dr. Barbara | Director of Federal Programs | Hendry County Schools | Education Access and Quality, Neighborhood and Built Environment, Social and Community Context |
| N.F.C | BACA Member | Bikers Against Child Abuse | Neighborhood and Built Environment, Social and Community Context |
| Noble, Julie | Child Advocate | Lee Health | Health Care Access and Quality, Neighborhood and Built Environment, Social and Community Context |
| Parrish, Tiffany | Program Coordinator | Lake Okeechobee Rural Health Network | Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, Social and Community Context |
| Perez Carrillo, Emmanuelle | Health Educator Consultant | FDOH Hendry | Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, Social and Community Context |
| Phillips, Aijha | COVID Vaccine Project Coordinator | Health Planning Council of SWFL | Economic Stability, Health Care Access and Quality, Social and Community Context, Neighborhood and Built Environment, |

| | | | |
|---|---|---|---|
| Portalatin, Claudia | | United Way 211 | Economic Stability, Health Care Access and Quality, Neighborhood and Built Environment, Social and Community Context |
| Puddefoot, Trina | Early Steps Program Director | Health Planning Council | Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, Social and Community Context |
| Reed, Jay | Lead Mental Health Specialist | Glades School District | Education Access and Quality, Health Care Access and Quality, Social and Community Context |
| Richter, Maria | Breastfeeding Coordinator | FDOH Hendry/Glades | Economic Stability, Health Care Access and Quality |
| Rodriguez, Barbara | Early Steps | Health Planning Council | Education Access and Quality, Health Care Access and Quality, |
| Rodriguez, Carmen | Director | Family Resource Center | Economic Stability, Health Care Access and Quality, Neighborhood and Built Environment, Social and Community Context |
| Rodriguez, Karen | VP of Family Services | Habitat for Humanity | Economic Stability, Neighborhood and Built Environment, |
| Rodriguez, Kristina | Manager | Hope Connections | Neighborhood and Built Environment, Social and Community Context |
| Rodriguez, Sonia | | Goodwill Resource Center | Economic Stability, Neighborhood and Built Environment, Social and Community Context |
| Ross, Kimberly | Owner | Ross Dynasty | Health Care Access and Quality, Neighborhood and Built Environment, Social and Community Context |
| Ruiz, Tania | CAT Clinical Supervisor | Centerstone | Health Care Access and Quality, Social and Community Context |
| Sands, Lisa | Hendry/Glades Manager | United Way | Economic Stability, Health Care Access and Quality, |

| | | | |
|---|---|---|---|
| | | | Education Access and Quality, Neighborhood and Built Environment, Social and Community Context |
| Santizo, Grisel | | ACT | Health Care Access and Quality, Neighborhood and Built Environment, Social and Community Context |
| Smith, Karen | Community Outreach Coordinator | Sickle Cell Disease Association | Health Care Access and Quality |
| Stitt, Aaron | Community Development Administrator | Department of Children and Families | Economic Stability, Education Access and Quality, Neighborhood and Built Environment, Social and Community Context |
| Stress, Marissa | Director of Programs | Harry Chapin Food Bank | Economic Stability, Neighborhood and Built Environment, Social and Community Context |
| Stryker, Lora | Healthy Start Supervisor/Social Services Counselor-SES | FDOH Hendry/Glades | Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, Social and Community Context |
| Thomas, Traci | Center Administrator | Florida Community Health Centers | Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, Social and Community Context |
| Vazquez, Crystal | Outreach and Education Coordinator | Florida Community Health Centers | Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, Social and Community Context |
| Villafuerte, Erica | Coordinator | RCMA- Immigration | Education Access and Quality |

| | | | |
|---|---|---|---|
| Williams, Charity | Chief Executive Officer | Beyond Barries, Inc. | Health Care Access and Quality, Social and Community Context |
| Willis, Jackie | | Ross Dynasty | Health Care Access and Quality, Social and Community Context |
| Wilson, Sonja | Area Director | RCMA | Education Access and Quality |

Partners were engaged in the completion of the Health Equity plan throughout the entire process. The Health Planning Council of Southwest Florida was responsible for data gathering. Andrea May, Minority Health Liaison Backup, was responsible for taking notes during meetings and Lisa Sands with United Way was responsible for taking attendance at meetings. Together, the group assisted with reviewing the plan, developing projects, and contributing to overall plan creation. The group will continue its involvement through revisions, updates, and project participation/completion throughout the duration of the plan.

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 quartely to track progress.

Since the Health Equity Plan was completed, the Health Equity Taskforce has continued to meet at least quarterly to track progress. The Health Equity Plan remained a standing agenda item during the Healthier Hendry Glades Task Force Meetings. During the portion of the meeting dedicated to the plan, members of the group provided feedback on the Health Equity Plan and were informed of any revisions made and/or suggested by the Minority Health Liaison Backup and internal Florida Department of Health, Health Equity group, the Performance Management Council for review from the group. After presentation of the plan, a group discussion is facilitated to discuss agreement and/or additional changes that were necessary to add to the plan.

| Meeting Date | Organizations | Topic/Purpose |
|---|---|---|
| November 12, 2021 | Health Equity Task Force | Health Equity Plan Introduction and Planning, Healthier Hendry Glades Task Force Vision |

| | | |
|---|---|---|
| January 21, 2022 | Health Equity Task Force | Discussion of Mental Health Initiative/Projects & Health Equity Plan Progress Discussion |
| March 4, 2022 | Health Equity Task Force | Hope Healthcare Presentation & Health Equity Plan Progress Discussion. Data analysis updates. |
| May 6, 2022 | Health Equity Task Force | Early Steps Presentation, Health Equity Assessment & Health Equity Plan Progress Discussion |

## 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 (addendum) for a list of Coalition members.

## E. Regional Health Equity Coordinators

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

| Name | Region |
|---|---|
| Carrie Rickman | Emerald Coast |
| Quincy Wimberly | Capitol |
| Ida Wright | Northeast |
| Diane Padilla | North Central |
| Rafik Brooks | West |
| Lesli Ahonkhai | Central |
| Frank Diaz-Gines | Southwest |
| Kimberly Watts | Southeast |

# V. HEALTH EQUITY ASSESSMENT, TRAINING, AND PROMOTION

## A. Health Equity Assessments

To improve health outcomes in Florida, it is critical to assess the knowledge, skills, organizational practices, and infrastructure necessary to address health inequities. Health equity assessments are needed to achieve the following:

- Establish a baseline measure of capacity, skills, and areas for improvement to support health equity-focused activities
- Meet Public Health Administration Board (PHAB) Standards and Measures 11.1.4A which states, "The health department must provide an assessment of cultural and linguistic competence."
- Provide ongoing measures to assess progress towards identified goals developed to address health inequities
- Guide CHD strategic, health improvement, and workforce development planning
- Support training to advance health equity as a workforce and organizational practice

Glades County conducted a health equity assessment to examine the capacity and knowledge of DOH Glades County staff and county partners to address social determinants of health. A total of 15 responses to the survey representing various agencies/organizations serving Glades County. The Culturally and Linguistically Appropriate Services (CLAS) Self-Assessment Tool. This tool was used to help an agency/organization to identify their own challenges and goals to address equity at their agency.  Below are the dates assessments were distributed and the partners who participated.

| Date | Assessment Name | Organizations Involved |
|---|---|---|
| 5/6/2022 | Hendry/Glades County Equity Assessment Tool | Hendry Glades WIC |
| 5/7/2022 | Hendry/Glades County Equity Assessment Tool | Healthy Start SWFL |
| 5/23/2022 | Hendry/Glades County Equity Assessment Tool | Florida Department of Health in Glades County |
| 5/23/2022 | Hendry/Glades County Equity Assessment Tool | Centerstone |
| 6/1/2022 | Hendry/Glades County Equity Assessment Tool | Health Planning Council of Southwest Florida |

## B. County Health Equity Training

Assessing the capacity and knowledge of health equity, through the group discussion and feedback helped the Minority Health Liaison identify knowledge gaps and create training plans for the Health Equity Taskforce, the Coalition, and other county partners.

The Health Equity Team reviewed data collected from local members of the Healthier Hendry Glades Task Force to develop a shared understanding of health equity in your county through training and dissemination of resources. During each Healthier Hendry Glades Task Force meeting a training is conducted based on the needs of the group. Each training addresses a social determinant of health either directly or indirectly.

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

| Date | Topics | Organization(s) receiving trainings |
|---|---|---|

| | | |
|---|---|---|
| 7/16/2021 | Jenn Carolluzzi, United Way Reunite/Beesley's Paw Prints | Healthier Hendry Glades Task Force<br>Sign in Sheets on File |
| 7/16/2021 | Maria Richter, WIC Breastfeeding/Nutrition | Healthier Hendry Glades Task Force<br>Sign in Sheets on File |
| 9/3/2021 | "Period of Purple Crying"<br>Julie Noble, NM, CPST<br>Child Advocate<br>Lee Health Safety Advocate | Healthier Hendry Glades Task Force<br>Sign in Sheets on File |
| 11/12/2021 | Olivia Pena, Clinic Supervisor Florida Lions Eye Clinic | Healthier Hendry Glades Task Force<br>Sign in Sheets on File |
| 3/4/2022 | HOPE Healthcare<br>Kristina Rodriguez & Dee Dashiell | Healthier Hendry Glades Task Force<br>Sign in Sheets on File |
| 5/6/2022 | Early Steps<br>Trina Puddefoot & Barbara Rodriguez | Healthier Hendry Glades Task Force<br>Sign in Sheets on File |

## C. County Health Department Health Equity Training

The Florida Department of Health in Glades recognizes that ongoing training in health equity and cultural competency are critical for creating a sustainable health equity focus. At a minimum, all DOH-(County) 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 |
|---|---|---|
| 3/18/2022 | Surviving the Pandemic<br>*Discussed: Common Reactions, suggested ways to cope, financial stress, mental health assistance, access to care and support.* | All Staff |
| 5/4/2022 & 5/5/2022 | Effective Strategies for Communicating with People Who Are Deaf or Hard of Hearing and Others with Access and Functional Needs | 2 |
| 5/20/2022<br>&<br>6/3/2022 | Quality Improvement Workgroup addressing Deaf and Hard of Hearing and non-English Proficient Individuals | 6 & 10 |

In addition to the above required training, all Florida Department of Health employees in Hendry Glades County have a Health Equity focused performance measure included in their annual performance plans. The performance measure is as follows:

Health Equity

The team member will participate in health equity trainings or professional development opportunities as it relates to the social determinants of health (e.g., training modules, workgroup participation).

Rating Criteria:

5= Document completion of three or more health equity trainings or professional development opportunities as it relates to the social determinants of health (e.g., training modules, workgroup participation).

4= Document completion of two health equity trainings or professional development opportunities as it relates to the social determinants of health (e.g., training modules, workgroup participation).

3= Document completion of one health equity training or professional development opportunities as it relates to the social determinants of health (e.g., training modules, workgroup participation).

2= No health equity trainings or professional development opportunities as it relates to the social determinants of health (e.g., training modules, workgroup participation).

Locally, a training needs assessment is being conducted to all Department of staff. Data collected in this needs assessment will help to gear future training topics and presentations locally.

## D. 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 |
|---|---|
| Monthly<br>August 2021 – May 2022 | MHHE MHL Meeting |
| October 5, 2021 | NACCHO- Healthy People 2030 - Partnering on the Social Determinants of Health |
| November 18, 2021 | Minority Health Liaison Meeting |
| February 21, 2022 | Minority Health Liaison Meeting |
| Biweekly Starting April 8, 2022 | Regional MHL Meetings |

# E. National Minority Health Month Promotion

National Minority Health Month was celebrated within Glades County in collaboration with Hendry County and National Child Abuse Prevention month to ultimately address adverse childhood experiences and mental health within Hendry County. Together, a month-long activity of Pinwheels For Prevention was held at various locations all throughout the county. Informational tabling events were held within the month to increase awareness of available resources in the county and ultimately increase access to care. On April 5th, at 7:00pm a live presentation was held on adverse childhood experiences, substance abuse, and child abuse. The presentation discussed access to care and available resources for those who are struggling. By having the training available virtually, it is accessible to a larger audience due to the lack of need for travel and availability to watch later via a recording. Additionally, on Saturday, April 9th, 2022 a Ride-A-Long event was held in collaboration with Bikers Against Child Abuse to bring awareness and share resources. Each site that the Ride-A-Long visited had informational tables that had resources available for the public, throughout the county and surrounding areas. The event was publicized to local media outlets and open to all organizations and community members for participation. The events brought awareness to the six protective factors that are important to build in parents, communities, and businesses: social and emotional competence, social connections, concrete support, resilience, knowledge of parenting and development, and nurturing and attachment.

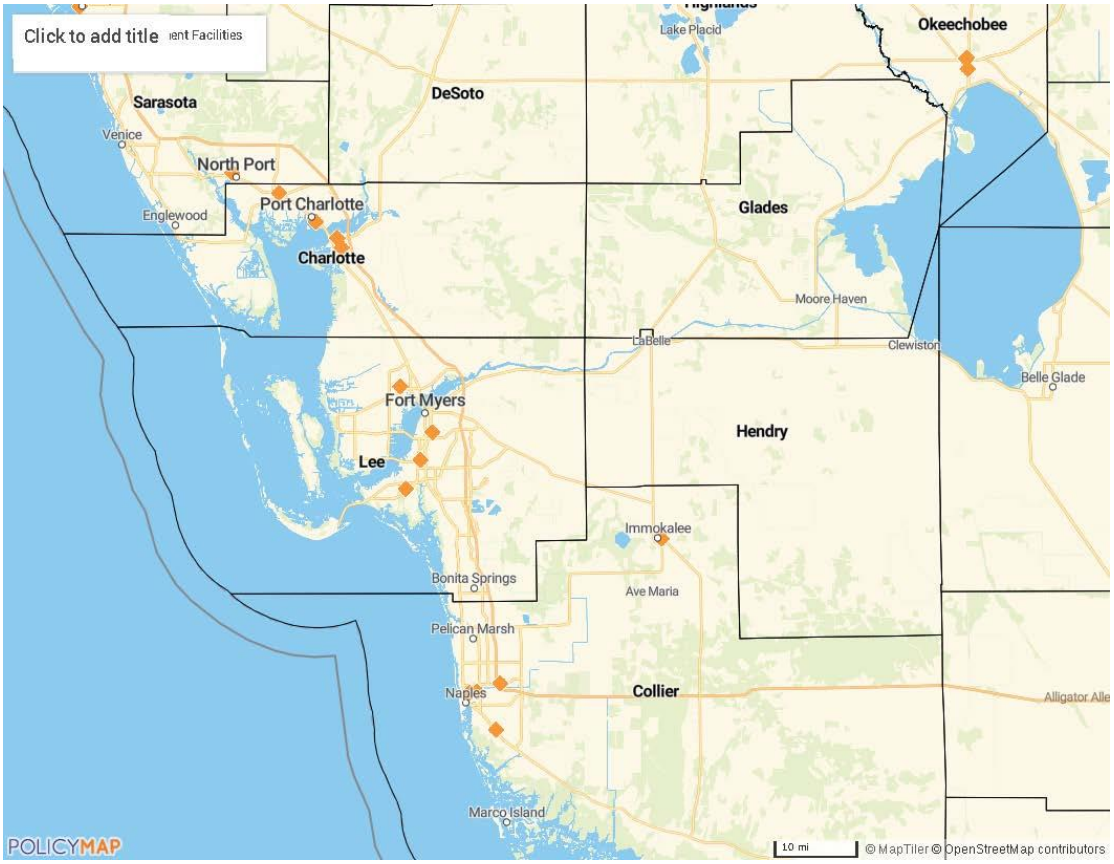
# PRIORITIZING A HEALTH DISPARITY

The Health Equity Team identified and reviewed health disparities data in Glades County. Data was pulled from multiple sources including PolicyMap, FloridaHealth Charts, BRFSS, 2019 Florida Youth Substance Abuse Survey.

