

DOH-HERNANDO COUNTY

HEALTH EQUITY PLAN

June 2022 – July 2027



Updated 5/3/2022

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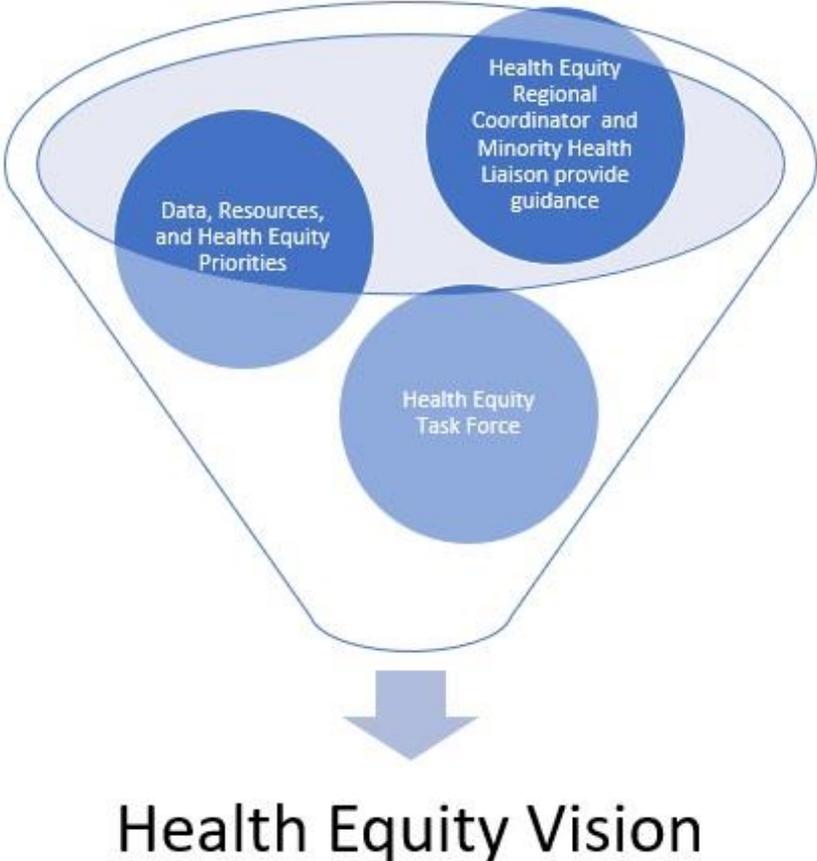
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I. VISION

In September 2021, the Florida Department of Health in Hernando County (DOH-Hernando) announced the prioritization of health equity as an integral focus of advancing public health in the community. A presentation given to the Hernando County Community Health Improvement Planning Partnership (CHIPP) sought to enhance the current conversations related to health equity within the county and to increase the synergies of policies and practices using a multi sector approach. The Partnership recognized the value of enhancing the visibility and awareness of health equity practices in the community and worked with the DOH-Hernando Minority Health Liaison to form a Health Equity Task Force.

Concurrent to the aforementioned activities, the agency enhanced its internal pre-existing Cultural and Linguistic team to encompass a focus on health equity and revised its name to the DOH-Hernando Health Equity Team. Over several months, the Health Equity Team and Health Equity Task Force were asked to determine what health equity in Hernando County meant for them. Similar themes and key words were shared about health equity in Hernando County, and on March 29, 2022, the Health Equity Task Force came to a unanimous vote on the final health equity Vision for Hernando County.

Vision: To help citizens in Hernando County gain equitable access to resources and opportunities that maximize their health and help them thrive.



II. PURPOSE OF THE HEALTH EQUITY PLAN

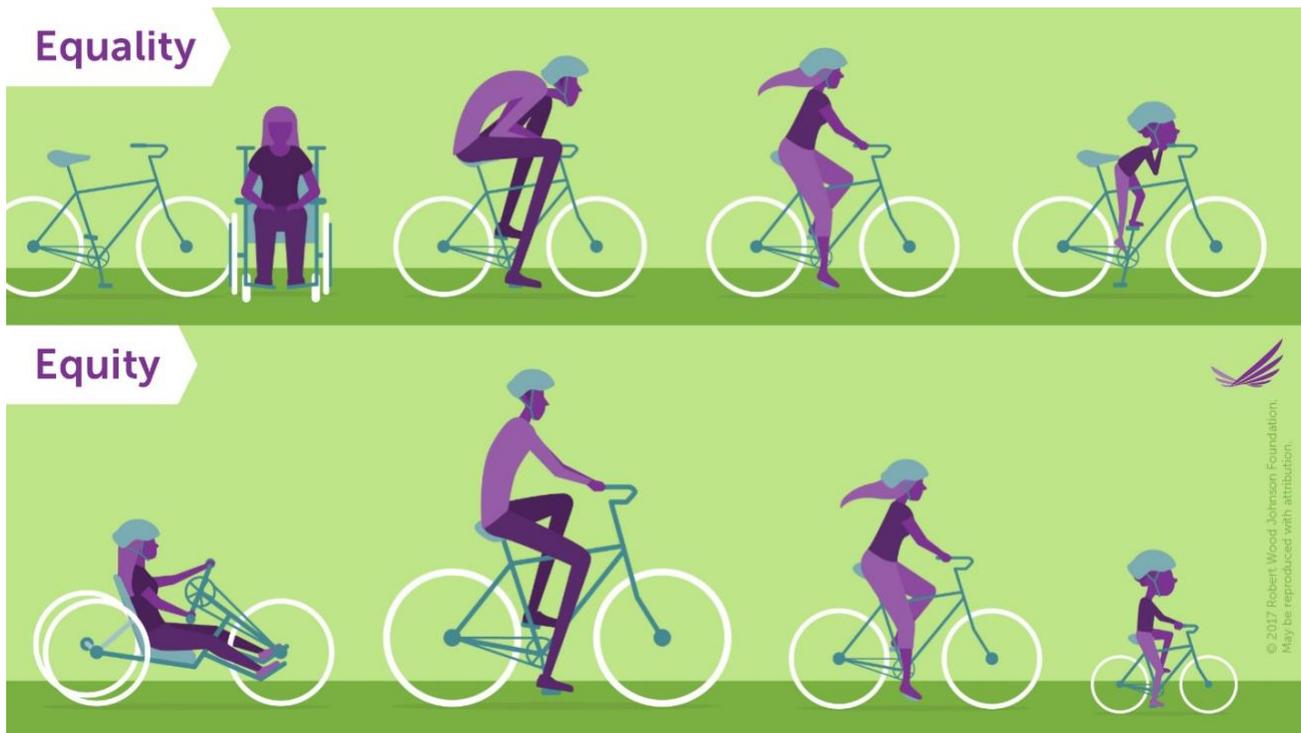
Health Equity is achieved when everyone can attain optimal health.

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

The Health Equity Plan should guide counties in their efforts to create and improve systems and opportunities to achieve optimal health for all residents, especially priority populations. County organizations have a critical role in addressing the social determinants of health (SDOH) 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 SDOH are the most effective at reducing health disparities.

The purpose of the Health Equity Plan is to increase health equity within Hernando. To develop this plan, Hernando 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 Hernando. This Health Equity Plan is not a county health department plan; it is a county-wide Health Equity Plan through which the Health Equity Task Force, including a variety of government, non-profit, and other community organizations, align to address the SDOH impact health and well-being in the county.

III. DEFINITIONS



Health equity is achieved when everyone can attain optimal health

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

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

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

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

IV. PARTICIPATION

Cross-sector collaborations and partnerships are essential components of improving health and well-being. This collaboration uncovers the impact of a quality education, access to quality health care, 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.

The DOH-Hernando Minority Health Liaison shared information about the formation of the Health Equity Task Force through Hernando County CHIPP roster, DOH-Hernando website, community meetings, community partners, and faith-based organizations. The Task Force determined additional individuals and organizations in the community who should be a part of the conversation and personally reached out to request their attendance and input at subsequent Task Force meetings.



The Minority Health Liaison and Facilitator split the Health Equity Task Force into five groups. The purpose of this interaction was to discuss the barriers that may prevent others from fully addressing the social determinants of health. The external team also discussed how those barriers impact the specified populations.

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: Alexis Fedrick
Minority Health Liaison Backup: Ashley Thomas

B. Health Equity Team

The Health Equity Team includes individuals who represent different programs within DOH-Hernando. 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 Hernando to the Health Equity Task Force. The Minority Health Liaison guides these discussions and the implementation of initiatives. The membership of the Health Equity Team is listed below.

Name	Title	Program
Jennifer Lutz	Senior Public Health Nutritionist	WIC
Tim Miller	Administrative Services Director	Fiscal-Administration
Jason Meehan	Public Health Services Manager	WIC
Nina Mattei	Government Operations Consultant III	Emergency Preparedness
Stefica Depovic	Environmental Health Manager	Environmental Health
Jesse McKellen	Environmental Health Specialist	Environmental Health
Robin Napier	Administrator	Administration
Lea Knezevich	Government Operations Consultant	Cities Readiness Initiative
Kate Walser	Licensed Nurse Practitioner	Nursing
Jasmine Smith	Senior Clerk	Front Desk
Danielle Taylor	Senior Community Health Nurse Director I	Nursing
Gina Dowler	Executive Assistant	Administration

James Blaisdell	Government Operations Consultant	Performance Management Quality Improvement
Michelle Pearson	Fiscal Assistant II	Fiscal
Carl Strom	Billing Hub Supervisor Accountant	Billing Hub
Dorine Eckert	Nursing Program Specialist, RN	Nursing
Ashley Thomas	Public Information Officer	Health Education
Alexis Fedrick	OPS Health Education Consultant	Health Education

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 twice to track progress.

Meeting Date	Topic/Purpose
January 27, 2022	The Health Equity Team was queried on their basic knowledge of health equity terminology. The group was then given education on the terms and how it is applicable to the agency and community.
March 29, 2022	Continued education on health equity and the social determinants of health. The Health Equity Team discussed processes within the agency that highlight current health equity efforts, such as the language line, and providing ADA compliant and culturally competent services, outreach and education.

C. Health Equity Taskforce

The Health Equity Task Force includes DOH-Hernando staff and representatives from various organizations that provide services to address various SDOH. Members of this Task Force brought their knowledge about community needs and SDOH.

Collaboration within this group addresses upstream factors to achieve health equity.

The Health Equity Task Force wrote the Hernando Health Equity Plan and oversaw the

design and implementation of projects. Health Equity Taskforce members are listed below.

Name	Title	Organization
Danielle Taylor	Senior Community Health Nurse Director I	Department of Health in Hernando County
Chance Martinez	Pastor	Spring Hill United Church of Christ
Tresa Watson	Executive Director	Hernando Community Coalition
Angie Walasek	Director	United Way of Hernando County
Nikki Paserell	Intern	United Way of Hernando County
Burton Melaugh	President of People Helping People	People Helping People
Kayla Kuni	Associate Director Librarian	Pasco Hernando State College
Ann-Gayl Ellis	Health Educator Consultant	Department of Health in Hernando County
Nina Mattei	Government Operations Consultant III	Department of Health in Hernando County
Charlyn Hilliman	Chief Diversity Officer	Capella University
Emery Ailes	Director of Global and Multicultural Awareness/Equity Services	Pasco Hernando State College

Lonnie Trenton	Pastor	Ebenezer Baptist Church
Anita Sanchez	Human Resources	Department of Health in Hernando County
Melissa Badger	Senior Community Health Nurse	Department of Health in Hernando County
Jennifer Lutz	WIC	Department of Health in Hernando County
Kendra Kenney	Director of People Helping People	People Helping People
Dorine Eckert	Nursing Program Specialist	Department of Health in Hernando County
Jason Meehan	Director of WIC	Department of Health in Hernando County
Stefica Depovic	Environmental Health Manager	Department of Health in Hernando County
Sue Carrigan	Educator	Hernando Community Coalition
Ashley Thomas	Public Information Officer	Department of Health in Hernando County
Robin Napier	Administrator	Department of Health in Hernando County
Tim Miller	Administrator Services Director	Department of Health in Hernando County
Alexis Fedrick	OPS Health Education Consultant	Department of Health in Hernando County
Heather Samuels	Educator	Florida Rainbow Alliance

Dell Barnes	Director	Parent Academy
Jennifer Bliska	Educator	Hernando Community Coalition
Marva Braggs	Faith Based	New Hope Missionary Baptist Church
James Blaisdell	Government Operations Consultant	Department of Health in Hernando County
Michelle Pearson	Fiscal Assistant II	Department of Health in Hernando County
Carl Strom	Billing HUB Supervisor	Department of Health in Hernando County
Lea Knezevich	Government Operations Consultant I	Department of Health in Hernando County
Anita Sanchez	Human Resources	Department of Health in Hernando County
Dale Watson	Local Liaison	Civcom
Dr. Amy Anderson	Provost	Pasco Hernando State College
Dr. Bernard Beard	President	Pasco Hernando State College
Ann Gayl Ellis	Liaison	Hernando County CHIPP

The Health Equity Task Force met on the below dates during the health equity planning process.

