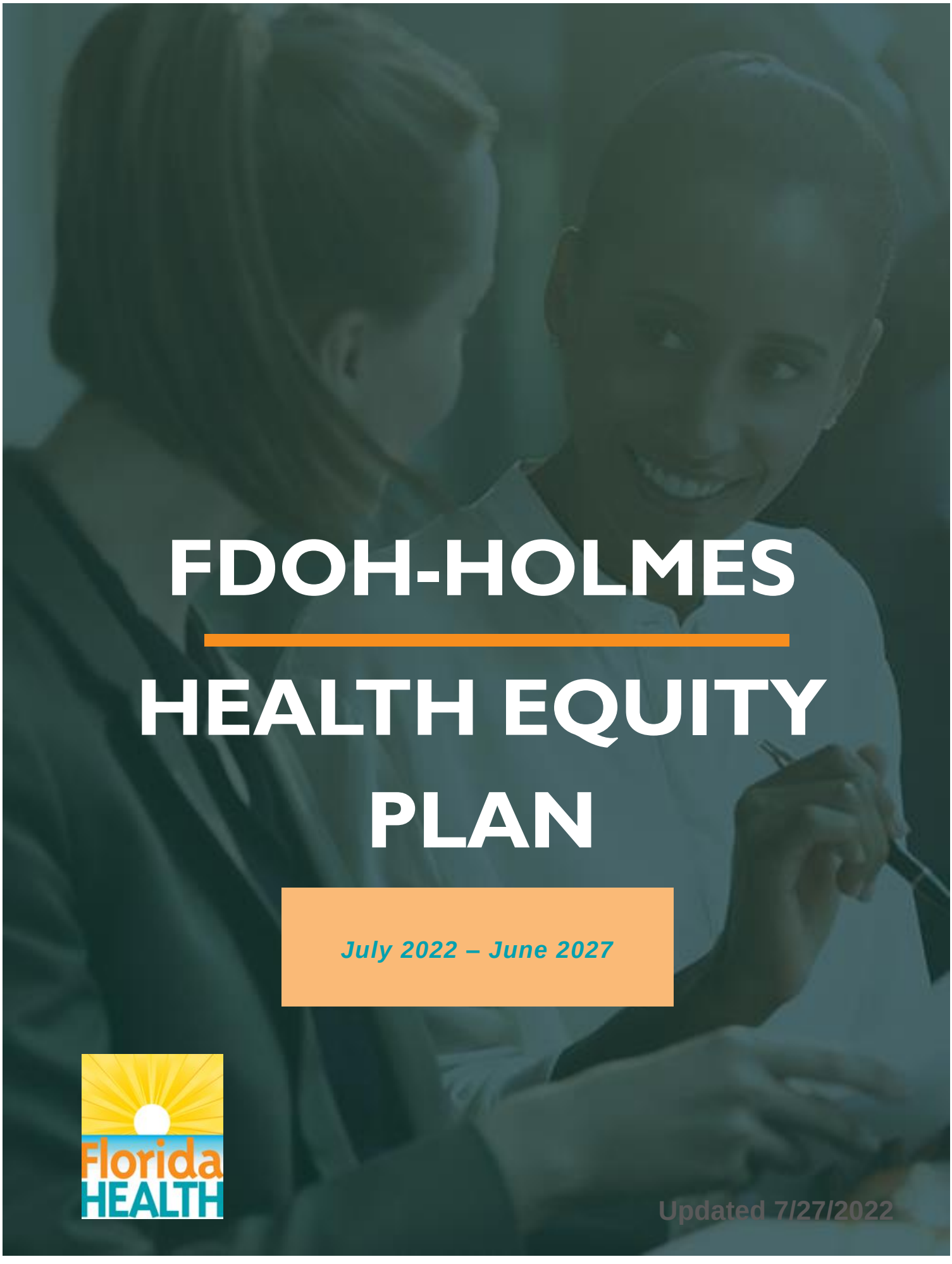


FDOH-HOLMES

HEALTH EQUITY PLAN

July 2022 – June 2027

Florida HEALTH

Updated 7/27/2022

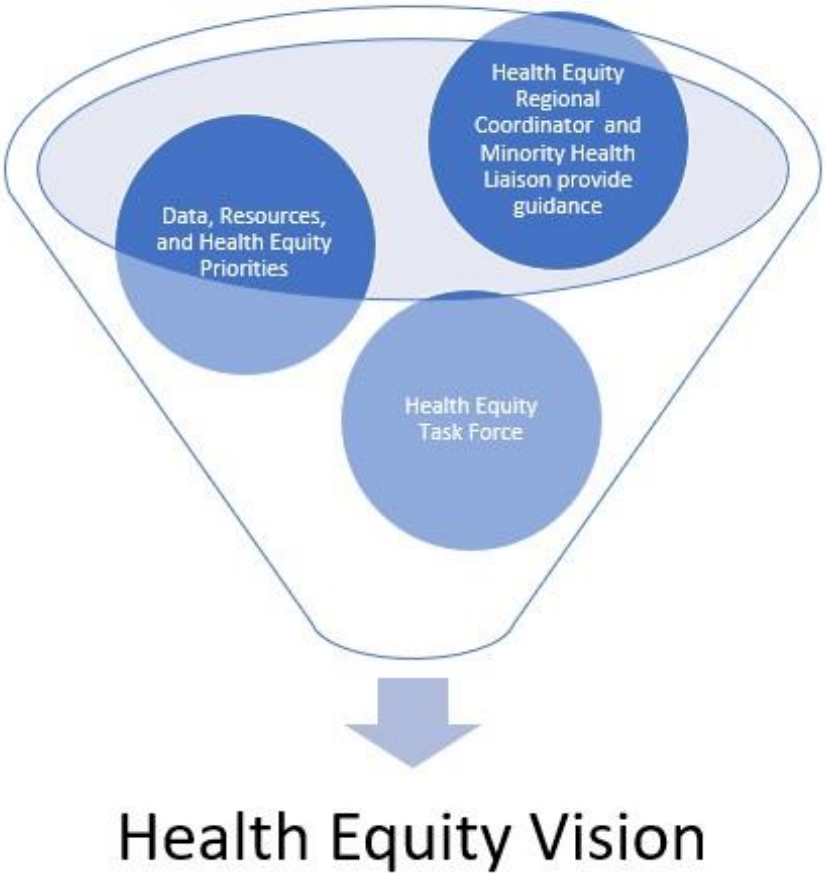
Table of Contents

I. VISION AND MISSION

Vision: The attainment of the highest level of health for all Holmes County residents.

Mission: To educate and empower Holmes County residents to achieve their full health potential through the improvement of influencing factors and social determinants of health.

The Florida Department of Health in Holmes County (FDOH-Holmes) collaborated with members of the Health Equity Task Force to initially develop a vision and mission statement during a meeting on April 19, 2022. The vision and mission are representative of the ongoing work the FDOH- Holmes aims to do within the county


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 that inhibit 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 will guide county efforts to create and improve systems and opportunities to achieve optimal health for all residents, especially vulnerable populations. County organizations have a critical role in addressing the social determinants of health (SDOHs) by fostering multi-sector and multi-level partnerships, conducting surveillance, 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 improve health equity within Holmes County. To develop this plan, FDOH-Holmes 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 Holmes County. The Health Equity Plan will not be solely utilized by the county health department. The Health Equity Taskforce, comprised of a variety of local entities including government, non-profits, and other organizations, will also employ the Health Equity Plan to collectively address the SDOH that impact county-wide health and well-being.

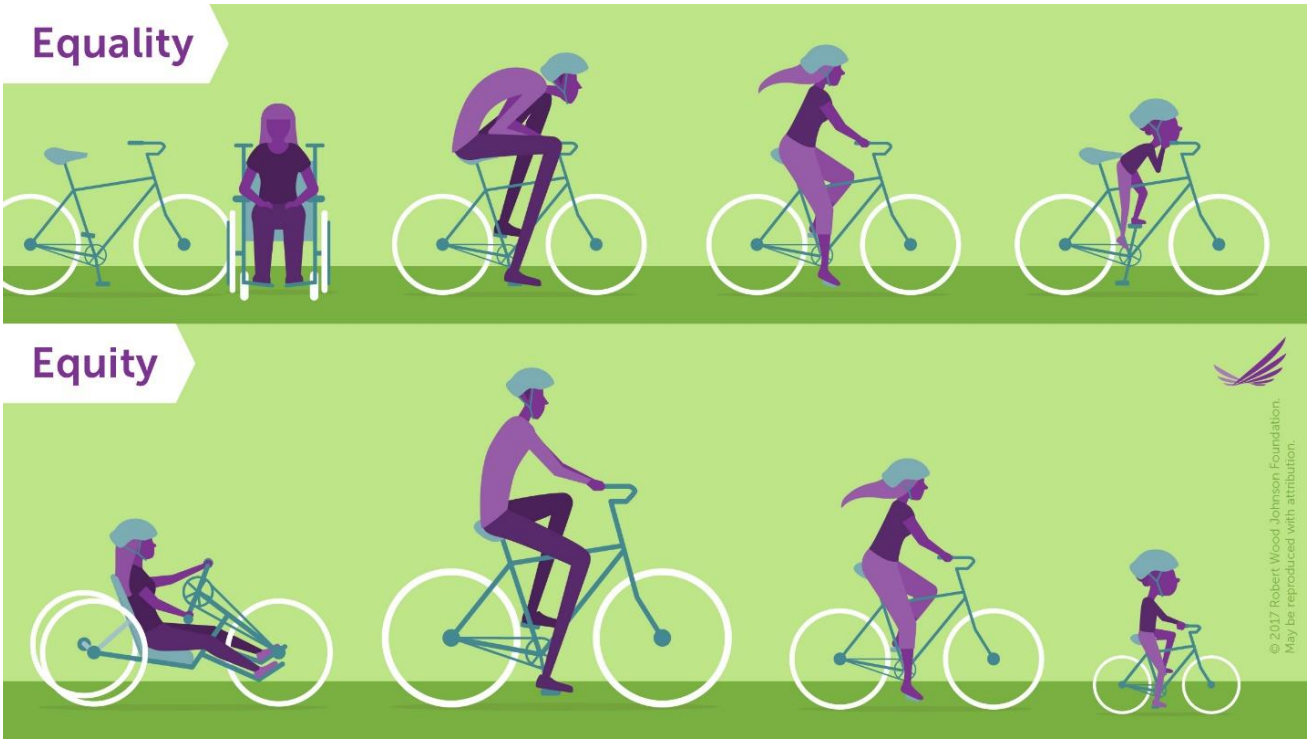
Several barriers to implementation of an optimal Health Equity Plan were identified. The identified barriers included a small minority population, limited community engagement, and staffing limitations.

In 2020, Holmes County had a small minority population compared to surrounding counties and the state of Florida. This was a limiting factor to the implementation of the Health Equity Plan, because the small sample size prevented collection of data for health indicators in the minority population. No data could be identified to stratify health indicators by race or ethnicity in Holmes County. Per the 2020 FL CHARTS Health Equity Profile, 89% of the Holmes County population identified as White, 6.8% identified as Black, and 4.2% identified as Other Race. In addition, 97.1% of the Holmes County population identified as non-Hispanic and 2.9% identified as Hispanic. In the state of Florida as a whole, 77.2% of the population identified as White, 17% identified as Black, and 5.8% identified as Other Race. Additionally, 73.3% of the total Florida population identified as non-Hispanic and 26.7% identified as Hispanic.

Many community organizations in Holmes County were approached to participate in the Health Equity Taskforce. While these organizations were interested in projects that would exclusively improve their municipality, the overall cohort of potential partners had a limited interest in projects that supported the improvement of the county at-large. Limited community engagement from potential partners and community members has been a major limiting factor to implementation of the Health Equity Plan. However, the existing Health Equity Team will continue to diligently work toward improving engagement from potential partners in the future.

Staffing limitations have also been a barrier to optimal implementation of the Health Equity Plan. To date, a Minority Health Liaison has not been hired to fill the vacant Holmes County position. Implementation of the Health Equity Plan has been limited due to the additional workload of other staff members. After the Minority Health Liaison position in Holmes County is filled, this barrier to Health Equity Plan implementation will be overcome.

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 collaborations reveal the impact of education, health care access and quality, economic stability, social and community context, 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.

January

On January 24th, 2022, select members of the health equity team met to conduct an environmental scan of community leaders and determine prospective members for the health equity task force in Holmes County. The team considered community leaders from a variety of sectors including private industry, local government, education, faith-based, and other community organizations. While an extensive list was generated during this meeting, notable prospective members included: Mayor Tracey Andrews, Mayor of Chipley; Dr. Peterson, Vice-principle at Vernon High School; Pastor Priscilla Brown; and Jiranda White.

Special consideration was also given to ensure that the different geographic areas of the county were represented. As a follow up to the meeting, Minority Health Liaison FaNeician Russ made person calls to the prospective members to ask for their participation in the task force. Members that accepted are included in the list of task force members.

February

SDOH scans were conducted by the FDOH-Holmes staff to ascertain needs of the communities in Holmes County. A special point of interest in this scan included a free clinic administered by Dr. Sheffield based in the TJ Roulhac Enrichment Center. As an outcome of this scan, the Florida Department of Health was able to provide this clinic with two exam tables to help increase the volume of clients served and quality of care provided at the clinic. In partnership with the OMHE, the FDOH-Holmes staff hope to partner with this clinic or similar clinics

as an outreach location for a blood pressure self-monitoring program in FY 22-23. Additionally, select members of the health equity team reviewed charts data to identify potential health disparities. The findings were presented during a team meeting on February 28th.

March

The health equity team focused on preparation for the upcoming minority health fair "April Fest." Task force members promoted the event through engagement other in community activities including the weekly "Stepping into Spring" community walk throughout March and April sponsored by Northwest Florida Community Hospital.

Messaging and themes for the minority health fair were established. The theme was Empowered: Yourself and Your Health. The developed is featured below.

April

Task force members were highly engaged with promotion of the upcoming minority health event. A focus group was held with task force members and community leaders pertaining to the health equity plan. During this focus group, the main areas of concern were access to care and food access. "April Fest" was held on April 30th.

May

The task force met to review social disparity data and give feedback on priority areas. While data for Holmes County was limited, there were pronounced health disparities in all data measures concerning diabetes. This health disparity aligns with community concerns of access to care and food access and was settled on as the focus disparity.