The following health disparities were identified in Glades County: mental health, healthy weight, infant mortality, child trauma, and unintentional injuries. Using nominal group technique, the Health Equity Team decided to work on mental health in the Health Equity Plan. Data concerning mental health is below. Unfortunately, the plan lacks information on LGBTQ+ population as there is no available local data for this population. The Florida Department of Health is working on a project to collect information on the LGBTQ+ population and this data will be added to the plan via a revision when the data is available.

**Mental Health Treatment Facility Locations**

Below is a map of southwest Florida where Glades County is located. As shown in the map there are no mental health treatment facilities located in Glades County. Glades County residents must travel outside of the county to receive services.




Source: Substance Abuse and Mental Health Services Administration (SAMHSA) via PolicyMap

**Access to Mental and Behavioral Health Services Rate per 100,000 Population, Glades County and Florida, 2020**

According to the U.S. Department of Health and Human Services (HHS) Glades County has a health professional shortage area (HPSA) in mental health care providers for the low-income population. Glades County is part of an area that includes Charlotte, Collier, Hendry, and Lee Counties. The area scored a 16 out of 26, the higher the score means the greater the priority.

| Indicator | Glades | Florida |
|---|---|---|
| Licensed Mental Health Counselors | 7.6 | 57.3 |
| Licensed Psychologists | 0.0 | 23.4 |
| Licensed Clinical Social Workers | 0.0 | 49.7 |
| Total Behavioral/Mental Health Professionals | 7.6 | 117.1 |

| | | |
|---|---|---|
| Adult Psychiatric Beds | 0.0 | 20.6 |
| Child and Adolescent Psychiatric Beds | 0.0 | 3.0 |
| Children Ages 1-5 Receiving Mental Health Treatment | 1,906.6 | 349.7 |

Source: Florida Department of Health, Division of Medical Quality Assurance, Agency for Health Care Administration, Department of Children and Families

**Age-Adjusted Hospitalizations from Mental Disorders by Race and Ethnicity, Rate per 100,000, Glades County and Florida, 2020**

| Race/Ethnicity | Glades | Florida |
|---|---|---|
| White | 317.3 | 877.3 |
| Black | 188.7 | 1,213.8 |
| Other | 63.6 | 837.2 |
| Hispanic | 93.1 | 542.2 |
| Non-Hispanic | 345.9 | 1,109.8 |

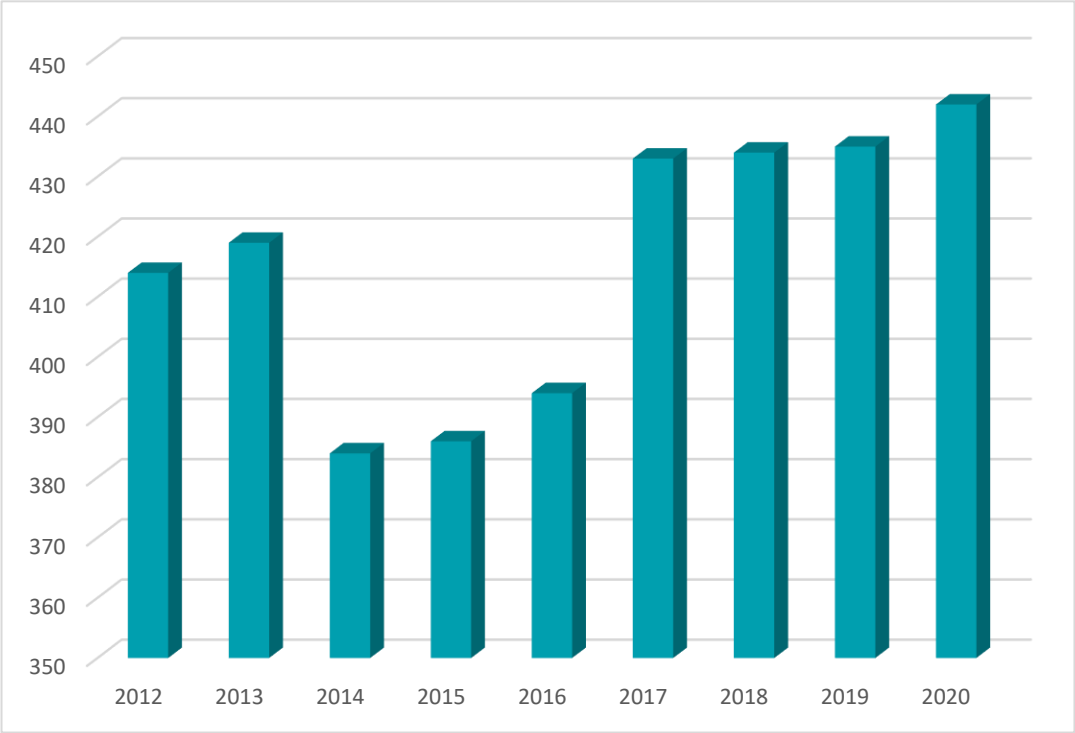
Source: Florida Agency for Health Care Administration
Note shading indicates populations with higher-than-average rates within the county

The estimated number of seriously mentally ill adults in Glades County has risen 15 percent since 2014.

**Estimate Seriously Mentally Ill Adults, Glades County, 2012-2020**

| Year | Count |
|---|---|
| 2012 | 414 |
| 2013 | 419 |
| 2014 | 384 |
| 2015 | 386 |
| 2016 | 394 |

| | |
|---|---|
| 2017 | 433 |
| 2018 | 434 |
| 2019 | 435 |
| 2020 | 442 |




Source: Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: Florida

In 2020, Glades County adults were more likely than average to report that they had more poor mental health on 14 or more of the past 30 days if they were non-Hispanic black, female, aged 18-44, had a high school diploma, and/or had an income o less than $50,000.

**Adults Who Had Poor Mental Health on 14 or More of the Past 30 Days, Glades County and Florida, 2013, 2016, 2019**

| | Glades | | | Florida |
|---|---|---|---|---|
| | **2016** | **2018** | **2020** | **2020** |
| **Overall** | 26.1% | 13.7% | 10.3% | 13.8% |
| **Race/Ethnicity** | | | | |
| Non-Hispanic White | 23.1% | 11.3% | 6.0% | 15.0% |
| Non-Hispanic Black* | | | 37.0% | 12.3% |
| Hispanic* | | | | 12.5% |

| | | | | |
|---|---|---|---|---|
| **Sex** | | | | |
| Men | 25.7% | 7.7% | 11.6% | 11.4% |
| Women | 26.7% | 17.0% | 8.5% | 16.1% |
| **Age Group** | | | | |
| Ages 18-44* | 15.2% | | 17.5% | 15.6% |
| Ages 45-64 | 55.3% | 18.2% | 6.1% | 15.0% |
| Ages 65 and Older | 8.2% | 8.3% | 5.8% | 9.7% |
| **Education Level** | | | | |
| Less than High School | 16.6% | 31.3% | 6.2% | 19.5% |
| High School/GED | 36.5% | 7.2% | 15.4% | 14.2% |
| More than High School | 11.0% | 13.7% | 6.1% | 12.5% |
| **Annual Income** | | | | |
| <$25,000 | 38.4% | 18.5% | 10.4% | 20.9% |
| $25,000-49,999 | 24.7% | 8.6% | 18.0% | 13.4% |
| $50,000 or More | 16.2% | 12.4% | 2.6% | 9.3% |

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.
*No data was available, the blank box is intentional
Note shading indicates populations with higher-than-average rates within the county

In 2020, Glades County students were more likely than average to report that they felt sad or hopeless for two or more weeks in a row and stopped doing usual activities if they were in high school, Hispanic, female, and/or lived in a trailer or mobile home.

**Percent of Students Who, in the Past Year, Felt Sad or Hopeless for Two or More Weekes in a Row and Stopped Doing Usual Activities, Glades County and Florida, 2016, 2018, 2020**

| | Glades | | | Florida |
|---|---|---|---|---|
| | **2016** | **2018** | **2020** | **2020** |
| **All Students** | 20.5% | 19.5% | 26.3% | 30.0% |
| **Youth Age 11-17** | 18.3% | 19.5% | 26.9% | 30.1% |
| **Grade Level** | | | | |
| Middle School | 16.0% | 17.7% | 27.4% | 27.8% |
| High School | 28.2% | 22.8% | 24.0% | 31.7% |
| **Race/Ethnicity** | | | | |
| Non-Hispanic White | 19.3% | 19.1% | 26.3% | 30.0% |
| Non-Hispanic Black* | | | | 26.9% |
| Hispanic | 19.1% | 22.4% | 27.5% | 32.0% |
| **Sex** | | | | |
| Male | 18.7% | 15.0% | 17.4% | 20.5% |
| Female | 22.4% | 24.2% | 34.4% | 39.3% |
| **Housing Situation** | | | | |
| Live in a Stand-Alone, Single-Family Home | 28.5% | 20.6% | 24.1% | 29.4% |
| Live in a Trailer or Mobile Home | 18.1% | 17.8% | 29.2% | 34.3% |

Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS)
*No data was available, the blank box is intentional

In 2020, Glades County students were more likely than average to report that they did something to purposely hurt themselves without wanting to die if they were in middle school, non-Hispanic white, female, and/or lived in a trailer or mobile home.

**Percent of Students Who, in the Past Year, Did Something to Purposely Hurt Themselves Without Wanting to Die, Glades County and Florida, 2016, 2018, 2020**

| | Glades | | | Florida |
|---|---|---|---|---|
| | **2016** | **2018** | **2020** | **2020** |
| **All Students** | 10.3% | 9.1% | 14.8% | 12.4% |
| **Youth Age 11-17** | 18.3% | 19.5% | 26.9% | 30.1% |
| **Grade Level** | | | | |
| Middle School | 8.5% | 8.7% | 13.3% | 13.8% |
| High School | 13.5% | 9.8% | 17.9% | 11.4% |
| **Race/Ethnicity** | | | | |
| Non-Hispanic White | 9.6% | 7.9% | 19.4% | 13.1% |
| Non-Hispanic Black* | | | | 10.2% |
| Hispanic | 8.7% | 10.3% | 10.6% | 12.6% |
| **Sex** | | | | |
| Male | 6.2% | 9.0% | 11.7% | 7.8% |
| Female | 14.3% | 8.3% | 17.1% | 16.9% |
| **Housing Situation** | | | | |
| Live in a Stand-Alone, Single-Family Home | 15.7% | 5.5% | 11.1% | 12.1% |
| Live in a Trailer or Mobile Home | 18.1% | 17.8% | 29.2% | 34.3% |

Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS)
*No data was available, the blank box is intentional
Note shading indicates populations with higher-than-average rates within the county

**Percentage of Glades County and Florida Statewide Youth Who Reported Symptoms of Depression, 2020**

| | Glades | Florida |
|---|---|---|
| **Sometimes I think life is not worth it** | | |
| Middle School | 27.3% | 29.9% |
| High School | 26.1% | 31.4% |
| Female | 32.9% | 39.5% |
| Male | 20.9% | 21.9% |
| Ages 10-14 | 28.0% | 29.9% |
| Ages 15-17 | 26.5% | 31.7% |
| **At times I think I am no good at all** | | |
| Middle School | 37.5% | 44.7% |
| High School | 39.1% | 44.6% |
| Female | 49.5% | 55.8% |
| Male | 25.4% | 33.5% |
| Ages 10-14 | 40.1% | 44.8% |
| Ages 15-17 | 36.6% | 45.2% |
| **All in all, I am inclined to think that I am a failure** | | |
| Middle School | 22.4% | 28.8% |
| High School | 22.9% | 28.6% |
| Female | 27.8% | 36.6% |
| Male | 17.7% | 20.8% |

| | | |
|---|---|---|
| Ages 10-14 | 23.4% | 28.5% |
| Ages 15-17 | 22.0% | 29.0% |
| **In the past year, have you felt depressed or sad most days, even if you felt ok sometimes?** | | |
| Middle School | 34.3% | 44.5% |
| High School | 44.2% | 47.6% |
| Female | 41.3% | 57.0% |
| Male | 33.2% | 35.5% |
| Ages 10-14 | 34.6% | 44.6% |
| Ages 15-17 | 44.0% | 48.0% |

Source: 2020 Florida Youth Substance Abuse Survey, Florida Department of Children and Families
Note shading indicates populations with higher-than-average rates within the county

**Percentages of Glades County and Florida Statewide High School Youth Who Reported Adverse Childhood Experiences (ACEs), 2020**

| | Glades | Florida |
|---|---|---|
| **Emotional Abuse** | | |
| High School | 13.1% | 15.7% |
| Female | 12.7% | 20.8% |
| Male | 13.7% | 10.6% |
| Ages 15-17 | 12.8% | 15.7% |
| **Mental Illness in Household** | | |
| High School | 21.9% | 30.5% |
| Female | 30.7% | 38.0% |

| | | |
|---|---|---|
| Male | 14.4% | 22.8% |
| Ages 15-17 | 23.7% | 30.6% |
| **Emotional Neglect** | | |
| High School | 24.6% | 29.2% |
| Female | 34.8% | 36.6% |
| Male | 15.2% | 21.7% |
| Ages 15-17 | 23.8% | 29.1% |

Source: 2020 Florida Youth Substance Abuse Survey, Florida Department of Children and Families
Note shading indicates populations with higher-than-average rates within the county

**The below chart indicates Glades County statistics and t-test and x^2 test results comparing across disability status and SDOH in Glades County.**