Meeting Date	Organizations	Topic/Purpose
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<p>April 4, 2022</p>	<p>DOH, Spring Hill United Church of Christ, Hernando Community Coalition, United Way of Hernando County, People Helping People, Pasco Hernando State College</p>	<p>This meeting was intended to help the Health Equity Task Force understand the concepts of health equity. The external team discussed factors that serve as barriers to achieving economic stability, the populations that are affected, and the correlation between economic stability and those barriers.</p>
<p>May 2, 2022</p>	<p>DOH, Hernando Community Coalition, United Way of Hernando County, People Helping People, Ebenezer Baptist Church, CivCom</p>	<p>The purpose of this meeting was to create a vision statement for the Health Equity Plan. The Minority Health Liaison had a conversation with the task force about the barriers that prevent others from accessing quality education, the populations that are impacted by those barriers, and the effect that those barriers have on those groups of people.</p>
<p>May 16, 2022</p>	<p>DOH, Hernando Community Coalition, Ebenezer Baptist Church, Florida Rainbow Alliance, Parent Academy, Pasco Hernando State College, New Hope, Hernando County School District, Spring Hill United Church of Christ, Civcom</p>	<p>The objective of this meeting was to discuss social determinants of health such as access to healthcare, social and community context, access to neighborhood/built environment, and economic stability.</p>
<p>June 6, 2022</p>	<p>United Way of Hernando County, Florida Rainbow Alliance, DOH-Hernando, Hernando Community</p>	<p>The purpose of this meeting was to review data on each social determinant of health, create a SDOH project, and discuss the</p>

	Coalition, Ebenezer Baptist Church, Pasco Hernando State College, CivCom	barriers that prevent partners from achieving health equity.
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D. Coalition

Hernando County does not have a coalition and there are no immediate plans to create one.

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
Fatima Mohamed	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

Hernando County conducts health equity assessment(s) to examine the capacity and knowledge of Hernando County Department of Health staff and county partners to address social determinants of health. The agency has distributed a Cultural and Linguistic Survey to all staff since 2015, (omitting 2020-2021, due to COVID-19.) The data from the survey is used to provide staff with the information and training needed to ensure that all DOH-Hernando clients receive services in a culturally appropriate manner.

An informal assessment of community partners’ understanding of health equity and social determinant of health terms were completed at the beginning of each Health

Equity Task Force meetings held on April 4, May 2, May 16, and June 6. Evaluations following the Task Force meetings showed that 100% of the participants completing an evaluation felt they had increased their knowledge of health equity and/or the social determinants of health at each meeting

B. County Health Equity Training

Assessing the capacity and knowledge of health equity, through the Cultural and Linguistic Survey helped the Minority Health Liaison identify knowledge gaps and create training plans for the Health Equity Task Force, the Coalition, and other county partners.

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

Date	Topics	Organization(s) receiving trainings
August 18, 2021	Social Determinants of Health: A Framework Towards Equity, Dr. Alicia Best	CHIPP partner organizations
June 1, 2022	Overcoming Unconscious Bias, Robin Williams	DOH, CivCom, United Way, Baycare, PHSC, People Helping People, Hernando Community Coalition

C. County Health Department Health Equity Training

The Florida Department of Health in Hernando recognizes that ongoing training in health equity and cultural competency are critical for creating a sustainable health equity focus. At a minimum, all DOH-Hernando 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
September 19, 2019	Health Equity, Venise White	All DOH Hernando Staff
All New Hires	Health Literacy	All
All New Hires	What is Health Equity	All
All New Hires	Health Equity vs. Health Equality	All
All New Hires	SOP-Interpreter Services Hearing Impaired	All
All New Hires	SOP-Interpreter Services Non-English Speaking Clients	All
All New Hires	Client Complaint SOP	All
All New Hires and Annually	Cultural and Ethnic Beliefs/ Understanding Prejudice	All
All New Hires	Identifying Clients with Low Literacy Skills / PowerPoint	All

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	Type of Trainings/Meetings	Topics
December 3, 2021	Train Florida	Cultural Awareness: Introduction to Cultural Competency & Humility Definition and Concepts of Culture, Cultural Awareness, Cultural Competency, and Cultural Humility into Public Health
December 3, 2021	Train Florida	Addressing Health Equity: A Public Health Essential
December 6, 2021	Train Florida	Health Equity & Environmental Justice 101
January 25, 2022	Cultural Competency and Health Equity Training	Race/Ethnicity, Social Determinants of Health, Cultural Competency, and Health Equity
March 17, 2022	Minority Health Liaison Meeting	SDOH Project and Health Equity Plan Standard Tools
May 19, 2022	Minority Health Liaison Meeting	How to Find Data on Florida Health Charts

E. National Minority Health Month Promotion

April is National Minority Health Month



Join Pastor Mindy Mayes Wednesday, April 20, at noon as she discusses the role of Health and Spirituality on overall wellness.

- Florida Department of Health in Hernando County
- April 20, 2022
- 7551 Forest Oaks Blvd. Spring Hill, FL
- RSVP @ 352-540-6887 or Alexis.Fedrick@flhealth.gov
- Refreshments will be served



Give Your Community A Boost!

DOH-Hernando held a Lunch and Learn Event with keynote speaker, Pastor Mindy Mayes on spirituality and health on April 20, 2022. Following the presentation, the guests and speaker had an open dialogue on how spirituality and health are correlated

with one another. The presenter also provided tips on how to promote one's health and discussed how disparities among populations can have an effect on health outcomes.

VI. PRIORITIZING A HEALTH DISPARITY

The Health Equity Team identified and reviewed health disparities data in Hernando County. Data were pulled from multiple sources including Florida Health Charts, the U.S. Census Bureau, American Community Survey, and the Social Vulnerability Index.

Health disparities were identified in Hernando County, including Overweight and Obesity. Using the Community Health Needs Assessment and the Multi-Voting Technique, the Health Equity Team decided to work on Overweight and Obesity in the Health Equity Plan. Data concerning Overweight and Obesity are below.

(<https://www.floridahealth.gov/statistics-and-data/survey-data/behavioral-risk-factor-surveillance-system/2019county/HernandoCombinedReport.pdf>)

2017-2019 Florida BRFSS Data Report

Hernando

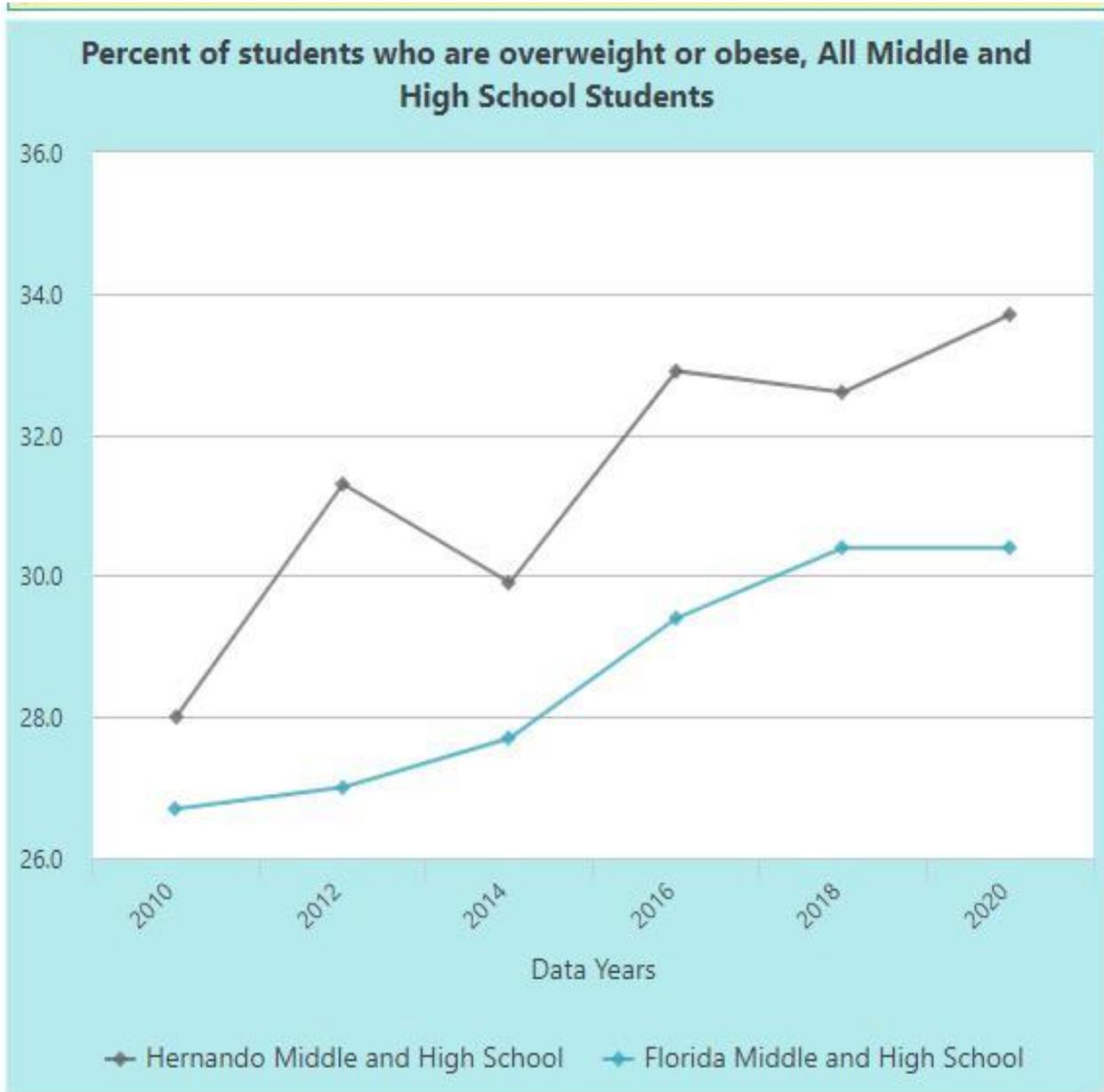
Overweight & Obesity		Percentage of adults who are overweight						
		2017-2019 County			2019 State			2016 County
		Measure	95% CI		Measure	95% CI		Measure
ALL	Overall	37.6	32.1	43.1	37.6	35.9	39.3	33.2
SEX	Men	43.5	35.0	52.0	42.6	40.2	45.1	34.1
	Women	31.9	25.1	38.6	32.5	30.2	34.8	32.3
RACE/ETHNICITY	Non-Hisp. White	38.2	32.0	44.4	37.8	36.1	39.5	34.6
	Non-Hisp. Black	38.4	11.1	65.7	35.1	30.1	40.0	
	Hispanic	32.3	17.0	47.5	39.1	34.2	43.9	25.3
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	46.2	36.6	55.8	43.7	41.2	46.2	35.4
	Non-Hisp. White Women	30.3	23.2	37.4	31.9	29.6	34.1	33.9
	Non-Hisp. Black Men				39.7	32.4	47.0	
	Non-Hisp. Black Women				30.8	24.1	37.6	
	Hispanic Men	39.7	16.0	63.5	42.9	36.1	49.8	
	Hispanic Women	24.0	6.5	41.5	35.2	28.3	42.2	
AGE GROUP	18-44	37.6	26.7	48.4	35.5	32.5	38.5	26.4
	45-64	35.3	24.6	46.1	39.2	36.0	42.3	30.6
	65 & Older	39.8	32.4	47.2	39.2	36.8	41.6	40.1
EDUCATION LEVEL	<High School	37.0	15.8	58.1	36.7	31.5	41.9	28.9
	H.S. / GED	36.5	27.5	45.5	37.1	33.9	40.4	32.0
	>High School	38.8	32.1	45.5	38.2	36.1	40.4	34.9
ANNUAL INCOME	<\$25,000	33.0	24.1	41.9	34.7	31.2	38.1	20.1
	\$25,000-\$49,999	41.7	30.6	52.9	35.3	31.9	38.7	34.6
	\$50,000 or More	45.5	34.3	56.6	42.4	39.6	45.2	44.7
MARITAL STATUS	Married/Couple	45.5	37.3	53.6	40.2	37.8	42.5	33.7
	Not Married/Couple	29.5	22.8	36.1	34.7	32.2	37.1	32.0

- Source: Florida BRFSS

In 2021, in Florida, the percent of students who were overweight or obese (all middle and high school students) was 32.8%.

Hernando County has seen an increase in the percentage of Middle and High School students who are overweight and obese. From 2010-2020, Hernando County students have remained consistently above the average percent of students who are overweight or obese. Students in Hernando County who are overweight or obese increased from 28% to 33.7%, while Florida increased from 26.7% to 30.4% as seen in Figure 2.