The task force, along with community leaders and stakeholders, participated in consensus workshops concerning access to care and food access on May 26th. The results of the consensus workshop informed short-, medium-, and long-term goals for the health equity plan.

The FDOH-Holmes appreciates all cross-sector collaborations and highly regard all partnerships within the community.

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: James P. Lewis

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 Holmes to the Health Equity Taskforce. The Minority Health Liaison guides these discussions and the implementation of initiatives. The membership of the Health Equity Team is listed below.

Name	Title	Program
James Lewis	Program Manager	Community Projects
Valery Lawton	Program Manager	Healthy Start
Brittany Johnson	Director of Nursing	FDOH – Holmes Clinic
Arely Sapp	Program Coordinator	Tobacco Prevention
Olivia Brock	Senior Health Educator	Healthiest Weight
Brittney Sanders	Public Information Officer	FDOH - Holmes
Brenda Blitch	Planning Consultant	Disaster and Preparedness
Amber Whitford	Planner I	Disaster and Preparedness
Traci Corbin	Health Officer	FDOH - Holmes

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
January 24, 2022	Environmental scan for potential task force members
Feb. 15, 2022	Planned Activities/Upcoming Activities/Activities Performed
February 28, 2022	Present and review health disparity data
March 15, 2022	Planned Activities/Upcoming Activities/Activities Performed

C. Health Equity Taskforce

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

Name	Title	Organization
Stephen Andrews	Pastor	Empact Church
Tiffany Hitchcock	Financial Manager	First Federal Bank
Samantha Ayro	Outreach Coordinator	Chemical Addictions Recovery Effort

Yolanda Gilette	Diabetes Outreach	Big Bend AHEC
James Lewis	Program Manager	FDOH - Holmes
Valery Lawton	Program Manager	FDOH - Holmes
Brittany Johnson	Director of Nursing	FDOH – Holmes Clinic
Arely Sapp	Program Coordinator	FDOH - Holmes
Olivia Brock	Senior Health Educator	FDOH - Holmes
Brittney Sanders	Public Information Officer	FDOH - Holmes
Brenda Blitch	Planning Consultant	FDOH - Holmes
Amber Whitford	Planner I	FDOH - Holmes
Melissa Lee	Circuit 14 Community Development Administrator	Florida Dept. Of Children and Families
Eric Gillis	Curriculum Coordinator	Ponce de Leon School

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

Meeting Date	Organizations	Topic/Purpose
April 19, 2022	Community leaders	Task force members engaged community leaders in a focus group to ascertain community's health needs and health challenges. As a result of this focus group and resulting discussions the task force learned that access to services and essential needs. Social Determinants that came to the forefront were access to care and neighborhood and built environment specifically food desserts/access to fresh fruits and vegetables.

May 5, 2022	Health Equity Task Force	Discussed next steps after focus group session. The next meeting will include task force members with stakeholders that can impact access to care and food access. This will be hosted as back-to-back consensus workshops for these two identified areas.
May 26, 2022	Health Equity Taskforce, Healthy Equity Team, Health Care Representatives, Public Transportation Representatives.	Consensus workshop topics on access to care and food access. How can we get care to people and how can we get people to care? Throughout this conversation we agreed that mobile care is needed, better and reliable transportation is needed, direct communication, expansion of services, and rural community events would help with the access to care.

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 the chart below for a list of Coalition members.

Name	Title	Organization
Stephen Andrews	Pastor	Empact Church
Tiffany Hitchcock	Financial Manager	First Federal Bank
James Lewis	Program Manager	FDOH-Holmes Community Projects
Valery Lawton	Program Manager	FDOH-Holmes Healthy Start
Brittany Johnson	Director of Nursing	FDOH – Holmes Clinic
Arely Sapp	Program Coordinator	Tobacco Prevention
Olivia Brock	Senior Health Educator	Healthiest Weight
Brittany Sanders	Public Information Officer	FDOH - Holmes
Brenda Blitch	Planning Consultant	Disaster and Preparedness
Amber Whitford	Planner I	Disaster and Preparedness
Olivia Brock	Senior Health Educator	Healthiest Weight
Jennifer Eldridge	School Health Coordinator	FDOH- Holmes Clinic
Denita Cook		
Heather Shelby	Director of Care	Kindred at Home
Janai Groomes	Program Director	Chipola Healthy Start
Judy Corbus	Family and Consumer Science Agent	UF-IFAS Extension
Tiffany Cohen		Help Me Grow – Early Learning Coalition
Lauren Anzaldo	Suicide Prevention Coordinator	Gulf Coast Veterans Affairs

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. County Health Equity Training

The Minority Health Liaison assessed the prevalence and awareness of health equity through several measures, including the Community Health Assessment. The process of this assessment helped the Minority Health Liaison identify knowledge gaps and create training plans for the Health Equity Taskforce, the Coalition, and other county partners.

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

Date	Topics	Organization(s) receiving trainings
January 25, 2022	Cultural Competency and Health Equity Training	Health Equity
The 3rd Thursday of each month	SDOH, HE plans, and budgets	Minority Health Liaisons
April 12-13, 2022	SDOH and HE plans	Minority Health Liaisons
April 28, 2022	Walton County Health Summit	County/MHL

B. County Health Department Health Equity Training

The FDOH-Holmes recognizes that ongoing training in health equity and cultural competency are critical for creating a sustainable health equity focus. At a minimum, all FDOH-Holmes staff have received 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. All FDOH-Holmes staff received both trainings. The trainings are also mandatory for all new staff as part of the orientation plan. Previous training sessions for new hires are recorded below.

Date	Topics	Number of Staff in Attendance
June 1, 2021-April 1, 2022	Cultural Awareness: Introduction to Cultural Competency	10
June 1, 2021-April 1, 2022	Addressing Health Equity: A public Health Essential training	10

C. Minority Health Liaison Training

The Office of Minority Health and Health Equity and the Health Equity Regional Coordinator have provided 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 dates and topics are recorded below.

Date	Topics
January 25, 2022	Cultural Competency and Health Equity
February 7, 2022	Integrating Racial Equity and Mental Wellbeing in Tobacco Cessation
February 8, 2022	Addressing Food Insecurity throughout COVID-19
March 23, 2022	ClearPoint Training
March 24, 2022	Threats of Commercial Tobacco use and Reducing Disparities in Underserved Hispanic Populations
April 27-29, 2022	Technology of Participation (ToP) facilitation

D. National Minority Health Month Promotion

Various partners of the health equity team, task force, and coalition engaged in promotion of national minority health month. Events and promotion occurred throughout the month culminating in a minority health fair called “April Fest” as mentioned above.

There were numerous promotional activities during the months of March and April, including “Step into Spring.” Minority Health Liaison FaNeician Russ also attended several church services to promote minority health month and the upcoming health fair.

The Minority Health Liaison at Rock the Falls music festival. FDOH-Holmes set up a booth set up to promote tracking steps, healthy eating, exercising, and seeking preventative care. This was held in Washington County, due to not having a MHL in Holmes County just yet, we combined it with both CHD staff and invited Holmes County residents to come join us.

Students from the local track team joined the FDOH-Holmes' weekly 30-minute "Stepping into Spring" walks. This was held in Washington County, due to not having a MHL in Holmes County just yet, we combined it with both CHD staff and invited Holmes County residents to come out and join us!

A community resident receives blood glucose check from Northwest Florida Community Hospital staff at April Minority Health Event, "April Fest." This was held in Washington County, due to not having a MHL in Holmes County just yet, we combined it with both CHD staff and invited Holmes County residents to come out and join us

A community resident interacts with Holmes/Washington clinic staff at April Minority Health Event, "April Fest." This was held in Washington County, due to not having a MHL in Holmes County just yet, we combined it with both CHD staff and invited Holmes County residents to come out and join us

A community resident interacts with Holmes/Washington FDOH Healthy Start program staff at April Minority Health Event, "April Fest." This was held in Washington County, due to not having a MHL in Holmes County just yet, we combined it with both CHD staff, and invited Holmes County residents to join us!

A community resident interacts with FDOH cancer prevention table at April Minority Health Event, "April Fest." This was held in Washington County, due to not having a MHL in Holmes County just yet, we combined it with both CHD staff and invited Holmes County residents to come out and join us!

VI. PRIORITIZING A HEALTH DISPARITY

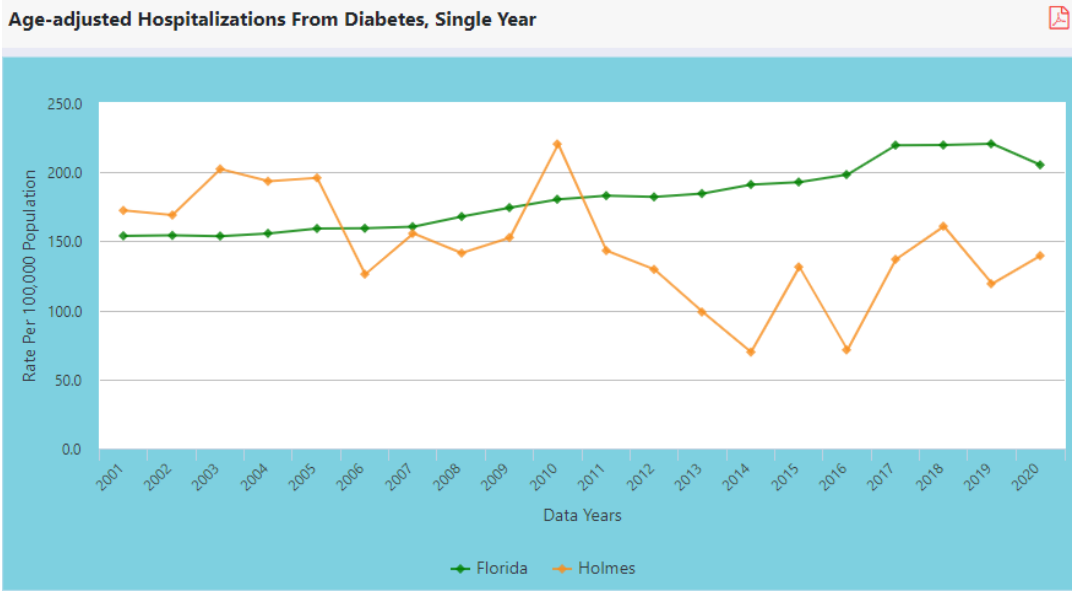
The Health Equity Team identified and reviewed health disparities data in Holmes County. Data was pulled from several sources including Florida Health CHARTS, Centers for Disease Control and Prevention, and County Health Rankings.

Data pertaining to diabetes and food deserts were identified as having significant disparities in Holmes County. Using CHARTS data, the Health Equity Team agreed to focus on diabetes in the Health Equity Plan, because improvement in this health outcome and related disparities are quantifiable.

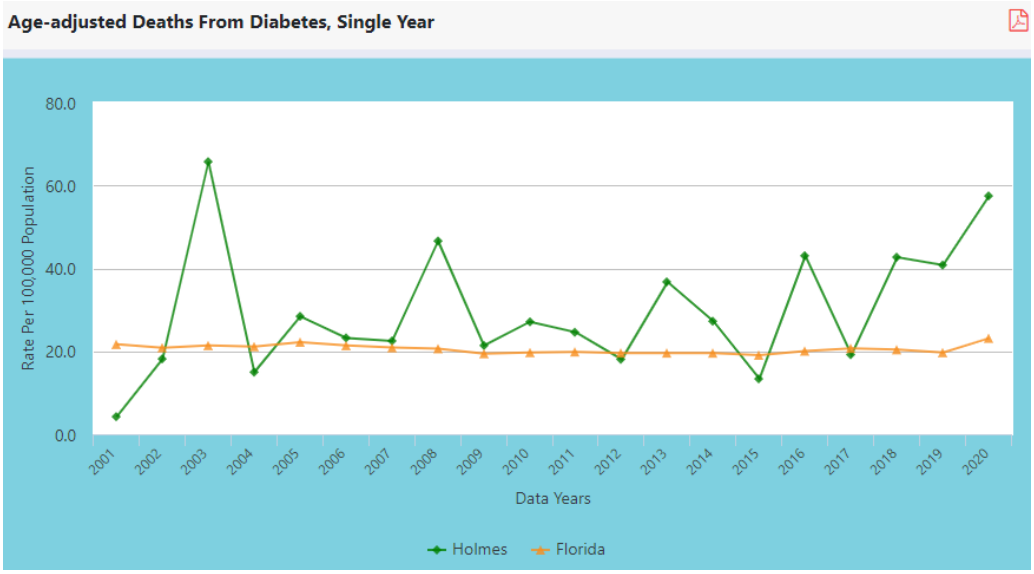
According to 2022 data from the “Analysis of the Health Disparities Among People Living with Disabilities,” prevalence of diabetes and pre-diabetes is significantly higher ($p < 0.05$) in individuals with at least one disability compared to individuals with no disability in Holmes County.

The 2020 American Community Survey (ACS) concluded that approximately 13.5% of the Holmes County population are veterans. There is no data specifically quantifying the prevalence of diabetes among the veteran population in Holmes County. However, research suggests that veterans living in rural areas, such as Holmes County, are more likely to suffer from diabetes than their urban counterparts (Conzad, Capra, & Maher, 2016).

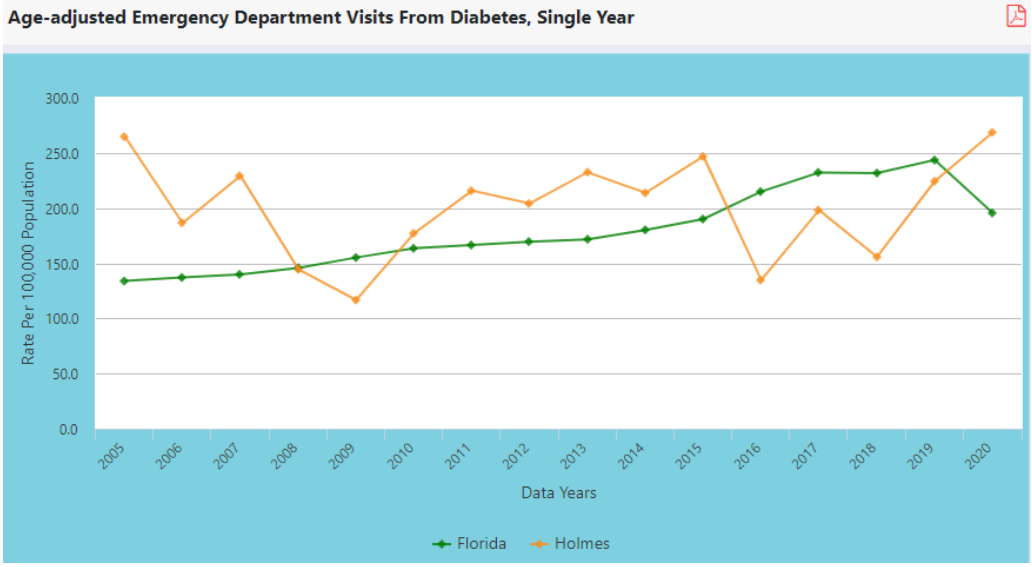
Approximately 2.5% of the Holmes County population identified as immigrants on the 2020 ACS. There is no data measuring the prevalence of diabetes among the immigrant population. Studies have shown that US immigrants have a higher risk if risk of diabetes compared to US-born individuals (Dias et al, 2020).