**Glades County Descriptive Statistics and t-Test and χ2 Test Results Comparing Across Disability Status**

| | Total Population (Ages 18 to 65) | | People with No Disabilities (Ages 18-65) | | People with At Least 1 Disability (Ages 18-65) | | PLW 0 vs. PLW 1+ Difference tests (χ2 and t-Tests) |
|---|---|---|---|---|---|---|---|
| *Measure* | *Mean/Prop* | *N* | *Mean/Prop* | *N* | *Mean/Prop* | *N* | |
| *Disability Measures* | | | | | | | |
| Deaf (Yes=1) | 0.07 | 61 | - | - | 0.23 | 24 | *** |
| Blind (Yes=1) | 0.03 | 61 | - | - | 0.10 | 24 | *** |
| Difficulty Concentrating or Remembering (Yes=1) | 0.09 | 61 | - | - | 0.28 | 24 | *** |
| Difficulty Walking (Yes=1) | 0.91 | 61 | - | - | 0.72 | 24 | *** |
| Difficulty Dressing or Bathing (Yes=1) | 0.21 | 60 | - | - | 0.64 | 23 | *** |
| Difficulty Doing Errands Alone (Yes=1) | 0.03 | 61 | - | - | 0.10 | 24 | *** |
| *General Health Measures* | | | | | | | |
| General Health | 3.06 | 63 | 3.38 | 37 | 2.37 | 24 | ** |
| Number of Days Physical Health Not Good | 6.14 | 62 | 2.54 | 37 | 13.94 | 23 | *** |
| Number of Days of Poor Physical and Mental Health | 1.17 | 62 | 0.98 | 37 | 1.63 | 23 | ** |
| Ever Depressive Disorder Diagnosis (Yes=1) | 0.18 | 63 | 0.20 | 37 | 0.14 | 24 | Not Sig. |
| Weight (In Pounds) | 184.41 | 58 | 180.29 | 34 | 192.56 | 23 | Not Sig. |
| Height (In Inches) | 64.83 | 59 | 65.40 | 36 | 63.63 | 22 | Not Sig. |
| Weight (In kg) | 83.65 | 58 | 81.78 | 34 | 87.34 | 23 | Not Sig. |
| Height (In Meters) | 1.65 | 59 | 1.66 | 36 | 1.61 | 22 | Not Sig. |
| BMI (kg/m$^2$) | 30.95 | 56 | 29.71 | 33 | 33.33 | 22 | Not Sig. |
| Smoke at least 100 Cigarettes in Life (Yes=1) | 0.70 | 61 | 0.73 | 37 | 0.65 | 24 | Not Sig. |
| Number of Cigarettes Smoked a Day | | | | * | | | Not Sig. |
| Not at all | 0.87 | 61 | 0.88 | 37 | 0.86 | 24 | |
| Some Days | 0.04 | 61 | 0.03 | 37 | 0.06 | 24 | |
| Everyday | 0.09 | 61 | 0.10 | 37 | 0.08 | 24 | |
| Exercise (Yes=1) | 0.51 | 56 | 0.61 | 34 | 0.23 | 22 | * |
| *Cardiovascular Health Measures* | | | | | | | |
| High Blood Pressure (Yes=1) | 0.45 | 63 | 0.40 | 37 | 0.58 | 24 | Not Sig. |
| Blood Pressure Medication (Yes=1) | 0.61 | 26 | 0.56 | 14 | 0.64 | 12 | Not Sig. |
| High Cholesterol (Yes=1) | 0.23 | 59 | 0.22 | 33 | 0.24 | 24 | ** |
| Cholesterol Medication (Yes=1) | 0.43 | 20 | 0.38 | 6 | 0.50 | 14 | Not Sig. |
| Heart Attack (Yes=1) | 0.06 | 63 | 0.01 | 37 | 0.17 | 24 | Not Sig. |
| Heart Disease (Yes=1) | 0.00 | 63 | 0.00 | 37 | 0.00 | 24 | Not Sig. |
| Stroke (Yes=1) | 0.05 | 63 | 0.00 | 37 | 0.14 | 24 | Not Sig. |
| *Diabetes Measures* | | | | | | | |
| Diabetes (Yes=1) | 0.15 | 63 | 0.07 | 37 | 0.31 | 24 | Not Sig. |
| Age Diagnosed with Diabetes | 43.02 | 13 | 45.96 | 6 | 41.56 | 7 | Not Sig. |
| Pre-Diabetes (Yes=1) | 0.07 | 49 | 0.04 | 30 | 0.11 | 17 | Not Sig. |
| Had Diabetes Test in Last 3 Years (Yes=1) | 0.33 | 48 | 0.33 | 30 | 0.31 | 16 | Not Sig. |
| Had Class on Diabetes Education (Yes=1) | 0.44 | 13 | 0.18 | 6 | 0.57 | 7 | Not Sig. |
| *Respiratory Health Measures* | | | | | | | |
| Ever Diagnosed with Asthma (Yes=1) | 0.19 | 63 | 0.17 | 37 | 0.22 | 24 | Not Sig. |
| Currently Has Asthma (Yes=1) | 0.15 | 63 | 0.16 | 37 | 0.10 | 24 | Not Sig. |
| C.O.P.D. (Yes=1) | 0.07 | 63 | 0.02 | 37 | 0.17 | 24 | * |
| *Social Determinants of Health Measures* | | | | | | | |
| Income | | | | | | | Not Sig. |
| Less than $10,000 | 0.10 | 54 | 0.04 | 33 | 0.24 | 20 | |
| Less than $15,000 ($10,000 to less than $15,000) | 0.03 | 54 | 0.01 | 33 | 0.08 | 20 | |
| Less than $20,000 ($15,000 to less than $20,000) | 0.05 | 54 | 0.06 | 33 | 0.00 | 20 | |
| Less than $25,000 ($20,000 to less than $25,000) | 0.19 | 54 | 0.16 | 33 | 0.26 | 20 | |
| Less than $35,000 ($25,000 to less than $35,000) | 0.17 | 54 | 0.21 | 33 | 0.06 | 20 | |
| Less than $50,000 ($35,000 to less than $50,000) | 0.33 | 54 | 0.33 | 33 | 0.32 | 20 | |
| Less than $75,000 ($50,000 to less than $75,000) | 0.06 | 54 | 0.08 | 33 | 0.02 | 20 | |
| $75,000 or more | 0.08 | 54 | 0.11 | 33 | 0.03 | 20 | |
| Education | | | | | | | Not Sig. |
| Never attended school or only attended kindergarten | 0.00 | 63 | 0.00 | 37 | 0.00 | 24 | |
| Grades 1 though 8 (Elementary) | 0.19 | 63 | 0.27 | 37 | 0.04 | 24 | |
| Grades 9 through 11 (Some High School) | 0.07 | 63 | 0.08 | 37 | 0.05 | 24 | |
| Grades 12 or GED (High School Graduate) | 0.50 | 63 | 0.48 | 37 | 0.57 | 24 | |
| College 1 Year to 3 Years (Some college or tech school) | 0.18 | 63 | 0.13 | 37 | 0.29 | 24 | |
| College 4 years or more (College Graduate) | 0.05 | 63 | 0.04 | 37 | 0.05 | 24 | |
| Not Able to Pay Bills in Last 12 Months (Yes=1) | 0.18 | 51 | 0.21 | 31 | 0.11 | 20 | Not Sig. |
| Moved More than 2 Times in Last 12 Months (Yes=1) | 0.02 | 50 | 0.01 | 30 | 0.04 | 20 | Not Sig. |
| Consider Neighborhood Unsafe (Yes=1) | 0.01 | 51 | 0.01 | 31 | 0.00 | 20 | Not Sig. |
| Food Insecure-Not Enough Money for Food (Yes=1) | 0.41 | 51 | 0.49 | 31 | 0.12 | 20 | Not Sig. |
| Food Insecure-Not Enough Money for Balanced Meals (Yes=1) | 0.17 | 51 | 0.19 | 31 | 0.08 | 20 | Not Sig. |
| Financially Insecure (Yes=1) | 0.15 | 48 | 0.15 | 30 | 0.13 | 18 | Not Sig. |
| Could Not Take Medication Because of Cost (Yes=1) | 0.05 | 62 | 0.03 | 36 | 0.07 | 24 | Not Sig. |
| Experience Stress Most or All of the Time (Yes=1) | 0.09 | 51 | 0.08 | 31 | 0.12 | 20 | Not Sig. |
| Last Medical Checkup Within Past 12 Months (Yes=1) | 0.58 | 63 | 0.58 | 37 | 0.57 | 24 | Not Sig. |
| Health Care Coverage (Yes=1) | 0.56 | 63 | 0.56 | 37 | 0.54 | 24 | Not Sig. |
| Most Important Reason for Delayed Medical Care-Transportation (Yes=1) | 0.06 | 62 | 0.08 | 36 | 0.04 | 24 | Not Sig. |

***Note: *** p<0.001, ** p<.01, * p<.05, + p<0.1***

Based on the above data analysis, it was found that those with at least 1 disability are more likely to have a greater number of days of poor physical and mental health than those whom do not have at least one disability.

**LGBTQ+ Population**

A study from the UCLA School of Law; A portrait of LGBT Adults in Southwest Florida was conducted and released in October 2019. Veronica Bruton, an Epidemiologist from the Florida Department of Health's Office of Minority Health and Health Equity, calculated an approximate estimate for of the LGBT population for Glades County.

An estimated population count was calculated for Charlotte, Collier, Glades, Hendry and Lee Counties by multiplying the percentage of 2012-2017 Gallup respondents 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 results of the estimation or the LGBT population in the 5 counties are as follows:

- 5,134 in Charlotte
- 9,955 in Collier
- 375 in Glades
- 964 in Hendry
- 19,436 in Lee

The total for all counties was 35,864 rounded to the nearest 1,000 gives an estimated 36,000 adults in Southwest Florida, 3.4% of the population, identify as LGBT.

According to the study, LGBT adults are more likely to report a lifetime diagnosis of depression (24.9% versus 13.5, respectively). Additionally, nearly one in five LGBT adults did not have enough money to buy food that they or their family needed in the prior year and almost one in five LGBT adults lacks health insurance.

**Veteran Population**

With more than 1.5 million Veterans, Florida has the 3rd highest concentration of military Veterans in the Country (after California and Texas) (FL Dept. of Veterans' Affairs). According to the Florida Department of Veterans' Affairs certain mental health disorders like PTSD are more common in members of the military than civilian due to the high levels of stress experienced and the unique culture of the military.

Unfortunately, there is no local data regarding veterans and mental health for Glades County. Upon research, national and statewide data was gathered to make assumptions for our local community.

According to the U.S. Department of Veterans affairs and a team from the VA Palo Alto Health Care System and Stanford University School of Medicine in a 2014 study of 7,000 men aged 50 or older, veterans were no more likely than non-veterans to have depression or anxiety. To much surprise, older veterans scored better than non-veterans in the same age group. The research team found 11 percent of Veterans reported elevated rates of depression, compared with 12.8 percent of non-Veterans. For anxiety, 9.9 percent of Veterans reported elevated levels, versus 12.3 percent for non-Veterans. These differences were not considered statistically significant. In this same study, it was found that Veterans from the Vietnam War were twice as likely to have elevated depression and anxiety compared to veterans included in the study who served in World War II or the Korean War- the reason for this is unknown at this time.

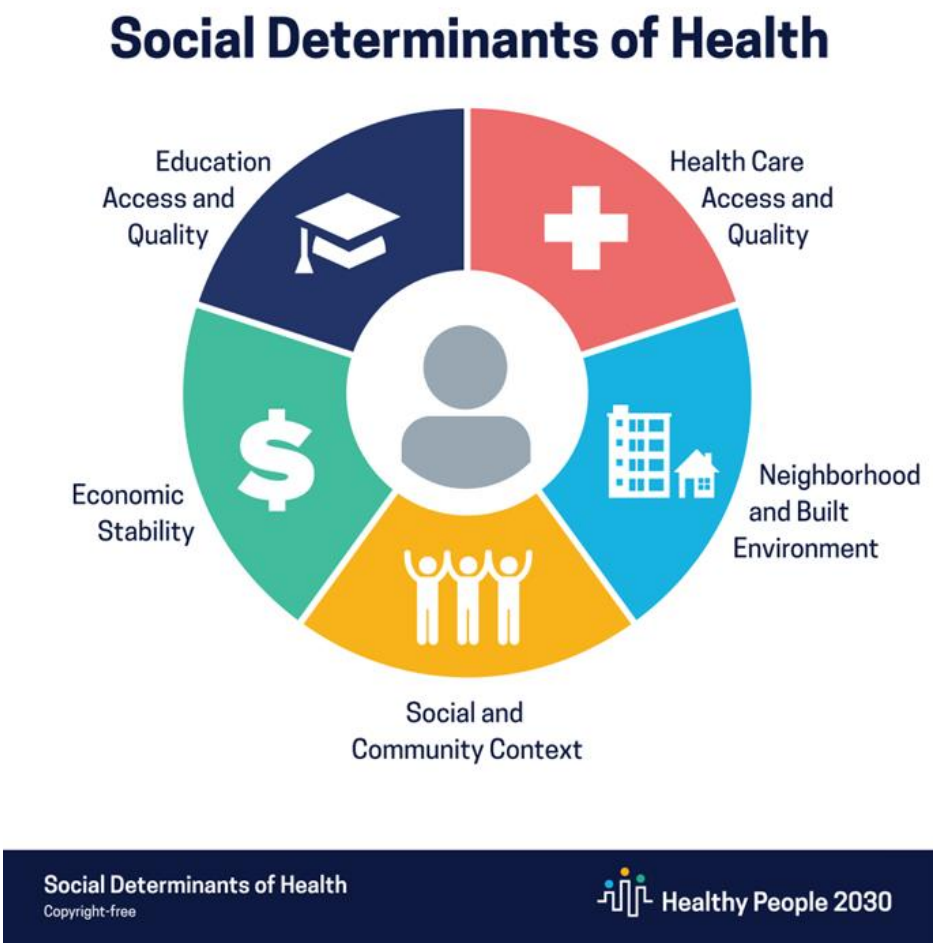
In a 2017 study, researchers at Southeast Louisiana Veterans Health Care System found a important association between the severity of Post-Traumatic Stress Disorder in 60 male veterans and a greater frequency of suicidal thoughts, plans and impulses. It was also found that 5.6% of more than 300,000 veterans who were referred to anxiety of PTSD clinics experienced homelessness within the one-year period of the study conducted by the VA New England MIRECC and Yale School of Medicine.

A 2016 study published in the American Journal of Public Health found that over 1.1 million Veterans who were treated in a VA Patient Aligned Care Team between 2010-2011 were diagnosed with at least one of the following five mental illnesses- depression, PTSD, substance use disorder, anxiety, and schizophrenia or bipolar disorder.

According to the Centers for Disease Control and Prevention, in 2015, suicide was the 10$^{th}$ leading cause of death in the United States, responsible for 44,193 deaths. Of the 44,193 deaths in the US for that year, 18 percent of those were suicides of a veteran.