<https://www.flhealthcharts.gov/ChartsReports/rdPage.aspx?rdReport=YouthTobaccoState.Dataviewer&bid=0010>



Source: Florida Charts

Figure 1

Percent of students who are overweight or obese, All Middle and High School Students		
Year	Hernando	Florida
2020	33.7% (29.7% - 37.7%)	30.4% (29.8% - 31%)
2018	32.6% (29.2% - 36.1%)	30.4% (29.8% - 31%)
2016	32.9% (29.5% - 36.4%)	29.4% (28.8% - 29.9%)
2014	29.9% (26.8% - 32.9%)	27.7% (27.1% - 28.3%)
2012	31.3% (28.6% - 34.1%)	27% (26.4% - 27.6%)
2010	28% (25.5% - 30.5%)	26.7% (26.2% - 27.2%)

Source: Florida Charts

Figure 2

Additional data:

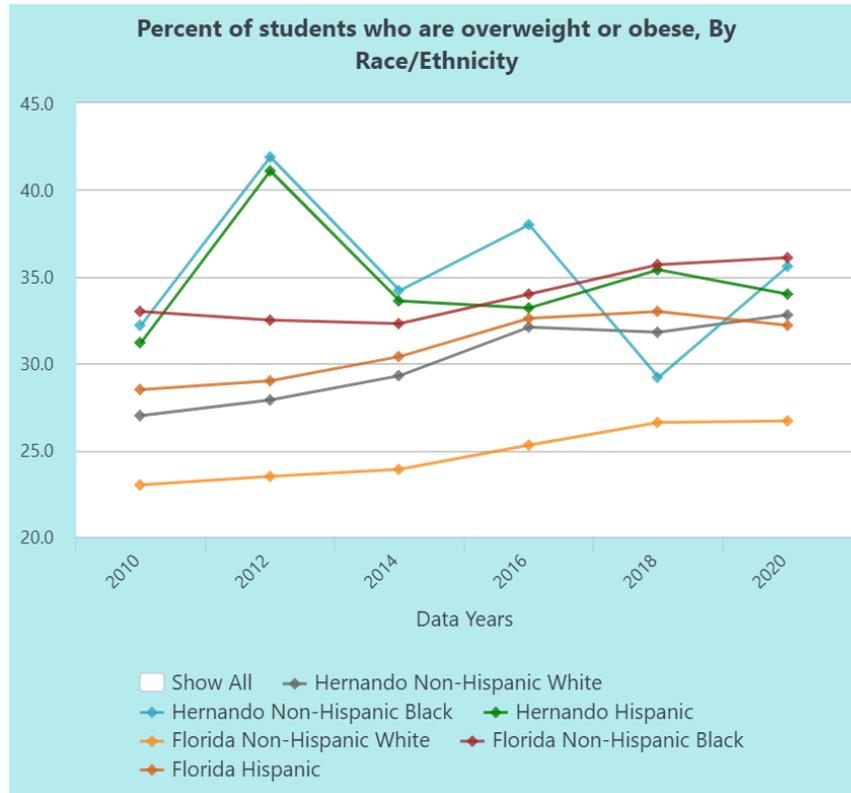
The data about **Percent of students who are overweight or obese** come from the Florida Youth Tobacco Survey (FYTS). FYTS tracks indicators of tobacco use and exposure to secondhand smoke among Florida public middle and high school students and provides data for monitoring and evaluating tobacco use among youth. In Florida, the FYTS data is collected at the state level each year, and it is collected at the county level every other year.

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

In **2020**, in **Hernando** County, **33.7%** of the **percent of students who are overweight or obese (All Middle and High School Students)** can be compared to **30.4%** statewide. The line graph shows change over time when there are at least three years of data.

Additionally, **35.6%** of African American and **34%** of Hispanic students (**Middle and High School Students**) are **overweight or obese in 2020**. This compares to **36.1%** of African American and **32.2%** of Hispanic students statewide.

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



Percent of students who are overweight or obese, By Race/Ethnicity					
Hernando			Florida		
Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic White	Non-Hispanic Black	Hispanic
32.8% (28% - 37.6%)	35.6% (22.7% - 48.6%)	34% (27.5% - 40.4)%	26.7% (25.9% - 27.4%)	36.1% (34.5% - 37.6%)	32.2% (31.1% - 33.4%)
31.8% (27.3% - 36.4%)	29.2% (17.3% - 41%)	35.4% (28.7% - 42)%	26.6% (25.8% - 27.3%)	35.7% (34.2% - 37.2%)	33% (31.9% - 34.1%)
32.1% (27.6% - 36.5%)	38% (22.5% - 53.4%)	33.2% (25.7% - 40.7)%	25.3% (24.6% - 26%)	34% (32.6% - 35.4%)	32.6% (31.5% - 33.8%)
29.3% (25.1% - 33.6%)	34.2% (21.1% - 47.4%)	33.6% (25.9% - 41.3)%	23.9% (23.2% - 24.6%)	32.3% (30.8% - 33.8%)	30.4% (29.2% - 31.7%)
27.9% (24.2% - 31.5%)	41.9% (28.7% - 55.2%)	41.1% (34.8% - 47.5)%	23.5% (22.8% - 24.2%)	32.5% (31% - 34%)	29% (27.9% - 30.1%)
27% (24% - 30.1%)	32.2% (20.5% - 43.8%)	31.2% (24.7% - 37.6)%	23% (22.3% - 23.6%)	33% (31.7% - 34.4%)	28.5% (27.4% - 29.7%)

VII. SDOH DATA

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



A. Education Access and Quality

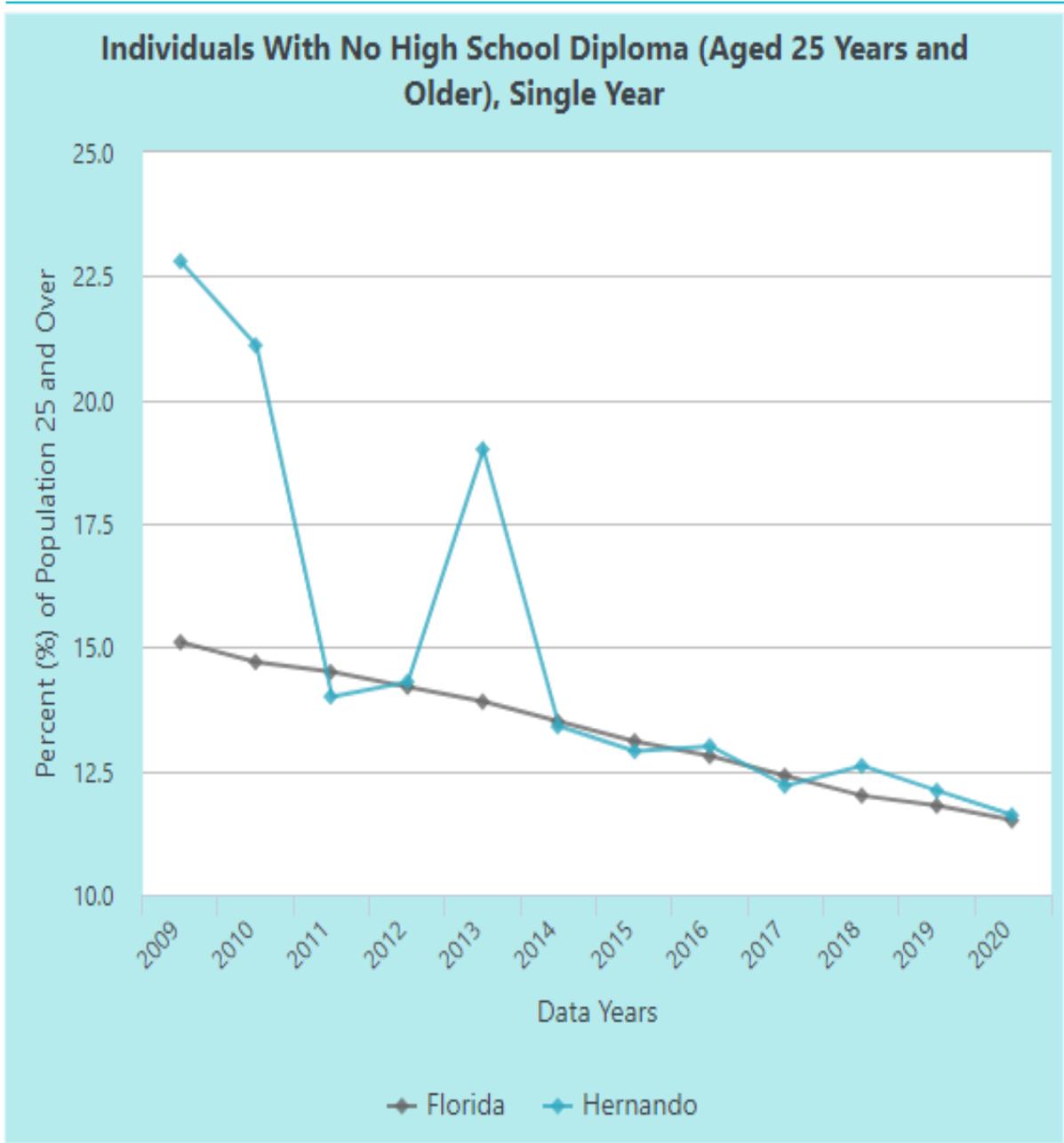


- [Education Access and Quality data for Hernando County](#)

Individuals 25 Years and over with No High School Diploma

The percent of individuals with no high school diploma, aged 25 years and older has steadily decreased in both Hernando County and Florida. Figure 1 shows that in 2009, 22.8% of adults aged 25 and over had no high school diploma compared with 11.6% in 2020.

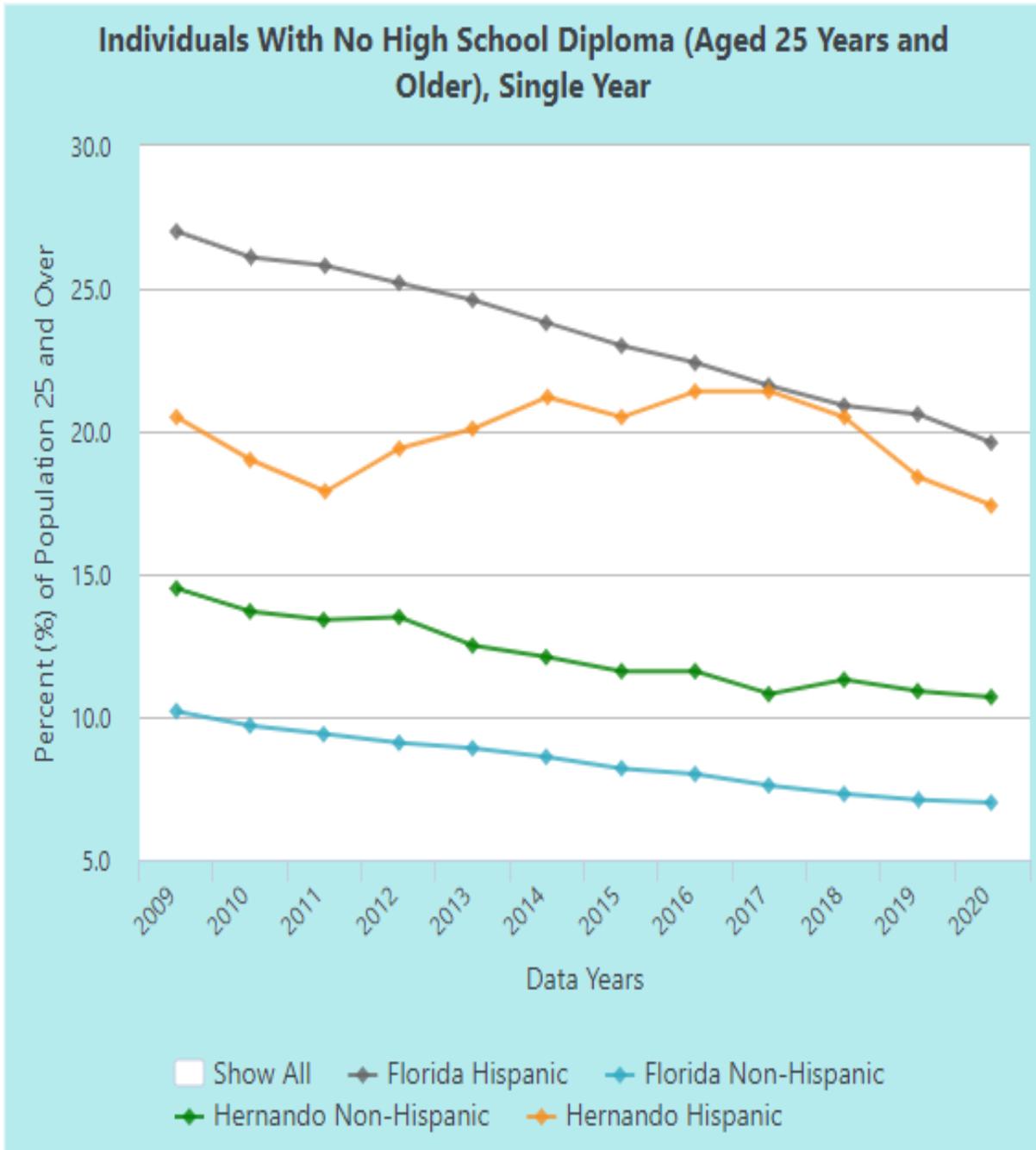
<https://www.flhealthcharts.gov/ChartsReports/rdPage.aspx?rdReport=NonVitalIndGrp.Dataviewer>