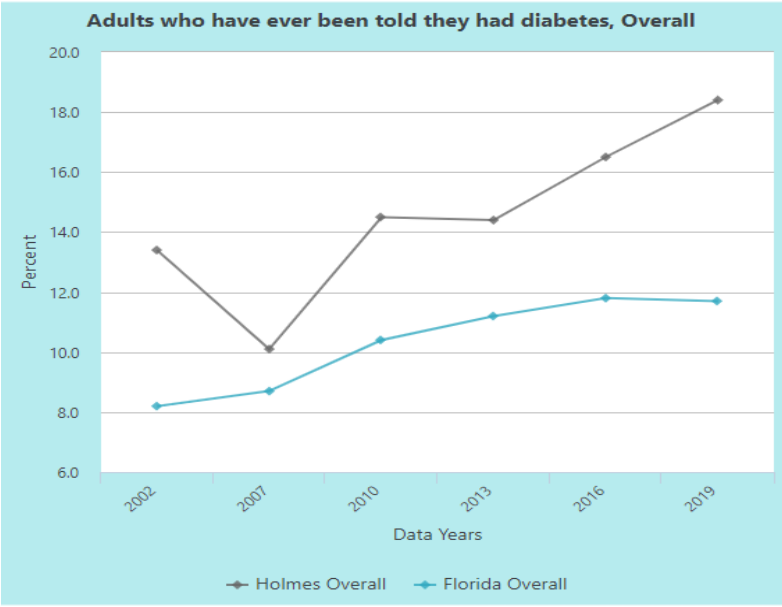
Graph 1.0. There were approximately 139.6 diabetes-related hospitalizations per 100,000 population in Holmes County in 2020. This is lower than the Florida average. There is no data in FL CHARTS stratifying Holmes County diabetes-related hospitalizations based on socioeconomic status.



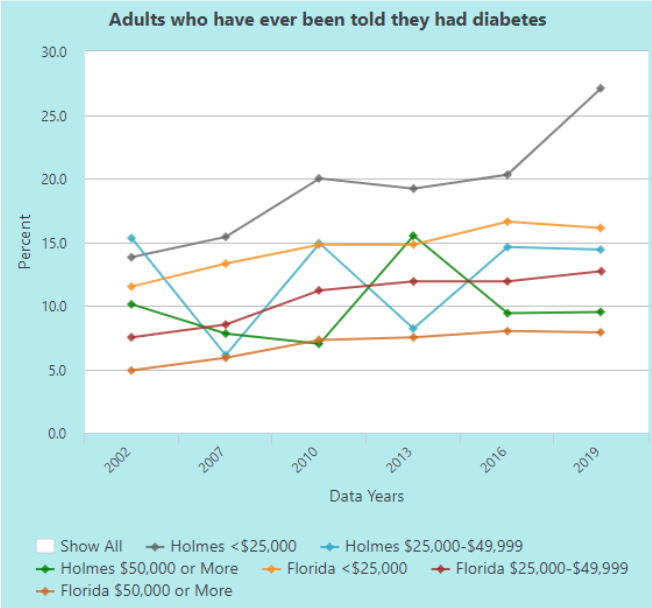
Graph 1.1. In 2020, there were significantly more diabetes-related deaths in Holmes County residents, compared to the Florida average. There is no data in FL CHARTS differentiating Holmes County diabetes-related hospitalizations based on socioeconomic status.



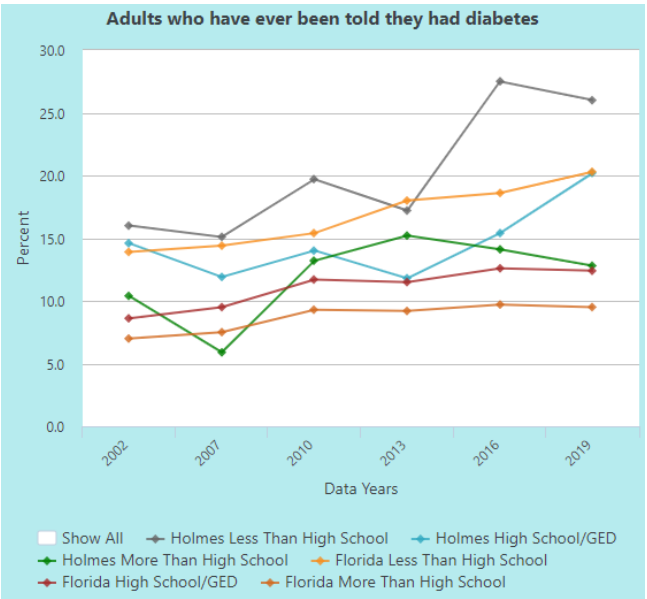
Graph 1.2. There were approximately 268.6 diabetes-related emergency department visits per 100,000 population in Holmes County in 2020. This is higher than the Florida average of 195.6 per 100,000. There is no data in FL CHARTS stratifying Holmes County diabetes-related hospitalizations based on socioeconomic status.



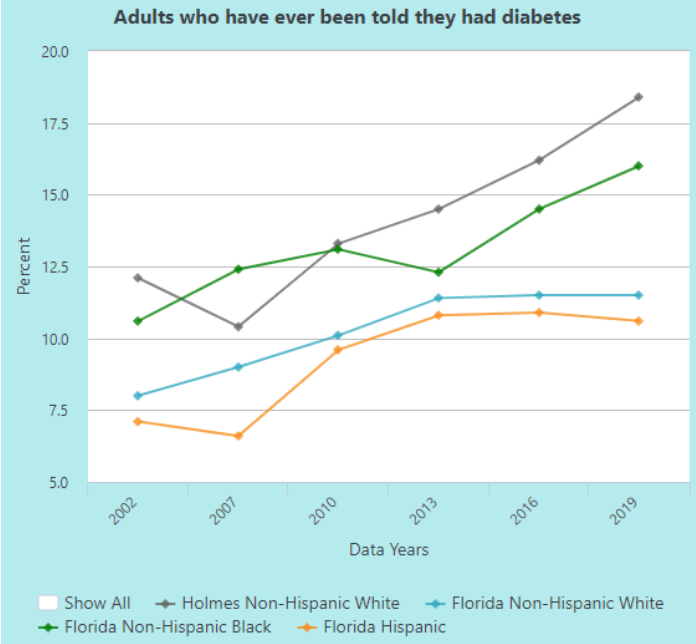
Graph 1.3. In 2019, FL CHARTS data revealed that 18.4% of adults in Holmes County had been told they had diabetes. The rate had been steadily increasing since 2013 and was higher than the stage average.



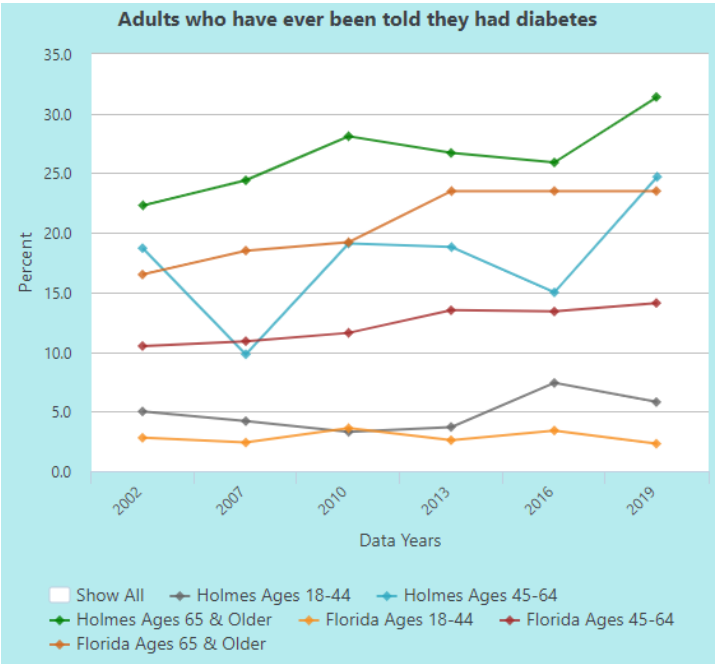
Graph 1.4. Holmes County residents with an annual household income of less than $25,000 were more likely to have ever been told that they had diabetes, compared to those with a household income of $25,000 to $49,999 or more than $50,000, per 2019 FL CHARTS data.



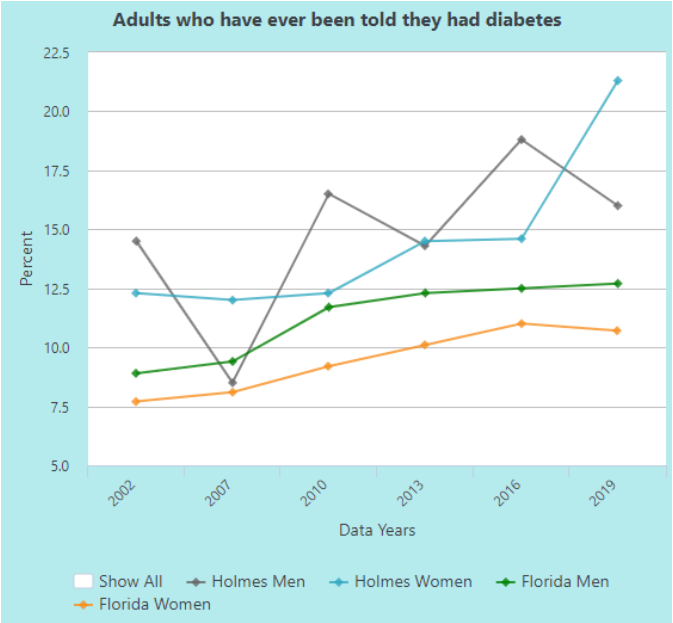
Graph 1.5. According to FL CHARTS, 26% of Holmes County adults with less than a high school education had ever been told they had diabetes in 2019. That same year, the rate was 20.2% for those with a high school education and 12.8% for those with more than a high school education.



Graph 1.6. The insufficient data in FL CHARTS regarding racial and ethnic minorities in Holmes County limited analysis of health disparities in diabetes prevalence based on race and ethnicity.



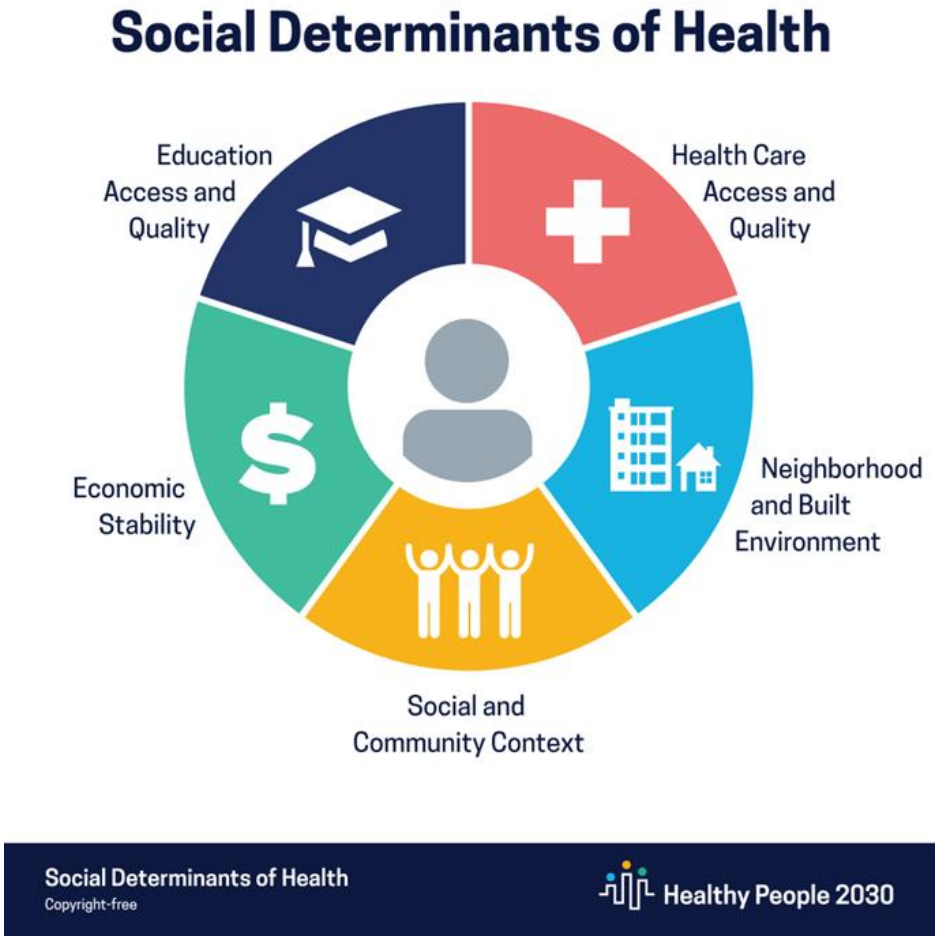
Graph 1.7. According to FL CHARTS data, Holmes County residents ages 65 and older were more likely to have ever been told they had diabetes than those ages 45 to 64 or 18 to 44.



Graph 1.8. FL CHARTS data from 2019 suggests that women in Holmes County were more likely to have ever been told they had diabetes than men. However, in Florida overall men were more likely to have ever been told they had diabetes than women.