# 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 the mental health. They are listed below.



# A. Education Access and Quality

- **Education Access and Quality data for Glades County**

## Florida Kindergarten Readiness Screener (FLKRS), Fall 2021

When looking at the percentage of students ready for kindergarten both West Glades School (56%) and Moore Haven Elementary School (51%) are higher than the state average, 50 percent. Difficulties in literacy can affect mental by impacting a person's ability to read and understand prescription information and to navigate the healthcare system. To improve mental health, Glades County is addressing literacy among school-aged children

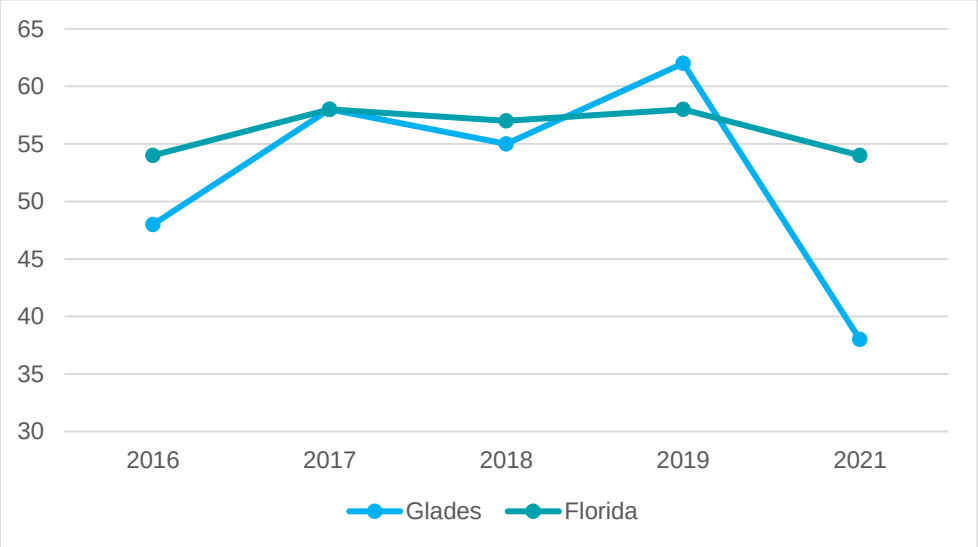
| School Name | Number of Test Takers | Number "Ready for Kindergarten" (Scoring 500+ on Star Early Literacy Assessment) | Percentage "Ready for Kindergarten" (Scoring 500+ on Star Early Literacy Assessment) |
|---|---|---|---|
| West Glades School | 57 | 32 | 56.1% |
| Moore Haven Elementary School | 39 | 20 | 51.3% |
| Pemayetv Emahakv Charter "Our Way School" | 29 | 12 | 41.4% |
| **Glades County Public Schools** | **125** | **64** | **51%** |
| **Florida** | **182,986** | **91,511** | **50%** |

Source: Florida Department of Education

### Students in 3rd grade with a Passing Grade on Florida Standards Assessment (FSA) English Language Arts, Percentage of Grade 3 Students, 2016-2021

In 2021, 38 percent third grade students in Glades County passed the FSA English language arts exam, this is significantly less than the state average, 54 percent. The FSA exam was not given in 2020 due to the COVID-19 pandemic. The line graph shows change over time. Difficulties in literacy can affect mental health by making it challenging to access mental health resources. To improve mental health, Glades County is addressing literacy among school-aged children.

| Year | Glades | Florida |
|---|---|---|
| 2016 | 48% | 54% |
| 2017 | 58% | 58% |
| 2018 | 55% | 57% |
| 2019 | 62% | 58% |
| 2021 | 38% | 54% |




Source: Florida Department of Education

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

| Education Access and Quality | | |
|---|---|---|
| **SDOH** | **Vulnerable Populations Impacted** | **How the SDOH Impacts (Health Disparity)** |
| Literacy | Children, seniors, non-English speaking, | Vulnerable populations with low literacy may have challenges navigating the healthcare system, accessing mental health resources, understanding prescription |

| | | |
|---|---|---|
| | Black, Hispanic, low-income, low education levels, veterans, persons with disabilities | information, understanding government information and health warnings.<br><br>Individuals with low literacy may also more likely to be impacted by other social determinants of health, such as poor housing, low income, etc. |
| Language | Non-English speaking, migrant, Hispanic, Haitian-Creole, low-income, low education levels, persons with disabilities | Persons who do not speak English as a first language and/or have strong English reading and writing skills may have challenges navigating the healthcare system, accessing mental health resources, understanding prescription information, understanding government information and health warnings. They may have difficulty communicating with their healthcare provider. They may also face discrimination<br><br>Individuals who do not speak English as a first language and/or have strong English reading and writing skills may also be more likely to be impacted by other social determinants of health, such as poor housing, low income, etc.<br><br>A 2018 study on the Importance of Language in Mental Health Care published by Veryan Richards found that language can have a substantial impact on people's lives, including their mental health. Colleen Vojak comments, "When used indiscriminately, words can create barriers, misconceptions, stereotypes, and labels that are difficult to overcome. Labels can promote separateness and isolation while promoting hierarchical power differentials." |
| Early Childhood Development | Children, non-English speaking, Black, Hispanic, low-income, low education levels, persons with disabilities | People with a delay in early childhood development may have challenges accessing appropriate care, lack social/emotional skills, be more likely to have mental health challenges and challenges with literacy, difficulties communicating their needs, and challenges with learning. They may also face discrimination.<br><br>Individuals with a delay in early childhood development may also be more likely to be impacted by other social determinants of health, such as poor housing, low income, etc. |
| Vocational Training | Seniors, non-English speaking, Black, Hispanic, low-income, low | Lack of access to vocational training impacts access to income, employment options, health insurance, and affordable housing. |

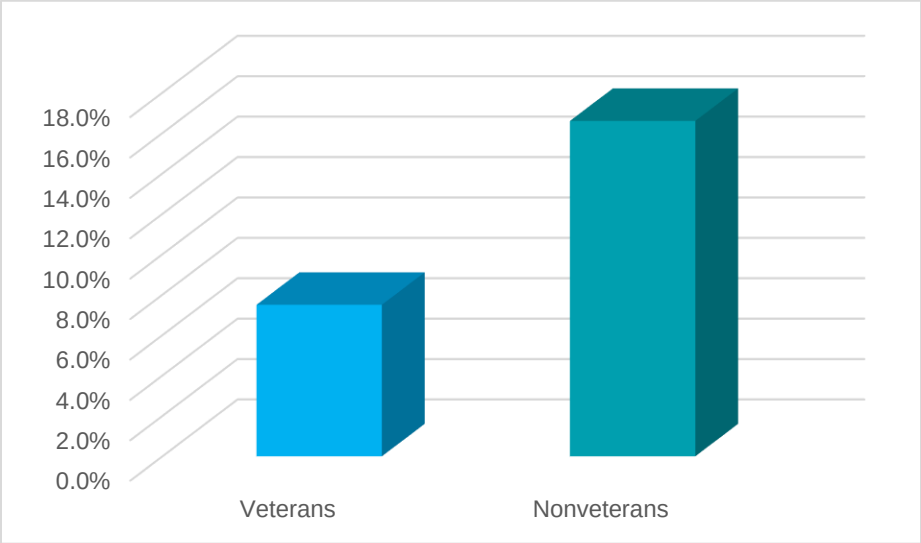
| | | |
|---|---|---|
| | education levels, veterans, persons with disabilities, migrant farmworkers | Individuals with lack of access to vocational training may also be more likely to be impacted by other social determinants of health, lack of transportation, food insecurity, etc. |
| Higher Education | Children, seniors, non-English speaking, Black, Hispanic, low-income, low education levels, veterans, persons with disabilities, LGBTQ+, migrant farmworker | People who do not have higher education may have challenges navigating the healthcare system, accessing mental health resources, understanding prescription information, understanding government information and health warnings, and lack access to high paying jobs. They may have difficulty communicating with their healthcare provider. They may also face discrimination.<br><br>Individuals who do not seek higher education may also be more likely to be impacted by other social determinants of health, such as poor housing, low income, etc.<br><br>A study conducted in SSM Population Health, Volume 7 from April 2019 found that low education is associated with less psychosocial resources, which in turn serve together with daily hassles as pathways between education and depressive symptoms as well as positive mental health. |

# B. Economic Stability

- **Economic stability data for Glades County**

## US Military Veterans Income in the Past 12 Months Below Poverty Level, 2019

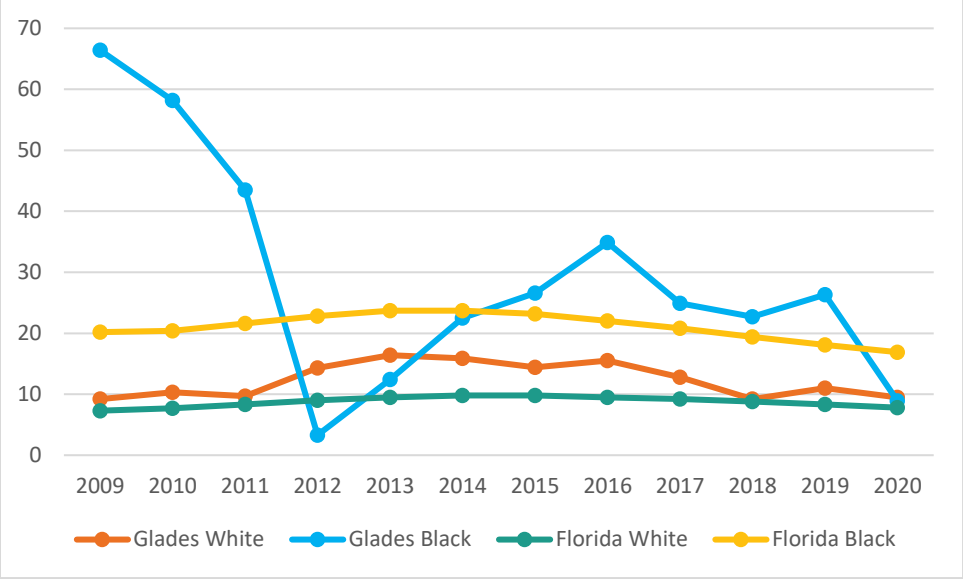
In 2019, 15.3 percent of adults 18 and older in Glades County were living below poverty level. About 8 percent of veterans living in Glades County are living below the poverty level, which is lower than the percentage of nonveterans 16.6 percent. The percentage of veterans living below poverty level impacts mental health because they may have experienced trauma or traumatic stress and may face other mental health challenges but may not have access to the free or reduced cost mental health services that may be available in other areas of the state. To improve mental health, Glades County is addressing disparities related to veterans living in poverty.




Source: United States Bureau of the Census, 5-Year American Community Survey, Table S2101

## Families Below Poverty Level, Percentage of Families, by Race

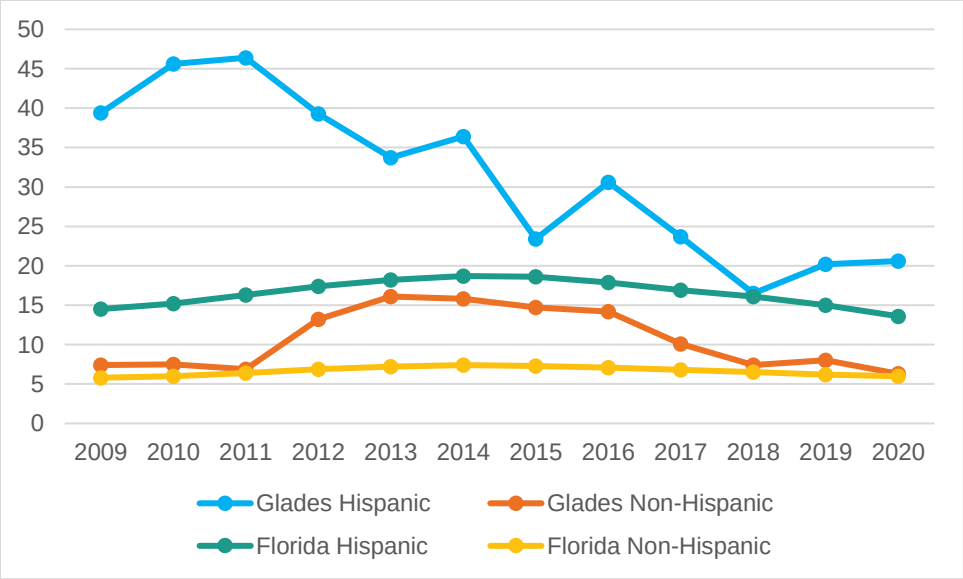
In 2020, 10.7 percent of families in Glades County were living below poverty level, which is slightly higher than the state average, 9.4 percent. Over the past 11 years black families in Glades County had a higher percentage of living below the poverty level when compared to white families. The line graph shows change over time. The percentage of families living below poverty level impacts mental health because they may not have access to high paying jobs that allow them to afford mental healthcare. People in poverty also often face economic stress than can lead to mental health challenges. To improve mental health, Glades County is addressing racial disparities related to families living in poverty.




Source: United States Bureau of the Census, American Community Survey, Table B17010

## Families Below Poverty Level, Percentage of Families, by Ethnicity

In 2020, 10.7 percent of families in Glades County were living below poverty level, which is slightly higher than the state average, 9.4 percent. Hispanic families in Glades County have consistently had a higher percentage (20.6%) of families living below the poverty level and it is significantly higher than the state average, 13.6 percent. The line graph shows change over time. The percentage of families living below poverty level impacts mental health because they may not have access to high paying jobs that allow them to afford mental healthcare. People in poverty also often face economic stress than can lead to mental health challenges. To improve mental health, Glades County is addressing ethnic disparities related to families living in poverty.