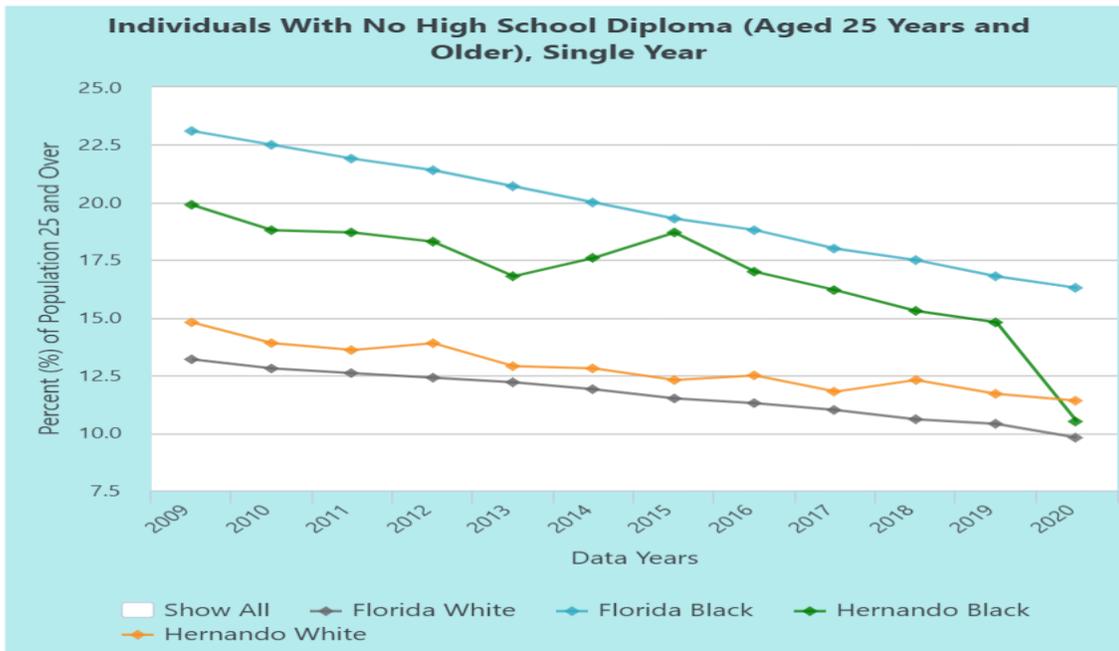


Individuals With No High School Diploma (Aged 25 Years and Older), Percentage of Population 25 and Over, Single Year		
	Hernando	Florida
Data Year	Percent (%)	Percent (%)
2020	11.6	11.5
2019	12.1	11.8
2018	12.6	12.0
2017	12.2	12.4
2016	13.0	12.8
2015	12.9	13.1
2014	13.4	13.5
2013	19.0	13.9
2012	14.3	14.2
2011	14.0	14.5
2010	21.1	14.7
2009	22.8	15.1

<https://www.flhealthcharts.gov/ChartsReports/rdPage.aspx?rdReport=NonVitalIndGrp.Dataviewer>

However, disparities in diploma attainment are marked among race and ethnicity in Hernando County.





Data Year	Hernando		Florida	
	White	Black	White	Black
	Percent (%)	Percent (%)	Percent (%)	Percent (%)
2020	11.4	10.5	9.8	16.3
2019	11.7	14.8	10.4	16.8
2018	12.3	15.3	10.6	17.5
2017	11.8	16.2	11.0	18.0
2016	12.5	17.0	11.3	18.8
2015	12.3	18.7	11.5	19.3
2014	12.8	17.6	11.9	20.0
2013	12.9	16.8	12.2	20.7
2012	13.9	18.3	12.4	21.4
2011	13.6	18.7	12.6	21.9
2010	13.9	18.8	12.8	22.5
2009	14.8	19.9	13.2	23.1

Individuals With No High School Diploma (Aged 25 Years and Older), Percentage of Population 25 and Over, Single Year				
	Hernando		Florida	
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
Data Year	Percent (%)	Percent (%)	Percent (%)	Percent (%)
2020	17.4	10.7	19.6	7.0
2019	18.4	10.9	20.6	7.1
2018	20.5	11.3	20.9	7.3
2017	21.4	10.8	21.6	7.6
2016	21.4	11.6	22.4	8.0
2015	20.5	11.6	23.0	8.2
2014	21.2	12.1	23.8	8.6
2013	20.1	12.5	24.6	8.9
2012	19.4	13.5	25.2	9.1
2011	17.9	13.4	25.8	9.4
2010	19.0	13.7	26.1	9.7
2009	20.5	14.5	27.0	10.2

Individuals With No High School Diploma (Aged 25 Years and Older), Percentage of Population 25 and Over, Single Year				
	Hernando		Florida	
	White	Other	White	Other
Data Year	Percent (%)	Percent (%)	Percent (%)	Percent (%)
2020	11.4	21.7	9.8	24.1
2019	11.7	16.1	10.4	24.1
2018	12.3	17.0	10.6	24.6
2017	11.8	20.1	11.0	25.3
2016	12.5	19.1	11.3	26.5
2015	12.3	15.5	11.5	28.2
2014	12.8	17.0	11.9	29.8
2013	12.9	21.7	12.2	30.9
2012	13.9	21.3	12.4	31.8
2011	13.6	20.9	12.6	31.8
2010	13.9	26.4	12.8	31.2
2009	14.8	21.7	13.2	31.3

Florida's American Indian Health Equity* State Profile - 2020						
Indicator	Year(s)	Measure	American Indian Number	American Indian Rate	State Rate	American Indian/ Florida Rate Ratio
Socio-Demographic Characteristics						
Population ¹	2020		109,352	0.5%		n/a
Males ¹	2020	Percent of Population	56,869	52%	48.9%	1.1:1
Females ¹	2020	Percent of Population	52,483	48%	51.1%	0.9:1
Population under 18 years old ¹	2020	Percent of Population	18,674	17.1%	16.4%	1:1
Population 65 years and older ¹	2020	Percent of Population	14,400	13.2%	20.9%	0.6:1
Median household income ¹	2020 5 yr est	Dollars	\$49,775		\$57,703	n/a
Individuals below poverty level ¹	2020 5 yr est	Percent of Population	8,705	16.2%	13.3%	1.2:1
Civilian labor force which is unemployed ¹	2020 5 yr est	Percent of Population	1,711	6.7%	5.4%	1.2:1
Owner-occupied housing units ¹	2020 5 yr est	Percent of Population		59.7%	66.2%	0.9:1
Individuals 1 year and over that lived in a different house 1 year earlier ¹	2020 5 yr est	Percent of Population		16.6%	13.6%	1.2:1
Individuals 25 years and over with no high school diploma	2020 5 yr est	Percent of Population		20.3%	11.5%	1.8:1

11.5% of Native Americans 25 years and older did not possess a high school diploma statewide.

<https://www.flhealthcharts.gov/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.MinorityHealthProfile-AI>

- The impact of education access and quality on Overweight and Obesity

Education Access and Quality		
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts (Obesity Due to Food Insecurity)
Literacy	<ul style="list-style-type: none"> Racial and ethnic minorities Under educated Persons living with disabilities 	<p>The ability to read and proficiency in health literacy impacts one's overall health. The effects of low health literacy include poor knowledge on nutrition, partaking in harmful behaviors, and higher obesity rates. Establishing a health literacy foundation in childhood is essential to practicing and maintaining a healthy lifestyle.</p>
Early Childhood Development	<ul style="list-style-type: none"> Low income Minority populations 	<p>Early childhood development and education is a time from birth to kindergarten. Children begin to develop social and emotional skills and learn other basic skills. Healthy development during this time provides the building blocks for economic and educational productivity and a foundation for lifelong health.</p>
Higher Education	<ul style="list-style-type: none"> Low income Racial and ethnic minorities Persons living with disabilities 	<p>Maternal education level is a key factor in childhood overweight and obesity rates. Parents, especially mothers, with high education have better access to resources and practice healthy behaviors that provide a positive impact on childhood obesity-related lifestyles. Research has shown low parental education being associated with higher childhood BMI and increased risk of developing obesity.</p>

Long work hours	Those working multiple jobs, and/or long shifts	Long work hours may contribute to obesity by reducing time for physical activity, particularly for individuals working in sedentary occupations as well as increasing the amount of fast food / less nutritious meals consumed because of time constraints.
Homelessness	Unsheltered/homeless	Adults who are chronically homeless lack a stable, secure residence and access to regular, healthy meals.

B. Economic Stability



- **Economic stability data for Hernando County**

The impact of economic stability on Overweight and Obesity

The 2019 Hernando County Health Needs Assessment provided valuable information on poverty levels for residents. In 2015, 14.3% of Hernando County residents lived in poverty compared to 15.8% of Floridians. Those numbers decreased in 2017, with 14% of Hernando County residents living in poverty compared to 14.1% of Floridians.

<https://hernando.floridahealth.gov/files/documents/FINALHernando-Needs-Assessment-Technical-Appendix1.pdf>

TABLE 35. NUMBER AND PERCENT OF PERSONS IN POVERTY, BY SELECTED AGES, HERNANDO COUNTY, FLORIDA AND UNITED STATES, 2014-2017.

Area	All Ages					
	2014			2015		
	Total Population	Number in Poverty	Percent in Poverty	Total Population	Number in Poverty	Percent in Poverty
Hernando County	173,753	26,629	15.3	176,355	25,217	14.3
Florida	19,470,220	3,231,142	16.6	19,850,025	3,129,061	15.8
United States	310,899,910	48,208,387	15.5	313,476,400	46,153,077	14.7
Area	2016			2017		
	Total Population	Number in Poverty	Percent in Poverty	Total Population	Number in Poverty	Percent in Poverty
	Hernando County	180,800	27,794	15.4	184,489	25,773
Florida	20,191,307	2,986,237	14.8	20,569,893	2,901,876	14.1
United States	315,165,470	44,268,996	14.0	317,741,588	42,583,651	13.4
Area	Under Age 18					
	2014			2015		
	Total Population	Number in Poverty	Percent in Poverty	Total Population	Number in Poverty	Percent in Poverty
Hernando County	32,272	7,862	24.4	32,542	7,977	24.5
Florida	3,984,878	962,857	24.2	4,036,757	944,415	23.4
United States	72,386,485	15,686,012	21.7	72,454,786	15,000,273	20.7
Area	2016			2017		
	Total Population	Number in Poverty	Percent in Poverty	Total Population	Number in Poverty	Percent in Poverty
	Hernando County	33,409	7,631	22.8	33,885	7,035
Florida	4,082,318	869,892	21.3	4,138,314	850,924	20.6
United States	72,452,603	14,115,713	19.5	72,452,925	13,353,202	18.4

Source: US Census Bureau, Small Area Income and Poverty Estimates, 2014-2017.
Prepared by: WellFlorida Council, 2019.

healthypeople.gov/2020/topics-objectives/topic/social-determinants-health

<https://hernando.floridahealth.gov/files/documents/FINALHernando-Needs-Assessment-Technical-Appendix1.pdf>

Between 2013-2017, 9.2% of adults ages 60 or older in Hernando County were living in poverty within the past year compared to 10.9% in Florida

<https://hernando.floridahealth.gov/files/documents/FINALHernando-Needs-Assessment-Technical-Appendix1.pdf>

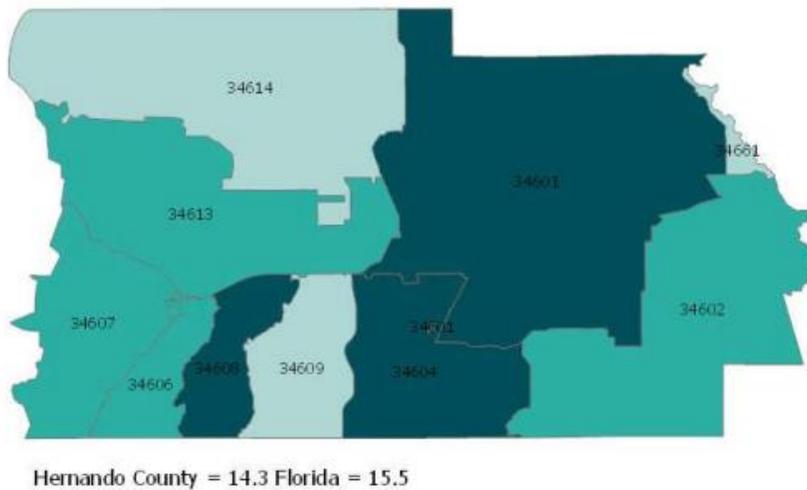
Area	Estimated Total Number	Estimated Number In Poverty	Estimated Percent In Poverty
Adults 18 - 59 Years of Age			
34601 Brooksville	10,248	2,006	19.6
34602 Brooksville	2,977	602	20.2
34604 Brooksville	5,040	859	17.0
34606 Spring Hill	11,049	2,093	18.9
34607 Spring Hill	3,747	660	17.6
34608 Spring Hill	16,695	2,841	17.0
34609 Spring Hill	19,042	1,894	9.9
34613 Brooksville	6,479	1,085	16.7
34614 Brooksville	3,986	530	13.3
34661 Nobleton	89	17	19.1
ZCTA Total	79,352	12,587	15.9
Hernando County	82,682	12,948	15.7
Florida	10,690,777	1,609,372	15.1
Adults 60+ Years of Age			
34601 Brooksville	7,145	795	11.1
34602 Brooksville	2,521	183	7.3
34604 Brooksville	2,656	270	10.2
34606 Spring Hill	10,755	759	7.1
34607 Spring Hill	3,890	440	11.3
34608 Spring Hill	9,257	974	10.5
34609 Spring Hill	12,385	1,143	9.2
34613 Brooksville	8,703	771	8.9
34614 Brooksville	2,031	146	7.2
34661 Nobleton	0	0	0.0
ZCTA Total	59,343	5,481	9.2
Hernando County	61,146	5,616	9.2
Florida	5,122,813	559,828	10.9

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates for 2013-2017, the 2010 Census provides the official counts of the population and housing units for the nation, counties, cities, and towns. The American Community Survey is a sample of data taken over a time period and should not be compared to other sources of data.