VII. SOCIAL DETERMINANTS OF HEALTH DATA

Social Determinants of Health (SDOHs) are conditions in the places where people live, learn, work, and play. They affect a wide range of health outcomes and quality-of life. 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 Diabetes. However, due to the rural nature of the Holmes County population there are often inadequacies in data needed for proper analysis of SDOH and disparities.



A. Education Access and Quality

Health literacy is defined as “The degree to which individuals can obtain, process, and understand and communicate about health-related information needed to make informed health decisions” (Cavanaugh, 2011). Literacy also includes skills related to printed information, oral communication, and numeracy. These skills contribute to the self-management of diabetes.

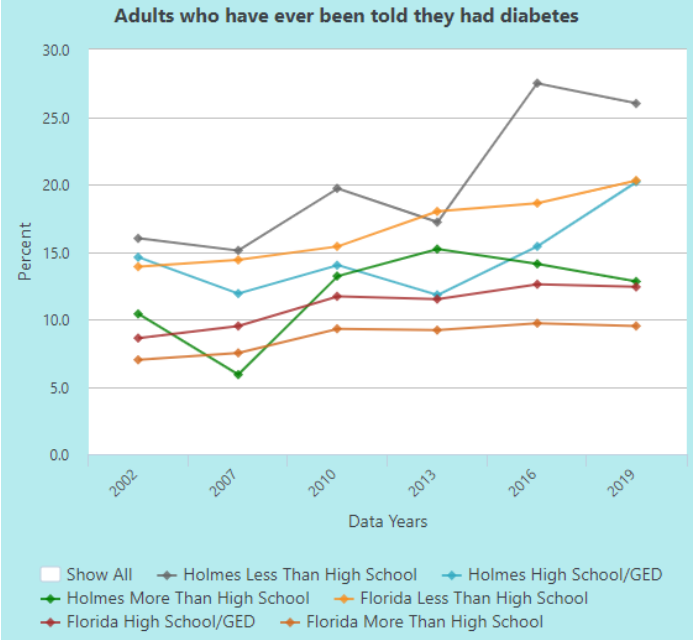
Health literacy influences health outcomes of diabetes through acquisition of disease specific knowledge, self-efficacy improvement, and adherence with self-care behaviors (Cavanaugh, 2011). Low health literacy rates have been associated with worse diabetes knowledge in a variety of settings (Cavanaugh, 2011). There is no data in FL CHARTS regarding the literacy level of Holmes County residents.

Some of the greatest health literacy disparities occur among racial and ethnic minority groups and those who do not speak English as a first language. People with low health literacy in addition to limited English proficiency are twice as likely to report poor health status compared to individuals without these barriers (Healthy People 2020).

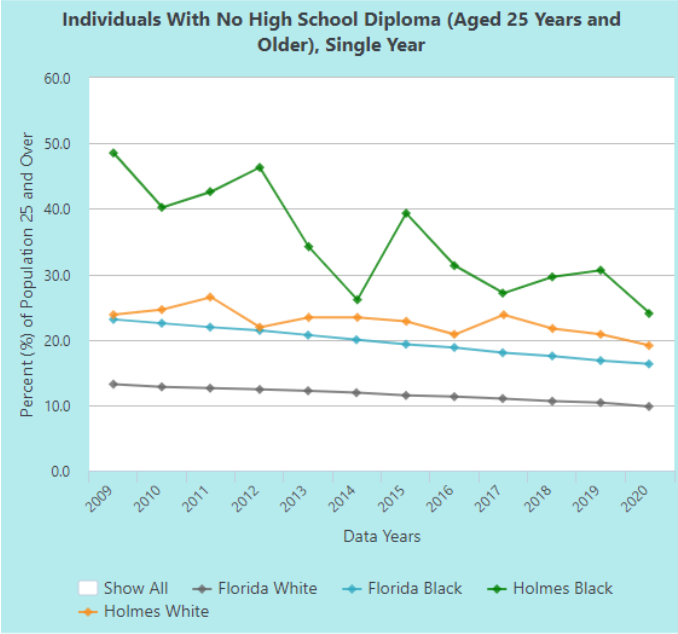
Education level is an indicator of socioeconomic status, which correlates with personal health. Research suggests that those who have attained higher levels of education are less likely to develop diabetes (Borrell et al., 2006). In a study by Borrell et al., individuals with less than a high school education were 1.6 times more likely to have diabetes than those with a bachelor’s degree or higher (2006). This suggests that higher education attainment provides the knowledge

and skills needed to adopt health behaviors that lower the risk of chronic disease such as diabetes.

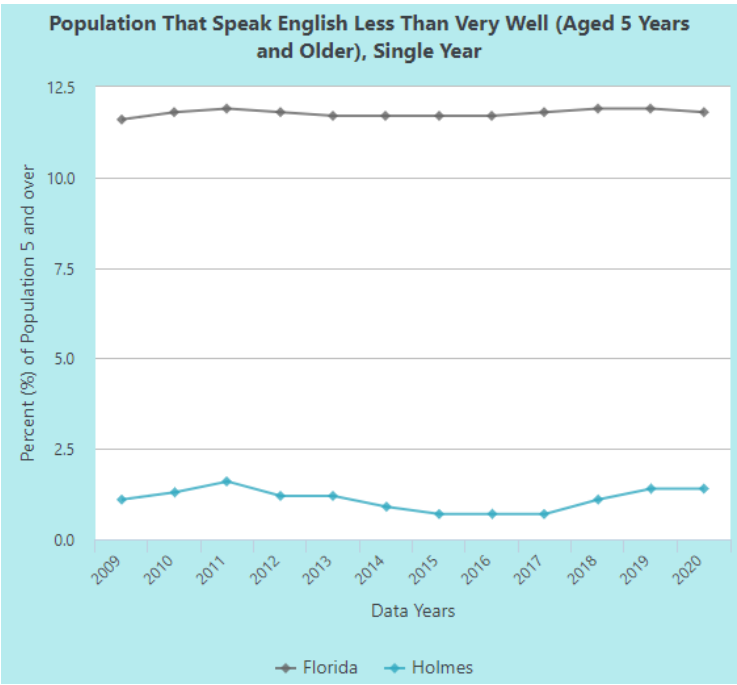
According to 2022 data from the “Analysis of the Health Disparities Among People Living with Disabilities,” a higher proportion of Holmes County residents without a disability had received a high school diploma/GED and higher education compared to residents with at least one disability.



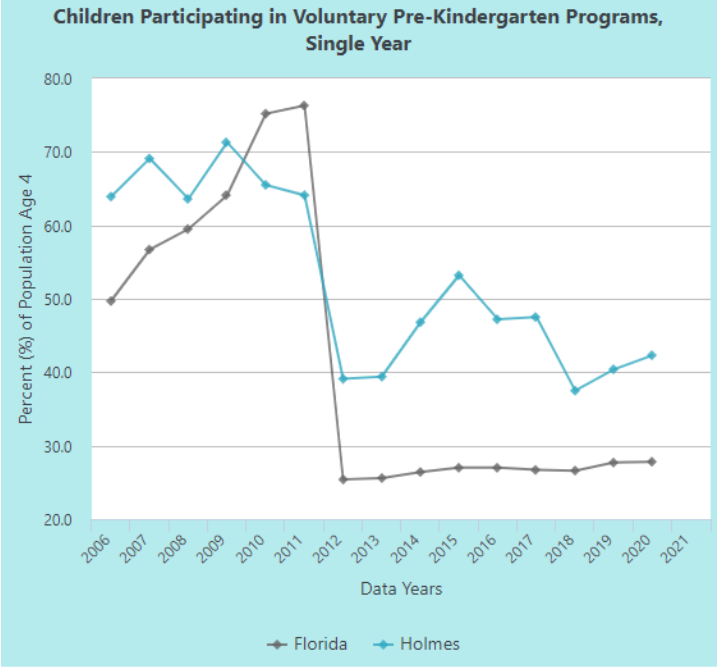
Graph 2.0. According to FL CHARTS, 26% of Holmes County adults with less than a high school education had ever been told they had diabetes in 2019. That same year, the rate was 20.2% for those with a high school education and 12.8% for those with more than a high school education.



Graph 2.1. Per FL CHARTS data, Black individuals over the age of 25 in Holmes County are less likely to have a high school education, compared to White individuals. Overall, Holmes County residents over 25 years old are less likely to have a high school education than the average Florida population.



Graph 2.2. Only 1.4% of Holmes County residents reported speaking English less than very well in 2020, per FL CHARTS. This is much lower than the Florida average.



Graph 2.3. Data indicates that 42.3% of eligible Holmes County children participated in voluntary pre-kindergarten programs in 2020, which is higher than the Florida average. There is no data in FL CHARTS stratifying Holmes County participation in a voluntary pre-kindergarten program by sociodemographic factors.

Education Access and Quality		
SDOH	**Vulnerable Populations Impacted**	**SDOH Impact on Diabetes Disparity**
Literacy	Disabled, Low income	Low literacy can impact health literacy levels. Limited health literacy is associated with poor chronic disease outcomes, including diabetes.
Language	Racial and Ethnic minority groups	Language barriers can contribute to low health literacy, which is associated with to poor diabetes outcomes.
Early Childhood Development	Low income, Rural areas	Educational support in early childhood improves health behaviors and outcomes later in life.
Higher Education	Disabled, Rural, Low income	Residents in low income and rural areas have less access and resources to seek higher education. Higher levels of education are commonly associated with better life-long health outcomes.

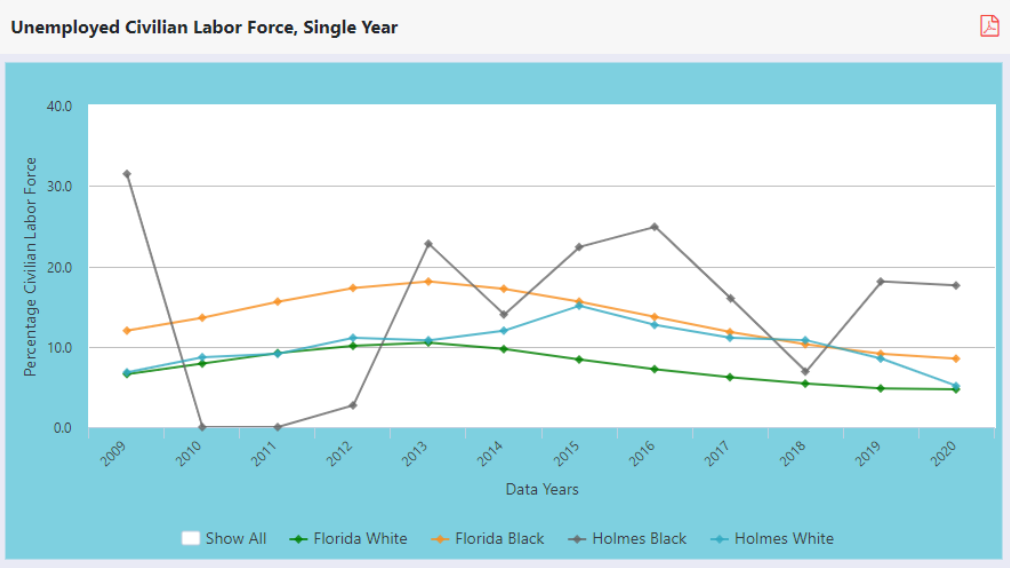
B. Economic Stability

Socioeconomic status (SES) is a construct that includes educational, economic, and occupational status (Hill-Briggs et al., 2020). SES is known to be a predictor of disease onset and progression levels for diabetes, as well as many other chronic diseases. Economic status is often determined by income (Hill-Briggs, 2020). In a data analysis of the National Health Interview Survey (NHIS) by Beckles and Chou (2016), there was an increase in diabetes prevalence in those with lower levels of income.

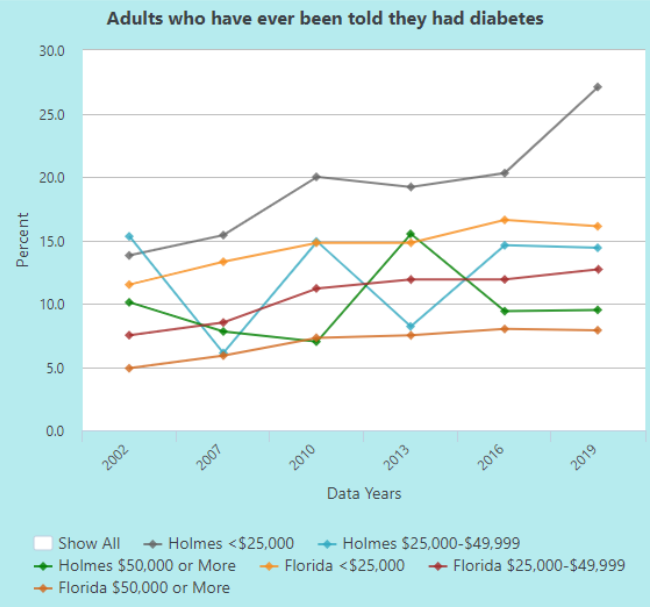
When looking at household income, adults with type-two diabetes with a household income below the federal poverty line have a twofold higher risk of diabetes-related mortality compared to those with the highest household income levels (Saydah, 2010).

In 2020, Holmes County had a median household income of $41,900, which was lower than the Florida average of $61,700 (US Census). Holmes County was also considered a high poverty area. Poverty has been linked to increased prevalence of diabetes (Hsu et al, 2012).