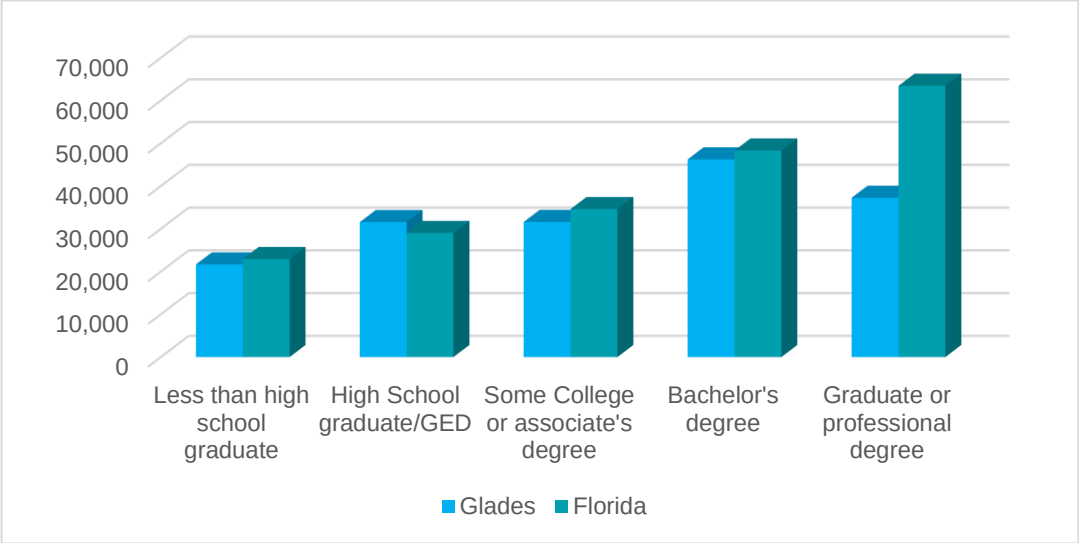


Source: United States Bureau of the Census, American Community Survey, Table B17010

## Estimated Median Earnings by Educational Attainment, Population 25 years and over with earnings, 2020

The table below shows the earnings in the past 12 months, in 2020 inflation-adjusted dollars. People living in Glades County with less than a high school diploma make considerably less than those with a bachelor's degree. The disparity in income impacts mental health because people will less education are less likely to have access to health insurance that covers mental healthcare; they are also more likely to face economic stress which can lead to mental health challenges. To improve mental health, Glades County is addressing disparities in pay related to education level.

| Education Level | Glades | Florida |
|---|---|---|
| Less than high school graduate | 21,663 | 22,932 |
| High School graduate/GED | 31,561 | 29,014 |
| Some College or associate degree | 31,594 | 34,615 |
| Bachelor's degree | 46,236 | 48,311 |
| Graduate or professional degree | 37,250 | 63,440 |




Source: US Bureau of the Census, 2020 American Community Survey 5-Year estimates, Table S2001

- **The impact of economic stability on Mental Health**

| Economic Stability | | |
|---|---|---|
| **SDOH** | **Vulnerable Populations Impacted** | **How the SDOH Impacts (Health Disparity)** |
| Employment | Seniors, non-English speaking, Black, Hispanic, low-income, low | People with precarious employment conditions may have challenges navigating the healthcare system, accessing mental health resources, accessing basic care, transportation issues, lack of access to health insurance, lack of ability to pay for prescriptions, and lack access to |

| | | |
|---|---|---|
| | education levels, veterans, persons with disabilities, LGBTQ+, migrant farmworkers | well-paying jobs. They may also face discrimination. They may also have issues with immigration status.<br><br>Individuals who do not have a job may also be more likely to be impacted by other social determinants of health, such as poor housing, low income, etc.<br><br>A study published in the Journal of Psychiatric and Mental Health Nursing on Employment, Social Inclusion and Mental Health found that unemployment is linked to mental health problems and that employment can improve quality of life, mental health, social networks and social inclusion. |
| Income | Seniors, non-English speaking, Black, Hispanic, low-income, low education levels, veterans, persons with disabilities, LGBTQ+, migrant farmworkers | Low-income individuals may have challenges navigating the healthcare system, accessing mental health resources, accessing basic care, transportation issues, lack of access to health insurance, lack of ability to pay for prescriptions, difficulty accessing healthy foods and lack access to well-paying jobs. They may also face discrimination. They may be challenged to provide basic needs for themselves and for their families.<br><br>Individuals who are low-income may also be more likely to be impacted by other social determinants of health, such as poor housing, low income, transportation etc.<br><br>A 2015 study published by Ezra Goldberstein to the Journey of Mental Health Policy and Economics found that increases in Social Security income significantly improve mental health status and the likelihood of a psychiatric diagnosis for women, but not for men. |
| Hunger | Seniors, children, non-English speaking, Black, Hispanic, low-income, low education levels, veterans, persons with disabilities, LGBTQ+, migrant farmworkers | Individuals and families experiencing food insecurity may have challenges with earning a living wage, lack access to well-paying jobs, have difficulties accessing care, lack ability to pay for prescriptions, lack accessing healthy foods, have difficulty accessing mental health services, and lack access to accessible transportation. They may also face discrimination. They may be challenged with finding a food pantry close to where they live and have difficulties providing basic needs for themselves and family.<br><br>Individuals who are low-income may also be more likely to be impacted by other social determinants of health, such as poor housing, low income, etc. |

| | | |
|---|---|---|
| | | The American Journal of Preventative Medicine, Volume 53, Issue 2, published a study analyzing Food Insecurity and Mental Health Status within 149 countries. The study found that food insecurity is associated with poorer mental health and specific psychosocial stressors. In the study it was found that the magnitude of the association between food insecurity and the mental health indices was greater than that of the assessed socioeconomic variables (i.e., education and employment status of respondent, and annual household income). |

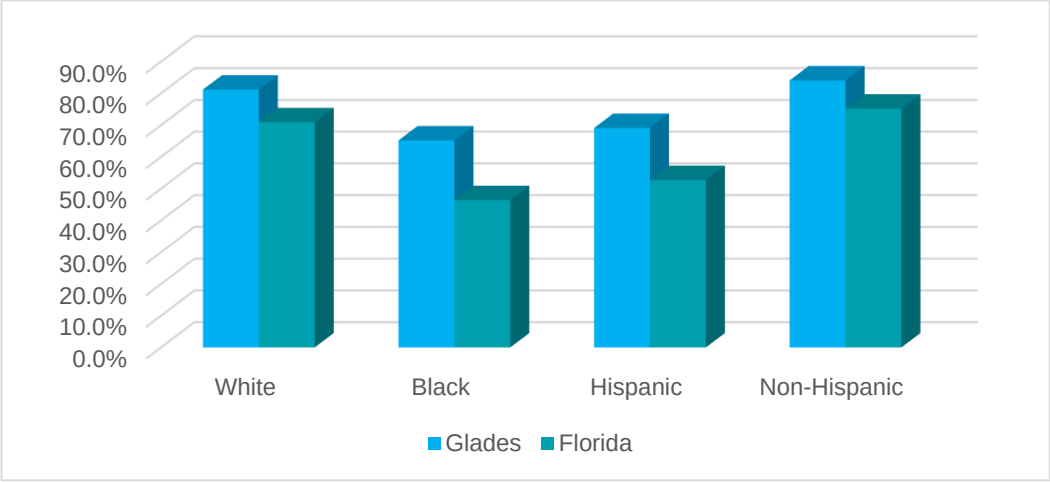
# C. Neighborhood and Built Environment

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

### Owner-Occupied Housing Units, Percentage of Occupied Housing Units, Race and Ethnicity, 2020

The overall percentage of residents who own their home in Glades County is 80 percent, which is significantly higher than the Florida average, 66 percent. Both black and Hispanic Glades County residents have a lower percentage of owning a home when compared to white residents. The disparity in home ownership impacts mental health because dealing with the high rental costs can lead to a person or family to be housing burdened which can cause economic stress. It can also cause families to live in unsafe neighborhoods causing additional stress. To improve mental health, Glades County is addressing the disparity of home ownership.

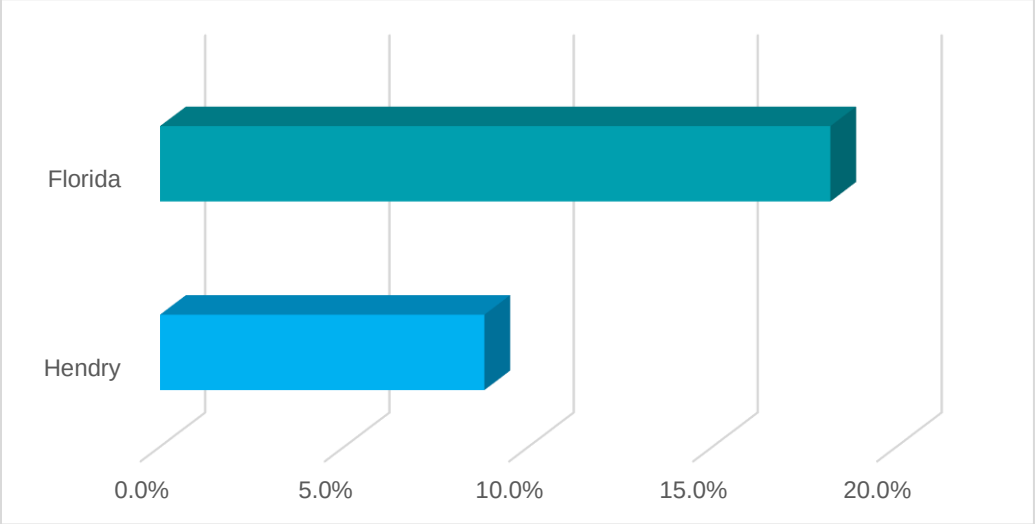
| Race & Ethnicity | Glades | Florida |
|---|---|---|
| White | 81.2% | 70.9% |
| Black | 65.2% | 46.4% |
| Hispanic | 69.1% | 52.7% |
| Non-Hispanic | 84.1% | 75.2% |




Source: United States Bureau of the Census, American Community Survey, Table B25003

## Population Living Within ½ Mile of an Off-Street Trail System, Percentage of Population, 2019

In Glades County only 6 percent of residents live within ½ mile of a walking trail, which is significantly less than the Florida average 18 percent. The disparity access to walk trails impacts mental health by not having access to safe places to exercise and/or walk. Walking and exercise can alleviate stress and improve mental health. To improve mental health, Glades County is addressing access to walking trails.




Source: Florida Environmental Public Health Tracking

- **The impact of neighborhood and built environment on Mental Health**

| Neighborhood and Built Environment | | |
|---|---|---|
| **SDOH** | **Vulnerable Populations Impacted** | **How the SDOH Impacts (Health Disparity)** |
| Housing | Seniors, children, non-English speaking, Black, Hispanic, low-income, low education levels, veterans, persons with disabilities, LGBTQ+, migrant farmworkers | Individuals and families experiencing housing instability may have challenges with earning a living wage, lack access to well-paying jobs, have difficulty accessing care, lack ability to pay for prescriptions, have difficulties accessing healthy foods and navigating the healthcare system, lack access to mental health resources, have challenges accessing basic care, lack access to health insurance, lack ability to pay for prescriptions and lack access to accessible transportation. They may also face discrimination. They may also have issues with immigration status.<br><br>Individuals who have housing instability may also be more likely to be impacted by other social determinants of health, such as cultural barriers, low income, etc.<br><br>Preventative Medicine Volume 105 published a study on the Impact of Persistent Poor Housing Conditions on Mental Health: A longitudinal population-based study by David Pevalin, Aaron Reeves, Emma Baker, and Rebecca Bentley. Study findings show that living with housing problems increases the risk of mental ill health. In fully adjusted study models, mental health worsened as the persistence of housing problems increased. It was suggested the persistence of poor housing was predictive of worse mental health, irrespective of current housing conditions, which added to the weight of evidence that demonstrates that living in poor quality housing for extended periods of time has negative consequences for mental health |
| Transportation | Seniors, children, non-English speaking, Black, Hispanic, low-income, low | People without stabile transportation may have challenges with earning a living wage and accessing care, lack ability to pay for prescriptions, have difficulties accessing healthy foods, navigating the healthcare system, accessing mental health resources, |

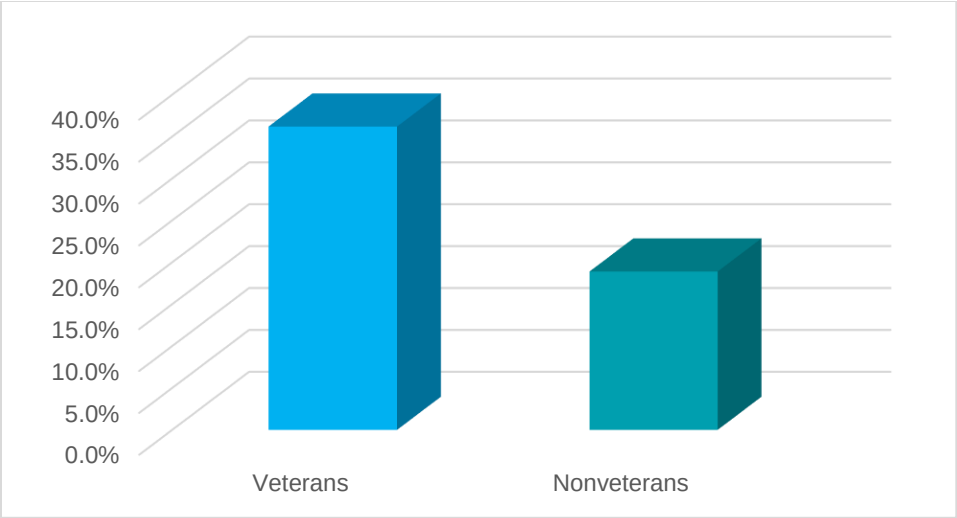
| | | |
|---|---|---|
| | education levels, veterans, persons with disabilities, LGBTQ+, migrant farmworkers | and accessing basic care, and lack access to health insurance.<br><br>Individuals who lack transportation may also be more likely to be impacted by other social determinants of health, such as cultural barriers, poor housing, low income, etc. |
| Safety | Seniors, children, non-English speaking, Black, Hispanic, low-income, low education levels, veterans, persons with disabilities, LGBTQ+, migrant farmworkers | People who do not feel safe may have additional stress that leads to mental health challenges. They may also be more likely to be the victim of a crime and/or face trauma. They may be more likely to be exposed to drugs, alcohol, or tobacco. They may be less likely to access exercise and other positive external forces that improve mental health.<br><br>Individuals who do not feel safe may also be more likely to be impacted by other social determinants of health, such as cultural barriers, poor housing, low income, etc. |
| Playgrounds/ Parks | Seniors, children, non-English speaking, Black, Hispanic, low-income, low education levels, veterans, persons with disabilities, LGBTQ+, migrant farmworkers | Individuals and families who do not live close to playgrounds/parks may have challenges with opportunities for exercise, community engagement, community support, transportation, lack of sidewalks, unsafe walking conditions and lack access to other services that positively impact mental health.<br><br>Individuals who do not live close to playgrounds/parks may also be more likely to be impacted by other social determinants of health, such as cultural barriers, poor housing, low income, etc. |
| Access to nutritional food | Seniors, children, non-English speaking, Black, Hispanic, low-income, low education levels, veterans, persons with disabilities, LGBTQ+, migrant farmworkers | Individuals and families experiencing lack of access to nutritional foods may have challenges with earning a living wage, access to well-paying jobs, accessing care, and lose ability to focus on education or employment. They may face additional stress that can lead to mental health challenges. They may be challenged with finding a food pantry close to where they live and providing basic needs for themselves and family.<br><br>Individuals who lack access to nutritional food may also be more likely to be impacted by other social determinants of health, such as poor housing, low income, etc. |

# D. Social and Community Context

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

**Percentage of Veterans with a Disability, 2019**

In 2019, 21.4 percent of adults 18 and older in Glades County were living with a disability. Thirty-six percent of veterans living in Glades County are living below the poverty level, which is lower than the percentage of nonveterans 18.9 percent. The percentage of veterans living with a disability impacts mental health because they may have a lack of access to low-cost or free care that can be found in some counties; that lack of affordable care may take a toll on a person's mental health. Veterans with disabilities may also more likely to be experiencing trauma and post-traumatic stress disorder. To improve mental health, Glades County is addressing disparities related to veterans with disabilities.




Source: United States Bureau of the Census, 5-Year American Community Survey, Table S2101

## 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

In 2020 8.9 percent of students in Glades County Schools did not go to school because they didn't feel safe, this is slightly lower than the state average (9.1%). Below is a table that includes data broken out by grade level, race/ethnicity, sex, and housing situation. Highlighted in yellow are higher-than average percentages. Having middle and high school students who don't feel safe impacts mental health by increasing one's stress which takes a toll on a person's mental health. To improve mental health, Glades County is addressing student safety.