Source: US Census Bureau, American Community Survey, 2013-2017 5-Year Estimates, Table B17020.

Prepared by: WellFlorida Council, 2019.

MAP 4. PERCENT OF INDIVIDUALS IN POVERTY, BY ZIP CODE, HERNANDO COUNTY, 2013-2017.



	< 12
	12.1 - 16.5
	> 16.6

Source: Table 36.

24.7% of African Americans and 19.8% of Hispanics live in poverty compared to 13.5% of Caucasians in Hernando County. This compares to 24.8% of African Americans, 19.8% of Hispanics, and 13.3% of Caucasians living in poverty statewide.

<https://hernando.floridahealth.gov/files/documents/FINALHernando-Needs-Assessment-Technical-Appendix1.pdf>

TABLE 41. ESTIMATED NUMBER AND PERCENT OF PERSONS BY SELECTED RACES AND ETHNICITY, BY SELECTED LEVEL OF POVERTY IN THE PAST 12 MONTHS, BY ZIP CODE TABULATIONS AREA (ZCTA), HERNANDO COUNTY AND FLORIDA, 2013-2017

Area	White			Black		
	Estimated White Population	Estimated Number In Poverty	Estimated Percent In Poverty	Estimated Black Population	Estimated Number In Poverty	Estimated Percent In Poverty
34601 Brooksville	19,178	2,818	14.7	1,792	750	41.9
34602 Brooksville	5,823	843	14.5	526	51	9.7
34604 Brooksville	8,608	1,514	17.6	599	246	41.1
34606 Spring Hill	23,587	3,664	15.5	793	300	37.8
34607 Spring Hill	7,969	1,096	13.8	269	70	26.0
34608 Spring Hill	29,029	4,519	15.6	2,090	565	27.0
34609 Spring Hill	34,853	3,518	10.1	2,251	189	8.4
34613 Brooksville	16,445	2,081	12.7	221	3	1.4
34614 Brooksville	7,196	828	11.5	161	0	0.0
34661 Nobleton	180	17	9.4	0	0	0.0
ZCTA Total	152,868	20,898	13.7	8,702	2,174	25.0
Hernando County	158,421	21,332	13.5	8,932	2,209	24.7
Florida	15,073,714	2,000,476	13.3	3,149,614	781,928	24.8
Area	Hispanics					
	Estimated White Population	Estimated Number In Poverty	Estimated Percent In Poverty			
34601 Brooksville	1,301	333	25.6			
34602 Brooksville	309	46	14.9			
34604 Brooksville	1,124	292	26.0			
34606 Spring Hill	2,776	757	27.3			
34607 Spring Hill	736	91	12.4			
34608 Spring Hill	6,195	1,390	22.4			
34609 Spring Hill	6,518	984	15.1			
34613 Brooksville	1,535	259	16.9			
34614 Brooksville	595	126	21.2			
34661 Nobleton	0	0	0.0			
ZCTA Total	21,089	4,278	20.3			
Hernando County	21,597	4,278	19.8			
Florida	4,944,502	981,013	19.8			

Florida's American Indian Health Equity* State Profile - 2020						
Indicator	Year(s)	Measure	American Indian Number	American Indian Rate	State Rate	American Indian/ Florida Rate Ratio
Socio-Demographic Characteristics						
Population ¹	2020		109,352	0.5%		n/a
Males ¹	2020	Percent of Population	56,869	52%	48.9%	1.1:1
Females ¹	2020	Percent of Population	52,483	48%	51.1%	0.9:1
Population under 18 years old ¹	2020	Percent of Population	18,674	17.1%	16.4%	1:1
Population 65 years and older ¹	2020	Percent of Population	14,400	13.2%	20.9%	0.6:1
Median household income ¹	2020 5 yr est	Dollars	\$49,775		\$57,703	n/a
Individuals below poverty level ¹	2020 5 yr est	Percent of Population	8,705	16.2%	13.3%	1.2:1
Civilian labor force which is unemployed ¹	2020 5 yr est	Percent of Population	1,711	6.7%	5.4%	1.2:1
Owner-occupied housing units ¹	2020 5 yr est	Percent of Population		59.7%	66.2%	0.9:1
Individuals 1 year and over that lived in a different house 1 year earlier ¹	2020 5 yr est	Percent of Population		16.6%	13.6%	1.2:1
Individuals 25 years and over with no high school diploma	2020 5 yr est	Percent of Population		20.3%	11.5%	1.8:1

In 2020, 13.3% of Native Americans lived in poverty statewide

<https://www.flhealthcharts.gov/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.MinorityHealthProfile-AI>

According to Healthypeople.gov, affordability influences access to foods that support healthy eating patterns. Research shows that low-income groups tend to rely on foods that are cheap and convenient to access but are low in nutrient density. Fresh fruits and vegetables and other healthier items are often more expensive at convenience stores and small food markets than in larger chain supermarkets and grocery stores.

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

hernando.floridahealth.gov/_files/_documents/FINALHernando-Needs-Assessment-Technical-Appendix1.pdf

In Hernando County, between 26.0%-75.3% of people within the LGBTQ community responded that they agree that oftentimes/sometimes the food that they bought did not last and did not have the money to buy more in the past 12 months compared to 10.2%-17.8% of straight people and/or the Cisgender population. This compares to 23.7%-38.1% among the LGTBQ community and 13.6%-16.8% among people who are straight and/or with the Cisgender group statewide

BRFSS 2017-2019 County Level LGBTQ Comparison

Hernando			LGBTQ		
Level	Label	N	Weighted % / Mean	95% CL	
Often true/Sometimes true	Extent they agree that they food they bought didn't last and they didn't have money to get more in the last 12 months	10	50.6%	26.0%	75.3%
Never true	Extent they agree that they food they bought didn't last and they didn't have money to get more in the last 12 months	24	49.4%	24.7%	74.0%
Often true/Sometimes true	Extent they agree that they couldn't afford to eat balanced meals in the last 12 months	9	35.4%	9.4%	61.3%
Never true	Extent they agree that they couldn't afford to eat balanced meals in the last 12 months	25	64.6%	38.7%	90.6%

Hernando Straight/Cisgender Comparison

Level	Label	N	Weighted % / Mean	95% CL	
Often true/Sometimes true	Extent they agree that they food they bought didn't last and they didn't have money to get more in the last 12 months	92	14.0%	10.2%	17.8%

Never true	Extent they agree that they food they bought didn't last and they didn't have money to get more in the last 12 months	471	86.0%	82.2%	89.8%
Often true/Sometimes true	Extent they agree that they couldn't afford to eat balanced meals in the last 12 months	104	17.4%	13.2%	21.7%
Never true	Extent they agree that they couldn't afford to eat balanced meals in the last 12 months	458	82.6%	78.3%	86.8%

BRFSS 2019 State-Level Data

Level	Label	N	Weighted % / Mean	95% CL	
Often true/Sometimes true	Extent they agree that they food they bought didn't last and they didn't have money to get more in the last 12 months	185	30.9%	23.7%	38.1%
Never true	Extent they agree that they food they bought didn't last and they didn't have money to get more in the last 12 months	452	69.1%	61.9%	76.3%
Often true/Sometimes true	Extent they agree that they couldn't afford to eat balanced meals in the last 12 months	212	38.1%	30.4%	45.7%
Never true	Extent they agree that they couldn't afford to eat balanced meals in the last 12 months	425	61.9%	54.3%	69.6%

Straight/Cisgender Statewide

Level	Label	N	Weighted % / Mean	95% CL	
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Often true/Sometimes true	Extent they agree that they food they bought didn't last and they didn't have money to get more in the last 12 months	1644	15.2%	13.6%	16.8%
Never true	Extent they agree that they food they bought didn't last and they didn't have money to get more in the last 12 months	9777	84.8%	83.2%	86.4%
Often true/Sometimes true	Extent they agree that they couldn't afford to eat balanced meals in the last 12 months	1806	17.4%	15.7%	19.1%
Never true	Extent they agree that they couldn't afford to eat balanced meals in the last 12 months	9608	82.6%	80.9%	84.3%

Hernando County Descriptive Statistics and t-Test and χ^2 Test Results Comparing Across Disability Status

<i>Measure</i>	People with at Least 1 Disability (Ages 18 to 65)	
	<i>Mean/Prop</i>	<i>N</i>
Education		
Never attended school or only attended kindergarten	0.00	60
Grades 1 through 8 (Elementary)	0.03	60

DOH-Hernando

Health Equity Plan

Grades 9 through 11 (Some High School)	0.30	60
Grades 12 or GED (High School Graduate)	0.26	60
College 1 Year to 3 Years (Some college or tech school)	0.31	60
College 4 years or more (College Graduate)	0.10	60

<i>Measure</i>	People Without Disabilities (Ages 18 to 65)	
	<i>Mean/Prop</i>	<i>N</i>
Education		
Never attended school or only attended kindergarten	0.00	113
Grades 1 through 8 (Elementary)	0.00	113
Grades 9 through 11 (Some High School)	0.21	113
Grades 12 or GED (High School Graduate)	0.39	113
College 1 Year to 3 Years (Some college or tech school)	0.25	113
College 4 years or more (College Graduate)	0.14	113

<i>Measure</i>	People With Disabilities (Ages 18 to 65)	
	<i>Mean/Prop</i>	<i>N</i>
Not Able to Pay Bills in Last 12 Months (Yes=1)	0.18	57
Food Insecure-Not Enough Money for Food (Yes=1)	0.29	57
Food Insecure-Not Enough Money for Balanced Meals (Yes=1)	0.30	57
Financially Insecure (Yes=1)	0.13	56

About 13% of people with disabilities are financially insecure compared to 5% of people without disabilities.

	People with No Disabilities (Ages 18-65)	
	Mean/Prop	N
Not Able to Pay Bills in Last 12 Months (Yes=1)	0.17	57
Food Insecure-Not Enough Money for Food (Yes=1)	0.13	97
Food Insecure-Not Enough Money for Balanced Meals (Yes=1)	0.19	97
Financially Insecure (Yes=1)	0.05	95

- The impact of economic stability on Overweight and Obesity

Economic Stability		
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts Overweight and Obesity
Employment	<ul style="list-style-type: none"> Unskilled workers Disabled 	Research shows a relationship between unemployment and obesity. The combination of increased stress and financial restriction can affect individuals' ability to maintain healthy behaviors such as a nutritious diet and adequate exercise.
Income	<ul style="list-style-type: none"> Black population Hispanic population Elderly Disabled 	Insufficient income to support healthy lifestyles can lead to an increased risk of overweight and obesity. Individuals and families are unable to afford nutritious foods and have a lack of income; this can increase stress levels, a known risk factor of overweight and obesity.
Poverty	<ul style="list-style-type: none"> Black population Hispanic population Children under 18 years old Elderly 	Living in poverty increases barriers to maintain healthy lifestyles. This can include limited access to nutritious foods and safe spaces to partake in physical activity, with increased availability of inexpensive convenient stores that sell foods high in sugars and fats.

C. Neighborhood and Built Environment



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

The neighborhoods people live in, such as those with access to affordable, healthy food options and highly walkable, safe neighborhoods, have a major impact on their health and well-being including a significant impact on overweight and obesity rates.

Access to healthy food sources and recreational areas are necessary to support healthy diets and physical activity. Lack of physical activity and unhealthy eating are major risk factors for chronic diseases, the leading causes of death and disability in the United States.

Chronic diseases include heart disease, diabetes, and cancer. Half of all adults in the U.S. have a chronic disease. A community approach to healthy living, like providing access to healthy foods and more places for physical activity, can have broader effects than the efforts of people working on their own to make healthy changes. Without access to a healthy food source, individuals may turn to fast food restaurants or convenience stores, increasing their risk of becoming overweight or obese. Parks, and safe neighborhoods to walk in, promote physical activity, however a small percentage of individuals in Hernando County live near these places.

In 2019, the percentage of Population Living Within ½ Mile of a Healthy Food Source in Hernando County was 10.9 compared to Florida at 27.7.