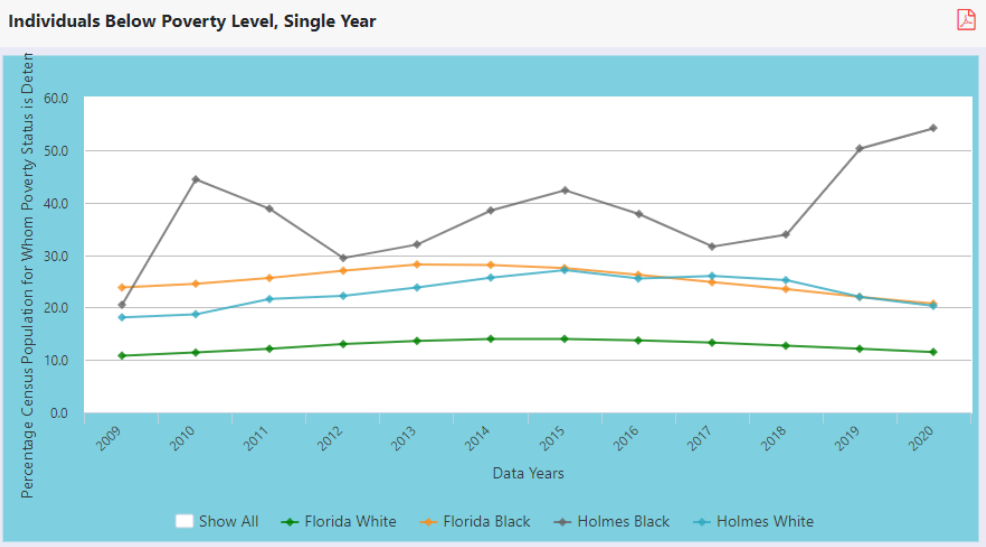
According to 2022 data from the “Analysis of the Health Disparities Among People Living with Disabilities,” Holmes County residents with at least one disability had a lower household income than residents without a disability. In addition, individuals with at least one disability were significantly ($p < 0.001$) more likely to be food insecure (not enough money for food or not enough money for balanced meals) compared to individuals without a disability. There was not a significant difference in Holmes County residents who reported that they could not take their medication due to cost between those with at least one disability and those without disability.



Graph 3.0. The civilian unemployment rate in Holmes County was higher than the Florida average in 2020 according to FL CHARTS. In addition, the civilian unemployment rate for Black individuals was much higher than that of White individuals



Graph 3.1. Holmes County residents with an annual household income of less than $25,000 were more likely to have ever been told that they had diabetes, compared to those with a household income of $25,000 to $49,999 or more than $50,000, per 2019 FL CHARTS data.



Graph 3.2. Per FL CHARTS data Black residents in Holmes County were more likely to be below the poverty level than White residents.

Economic Stability		
SDOH	**Vulnerable Populations Impacted**	**SDOH Impact on Diabetes Disparity**
Employment	Uninsured, Low SES, Minimum wage workers, Unemployed	Employment provides funds needed to afford necessities. Often it is a person's source of health insurance. Those without health insurance are at greater risk of poor health outcomes and less likely to seek out preventative care such as screenings and checkups.
Income	Low SES, Disabled	Lower income leaves less resources to devote to preventative medical care and health food procurement, which aid in diabetes prevention.
Expenses	Low SES, Disabled, Racial and ethnic minorities	High cost of living relative to income is a major barrier, leaving a small budget for dietary needs and life-saving medication such as insulin.

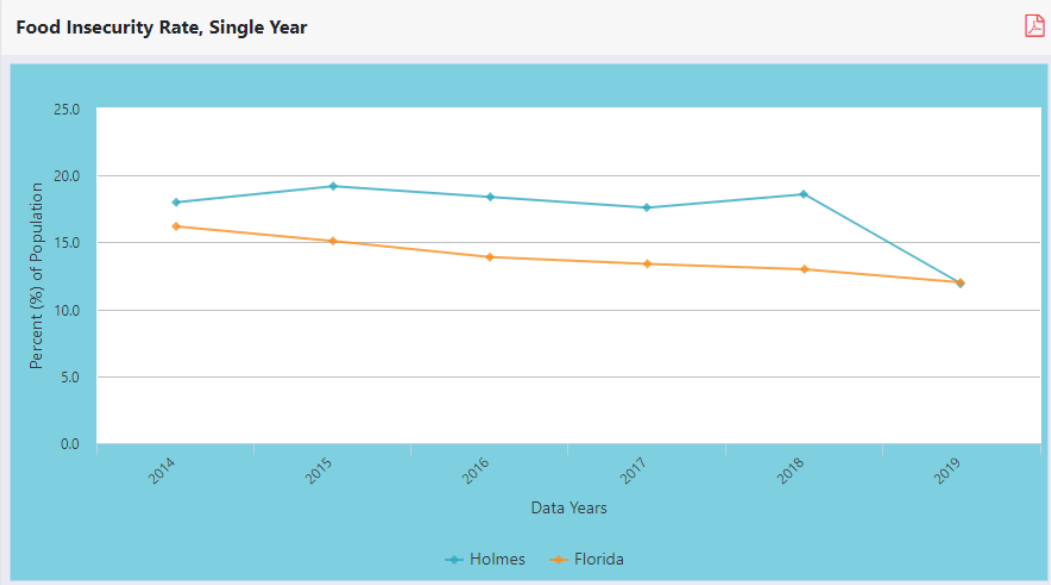
C. Neighborhood and Built Environment

Food access is a challenge for many Holmes County residents. With much of the county being rural and a high poverty area, there is inconsistent access to the amount of food needed to live a healthy lifestyle. According to research, food insecurity is associated with high hemoglobin A1c test results, which lead to poor health outcomes (Berkowitz et al, 2018).

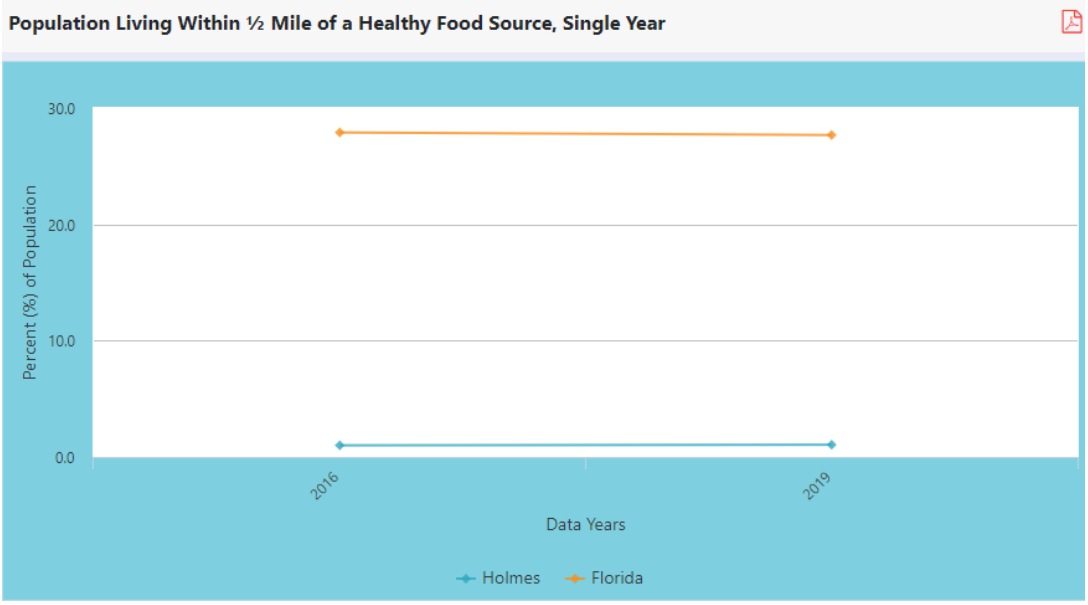
Access to recreational areas is important to support healthy physical activity and a healthy lifestyle. Lack of physical activity is a risk factor for chronic diseases, including diabetes and heart disease. Access to parks and facilities where leisure-time physical activity can be done has been associated with lower rates of diabetes and better health outcomes (Smith et al, 2016). Many Holmes County residents do not have access to parks near their homes.

Lack of public transportation increases the economic burden of vehicle maintenance, contributing to less income available for regular doctor's visits and nutritional foods which are known to decrease the risk of diabetes. Longer commutes leave less time for physical activity during the day. As stated above, increased physical activity is also associated with lower incidence of diabetes.

According to 2022 data from the "Analysis of the Health Disparities Among People Living with Disabilities," Holmes County residents with at least one disability were significantly ($p < 0.001$) more likely to be delayed in receiving medical care due to transportation issues than residents without a disability.

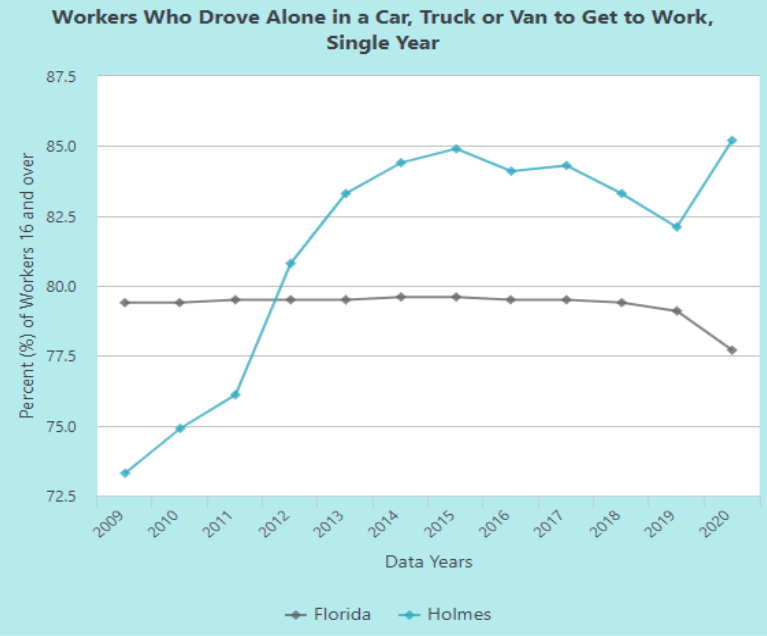


Graph 4.0. There was no data in FL CHARTS differentiating Holmes County food insecurity rate by sociodemographic factors. However, the rate of food insecurity in Holmes County was higher than the Florida average in 2019.



Graph 4.1. There was no data in FL CHARTS stratifying the percentage of the Holmes County population that live within ½ mile of a healthy food source by sociodemographic factors. However, only 1.1% of the Holmes County population lived within ½ mile of a healthy food source, while the statistic was 27.7% for the Florida population in 2019.

Graph 4.2. There was no data in FL CHARTS differentiating the percentage of the Holmes County population that live within ½ mile of a park by sociodemographic factors. In 2019, only 3.3% of the Holmes County population lived within ½ mile of a park, compared to the Florida rate at 40.1%.



Graph 4.3. Holmes County does not have a public transportation system. Due in part to the lack of public transportation, 85% of residents drove alone to work and many had a long commute according to FL CHARTS. This is higher than the Florida average.

Neighborhood and Built Environment		
SDOH	**Vulnerable Populations Impacted**	**SDOH Impact on Diabetes Disparity**
Transportation	Low SES, Rural, Disabled	Holmes County does not have a public transportation system. Limited transportation resources reduce access to healthcare appointments and health food markets.
Parks	Rural	Parks provide recreational activities and opportunities to be active, which lowers the risk of diabetes. Only 3.3% of residents live within ½ mile of a park.
Average Commute Time	Rural, Low SES	Per FL CHARTS, 46% of residents have a daily commute of 30 minutes or more. Long commutes leave less time in the day for physical activity, which lowers the risk of chronic disease such as diabetes.
Access to Nutritional Food	Rural, Low SES	Holmes County residents in more rural areas have food insecurities, meaning they do not have consistent access to enough food for a healthy and active life which causes diabetes and other health problems.

D. Social and Community Context

Research suggests that rate of diabetes is twice as high in those with mental health illnesses, such as depression and anxiety (Anderson et al, 2001). Mental health illnesses have also been associated with poorer outcomes in those with diabetes (Vinogradova et al, 2010).

Given the higher-than-average rate of mental illness in Holmes County, Holmes County residents have an increased risks of developing diabetes in association with mental health comorbidities. In addition, they are more susceptible to poor health outcomes stemming from the negative interaction between mental health illness and diabetes.

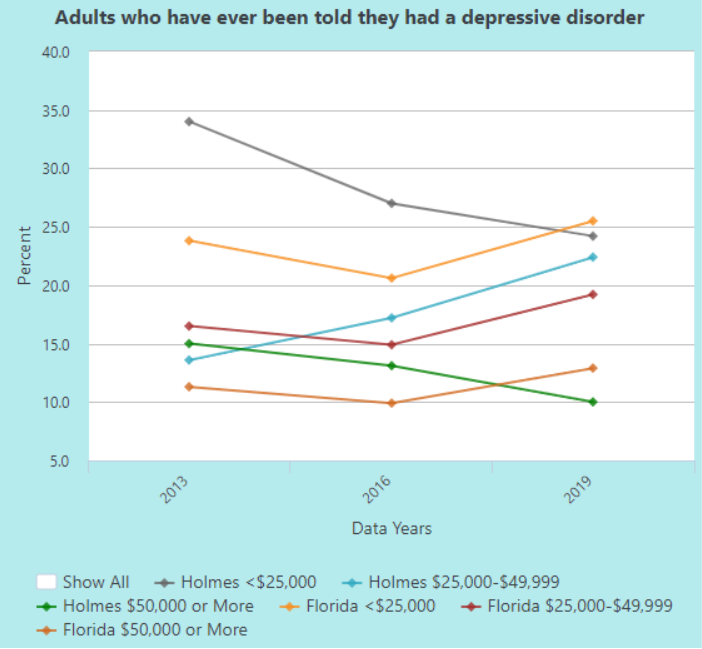
According to 2022 data from the “Analysis of the Health Disparities Among People Living with Disabilities,” Holmes County residents with at least one disability were significantly ($p < 0.05$) more likely to have ever been diagnosed with a depressive disorder than residents without a disability. In addition, individuals with at least one disability were significantly ($p < 0.01$) more likely to report experiencing stress most or all of the time compared to individuals without a disability.

Another indicator that negatively impacts social, mental, and physical health is substance abuse (CDC, 2022). Many forms of substance abuse are known to adversely impact diabetic outcomes. Examples of substance abuse include smoking, binge, drinking and illicit drug use. Research shows that smoking

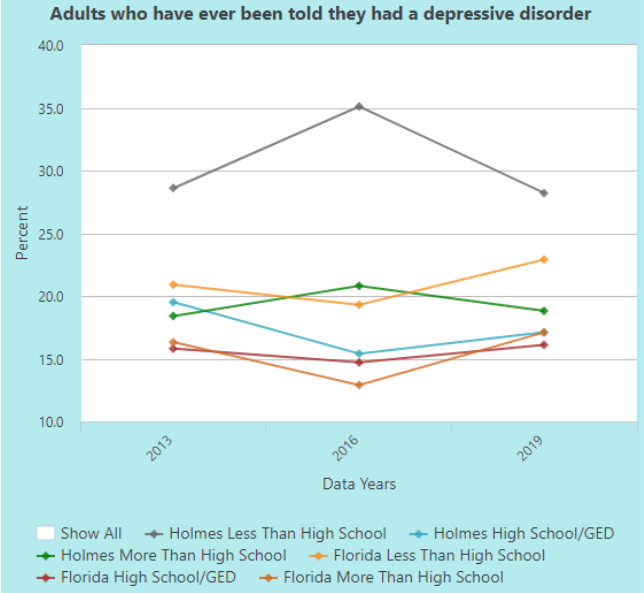
increases the risk of diabetes complications (Walter et al, 2017). According to 2022 data from the “Analysis of the Health Disparities Among People Living with Disabilities,” there is not a significant difference in the prevalence of smoking between those with at least one disability and those without disability.