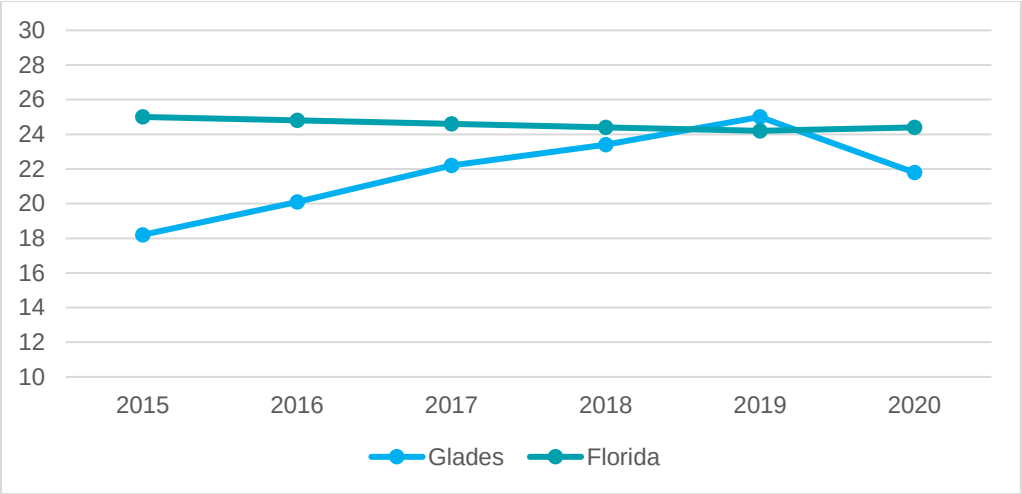
| | Glades | | | Florida |
|---|---|---|---|---|
| | **2016** | **2018** | **2020** | **2020** |
| **Overall** | 4.9% | 7.8% | 8.9% | 9.1% |
| **Youth Age 11-17** | 5.3% | 7.4% | 9.1% | 8.9% |
| **Grade Level** | | | | |
| Middle School | 5.0% | 6.0% | 9.5% | 9.0% |
| High School | 4.7% | 11.2% | 7.5% | 9.1% |
| **Race/Ethnicity** | | | | |

| | | | | |
|---|---|---|---|---|
| Non-Hispanic White | 3.9% | 5.5% | 2.6% | 8.3% |
| Non-Hispanic Black | | | | 8.6% |
| Hispanic | 4.9% | 6.6% | 9.8% | 10.3% |
| **Sex** | | | | |
| Male | 6.4% | 9.0% | 9.7% | 7.3% |
| Female | 2.9% | 6.6% | 6.3% | 10.6% |
| **Housing Situation** | | | | |
| Live in a Stand-Alone, Single-Family Home | 8.0% | 11.7% | 6.0% | 8.4% |
| Live in Trailer or Mobile Home | 2.2% | 2.5% | 7.5% | 11.9% |

Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS)
Note shading indicates populations with higher-than-average rates within the county

## Individuals Living Alone (65 Years and Older), Percentage of Population Age 65 and Over

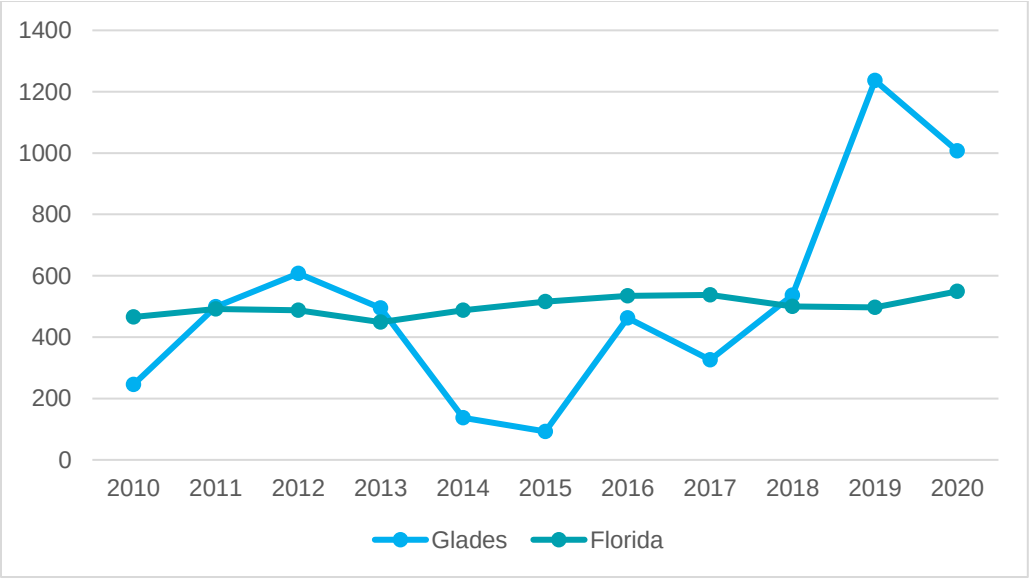
In 2020, 22 percent of seniors, age 65 years and older, in Glades County were living alone this is slightly lower than the state average (24.4%). From 2015 to 2019 there was an increase in seniors living alone. The line graph shows change over time. Seniors living alone often face social isolation which impacts mental health by reducing their support system and increasing loneliness. To improve mental health, Glades County is addressing senior isolation.




Source: Department of Elder Affairs

## Children in Foster Care (Aged 0-17 Years), Rate per 100,000 Under 18

In 2020, 1006.9 per 100,000 children were in foster care in Glades County, this is significantly higher than the state average (549.2 per 100,000). Glades County saw its highest rate of children in foster care in 2019 (1,236.5 per 100,00). The line graph shows change over time. Children living in foster care impacts mental health by due to likely increases in childhood trauma. To improve mental health, Glades County is addressing the high rate of children in foster care.




Source: Department of Children and Families, Florida Safe Families Network Repository

- **The impact of social and community context on Mental Health**

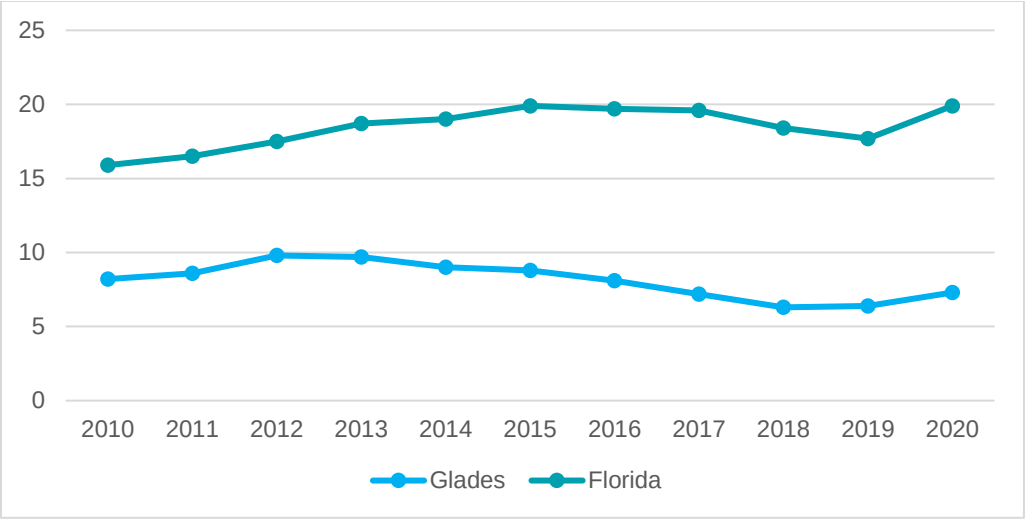
| Social and Community Context | | |
|---|---|---|
| **SDOH** | **Vulnerable Populations Impacted** | **How the SDOH Impacts (Health Disparity)** |
| Social Integration/ Community Engagement | Seniors, children, non-English speaking, Black, Hispanic, low-income, low education levels, veterans, persons with disabilities, LGBTQ+, migrant farmworkers | Individuals and families who have social integration/community engagement may have challenges with opportunities for exercise, social isolation, language barriers, community support, transportation, and access to other resources. They may also face loneliness and depression.<br><br>Individuals who lack social integration/community engagement may also be more likely to be impacted by other social determinants of health, such as cultural barriers, poor housing, low income, etc. |
| Support Systems | Seniors, children, non-English speaking, Black, Hispanic, low-income, low education levels, veterans, persons with disabilities, LGBTQ+, migrant farmworkers | Individuals and families who lack support systems may have challenges with social isolation, language barriers, community engagement, community support, transportation, and cultural barriers. They may also face additional mental health challenges due to the lack of an outlet to share feeling and discuss challenges. They may have additional stress due to challenges with childcare and assistance with basic life chores.<br><br>Individuals who lack support systems may also be more likely to be impacted by other social determinants of health, such as cultural barriers, poor housing, low income, etc. |
| Stress | Seniors, children, non-English speaking, Black, Hispanic, low-income, low education levels, veterans, persons with disabilities, LGBTQ+, migrant farmworkers | Vulnerable populations who experience stress are more likely to have mental health challenges because these are often directly linked. The stress can often be related to other SDOH or to mental health challenges themselves.<br><br>Individuals who are stressed may also be more likely to be impacted by other social determinants of health, such as cultural barriers, poor housing, low income, etc. |

# E. Health Care Access and Quality

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

## Monthly Medicaid Enrollment, Percentage of Population, Single Year*

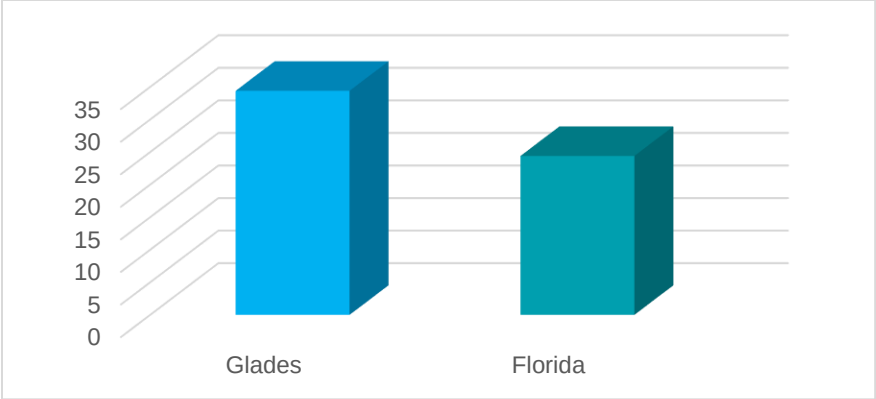
In 2020, 8.2 percent of people in Glades County were enrolling in Medicaid, which is significantly less than the state average, 19.9 percent. The line graph shows change over time. The percentage of people enrolling in Medicaid impacts access to mental health services because there are many mental health providers and other health specialists who are not willing to accept Medicaid and therefore, they may not have access or the ability to pay for mental healthcare. To improve mental health, Glades County is addressing access to mental health services for those with Medicaid.




Source: Agency for Health Care Administration (AHCA)
* The monthly Medicaid enrollment is the number of reported enrollees as of September of each year.

## Percentage of Adults Under 65 who are Uninsured, less than 200% Poverty Level, 2019

In 2019, 34.4 percent of people adults living less than 200 percent below the poverty level are uninsured, which is significantly greater than the state average, 24.4 percent. The percentage of adults without insurance impacts mental health by lack of access to mental health care and resources. To improve mental health, Glades County is addressing the disparity of access insurance to those adults under 65 years of age.




Source: U.S Census Bureau, Small Area Health Insurance Estimates

- **The impact of health care access and quality on Mental Health**

## Health Care Access and Quality

| SDOH | Vulnerable Populations Impacted | How the SDOH Impacts (Health Disparity) |
|---|---|---|
| Health Coverage | Seniors, children, non-English speaking, Black, Hispanic, low-income, low education levels, veterans, persons with disabilities, LGBTQ+, migrant farmworkers | Persons who do not have health coverage may have challenges navigating the healthcare system, accessing mental health resources, and accessing other needed forms of care.<br><br>Persons who do not have health coverage may also be more likely to be impacted by other social determinants of health, such as poor housing, low income, etc. |
| Provider Linguistic and Cultural Competency | Seniors, children, non-English speaking, Black, Hispanic, low-income, low education levels, veterans, persons with disabilities, LGBTQ+, migrant farmworkers | Persons who do not have providers with linguistic and cultural competency may have challenges navigating the healthcare system and accessing mental health resources. They may have difficulty communicating with their healthcare provider. They may receive care that is not appropriate to their needs and priorities. They may be more likely to receive less care and/or lower quality care. They may also face discrimination.<br><br>Persons who do not have access to providers with linguistic and cultural competency may also be more likely to be impacted by other social determinants of health, such as poor housing, low income, etc. |
| Provider Availability | Seniors, children, non-English speaking, Black, Hispanic, low-income, low education levels, veterans, persons with disabilities, LGBTQ+, migrant farmworkers | Persons who do not have provider availability may have challenges navigating the healthcare system, accessing mental health resources, receiving the care they need, and lack access to specialists.<br><br>Persons who do not have provider availability may also be more likely to be impacted by other social determinants of health, such as poor housing, low income, etc. |
| Quality of Care | Seniors, children, non-English speaking, Black, | Persons who do not have access to high quality care may have challenges navigating the healthcare system, accessing mental health resources, and understanding prescription information. They may be |

| | | |
|---|---|---|
| | Hispanic, low-income, low education levels, veterans, persons with disabilities, LGBTQ+, migrant farmworkers | more likely to drop out of care. They may be more likely to have a missed diagnosis.<br><br>Persons who do not have high quality care may also be more likely to be impacted by other social determinants of health, such as poor housing, low income, etc. |

# 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 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. The Health Equity Task Force plans to conduct further policy evaluations to ensure that projects consider all policies, systems, and environments that contribute to inequities. The group found that there are minimal local policies associated with mental health in Glades County. Upon review, the task force found that Glades County has a wealth of available resources available to its residents, however, the resources available are very limited to specific populations or eligible clients and/or are limited on the times/frequencies the services are available in our area.  Many providers who serve both Hendry and Glades Counties are from outside of the county who utilize rental space one day per week to serve our local residents- thus making it difficult and often confusing for clients to find/receive services. Many services are offered to Glades County residents but are physically offered in Hendry County. Based on these realizations, our local projects established are working to assist in addressing these barriers.