Population Living Within ½ Mile of a Healthy Food Source, Percentage of Population, Single Year		
	Hernando	Florida
Data Year	Percent (%)	Percent (%)
2019	10.9	27.7
2016	10.4	27.9

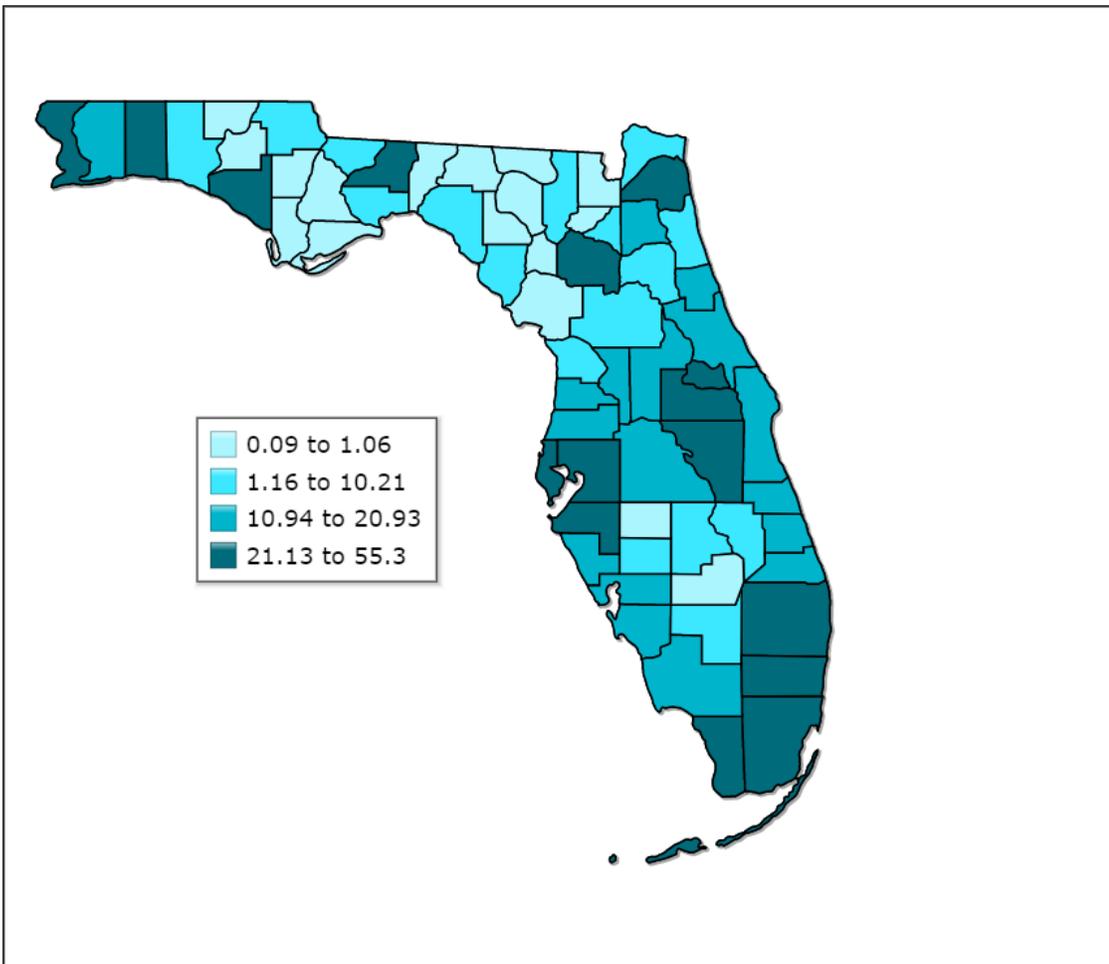
<https://www.flhealthcharts.gov/ChartsReports/rdPage.aspx?rdReport=NonVitalIndRateOnly.Dataviewer>

In 2019, the percentage of Population Living Within ½ Mile of a Park in Hernando County was 10.9 compared to Florida at 40.1

Population Living Within ½ Mile of a Park, Percentage of Population, Single Year		
	Hernando	Florida
Data Year	Percent (%)	Percent (%)
2019	10.9	40.1
2016	10.2	38.8

In 2019, the percentage of Population Living Within ½ Mile of a Fast Food Restaurant in Hernando County was 11.8 compared to Florida at 27.7.

Population Living Within ½ Mile of a Fast Food Restaurant, Percent of Population, 2019



Population Living Within ½ Mile of a Fast Food Restaurant, Percentage of Population, Single Year		
	Hernando	Florida
Data Year	Percent (%)	Percent (%)
2019	11.8	27.7
2016	14.7	31.1

- The impact of neighborhood and built environment on Overweight and Obesity

<ul style="list-style-type: none"> Neighborhood and Built Environment 		
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts (Health Disparity)
Safety	Low income Racial and ethnic minority population	The safety of a community is important when promoting healthy behaviors. Neighborhoods with increased levels of violence, the lack of developed sidewalks, and unsafe roads discourage physical activity. Children who are unable to participate in physical activity in safe neighborhoods increase their risk of developing sedentary behaviors, leading to possible risk of obesity.
Walkability	People with low income/ALICE populations, elderly, families with children	The ability to walk to essential locations in a community promotes active transportation and physical activity. Establishing these healthy behaviors decreases an individual's risk of becoming overweight and developing obesity.
Access to nutritional food	Low income Children under 18 Racial and ethnic minority population	A healthy diet is essential in preventing overweight and obesity, requiring access to nutritional foods. When these healthy foods are inaccessible, people may have to purchase foods that are both higher in calories and lower in nutritional value. A poor diet increases the risk of becoming overweight and developing obesity, and this is especially prevalent in low-income communities which lack groceries stores that provide healthy food.
Transportation	People with low income/ALICE populations, elderly, families with children	Studies have shown limited transportation or lack of access to public transits can increase the time it takes to commute to grocery stores, food pantries, parks, recreation centers, etc. which may cause unhealthy alternatives and a sedentary lifestyle. Transportation is also important for low-income communities to access annual physician

		appointments and pharmacies for health management.
Parks, rec centers, youth sports in the neighborhood, sidewalks and bike paths	School aged children, elderly, families with children, people with low income/ALICE populations, people who lack access to affordable, adequate housing, people who live in unsafe neighborhoods, minorities	<p>Parks and playgrounds provide safe spaces for adults and children to practice physical activity. Participating in physical activity and encouraging exercise reduces the risk of developing obesity.</p> <p>Those living in unsafe, or feelings of unsafe neighborhoods are less likely to access recreational facilities and infrastructure that are in high quality. These factors may inhibit them from being physically active.</p>

D. Social and Community Context



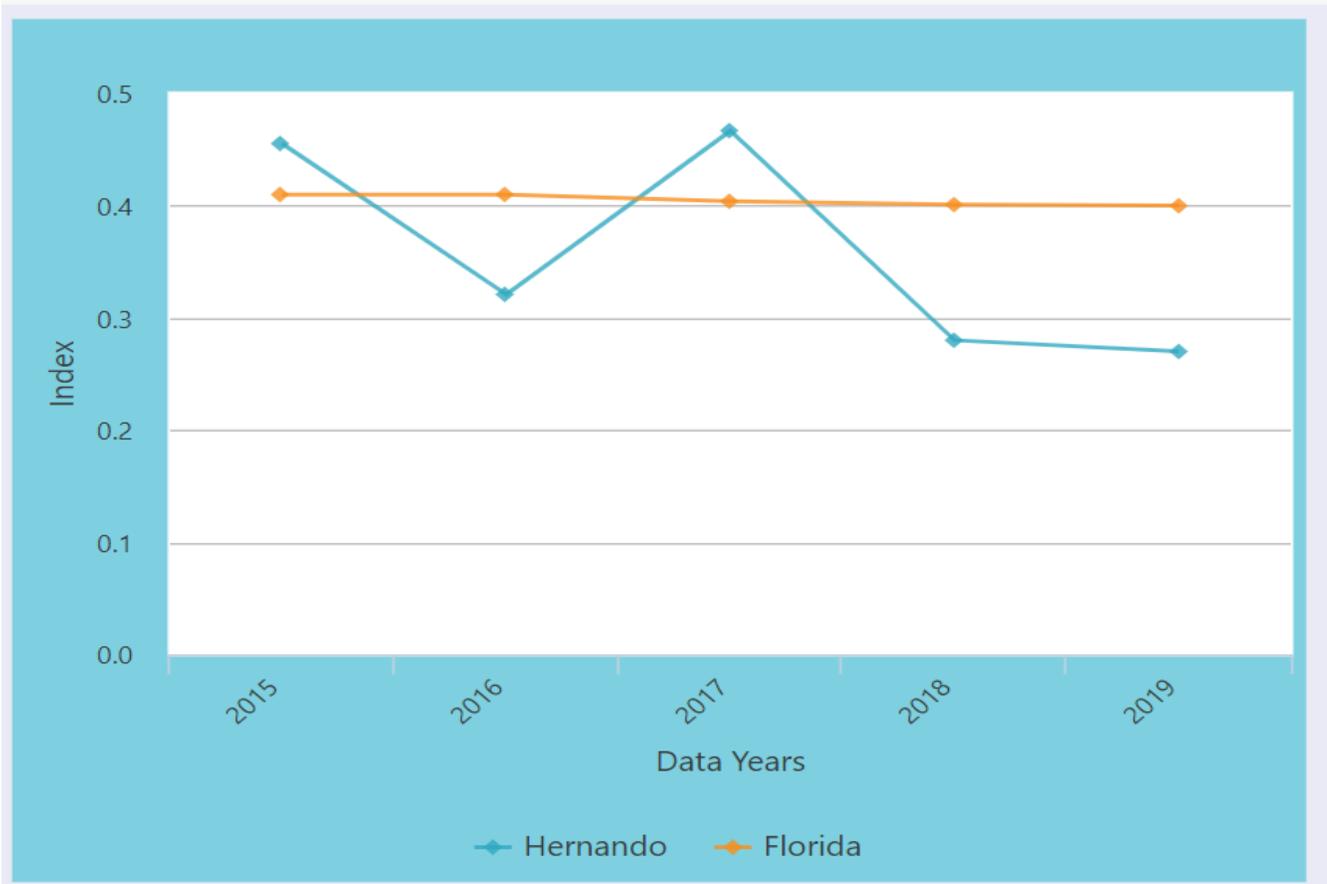
- **Social and community context data for Hernando County**

Racial residential segregation as measured through the Dissimilarity Index, the differential distribution of individuals by race or other social or income factors. When the Racial Residential Segregation Index is less than 0.3 the county’s population is “well integrated.” Values between 0.3 and 0.6 indicate the county’s population is “moderately segregated.” Values above 0.6 indicate the county’s population is “very segregated.”

Research has linked segregation with higher rates of mortality. Racial residential segregation is associated with unequal access to health care resources, including health care settings and quality of treatment. Racial residential segregation contributes to poor health in minority populations, not just through SES differences but also through neighborhood effects. Differences in quality of neighborhood exist at all SES levels between Black and White families. Segregated, urban residential areas are less conducive to health due to reduced access to civic services, substandard housing conditions, higher exposure to pollutants and allergens, and reduced access to high-quality medical care.

In 2019, Racial Residential Segregation in Hernando County was 0.3 compared to Florida at 0.4.