Binge drinking (5 or more drinks for males and 4 or more drinks for females during a single occasion) has also been linked to an increased risk of developing several chronic diseases, including diabetes (Polsky & Akturk, 2017). Binge drinking is associated with poor diabetic health outcomes, due to decreased self-care adherence (Engler, Ramsey & Smith, 2013). Additionally, illicit opioid drug use negatively impacts diabetic outcomes through interaction with metabolic pathways (Malinovská, 2020).

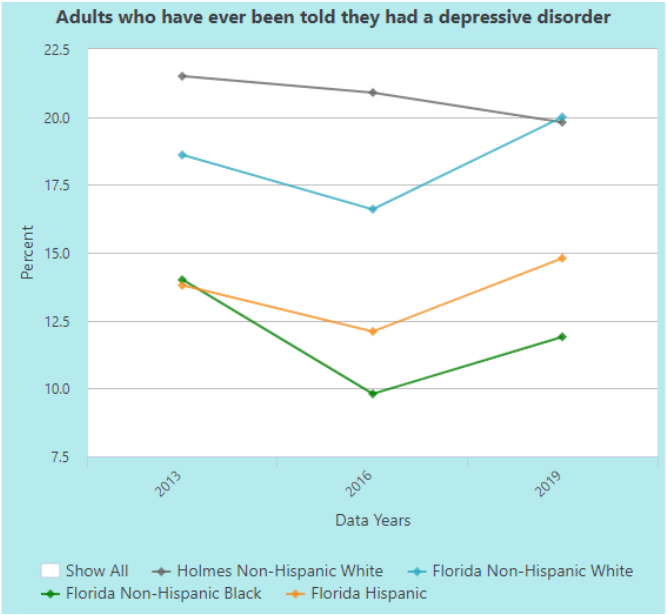
Due to the rates of substance abuse among Holmes County residents and the known adverse associations between substance abuse and diabetes, Holmes County residents are at a higher risk of poor diabetic outcomes.



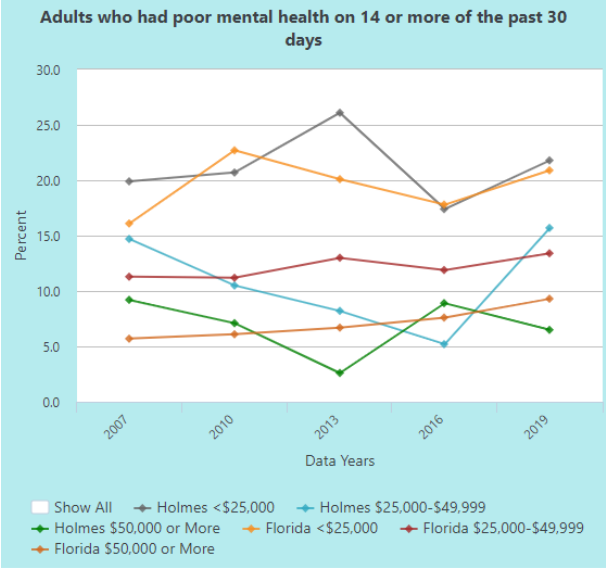
Graph 5.0. According to FL CHARTS data, Holmes County residents with a lower household income were more likely to have ever been told they had a depressive disorder. In addition, the Holmes County rate of adults that have ever been told they had a depressive disorder was higher than the Florida average.



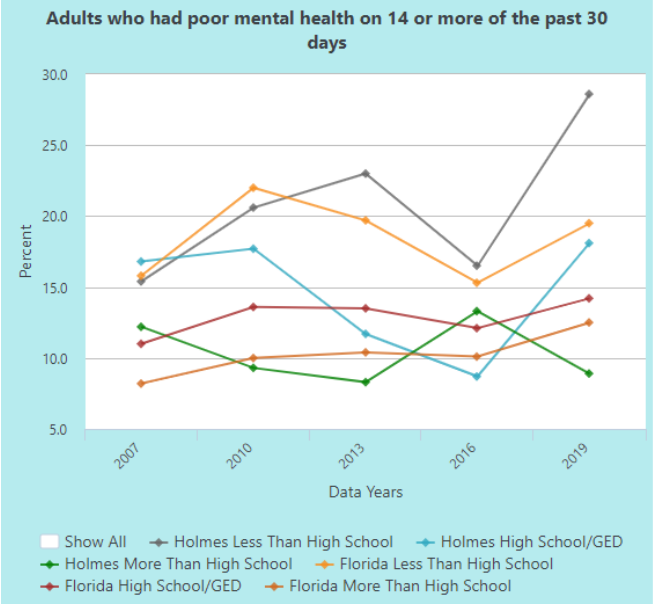
Graph 5.1. Per FL CHARTS data, adults in Holmes County that had less than a high school education were more likely to have ever been told they had a depressive disorder than those with a high school education or a higher education.



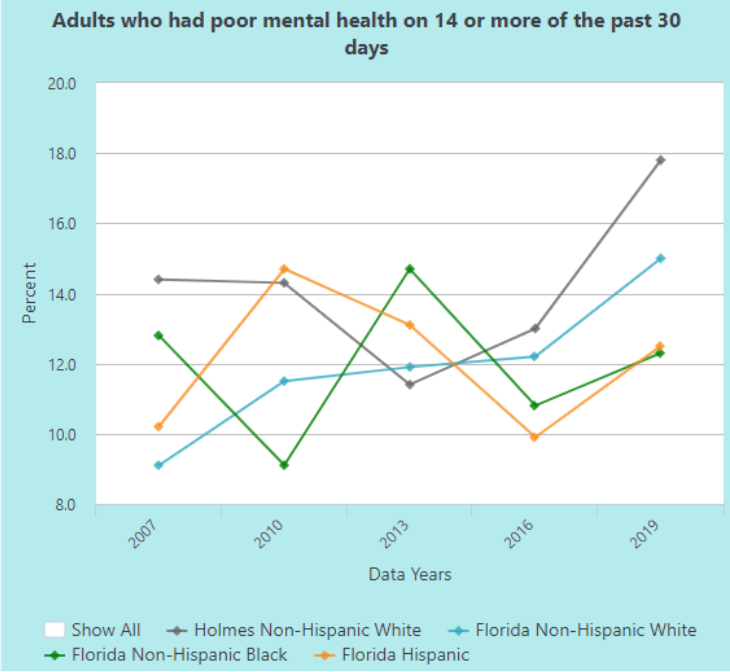
Graph 5.2. The inadequate data in FL CHARTS regarding racial and ethnic minorities in Holmes County limited analysis of health disparities in mental health.



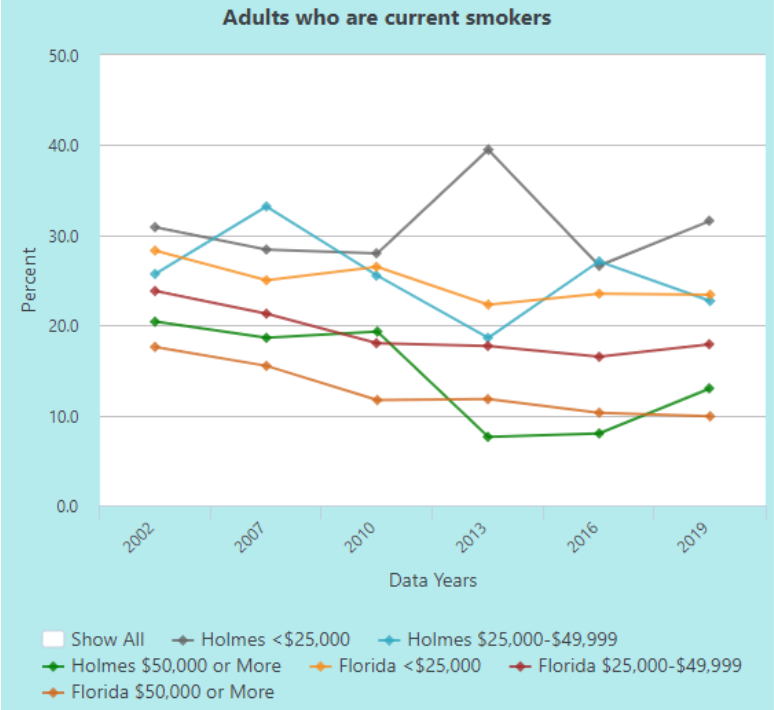
Graph 5.3. According to FL CHARTS data, Holmes County residents with an annual household income of less than $25,000 were more likely to have experienced poor mental health days on 14 or more of the past 30 days than those with an income of $25,000 to $49,999 or more than $50,000.



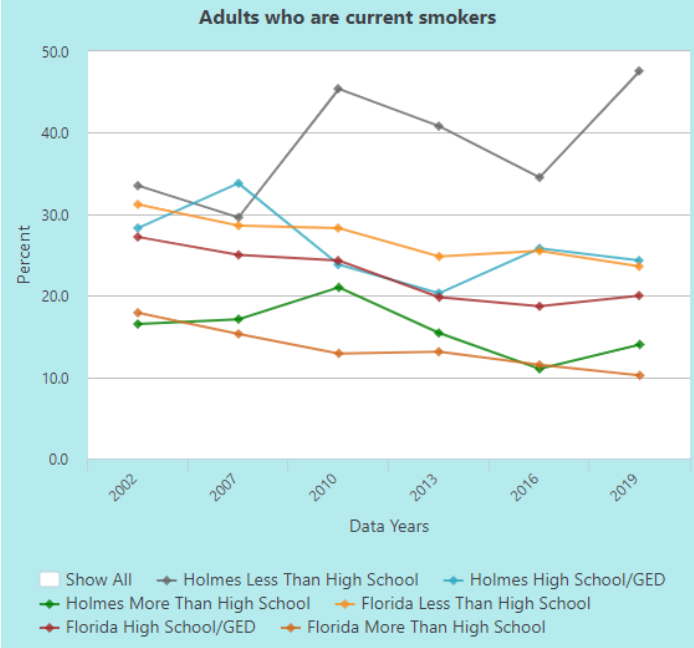
Graph 5.4. In 2019, Holmes County residents with less than a high school education were more likely to have experienced poor mental health days on 14 or more of the past 30 days, compared to those with a high school education or a higher education, per FL CHARTS.



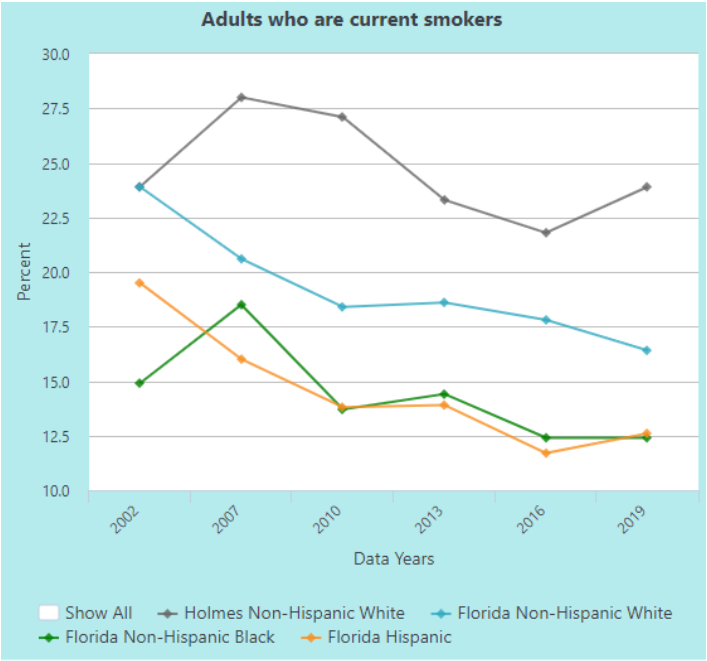
Graph 5.5. The inadequate data in FL CHARTS limited the analysis of mental health disparities among racial and ethnic minorities.



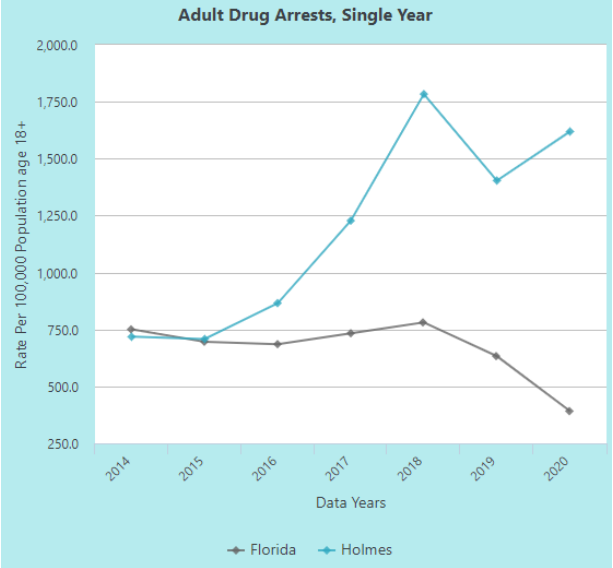
Graph 5.6. Data from FL CHARTS showed that Holmes County adults with lower household income were more likely to be current smokers.



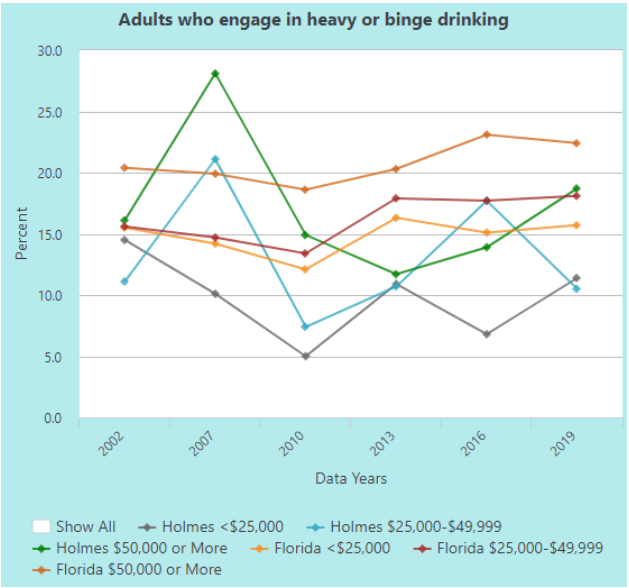
Graph 5.7. Holmes County adults with a lower formal education level were also more likely to be current smokers, per FL CHARTS 2019 data.