## 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.

| | SDOH | Partner Barriers | Collaborative Strategies |
|---|---|---|---|
| Florida Department of Health in Glades County | | | |
| | Language Spoken | Non-English proficient speakers<br>Communication<br>English as a second language | Interpreters, education/information in various languages, other language speaking employees<br>Provide services in the primary language |
| | Higher Education | Lack of education<br>Reading levels<br>Lack of knowledge of resources, funding, cultural expectations, undocumented<br>Lack of completion of a high school diploma | Participation in local Workforce Development Board and Youth Council through Career Source<br>Encouraging higher education including trades/vocational studies<br>Offer materials in various languages and at low reading levels to ensure understanding<br>Provide education in a reading level that is appropriate |
| | Income | Low-income community<br>Lack of education, skills, undocumented<br>Low-income | Offer sliding fee scales and programs to low-income families/individuals to assist with family needs<br>Provide services for free and in the community setting the participants live in to reduce or eliminate transportation costs |

| | | | |
|---|---|---|---|
| | Employment | Inability to fill open positions<br>Employed in low wage sector | Participation in local job fairs to offer employment opportunities to local residents<br>Provide services free and in the community setting the participant lived in to reduce or eliminate travel costs |
| | Housing | Availability of affordable housing | Creation of Area 8 Housing Task Force through Ryan White Program |
| | Transportation | Access to reliable transportation<br>Undocumented, so no driver's license<br>Public transport can be expensive<br>Rural setting where there is very little public transportation infrastructure | Utilizing STREAM and/or providing transportation for clients (RW) as we are able<br>Meet the participant at a location near their home |
| | Community Engagement | Community focus on mental health and overall wellness<br>Rural setting where opportunities for engagement are limited | Creation of local campaign "Healthy Humans Hendry Glades" to reduce stigma associated with mental health and improve access to care. Campaign will include mental health within overall wellness. Campaign will encourage a health body, healthy mind, healthy youth. Campaign is a |

| | | | |
|---|---|---|---|
| | | | project within the health equity plan.<br>Partner with local churches that already foster community engagement |
| | Stigma | Stigma associated with mental health<br>Stigma related to obesity, diabetes, and mental health | Creation of local campaign "Health Humans Hendry Glades" to reduce stigma associated with mental health and improve access to care. Campaign will include mental health within overall wellness.<br>Provide services and programs named after positive strength-based attributes (e.g., Healthy Lifestyle Program instead of Diabetes Prevention Program, Self-care for a Healthy Life Program instead of Mental Health Program) |
| | Insurance | Low-income/uninsured community<br>No access to health insurance | Accepts uninsured and sliding fee scale<br>Refer participants to the Florida Medicaid Program and other free health programs |
| | Provider Linguistic and Cultural Competency | Deaf and hard of hearing and limited English proficient persons<br>Providers and participants are from different cultural backgrounds, providers do not understand the participants they serve | Ensuring quality of communication for deaf and hard of hearing and limited English proficient persons<br>Hire providers from diverse backgrounds to serve the community, provide cultural diversity and competency training to providers |

| Florida Department of Health Program: Healthy Families | | | |
|---|---|---|---|
| | Language Spoken | People speaking only Spanish | Finding someone to translate for them |
| | Higher Education | A person that comes to this country and can't continue their education | Try to get them to at least take English classes |
| | Income | Some crew leaders are only housing H2A workers | Families paying their own housing |
| | Employment | Only hiring H2A workers | Finding employment elsewhere |
| | Housing | Finding housing | Get with other families to get housing together |
| | Transportation | No license | Taxis in the area |
| | Community Engagement | People unable to attend community events due to work schedule | If they have time they attend |
| | Insurance | Lots of families don't have insurance | Challenges of gaining access to insurance |
| United Way of Lee, Hendry, and Glades | | | |
| | Language Spoken | English is not primary language | United Way houses agencies that utilize bilingual staff and are sensitive to cultural nuances |
| | Higher Education | Limited on local facilities for higher education and clients are limited in their ability to travel to other areas due to lack of vehicle ownership | Helping to promote new iTech center in Glades as well as the local state satellite campus of Florida Southwestern College. We help promote services for the Transportation Disadvantaged Program (Stream) which provides |

| | | | |
|---|---|---|---|
| | | | transportation to local higher education facilities mentioned |
| | Income | Majority of our clients are homeless and/or reliant on government public assistance due to disability, unemployment or age | Our agency provides access to food pantries, direct assistance for rent and utilities, and referrals for unemployment assistance |
| | Employment | Limited language, education, immigration status, transportation and other socio-economic factors | Our agency makes referrals to agencies assisting with employment opportunities, immigration support, and the various other barriers |
| | Housing | Affordable housing is an increasing issue<br>Rent levels are increasing with the increased housing market | Provides referrals to the county housing office and supply clients with low-income housing locations in the area.<br>Additionally rental assistance is available at our location |
| | Transportation | Lack of vehicle ownership and public transportation is limited | Our agency houses the Transportation Disadvantaged Program (Stream) and promotes their services |
| | Community Engagement | Meeting scheduling constraints, transportation, language | Our agency uses social medical, email distribution lists to advertise and promote community events |
| | Stigma | Education, language, and lack of cultural representation | Our agency exposes the community to social and community opportunities through social media and email distribution lists |

| | | | |
|---|---|---|---|
| | Insurance | Lack of employment with benefit opportunities and high cost of insurance | Provides referrals to job opportunities; application assistance for government insurance (Medicaid) |
| | Provider Linguistic and Cultural Competency | Limited access to bilingual professionals | |
| Hendry Glades WIC | | | |
| | Language Spoken | Lots of Spanish and Haitian-Creole speakers | WIC policy, interpreter services and translated materials |
| | Higher Education | HS Diploma or GED, income | Make referrals to appropriate agency |
| | Income | Serving mothers, infants, and children under 180% of the poverty line | Supplemental nutrition, nutrition counseling, breastfeeding education, and referrals |
| | Employment | Distance and transportation | Referrals to Career Source |
| | Housing | Rent, lack of housing available | Referrals to United Way House |
| | Transportation | Cost, no delivery hospital in Hendry or Glades | Refer to Stream, LaBelle Hispanic population uses taxis |
| | Community Engagement | Time, lack of referrals from healthcare providers | WIC does outreach to promote the program |
| | Stigma | Misinformation | 3-step counseling |
| | Insurance | Cost, qualifying for Medicaid | Refer clients to ACCESS and MyFamilies.com website, PEPWA |
| | Provider Linguistic and Cultural Competency | Creole | WIC policy to hire bilingual and Haitian-Creole when possible |
| Beyond Barriers Inc. | | | |

| | | | |
|---|---|---|---|
| | Stigma | Mental health/substance abuse | Provide services to the community |
| | Provider Linguistic and Cultural Competency | Obtain as many trainings and education as possible in this area | Provide as much mental health knowledge to the community as possible |
| Hope Healthcare | | | |
| | Language Spoken | Information and forms in English only | Translate documents and bilingual staff to translate |
| | Higher Education | Transportation, lack of access | Bring resources to them |
| | Income | Fixed income (social security) and cost of health care | Supplemental services like EBT, food pantry, Rx cards, vouchers for healthcare |
| | Employment | Childcare, living wage jobs, non-physical labor jobs for older adults | Allow staff flexibility in bringing children to offices |
| | Housing | Affordable and safe environment housing | Low-income housing applications |
| | Transportation | Access to rides and lengthy application with too many requirements | Work with provider and provide transportation ourselves |
| | Community Engagement | Those in need having time to resolve the issues, they are just surviving day to day right now | Outreach of services, community advocacy for services |
| | Stigma | That it is not charity | Explain how funding works and it is a benefit senior are entitled to |
| | Insurance | Persons to help them navigate Medicare and Medicaid | Partner with SHINE and brokers to explain the programs |

| | | | |
|---|---|---|---|
| | Provider Linguistic and Cultural Competency | Understanding the reluctance to engage with service providers | Talking with persons from a variety of backgrounds and not making assumptions |
| Camelot Community Care Inc. | | | |
| | Language Spoken | Insufficient services provided in Spanish | Utilization of PROPIO language line, finding other non-contracted providers that have Spanish language staff |
| | Higher Education | Many of our clients tend to have no higher than a 12th grade education, some as low as 6th, 9th, and 10th grade education | We present information at a basic level to ensure they understand the process; however, this can be difficult when at court, as different verbiage is used and can be additionally confusing for the clients |
| | Income | Many of our clients have no steady income. This is due to a variety of reasons | We provide our clients with local information received from employers (i.e. job fairs). We also direct them to the Goodwill Community Resource Center for assistance in obtaining employment |
| | Employment | Many of our clients have no steady employment. This is due to a variety of reasons | We direct our clients to Goodwill Community Resource Center in LaBelle, FL. They provide job assistance. We also will provide local resources for employment o jobs as we find them |
| | Housing | Majority of our parents appear to have some form of housing, be it living with family or friends, or having their own place. | We direct them to Lee County Housing Resources for housing assistance, as well as United Way (211) |

| | | | |
|---|---|---|---|
| | | There is still a lack of affordable and accessible housing for some of our clients | |
| | Transportation | Some of our clients have no transportation or poor transportation | We direct them to Stream for Hendry/Glades |
| | Community Engagement | Similar to below, there is a lack of the client understanding what is expected of them or they find having to reach out the community for assistance too overwhelming | Similar to below, we have assisted the client in identifying and pulling together community supports, along with friends/family, that can assist them in meeting their goals |
| | Stigma | Many of our clients face stigma as it related to substance abuse and mental health issues. This makes it difficult for the clients to either understand what is expected of them, or they do not engage at all | We focus on pulling in the client's support system or help them identify a support system, to help them navigate through their services. |
| | Insurance | Insufficient or lack of insurance | We send them to providers which do a sliding scale or have grants available to cover costs.<br>Also, we remind them that they can reply for Medicaid after any children have been removed, due to a legislative change a few years ago, which allows for this |
| | Provider Linguistic and Cultural Competency | Similar to language barrier – we have several clients which are from Guatemala and speak different dialects (ex. Mam, Quiche, Qechi, etc.) | Even if a provide is unable to communicate, we will utilize PROPRIO for communication. The difficulty is the cultural competency aspect. |

| | | | |
|---|---|---|---|
| | | | We advocate for the client as it pertains to their individual cultural differences. |

## 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. Projects were discussed/approved during normal Health Equity Task Force Meetings and edited as needed by the group.

The two projects selected are the local Healthy Humans Hendry Glades campaign and project addressing food insecurity. Please see below for detailed descriptions of each project. Each project works towards the completion of our health disparity objective for mental health.

# VIII. HEALTH EQUITY PLAN OBJECTIVES

## A. Mental Health (Prioritized Health Disparity)

- **Health Disparity Objective: By June 30th, 2027, reduce the percentage of Adults who had poor mental health on 14 or more of the past 30 days in Black or African Americans from 37% in 2019 to 6%, the same percentage as the Non-Hispanic White population. [data source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.]**

- **Project 1: Healthy Humans Hendry Glades**

Healthy Humans Hendry Glades is a new community health and wellness initiative that we hope will improve the lives of Hendry and Glades County residents. This initiative aligns with the HHGTF and goals of our Community Health Improvement Plan and Healthy Equity Plan and will provide an opportunity for us to reach more people throughout the community. It is a 2-phase project that combines a community awareness campaign with an online presence to encourage physical, mental, and behavioral health. By launching this community wide initiative, we will be able to provide health and wellness related information, resources, and connections through a multimedia approach. We will work together to increase health equity, health literacy, reduce stigma around mental illness and treatment, strengthen the network of providers, and ultimately increase access to care and improve outcomes for individuals. The initiative will encompass many different wellness components, focusing on the specific needs of Hendry and Glades Counties. The project is funded by a number of community-wide programs.

This type of collaborative project could go a long way in helping us achieve our Community Health Improvement Plan and Healthy Equity Plan goals. For example, bolstering mental health services in Hendry and Glades Counties by creating a strong network to support providers and clients. In addition to posting resources such as up-to-date provider information, the site can incorporate a dashboard of relevant data for providers and community stakeholders.

Website information will be current and relevant, including information that will address many social determinants of health, including but not limited to education, finances, health care access, nutrition and more. A workgroup will meet monthly to discuss site updates and will include representation from DOH and the community. Internal representation will include our PIO and program directors. As part of this workgroup, we will be reviewing/adding content specific to mental and behavioral health. Along with input from the Healthier Hendry-Glades Task Force and United Way Family Services Network, Healthy Humans Hendry Glades, Healthy Body, Healthy Mind, Healthy You was created!

**Table 1**

| | Lead Entity and Unit | Lead Point Person | Data Source | Baseline Value | Target Value | Plan Alignment |
|---|---|---|---|---|---|---|
| Long-Term SDOH Goal: Health Care Access - Improve access to care. | | | | | | |
| Objective: By July 2027, increase community access | Local Behavioral | Lisa Sands | Local Data collected | 47 | 52 | CHIP: Strategic |

| | | | | | | |
|---|---|---|---|---|---|---|
| to local mental care from 47 to 52. | Health Providers | | by MHL from mental/behavioral health providers | | | Issue Area 1<br>State Health Improvement Plan: Priority 6 Goal BH1 Strategy BH1.2<br>State Strategic Plan: Priority 2: Long Healthy Life<br>Hendry and Glades Strategic Plan Strategy 2.1.2: Improve the mental health of residents. |
| Medium-Term SDOH Goal: Improve Health Care Access & Quality. | | | | | | |
| Objective: By July 2024, increase community awareness and reduce stigma associated with mental health, through access to Healthy Humans Hendry Glades | Florida Department of Health & United Way | Jennifer Hood, Vanessa Fischel, Andrea May, Lisa Sands | Google Analytics | 0 | 500 | CHIP: Strategic Issue Area 1<br>State Health Improvement Plan: Priority 6 |

| | | | | | | |
|---|---|---|---|---|---|---|
| website from 0 website views/clicks to 500 website views/clicks. | & Priority Marketing | | | | | Goal BH1 Strategy BH1.2<br>State Strategic Plan: Priority 2: Long Healthy Life<br>Hendry and Glades Strategic Plan Strategy 2.1.2: Improve the mental health of residents. |
| Short-Term SDOH Goal: Increase Heath Care Access & Quality. | | | | | | |
| Objective: By September 30th, 2022, improve social and community context by creating/launching the Healthy Humans Hendry Glades website from 0 website to 1 website. | Florida Department of Health & United Way | Jennifer Hood, Vanessa Fischel, Andrea May, Lisa Sands | Local Data via Priority Marketing | 0 | 1 | CHIP: Strategic Issue Area 1<br>State Health Improvement Plan: Priority 6 Goal BH1 Strategy BH1.2<br>State Strategic Plan: Priority 2: |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | Long Healthy Life<br>Hendry and Glades Strategic Plan Strategy 2.1.2: Improve the mental health of residents. |

- **Food Insecurity**

Food security is a risk factor for depression, stress, and anxiety. To address food security, the local No Kid Hungry program has partnered with United Way to reach vulnerable populations within Glades County and ensure that those who need food can access it. No Kid Hungry staff utilize space at the United Way house to assist with linkage to food resources and food resource application assistance for local residents. This project is funded by Leading Health via the Florida Department of Health No Kid Hungry Program. By improving access to food and food resources, mental health in our county will ultimately increase.