Racial Residential Segregation, Single Year

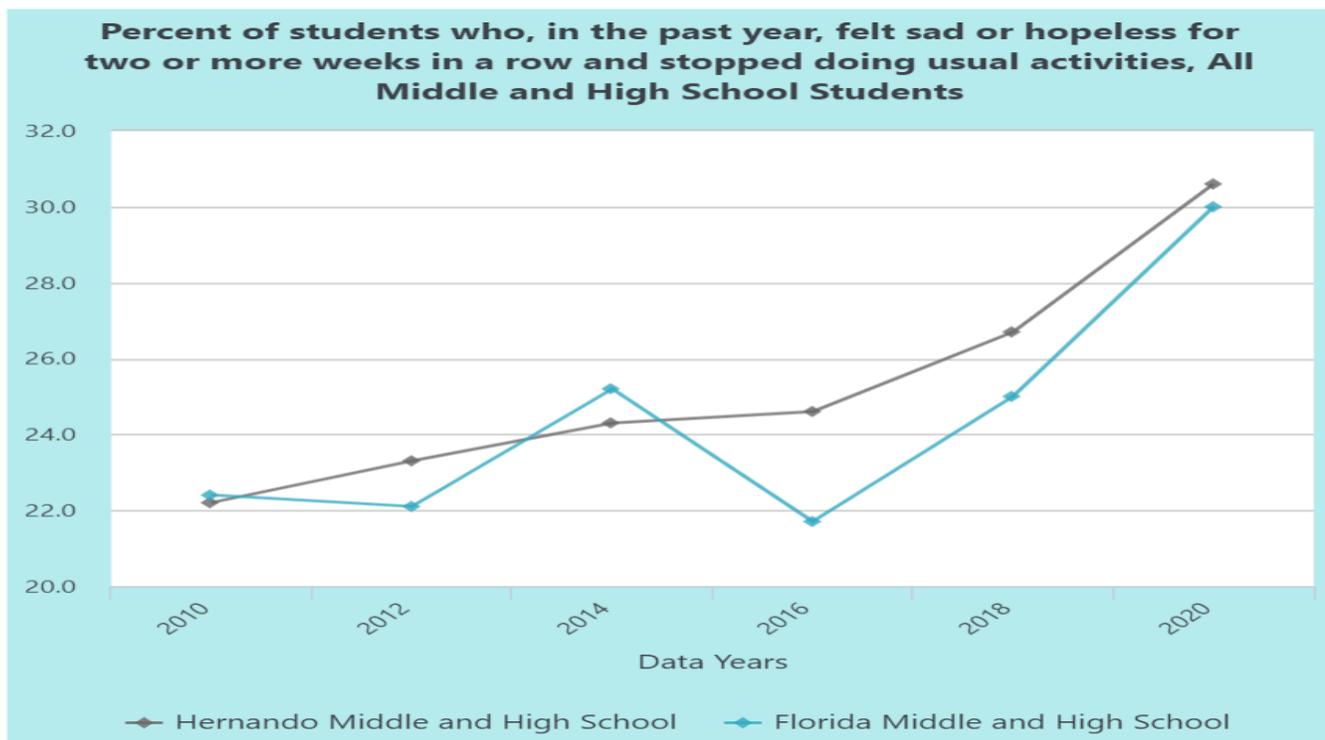


The data about percent of students who, in the past year, felt sad or hopeless for two or more weeks in a row and stopped doing usual activities come from the Florida Youth

Tobacco Survey (FYTS). FYTS tracks indicators of tobacco use and exposure to secondhand smoke among Florida public middle and high school students and provides data for monitoring and evaluating tobacco use among youth. In Florida, the FYTS data is collected at the state level each year, and it is collected at the county level every other year.

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

In 2020, in Hernando County, 30.6% of the percent of students who, in the past year, felt sad or hopeless for two or more weeks in a row and stopped doing usual activities (All Middle and High School Students) can be compared to 30% statewide.



In 2016, in Hernando County, 28.1% of adults who are limited in any way in any activities because of physical, mental, or emotional problems (overall) can be compared to 21.2% statewide.

<https://www.flhealthcharts.gov/ChartsReports/rdPage.aspx?rdReport=BrfssCounty.Dataviewer>

Adults who are limited in any way in any activities because of physical, mental, or emotional problems, Overall		
Year	Hernando	Florida
2016	28.1% (22.9% - 33.3%)	21.2% (20.3% - 22.1%)
2013	28.6% (22.2% - 35%)	21.2% (20.2% - 22.1%)
2010	30.3% (24.8% - 35.8%)	24.3% (23.3% - 25.3%)
2007	24.7% (20.4% - 29.7%)	17.8% (17.1% - 18.6%)

- The impact of social and community context on Overweight and Obesity

Social and Community Context		
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts (Health Disparity)
Support Systems	Children under 18 Elderly	A positive social support system is an important factor in achieving and maintaining health behaviors and lifestyle changes. Studies have shown social support decreases harmful risk factors for overweight and obesity through the help of family and friends. This is especially beneficial during lifestyle changes as this support motivates individuals to continue to partake in healthy behaviors and preventing obesity.
Community Engagement	Children under 18 Elderly Low income	Community engagement involves health care clinicians developing a relationship with community members and organizations. These partnerships are important in addressing the needs of a community, building trust with community members, and improving overall health and well-being. A community with active organizational engagement can advance prevention methods

		regarding overweight and obesity, provide resources to families who may be struggling with weight issues, and overcome barriers the community faces when attempting to partake in healthy behaviors that ultimately prevent overweight and obesity.
Stress	Low income Children under 18 Racial and ethnic minority population	Stress can affect an individual both mentally and physically. Studies have shown that chronic social stress from a number of factors including low socioeconomic status, poor interpersonal relationships, and low self-esteem have been associated with increased risk of obesity. Chronic stress is also known to impact healthy behaviors such as altering the pattern of food intake and reducing amounts of physical activity. Parents experiencing high levels of stress can be a risk factor of childhood obesity. Parents who partake in unhealthy behaviors such as unhealthy diets and less physical activity than recommended, teach their children these same behaviors.

E. Health Care Access and Quality



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

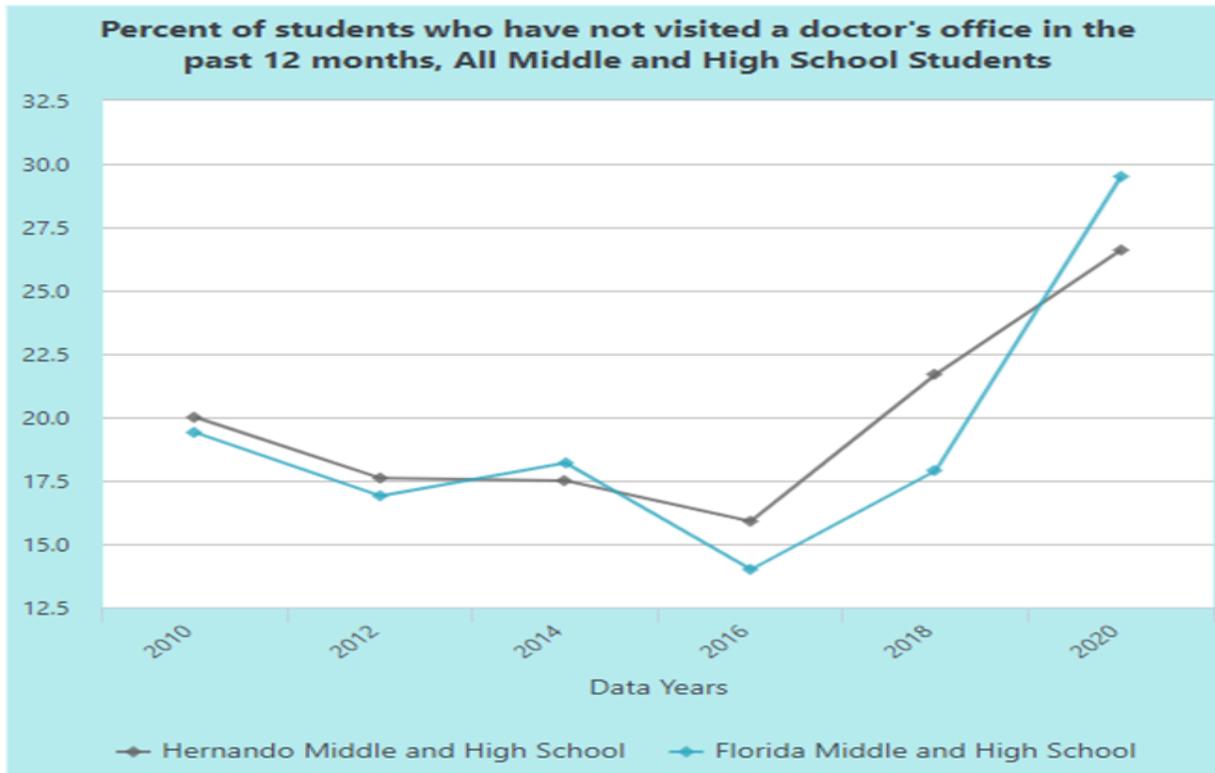
Hernando County has seen a steady increase of young people who have not visited a doctor's office in the past 12 months.

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

During preventive health care visits, adolescents get important screenings, health counseling, and interventions. Preventive visits are especially important for this age group because behaviors that can affect health, such as obesity, often start in adolescence. Interventions that can increase preventive health care visits in adolescents include providing screening tools and self-efficacy training for providers.

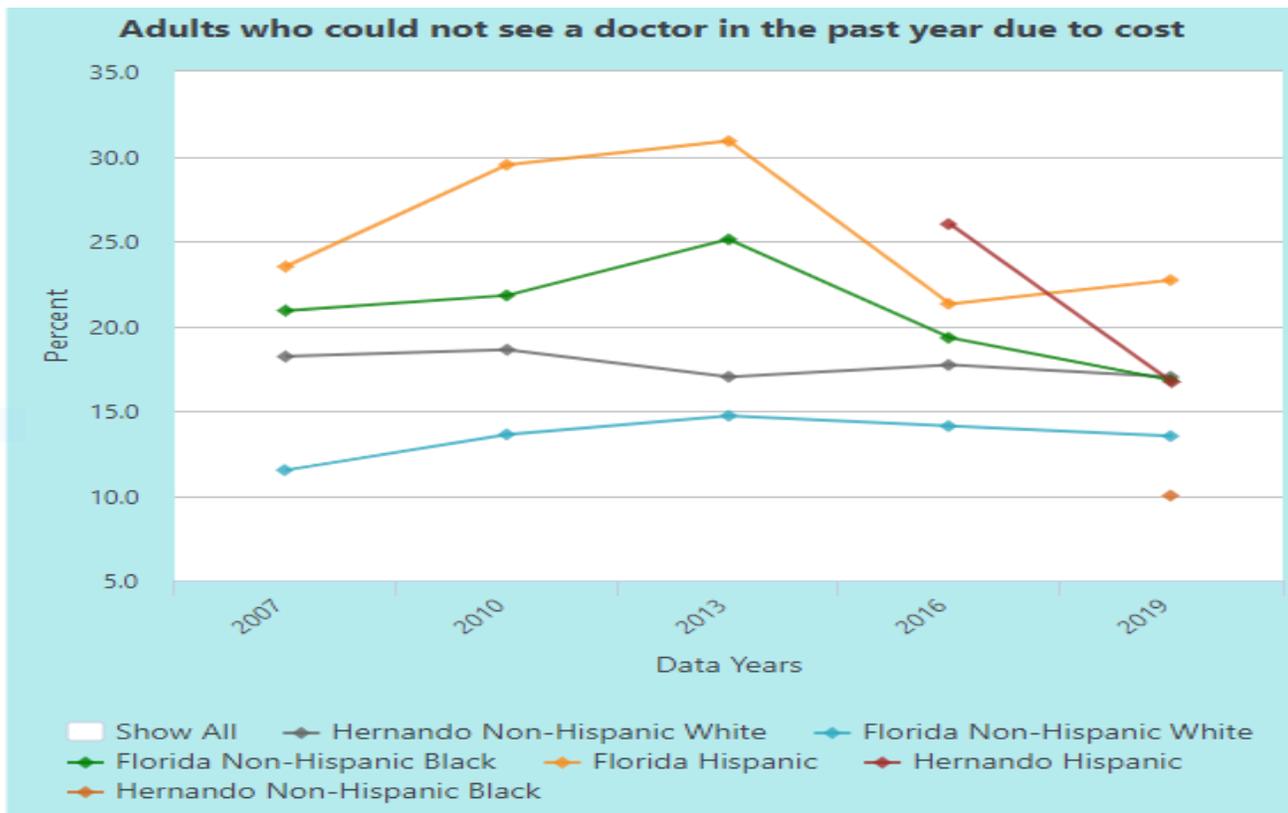
In 2020, in Hernando County, 26.6% of the percent of students have not visited a doctor's office in the past 12 months (middle and high school students) compared to 29.5% statewide. This is compared to 15.9% in 2016 in Hernando County and 14% in Florida during the same time period.

<https://www.flhealthcharts.gov/ChartsReports/rdPage.aspx?rdReport=YouthTobaccoCounty.Dataviewer>



Percent of students who have not visited a doctor's office in the past 12 months, All Middle and High School Students		
Year	Hernando	Florida
2020	26.6% (22.9% - 30.2%)	29.5% (28.9% - 30%)
2018	21.7% (19% - 24.5%)	17.9% (17.5% - 18.3%)
2016	15.9% (12.9% - 18.8%)	14% (13.6% - 14.3%)
2014	17.5% (15.4% - 19.6%)	18.2% (17.8% - 18.7%)
2012	17.6% (15.4% - 19.8%)	16.9% (16.5% - 17.3%)
2010	20% (17.6% - 22.4%)	19.4% (19% - 19.9%)

In Hernando County, as is the same for Florida, two out of three adults are considered overweight or obese. Having obesity, is linked to chronic diseases like type 2 diabetes, cardiovascular disease, and several types of cancer. Going for an annual medical visit helps bring more awareness of health and what can be done to lead a healthier lifestyle. In 2019, in Hernando County, 16.5% of adults who could not see a doctor in the past year due to cost compared to 16% statewide.