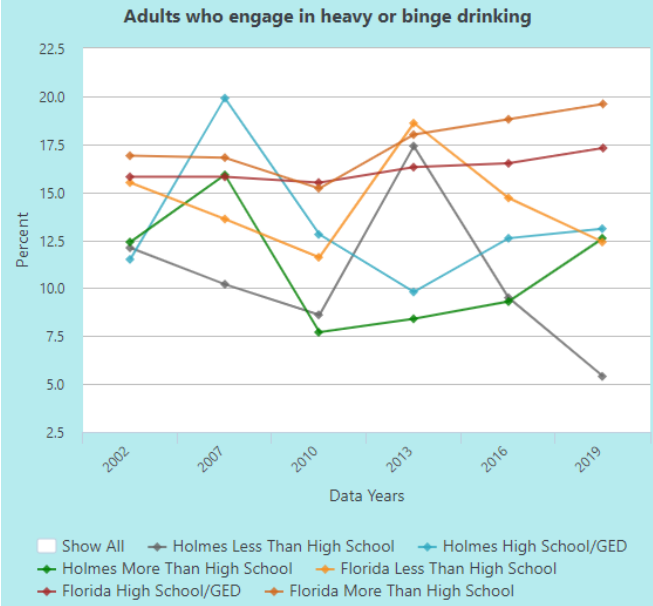
Graph 5.8. As previously discussed, the insufficient data in FL CHARTS regarding racial and ethnic minorities in Holmes County limited analysis of health disparities in smoking status.



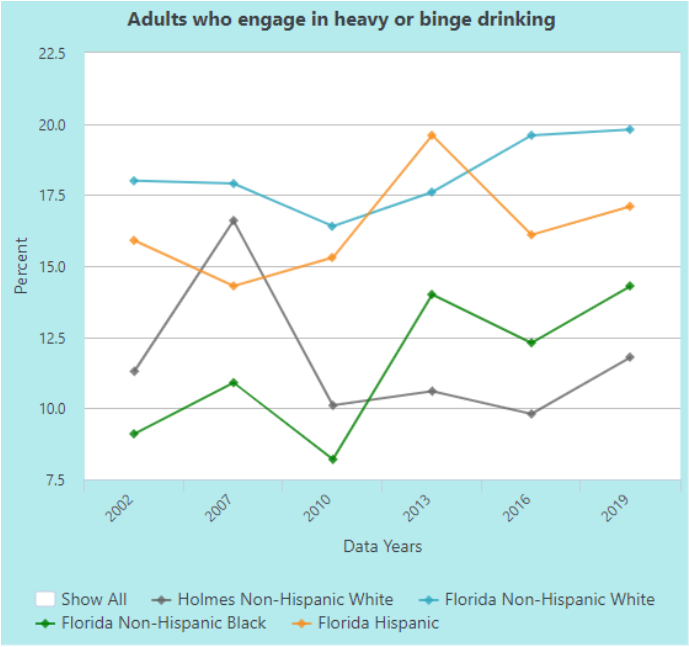
Graph 5.9. While there was no specific data regarding illicit drug use, the rate of adult drug arrests in Holmes County was much higher than the Florida average. There was no data in FL CHARTS stratifying Holmes County adult drug arrests by sociodemographic factors.



Graph 5.10. According to 2019 FL CHARTS data, adults in Holmes County with an average household income of $50,000 or more were more likely to engage in binge drinking than those whose household income of $25,000-$49,999 or less than $25,000 a year.



Graph 5.11. Holmes County adults that had graduated high school or obtained a GED were at higher risk for engaging in binge drinking than those who did not graduate high school or attended higher education, per FL CHARTS data.



Graph 5.12. As previously discussed, the inadequate data in FL CHARTS regarding racial and ethnic minorities in Holmes County limited analysis of health disparities in binge drinking.

Social and Community Context		
SDOH	**Vulnerable Populations Impacted**	**SDOH Impact on Diabetes Disparity**
Mental Health Illness	Rural, Low SES, Racial and Ethnic Minorities, Disabled	Those with mental health illnesses have a higher risk of developing diabetes and experiencing poorer health outcomes.
Substance Abuse	Rural, Low SES, Racial and Ethnic Minorities	Substance abuse has been linked to adverse outcomes and increased incidence of diabetes.

E. Health Care Access and Quality

Easy access to primary healthcare providers has been shown to decrease hospitalization and medical emergencies, as well as improve health outcomes (Shi, 2012). Lack of transportation, cost, inadequate health insurance, and provider availability are often cited as known barriers to access to care in rural, low-income areas such as Holmes County (Syed, Gerber & Sharp, 2013).

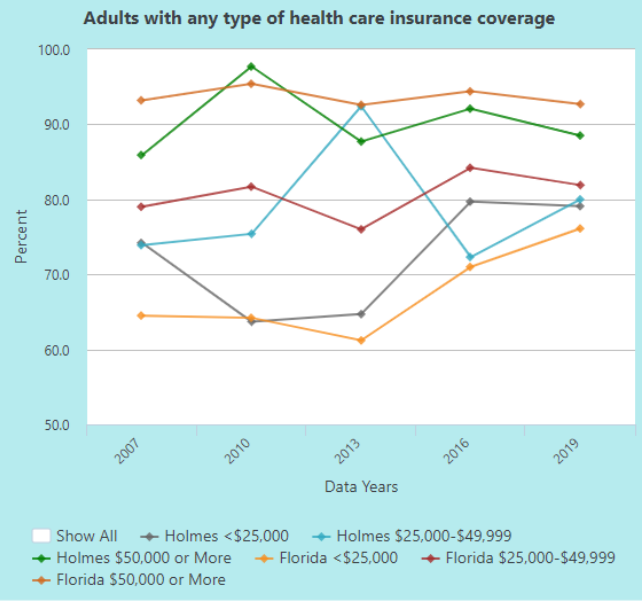
Holmes County has one hospital, Doctors Memorial Hospital, which is in the county seat Bonifay and includes a Rural Health Clinic. It serves all Holmes County's 19,530 estimated residents. The rate of hospital beds per 100,000 residents is 99.6. There are six known primary care providers and two known dentists in Holmes County. However, all providers are located within three miles of Bonifay. Residents from more rural communities in the county must travel a significant distance to reach healthcare providers.

According to 2022 data from the "Analysis of the Health Disparities Among People Living with Disabilities," Holmes County residents with at least one disability were significantly ($p < 0.001$) more likely to be delayed in receiving medical care due to transportation issues than residents without a disability.

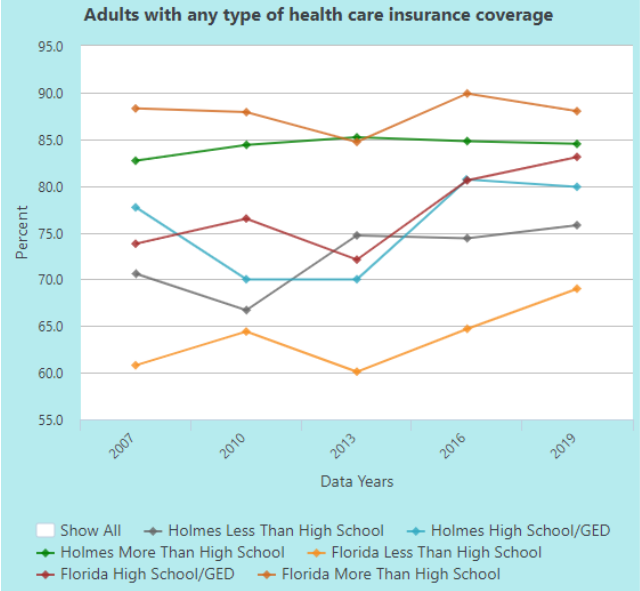
Research suggests that insurance stability improves clinical care regarding diabetes management. In a study by Brown et al. (2021), it was found that insurance stability was associated with better glycemic control.

According to the American Community Survey, 51.4% of Holmes County residents had private health insurance in 2020. An estimated 43.5% of residents had public coverage, and 17.8% were uninsured. FDOH-Holmes and one other Holmes County primary care provider, Pancare, offer medical care to residents that are uninsured at low-cost. However, the self-pay prices of local private providers may serve as a barrier to healthcare access.

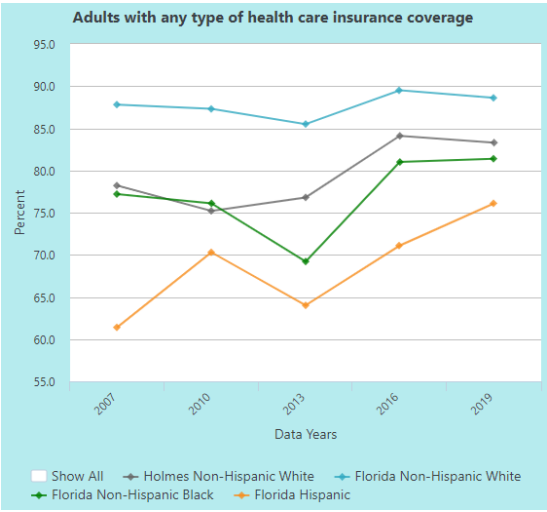
Data from the 2022 “Analysis of the Health Disparities Among People Living with Disabilities” shows that there is not a significant difference in health care insurance coverage between individuals with at least one disability and individuals without disability.



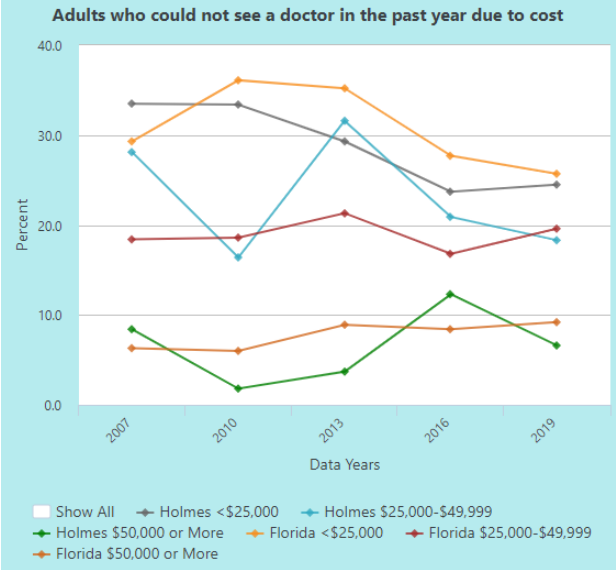
Graph 6.0. According to FL CHARTS data, residents of Holmes County with a household income of less than $25,000 were less likely to have any type of healthcare insurance coverage than those with a household income of $25,000 to $49,000 or more than $50,000. In addition, Holmes County adults were less likely to have healthcare insurance coverage than the average Florida population.



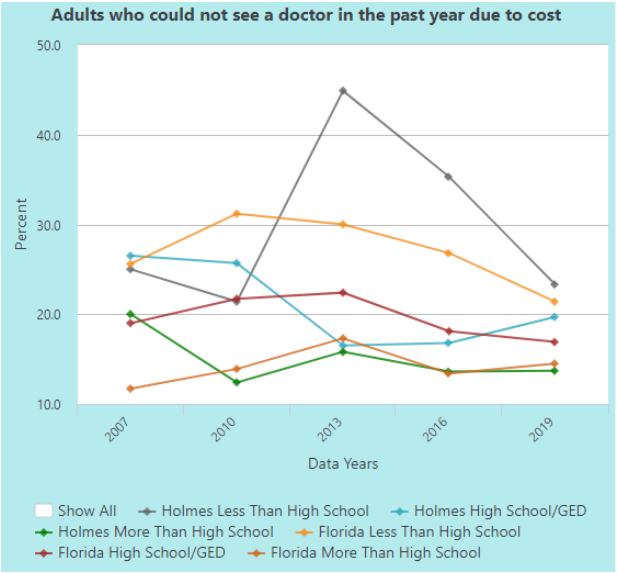
Graph 6.1. Holmes County adults with less than a high school education were less likely to have any type of healthcare insurance coverage, compared to those with a high school education or those with a higher education. At large, the Holmes County population is less likely to have any type of healthcare coverage than the average Florida population, per FL CHARTS data.



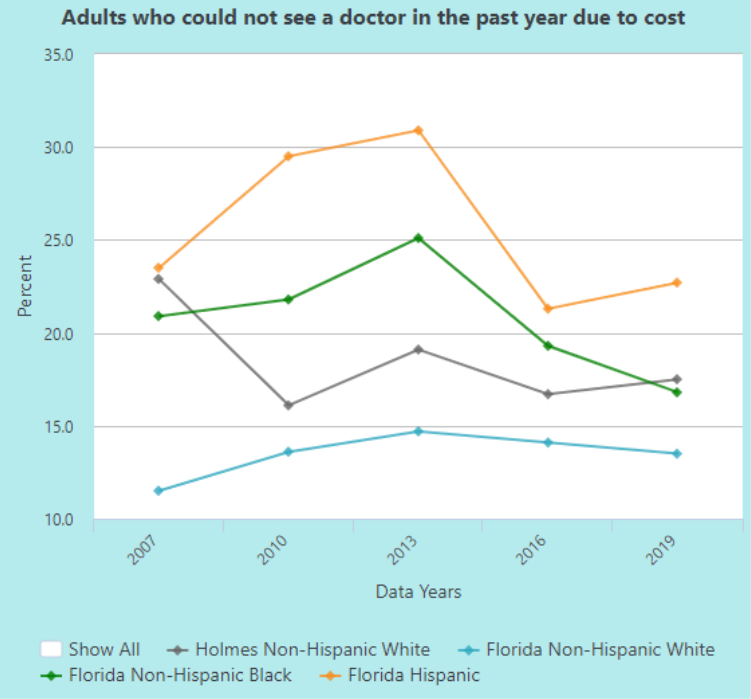
Graph 6.2. The incomplete data in FL CHARTS regarding racial and ethnic minorities in Holmes County limited analysis of health disparities in limited access to care due to cost.