**Table**

| | Lead Entity and Unit | Lead Point Person | Data Source | Baseline Value | Target Value | Plan Alignment |
|---|---|---|---|---|---|---|
| Long-Term SDOH Goal: Improve social and community context. | | | | | | |
| Objective: By July 2027, reduce food insecurity rate from 14.0% to 13.0%. | Florida Department of Health Share Our | Edwin Melendez | Florida Charts: Feeding America, Map the | 14.0% | 13.0% | CHIP: Strategic Issue Area 1<br>State Health |

| | | | | | | |
|---|---|---|---|---|---|---|
| | Strength: No Kid Hungry Program | | Meal Gap. | | | Improvement Plan: Priority 6 Goal BH1 Strategy BH1.2<br>State Strategic Plan: Priority 2: Long Healthy Life<br>Hendry and Glades Strategic Plan Strategy 2.1.2: Improve the mental health of residents. |
| Medium-Term SDOH Goal: Improve economic stability. | | | | | | |
| Objective: By December 30, 2025, increase households receiving food stamps/SNAP in households that have one or more persons aged 60 and older from 299 to 325. | Florida Department of Health Share Our Strength: No Kid Hungry Program | Edwin Melendez | Florida CHARTS: United States Bureau of the Census, American Community Survey, Table B19058. | 299 | 325 | CHIP: Strategic Issue Area 1<br>State Health Improvement Plan: Priority 6 Goal BH1 Strategy BH1.2 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | State Strategic Plan: Priority 2: Long Healthy Life<br>Hendry and Glades Strategic Plan Strategy 2.1.2: Improve the mental health of residents. |
| Short-Term SDOH Goal: Improve social and community context. | | | | | | |
| Objective: By December 2022, begin food resource assistance at Glades County United Way House from 0 days per week to 1 day per week. | Florida Department of Health Share Our Strength: No Kid Hungry Program<br>United Way | Edwin Melendez | Local Data | 0 | 1 | CHIP: Strategic Issue Area 1<br>State Health Improvement Plan: Priority 6 Goal BH1 Strategy BH1.2<br>State Strategic Plan: Priority 2: Long Healthy Life<br>Hendry and Glades |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | Strategic Plan Strategy 2.1.2: Improve the mental health of residents. |

# 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, monitoring and reporting progress achieved on the goals and objectives of the Health Equity Plan. The Minority Health Liaison meets with the Health Equity Taskforce to discuss progress and barriers. The Minority Health Liaison tracks and submits indicator values to the OMHHE within 15 days of the quarter end.

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

Regional Health Equity Coordinator and Coalition leaders provide feedback to the Minority Health Liaison and the Health Equity Taskforce from these annual reports. The Minority Health Liaison then submits the completed report to OMHHE by July 15th annually.

Progress of the Health Equity Plan will be communicated with partners, Community Health Departments (CHD) (and staff), Health Equity Regional Coordinators and the Office of Minority Health and Health Equity via multiple methods. First, the Health Equity Plan will be a standing agenda item at all Health Equity Task Force meetings (Healthier Hendry Glades Task Force) and internally the Performance Management Council meetings. Each group meets at least quarterly and during this allotted time, the group will discuss plan progress and necessary revisions. Additionally, mass emails will be shared to CHD staff and community partners. The plan will be available on the CHD Sharepoint to ensure all DOH staff can access the plan and view progress/updates as needed. Members of the taskforce will be asked to bring project updates to share with the group during regularly scheduled meetings.

# X. REVISIONS

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

| Revision | Revised By | Revision Date | Rationale for Revision |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Appendix A**

**Healthier Hendry Glades Task Force**

| NAME | INITIALS | ORGANIZATION | Phone Number | E-Mail Address |
|---|---|---|---|---|
| Acosta, Viridiana | - | ACT | 863-234-3037 | vacosta@actabuse.com |
| Adame, Cyndi | - | FL DOH, Healthy Families | 863-302-6014 | cynthia.adame@flhealth.gov |
| Aguilar, Estela | - | Transitions Commute Solutions | 407-473-3338 | estela.aguilar@transit4u.com |
| Aquino, Nylsa | - | ACT | 239-357-2745 | naquino@actabuse.com |
| Barris, Shannon | - | HF/HS/NFP | - | Shannon.Barris@flhealth.gov |
| Bartoshuk, Mary | - | Volunteer Extraordinaire | 863-517-0307 | craigmary@juno.com |
| Bras, Yvonne | - | Girl Scouts of Gulfcoast FL | 239-921-5358 | yvonneb@gsgcf.org |
| Brown, Danielle | - | United Way 211 Mission United | 239-433-2000 x261 | Danielle@unitedwaylee.org |
| Brunson, Amanda | - | Healthy Start | 239-425-6920 | amanda@healthystartswfl.com |
| Cabana, Dayamit | - | Glades RCMA | 863-946-2545 | Dayamit@rcma.org |
| Caijao, Luis | - | CareerSource | - | lcajiao@careersourcesouthwestflorida.com |
| Cardelle, Ivette | - | CAC | 239-789-0003 | icardelle@cac-swfl.org |
| Carillo, Sarah | - | Molina Healthcare | 239-241-3589 | sarah.carrillo@molinahealthcare.com |
| Carolluzzi, Jenn | - | United Way ReUnite/Beesley's | 239-433-7583 | jennifer@unitedwaylee.org |
| Cooper, Julia | - | Health Planning Council | 239-672-1295 | juliacooper@hpcswfl.com |
| Corbett, Arianne | - | No Kid Hungry | - | Arianne@leadinghealth.com |
| Cote, Nancy | - | United Way WeCare | 239-433-7590 | nancy_cote@unitedwaylee.org |
| Cross, Heather | - | Center for Progress & Excellence | - | HeatherC@yourcpe.net |
| Dalabes, Megan | - | ACT | - | mdalabes@actabuse.com |
| Dashiell, Dee | - | Hope Healthcare | - | dee.dashiell@hopehcs.org |
| Diaz-Quintana, Eglindina | - | ACT | - | ediaz@actabuse.com |
| Duchesne, Yara | - | RCMA | 863-674-4652 | yara@rcma.org |
| Eddy, Jacy | - | GAL | 239-271-8594 | jacy.eddy@gal.fl.org |
| England, Margaret | - | Hendry/Glades Unmet Needs Coaltion | - | mlelighthouse863@gmail.com |
| Elrod, Sherri | - | RCMA | - | sherri@rcma.org |
| Esquivel, Viola | - | Healthy Start | - | viola@healthystartswfl.com |
| Fernandez, Elizabeth | | Camelot Community Care | 863-674-3549 x. 6164 | efernandez@cnswfl.org |
| Fernandez, Emely | - | Lutheran Services | - | emely.morrobel@lsfnet.org |
| Fischel, Vanessa | - | FL DOH/Healthy Families | 863-302-6037 | vanessa.fischel@flhealth.gov |
| Flores, Magdalena | - | Health Planning Council | 866-547-2793 | Magdalenaflores@hpcsswfl.com |

| | | | | |
|---|---|---|---|---|
| **Friedman-Chavez, Lisa** | - | Project 10 | - | lfchavez@usf.edu |
| **Garcia, Brianna** | - | RCMA | - | brianna.garcia@rcma.org |
| **Garcia, Robin** | - | Florida Lions Eye Clinic | - | - |
| **Germany, Angela** | - | RCMA, Krome | 863-233-3633 | angelagermany@yahoo.com |
| **Glymph, Chris** | - | Hanley Foundation | - | Christopher@hanleyfoundation.org |
| **Gomez, Lourdes** | - | Liberty Dental | 813-733-2867 | lourdesg@libertydentalplan.com |
| **Gonzalez, Delma** | - | RCMA CDC Migrant Center | - | delmag@rcma.org |
| **Gountas, John (Ioannis)** | - | DOH Hendry/Glades | - | IoannisJohn.Gountas@flhealth.gov |
| **Hainley, Sgt. Wanda** | - | HCSO Human Trafficking | 863-673-6045 | whainley@hendrysheriff.org |
| **Hancock, Laura** | - | Habitat for Humanity Lee/Hendry | - | laurah@habitat4humanity.org |
| **Hayes, Brenda** | - | United Way WeCare | 239-433-7569 | brenda@unitedwaylee.org |
| **Higginbotham, Laura** | - | IMPOWER | - | lhigginbotham@impowerfl.org |
| **Hood, Jennifer** | - | FDOH | - | Jennifer.Hood@flhealth.gov |
| **Ivy, Jessica** | - | FDOH | - | Jessica.Ivy@flhealth.gov |
| **Jameson, Heidi** | - | Centerstone | - | Heidi.Jameson@centerstone.org |
| **Johnson, Nardina** | - | FCHC Clewiston | 863-983-7813 | njohnson@fchcinc.org |
| **Kruse, Antoinette** | - | Providence Family Life Center | 239-676-3159 | Administration@providencefamilylifecenter |
| **Lewis, Tess** | - | ACT | - | tlewis@actabuse.com |
| **Littles, Tosha** | - | Family Network on Disabilities | - | tosha@fndfl.org |
| **Llossas, Raymond** | - | FL DOH/WIC | 863-301-6025 | jose.llossas@flhealth.gov |
| **Lopez, Petrona** | - | RCMA Booker T Washington | - | petrona@rcma.org |
| **Macdonald, Ken** | - | Center for Independent Living | - | kmacdonald@cilgulfcoast.org |
| **May, Andrea** | - | FL DOH | 863-302-6017 | andrea.may@flhealth.gov |
| **McCauley, Grace** | - | Hanley Foundation | - | Grace@HanleyFoundation.org |
| **Meador, Mary** | - | United Way Volunteer Center | 239-433-7206 | Mary@unitedwaylee.org |
| **Melendez, Edwin** | - | FDOH | 863-843-0168 | edwin.melendez@flhealth.gov |
| **Mendoza, Genara** | - | RCMA | 863-674-4515 | genara.mendoza@rcma.org |
| **Morales, Anthony** | - | ACT | - | amorales@actabuse.com |
| **Morales, Mileydi** | - | FCHC Moore Haven | - | MMorales@fchcinc.org |
| **Morado, Maricela** | - | Area Agency on Aging | - | Maricela.Morado@aaaswfl.org |
| **Moraquez, Christy** | - | Molina Healthcare | 305-619-7622 | christy.moraguez@molinahealthcare.com |
| **Morrobel, Emely** | - | Lutheran Services | 508-360-0524 | emely.morrobel@lsfnet.org |
| **Mullins, Janetta** | - | Hope Healthcare | 239-333-4245 | janetta.mullins@hopehcs.org |
| **Mundy, Dr. Barbara** | - | Hendry County Schools | - | mundyb@hendry-schools.net |

| | | | | |
|---|---|---|---|---|
| **N.F.C., BACA** | - | Biker's Against Child Abuse | - | agencyliaison@cp-fl.bacaworld.org |
| **Nicholas, Sonji** | - | Florida SouthWestern College | 863-674-6019 | sonji.nicholas@fsw.edu |
| **Noble, Julie** | - | Lee Health, Child Advocate | - | Julie.noble@leehealth.org |
| **O'Halloran, Leslie** | - | Children's Network | - | leslie.ohalloran@cnswfl.org |
| **Pena, Olivia** | - | Florida Lions Eye Clinic | - | oliviap@fllec.com |
| **Perez Carrillo, Emmanuelle** | - | DOH - Tobacco Prevention | - | Emmanuelle.PerezCarrillo@flhealth.gov |
| **Phillips, Aijha** | - | HPCSWF - COVID Vaccine Project | - | vaccine@hpcswf.com |
| **Philpot, Margeaux** | - | Center for Progress & Excellence | - | margeauxp@yourcpe.net |
| **Pike, Marleen** | - | Health Start | - | marleen.pike@flhealth.gov |
| **Portalatin, Claudia** | - | United Way 211 | 239-433-7552 | claudia@unitedwaylee.org |
| **Puddefoot, Trina** | - | Health Planning Council | 239-433-6700 | trinapuddefoot@hpcswf.com |
| **Raya, Gabriela** | - | RCMA | 863-673-6085 | gabby.raya@rcma.org |
| **Reed, Jay** | - | Glades School District | - | jay.reed@glades-schools.org |
| **Rich, Jenneyfa** | - | RCMA | - | jenneyfa@rcma.org |
| **Richter, Maria** | - | Hendry Glades WIC | 863-674-4078 | maria.richter@flhealth.gov |
| **Rodriguez, Barbara** | - | Health Planning Council/Early Steps | - | barbararodriguezechevarria@hpcswf.com |
| **Rodriguez, Carmen** | - | Family Resource Center | - | carmen.frcswfl@gmail.com |
| **Rodriguez, Karen** | - | Habitat for Humanity Lee/Hendry | - | karenr@habitat4humanity.org |
| **Rodriguez, Kristina** | - | Hope Connections | 863-675-1576 | Kristina.Rodgriguez@hopehcs.org |
| **Rodriguez, Sonia** | - | Goodwill LaBelle Resouce Center | - | Soniarodriguez@goodwillswfl.org |
| **Ross, Kimberly** | - | Ross Dynasty Cares | 863-233-6500 | kim.ross@rossdynasty.com |
| **Ruiz, Tania** | - | Centerstone | 239-240-1808 | Tania.Ruiz@centerstone.org |
| **Sands, Lisa** | - | United Way | 239-433-7559 | Lisa@unitedwaylee.org |
| **Santizo, Grisela** | - | ACT | - | gSantizo@actabuse.com |
| **Shipton, Renee** | - | Center for Independent Living | - | - |
| **Smith, Joe** | - | US Attorney's Office, Reentry/Community Outreach | 813-301-3061 | jospeh.smith4@usdoh.gov |
| **Smith, Karen** | - | Sickle Cell Disease Association | - | karen@sicklefreebroward.org |
| **Stitt, Aaron** | - | DCF | - | aaron.stitt@myflfamilies.com |
| **Stone, Jessica** | - | Infant Mental Health - HPCSWFL | - | jessicastone@hpcswf.com |
| **Stress, Marissa** | - | Harry Chapin Food Bank | - | mspeterson@harrychapinfoodbank.org |
| **Stryker, Lora** | - | FL Dept of Health H/G | 954-242-1670 | lora.stryker@flhealth.gov |
| **Taylor, Adrienne** | - | HCSD ESE/Mental Health Services | - | taylorad@hendry-schools.net |
| **Taylor, Travis** | - | Center for Independent Living | - | - |
| **Thomas, Traci** | - | Florida Community Health Ctr. | 863-946-0405 x 2800 | tthomas@fchcinc.org |

| | | | | |
|---|---|---|---|---|
| **Vander May, Jennifer** | - | Area Agency on Aging | - | Jennifer.VanderMay@aaaswfl.org |
| **Vazquez, Crystal** | - | FCHC Moore Haven | - | CVazquezGuzman@fchcinc.org |
| **Villafuerte, Erica** | - | RCMA - Immigration | 863-674-4515 | ericav@rcma.org |
| **Villanueva, Lourdes** | - | RCMA | - | lourdes@rcma.org |
| **Watson, Leah** | - | APD | 239-338-1327 | leah.watson@apdcares.org |
| **West, Marlette** | - | Harry Chapin Food Bank | - | mwest@harrychapinfoodbank.org |
| **Williams, Charity** | - | Beyond Barriers, Inc. | 239-839-3907 | beyondbarriersfl@gmail.com |
| **Willis, Jackie** | - | Ross Dynasty Cares | 407-758-8637 | jackie.willis007@gmail.com |
| **Wilson, Sonja** | - | RCMA Area Dir. | 863-674-4652 | Sonja@rcma.org |
| **Yager, Kim** | - | FCHC Moore Haven | - | Kimberly Yager kyager@fchcinc.org |
| **Zavala, Melba** | - | DOH Hendry/Glades | - | - |