Adults who could not see a doctor in the past year due to cost, Overall		
Year	Hernando	Florida
2019	16.5% (12.4% - 20.6%)	16% (14.8% - 17.3%)
2016	17.6% (13% - 22.2%)	16.6% (15.8% - 17.4%)
2013	19.6% (12.2% - 27%)	20.8% (19.7% - 21.8%)
2010	18.1% (12.5% - 23.8%)	17.3% (16.2% - 18.3%)
2007	18.1% (13.3% - 24.2%)	15.1% (14.2% - 16%)

<https://hernando.floridahealth.gov/files/documents/FINALHernando-Needs-Assessment-Technical-Appendix1.pdf>

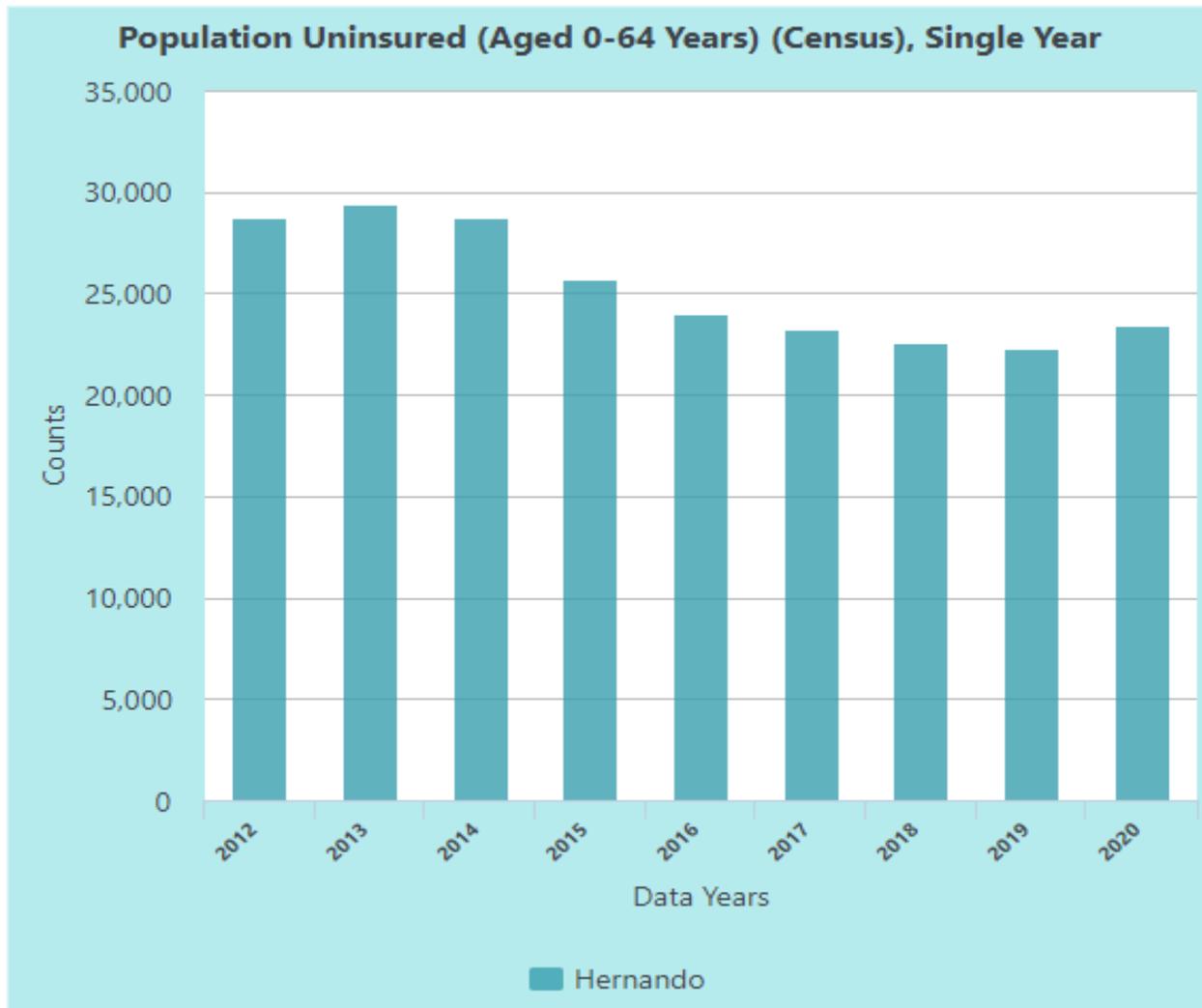
2017-2019 Florida BRFSS Data Report

Hernando

Health Care Access & Coverage								
Percentage of adults who could not see a doctor in the past year due to cost								
		2017-2019 County			2019 State			2016 County
		Measure	95% CI		Measure	95% CI		Measure
ALL	Overall	16.5	12.4	20.6	16.0	14.8	17.3	17.6
SEX	Men	12.1	6.7	17.5	15.8	13.9	17.8	14.6
	Women	20.4	14.4	26.3	16.2	14.6	17.8	20.1
RACE/ETHNICITY	Non-Hisp. White	17.0	12.3	21.8	13.5	12.3	14.7	17.7
	Non-Hisp. Black	10.0	0.0	20.5	16.8	13.0	20.7	
	Hispanic	16.7	5.6	27.9	22.7	19.0	26.3	26.0
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	11.9	5.8	18.1	12.7	10.9	14.5	16.5
	Non-Hisp. White Women	21.5	14.6	28.5	14.3	12.6	15.9	18.7
	Non-Hisp. Black Men				15.9	9.9	21.9	
	Non-Hisp. Black Women				17.7	12.6	22.7	
	Hispanic Men	16.7	0.0	33.9	25.2	19.4	31.0	
	Hispanic Women	16.8	2.6	30.9	20.4	15.9	24.8	
AGE GROUP	18-44	24.5	15.6	33.3	21.9	19.6	24.2	25.9
	45-64	24.5	16.2	32.8	19.3	16.8	21.8	28.2
	65 & Older	2.1	0.7	3.5	3.7	3.0	4.4	2.8
EDUCATION LEVEL	<High School	22.3	7.7	37.0	21.4	17.7	25.0	18.2
	H.S. / GED	13.9	8.3	19.4	16.9	14.6	19.3	17.4
	>High School	16.8	10.8	22.9	14.5	12.8	16.2	17.8
ANNUAL INCOME	<\$25,000	30.2	21.0	39.4	25.7	22.8	28.6	27.3
	\$25,000-\$49,999	9.9	3.1	16.6	19.6	16.4	22.8	17.4
	\$50,000 or More	15.8	7.8	23.8	9.2	7.4	11.0	8.0
MARITAL STATUS	Married/Couple	12.5	6.9	18.1	13.0	11.4	14.7	14.8
	Not Married/Couple	20.9	14.9	27.0	19.5	17.4	21.5	22.4

Health insurance makes a difference in whether and when people get necessary medical care, where they get their care, and ultimately, how healthy they are. The uninsured are far more likely than those with insurance to postpone health care or forgo it altogether.

Population Uninsured (Aged 0-64 Years) (Census), Single Year		
	Hernando	Florida
Data Year	Count	Count
2020	23,426	2,596,073
2019	22,300	2,586,534
2018	22,550	2,692,935
2017	23,212	2,929,460
2016	24,037	3,158,355
2015	25,694	3,421,765
2014	28,740	3,679,181
2013	29,427	3,786,999
2012	28,731	3,762,083



• **The impact of health care access and quality on Overweight and Obesity**

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

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

		treatment. This lack of care can increase the risk of becoming overweight and developing obesity.
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VIII. SDOH PROJECTS

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

A. Data Review

Working alongside the Regional Health Equity coordinator the DOH-Hernando Minority Health Liaison facilitated collaborative, informative, and timely meetings/workshops with the Hernando County Health Equity Task Force. In the workshops, Health Equity Task Force members wrote a shared vision for the Health Equity Plan, reviewed data on the prioritized health disparity and the SDOH that contributes to the disparity, identified barriers to addressing the SDOH, worked to design evidence-based projects to address the SDOH that impact the prioritized health disparity, and began the process of writing objectives with measurable indicators.

B. Barrier Identification

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

Transportation, Access to Care and the Built Environment were the top three themes.

The Health Equity Task Force chose an evidence-based, established methodology to design two projects, including the Protocol for Assessing Community Excellence in Environmental Health (PACE-EH), as well as a locally defined framework utilizing evidence-based strategies.

The Health Equity Task Force considered the policies, systems, and environments that contribute to inequities while designing the projects.

C. Community Projects

The Health Equity Task Force researched evidence-based strategies to overcome the identified barriers and improve the SDOH that impact obesity, the prioritized health disparity. The Health Equity Task Force used this information to collaboratively design community projects to address the SDOHs. During project design, the Health Equity Task Force 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.

For the PACE-EH Project, the group turned to the South Brooksville Community Conversations Task Force. This group was reinvigorated in 2020 and serves the geographic region of South Brooksville, in Hernando County. The purpose of the group is to focus on the revitalization of the neighborhood in terms of homes, city and county services, streets, crime and safety, and quality of life of those living and working in that area.

The Health Equity Task Force is working alongside the SBCC Task Force to gather data on the concerns, wants, and needs of the residents of South Brooksville. After the data are gathered, proposals will be submitted to the city and county for approval for a Community Redevelopment Agency (CRA). Data related to health access, obesity, and environmental health will be utilized for the PACE-EH Project.

IX. HEALTH EQUITY PLAN OBJECTIVES

A. (Prioritized Health Disparity)

Health Disparity Objective: By December 2023, reduce the rate of obesity by increasing access to healthy food sources and recreational areas from 10.9% to 11.2%. Data Source: Florida Health Charts, Hernando CHIPP

Health equity or disparity to be addressed Equitable access to healthy foods, safe and affordable opportunities for participation in physical activity, and primary care.

Activity: Organize, participate in, and/or host at least (2) Hernando Health Challenge/Check-In events (collaborative events offering screenings of blood glucose, BMI, blood pressure, vision, height/weight, nutrition, etc.

Activity: Partner with community organization(s) to create locally defined strategy to promote healthy eating of fruits and vegetables and/or physical activity.

Hernando County Healthy Behaviors Project

	Lead Entity and Unit	Lead Point Person	Data Source	Baseline Value	Target Value	Plan Alignment
Long-Term SDOH Goal: Improve access to care by increasing the number of adults in Hernando County who had a medical check-up in the past year						
Objective: By December 31, 2025, reduce the number of overweight or adults or people diagnosed with obesity from 68.3% to 67%	CHIPP, Hernando County School District-Parent Academy, Local Hospitals	Ashley Thomas	Florida Health Charts	68.3%	67%	Access to Care
Medium-Term SDOH Goal: Improve health literacy by raising awareness about the importance of yearly medical exams						

<p>Objective: By December 31, 2023, educate residents in Hernando County on how to promote their health and prevent chronic diseases through the use of traditional and social media platforms.</p>	<p>Florida Department of Health in Hernando County, CivCom, Hernando Community Coalition</p>	<p>Communication leaders from each entity</p>	<p>Reports from social media platforms, and traditional media.</p>	<p>0</p>	<p>200,000</p>	<p>Health Education and Promotion.</p>
<p>Short-Term SDOH Goal: Improve access to care by hosting three health events in three areas: Spring Hill, Brooksville, and Ridge Manor to increase the amount of comprehensive health events held in Hernando County</p>						
<p>Objective: Increase access to healthy foods and recreational areas from 10.9% to 11.2% by 12/31/2023.</p>	<p>DOH-Hernando, Area hospitals, Health and Medical Providers,</p>	<p>Hernando County Health Equity Task Force Subcommittee for Access to Care</p>	<p>CHIPP report & Florida Health Charts</p>	<p>10.9%</p>	<p>11.2%</p>	<p>Access to Care</p>

B. (Prioritized Health Disparity)

Health Disparity Objective: By December 2022, increase access to care in Hernando County residents, by utilizing the PACE-EH methodology in South Brooksville. Data Source: Community Conversations Action Report.

Health equity or disparity to be addressed Equitable access to healthy foods, safe and affordable opportunities for participation in physical activity, and primary care.

Activity: Facilitate the PACE-EH methodology to gather survey responses of 15% of the South Brooksville Community.

Activity: Partner with a community organization(s) to create locally defined strategy to promote healthy eating of fruits and vegetables and/or physical activity.

Hernando County Healthy Behaviors Project

	Lead Entity and Unit	Lead Point Person	Data Source	Base line Value	Target Value	Plan Alignment
Medium-Term SDOH Goal: Neighborhood and Built Environment						
Objective: By March 31, 2023, facilitate the PACE-EH methodology to gather survey responses of 15% of the South Brooksville	PHSC, Hernando County Government, DOH-Hernando, TRAC	Emery Ailes, John Mitten, Luther Buie, Ashley Thomas	Community Conversations Action Report	0	15% of households. Approximately 75 responses	Access to Care

Community						
Short-Term SDOH Goal: Neighborhood and Built Environment						
Objective: By December 31, 2022, create a survey and a process for administering the survey among South Brooksville residents related to access to nutritious foods and recreational centers.	PHSC, Hernando County Government, DOH-Hernando, TRAC	Emery Ailes, John Mitten, Luther Buie, Ashley Thomas	Community Conversations Action Report	0 survey, 0 process	1 survey, 1 process	

X. PERFORMANCE TRACKING AND REPORTING

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

Local media outlets will be utilized to share the progress of the Health Equity Plan's activities as well as nontraditional media applications such as Facebook/Twitter. Additionally, the Hernando County CHIPP and additional community partners will be used as a vehicle to share the activities of the plan to the community at large as they arise.

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.

XI. REVISIONS

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

Revision	Revised By	Revision Date	Rationale for Revision