Graph 6.3. FL CHARTS shows that Holmes County adults with a household income of less than $25,000 were more likely to be unable to see a doctor in the past years due to cost than those with a household income of $25,000 to $49,999 or more than $50,000.



Graph 6.4. Holmes County Residents with less than a high school education were more likely to be unable to see a doctor in the past years due to cost than those with a high school education and those with higher education. Overall, the Holmes County population was more likely to be unable to see a doctor due to cost than the average Florida population, per FL CHARTS data.



Graph 6.5. The insufficient FL CHARTS data regarding racial and ethnic minorities in Holmes County limited analysis of health disparities in limited access to care due to cost.

Health Care Access and Quality		
SDOH	**Vulnerable Populations Impacted**	**SDOH Impact on Diabetes Disparity**
Health Insurance Coverage	Uninsured, Unemployed, Low SES	Health insurance coverage is linked to access to screening services and preventative care and better management of chronic disease, such as diabetes.
Transportation	Rural, Low SES, Disabled	Lack of transportation can prevent residents from accessing healthcare resources, which is especially important for chronic illnesses such as diabetes
Provider Availability	Rural, Low SES	A shortage of providers in rural areas make it difficult to be seen for medical care.
Price	Low SES, Disability, Racial and Ethnic Minorities	High cost is a significant limiting factor for those seeking healthcare services for management of chronic diseases, such as diabetes.

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.

During Task Force meetings access to health care, transportation needs, and food deserts were discussed. Identified barriers predominately affect rural areas, because they are miles away from providers, clinics, and fresh fruit and vegetable markets. Rural areas have less access to communication methods and find it hard to get transportation to and from the doctor.

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 data review identified that Black individuals over the age of 25 in Holmes County were less likely to have a high school education, compared to White individuals (See Graph 2.1). There was inadequate data in FL CHARTS regarding racial and ethnic minorities in Holmes County that limited analysis of health disparities in mental health, smoking status, and binge drinking among racial and ethnic minorities (See Graphs 5.2, 5.5, 5.12). Additionally, the insufficient data regarding racial and ethnic minorities in Holmes County limited the analysis of access to care based on cost (See Graphs 6.2, 6.5).

Although there was limited data regarding racial and ethnic minorities in Holmes County, racial minorities are known to be less likely to have a high school diploma, as previously mentioned. Education level is an indicator of

socioeconomic status, and higher socioeconomic status increases the likelihood of good personal health. As previously discussed, studies suggest that those who have attained higher levels of education are less likely to develop diabetes (Borrell et al., 2006). Considering this, it can be inferred that diabetes disproportionately affects racial minorities in Holmes County.

In addition, data review revealed that the rate of poverty was higher among Black individuals compared to White individuals in 2020 (Graph 3.2). Since poverty is a known factor associated with diabetes incidence, it can be inferred that diabetes disproportionately affects racial minorities in Holmes County (Hsu et al, 2012).

B. Barrier Identification

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

Partners	SDOH	Partner Barriers	Collaborative Strategies
Doctors Memorial Hospital	Access to Healthcare	Communication, Getting patients to their medical appointments	Direct communication
Tri-County Transportation	Transportation	Not enough drivers, communication	Better strategic marketing
Council on Aging	Access to Healthcare, Food Deserts	Transportation, restrictions	Speaking with markets that accept fruit and vegetable vouchers from seniors.
FDOH Disaster and Preparedness	Transportation, Food Deserts	Communication	Direct communication

C. Community Projects

The FDOH-Holmes chose Mobilizing for Action through Planning and Partnership (MAPP) for the Task Force. Local health leaders facilitate meetings to better the community. A Task Force of community leaders, faith-based organizations, businesses, and food banks has been organized to visualize and brainstorm community improvement projects. Strategic meetings and brainstorming sessions to improve community SDOH have been conducted. The short-, medium-, and long-term goals have actions in place to carry out the vision and mission.

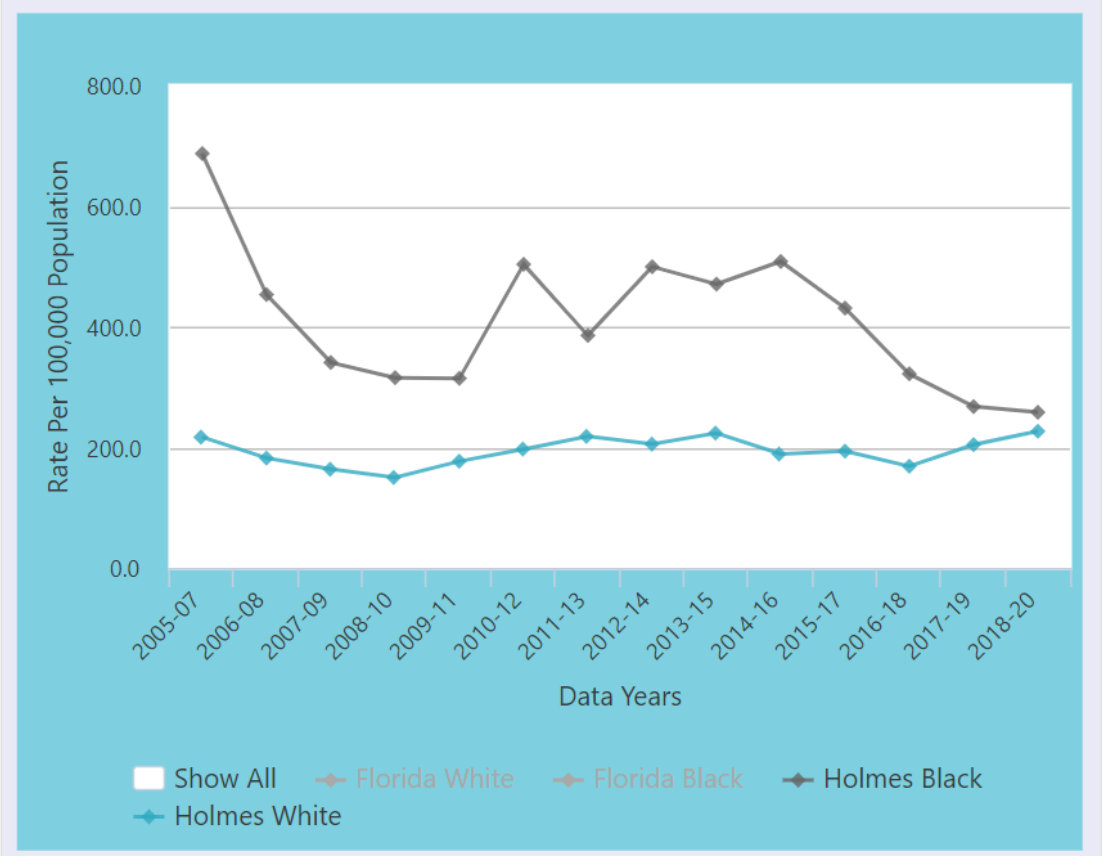
The Health Equity Taskforce researched evidence-based strategies to overcome the identified barriers and improve the SDOH that impact the prioritized health disparity. The Health Equity Taskforce used this information to collaboratively design community projects to address the SDOHs. During project design,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

IX. HEALTH EQUITY PLAN OBJECTIVES

A. Diabetes

Objective: By June 2027, decrease age-adjust the 3-year rolling rate of emergency department visits from diabetes among Holmes County African-American residents by 10%; from 258 per 100,000 to 232 per 100,000.

The objective of a 10% decrease in the age-adjusted, 3-year rolling rate of emergency department visits from diabetes among Holmes County African-American residents is feasible, because a similar decrease was seen over the trends from the past 5 years.



Graph 7.0. The 3-year rolling rate of emergency department visits from diabetes among Black residents has been higher than White residents in Holmes County throughout previous years.

Access to Care Project Storyboard

Access to Care Project

HEALTH EQUITY PROJECT EXECUTIVE SUMMARY

Florida Department of Health in Holmes County
Contact Information: FaNeician Russ | 850-703-5624 | faneician.russ@flhealth.gov

PROBLEM
Diabetes and Pre-diabetes disproportionately affect minority populations in Holmes County. Being a rural and medically underserved area, it is difficult for residents to manage their diabetes due to limited access to care.

EMPOWERED

"YOURSELF AND YOUR HEALTH"

SOCIAL DETERMINANTS OF HEALTH ADDRESSED
Health Care Access and Quality, Social and Community Context

PRIORITY POPULATIONS
African American Holmes County residents.

PARTNERS
Doctors Memorial Hospital, Tri-County Transportation, Council on Aging.

PROJECT GOAL
Increase access to healthcare for rural and minority populations in Holmes County.

FUNDING & FEASIBILITY
Funding for this project is supported by the Florida Department of Health in Washington County through the CDC Covid Disparities grant. These projects were deemed feasible due to the already existing relationships with community partners.

CLAS STANDARD OPERATIONALIZED
Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

PROJECT OBJECTIVE
By June 2027, decrease the percentage of adults who could not see a doctor due to cost by 20%.

SUMMARY OF ACTIONS
1. Review data on healthcare access and diabetes prevalence in Holmes County.
2. Coordinate with community partners to develop plans for increasing access to care.
3. Identify grants that could improve access to care initiatives.
4. Task force members will apply for grants to fund access to care initiatives.
5. Monitor and evaluate improvements and identify successes.

RESULTS
Please not that this area will be completed once the project has ended.

NEXT STEPS
Please note that this area will be completed once the project has ended.

Food Desert Project Storyboard

Food Desert Project

HEALTH EQUITY PROJECT EXECUTIVE SUMMARY

Florida Department of Health in Holmes County
Contact Information: FaNeician Russ | 850-703-5624 | faneician.russ@flhealth.gov

PROBLEM
Diabetes and Pre-diabetes disproportionately affect minority populations in Holmes County. Being a rural and medically underserved area, it is difficult for residents to manage their diabetes due to limited access to nutritious foods.

EMPOWERED

"YOURSELF AND YOUR HEALTH"

SOCIAL DETERMINANTS OF HEALTH ADDRESSED
Neighborhood and Built Environment, Social and Community Context

PRIORITY POPULATIONS
African American and Rural Holmes County residents.

PARTNERS
Council on Aging, Government agencies.

PROJECT GOAL
Decrease prevalence of food deserts in Washington County.

FUNDING & FEASIBILITY
Funding for this project is supported by the Florida Department of Health in Washington County through the CDC Covid Disparities grant. These projects were deemed feasible due to the already existing relationships with community partners.

CLAS STANDARD OPERATIONALIZED
Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

PROJECT OBJECTIVE
By August 2024, increase the number of locations offering fresh fruits and vegetables in rural locations by 10%.

SUMMARY OF ACTIONS
1. Review data on food deserts and diabetes prevalence in Holmes County.
2. Coordinate with community partners to develop plans for increasing access to nutritious food.
3. Implement project initiatives to increase availability of WIC qualifiable markets.
4. Monitor and evaluate improvements and identify successes.

RESULTS
Please not that this area will be completed once the project has ended.

NEXT STEPS
Please note that this area will be completed once the project has ended.

Access to Care Project

	Lead Entity and Unit	Lead Point Person	Data Source	Baseline Value	Target Value	Plan Alignment
Short-Term SDOH Goal: To increase the capacity to provide reliable transportation and healthcare access for Holmes County residents.						
Objective: By June 2021, increase the number of Health Equity Task Force meetings from 0 to 1.	FDOH-Holmes	Minority Health Liaison Backup: James Lewis	Holmes Health Equity Task Force Meeting Minutes	2020-0	2021-1	Completed
Medium-Term SDOH Goal: To increase transportation resources accessible for Holmes County residents.						
Objective: By July 2023, increase the number of grants applied for by Health Equity Task Force members from 0 to 1.	FDOH-Holmes	Minority Health Liaison Backup: James Lewis	Holmes Health Equity Task Force Meeting Minutes	2021-0	2023-1	
Long-Term SDOH Goal: To improve access to healthcare in Holmes County.						
Objective: By June 2027, decrease the percentage of adults who could not see a doctor due to cost by 20%.	FDOH-Holmes	Minority Health Liaison Backup: James Lewis	FL CHARTS	2019 – 18%	16%	

Food Deserts Project

	Lead Entity and Unit	Lead Point Person	Data Source	Baseline Value	Target Value	Plan Alignment
Short-Term SDOH Goal: To improve access to meals for children during summer break.						
Objective: By June 2022, increase the number of school lunch program distribution center to more rural areas in the county from 0 to 1.	Holmes County School District	Matt Tate Director of Federal Programs	Summer Lunch Program records	2021-0	2023-1	
Medium-Term SDOH Goal: To improve access to healthy food available in Holmes County.						
Objective: By June 2023, increase WIC and agricultural program information distribution points at markets from 0 to 2.	Holmes County Council on Aging	Michael Brown	WIC	2021-0	2023-2	
Long-Term SDOH Goal: To reduce the amount of food deserts in Holmes County.						
Objective: By August 2024, increase the number of locations offering fresh fruits in vegetables in rural locations by 10%.	FDOH-Holmes	Minority Health Liaison Backup: James Lewis	TBD	TBD	TBD	

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. Regional Health Equity Coordinators facilitate systematic communication within their region. Systematic information-sharing enables successful practices to be replicated in other counties and programs.

The Minority Health Liaison serves as the point of contact in their county for sharing progress updates, implementation barriers, and best practices associated with the Health Equity Plan. The Minority Health Liaison is responsible for gathering data, monitoring progression, and reporting results of Health Equity Plan implementation.

At least quarterly, the Minority Health Liaison meets with the Health Equity Taskforce to discuss progress and barriers. The Minority Health Liaison tracks and submits indicator values to the OMHHE within 15 days of the quarter end.

Annually, the Minority Health Liaison submits a Health Equity Plan Annual Report, assessing progress toward reaching goals, objectives, achievements, obstacles, and revisions to the Regional Health Equity Coordinator and Coalition. The Regional Health Equity Coordinator and Coalition leaders provide feedback to the Minority Health Liaison and the Health Equity Taskforce from these annual reports. The Minority Health Liaison then submits the completed report to OMHHE by July 15th annually.

XI. REVISIONS

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

Revision	Revised By	Revision Date	Rationale for Revision

XII. CITATIONS

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